

now, testing microbial agents in epidemics or pandemics, like Covid-19.

The Covid-19 pandemic presents us with fresh challenges, one of these being the professional and moral duty of healthcare workers, including microbiologists, during such an outbreak. There should be a middle ground of reasonable expectations from microbiologists when testing samples that carry serious risk of infection. While all should act to further beneficence in society, not all individuals should be expected to become martyrs for society.

During large scale hospital quarantine in Beijing and Taiwan, during the SARS epidemic, the hospitals were cordoned off and no one could leave. At the time, many healthcare professionals in Taiwan had rejected the title of "heroes". Some said the more people called them heroes, the more they feared they were in danger (2). After this experience during SARS, what can one expect with the far greater intensity of Covid-19?

Many healthcare professionals in modern times, especially microbiologists, have so far only faced remote fears of death. It is a shock for many to realise that, even with the necessary precautions, they still have to run a certain amount of risk, so their duties as members of their families will draw them home (2). Although SARS was reported to have a relatively low mortality rate, it attacks the young and healthy as well as the old and frail. Moreover, both SARS and Covid-19 have been totally new diseases, we still know very little about them. Hence, the healthcare workers' anxiety about being infected will always cast a shadow over their care of patients. Will the public accept health professionals exercising their right to remain off the job in these critical times? (3)

Medical professionals who stick to their posts should be respected; however, those who need to take a break to recover themselves would also be acting within their human rights and what is expected of a reasonable citizen (4). There are recorded cases where physicians spent weeks without a break, continuously battling the disease, and there is need for a proper assessment of how fatigue may have led to mistakes in care for patients and in safety precautions.

Although the primary ethical obligation of physicians is to their patients, they also have a long-recognised public health responsibility (5). In the context of infectious disease, this may include the use of quarantine and isolation to reduce the transmission of disease and protect the health of the public. In such situations, physicians have a further responsibility to protect their own health to ensure that they remain able to provide care. These responsibilities are potentially in conflict with the patients' right to self-determination, with the physicians' duty to advocate for the best interests of individual patients, and to provide care in emergencies (3).

New technology has been a catalyst for re-examination of medical and social ethics and international dialogue on ethical principles. All these discussions need to be revisited now in the time of Covid-19 and all healthcare professionals including

microbiologists, being the first line healthcare professionals encountering Covid-19, should be aware of the arguments and answers to these questions. Ideally, these ethics courses should be added to the regular educational curriculum of all laboratory professionals, not when humanity is living in the shadow of a pandemic, as now.

The primary guidance in these times is the WHO's "Guidance for managing ethical issues in infectious disease outbreaks." It covers the fourteen main ethical issues of quarantine ethics. (6). The importance given to communication during an infectious disease outbreak can make or break public health efforts. This WHO document, the work of an international group of stakeholders, outlines the ethical principles that should guide communication, planning, and implementation at every level from frontline workers to policy-makers. From now on, the information of this guideline should be added to the education of all laboratory disciplines.

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#### References

- Gürol, Y, Vatanoglu, E. and Çelik, G. How are ethical issues in the laboratory medicine held in Turkey? A perspective view through medical ethics and clinical laboratory science. *Turk J Biochem.* 2016 Jan; 42(1); 107-9. [Turkish].
- Hsin DH, Macer DRJ. Heroes of SARS: Professional roles and ethics of healthcare workers. *J Infect.* 2004 Oct; 49(3):210-5.
- Dubov A, Appleton JH, Campbell S. Ebola virus preparedness: Emerging viruses and ethics in laboratory medicine. *Arch Pathol Lab Med.* 2016 Feb; 140(2):171-80.
- Macer DRJ. Refugees and bioethics. *Türkiye Biyoetik Dergisi.* 2015; 2(4):263-71.
- Afolabi MOS, Anetor JI, Azeez A. Laboratory science ethics. In: ten Have H, editor, *Encyclopedia of Global Bioethics.* Geneva, Switzerland: Springer Cham; 2016.
- World Health Organization. Guidance For Managing Ethical Issues In Infectious Disease Outbreaks. Geneva: WHO; 2016. Available from: <https://apps.who.int/iris/bitstream/handle/10665/250580/9789241549837-eng.pdf;jsessionid=07C49F226CA79C6FE8FE52E22C1E1F47?sequence=1>

#### Ethics committee meeting by video-conferencing during Covid-19

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The Covid-19 pandemic has created a situation demanding rapid ethical review of research on various aspects of the pandemic, while maintaining social distancing norms. Research during an outbreak is important for understanding the disease and its management and allows scientists to study the disease *in situ*.

In response to the 2013-16 Ebola virus outbreak, the World Health Organization (WHO) had issued a 'Guidance for managing ethical issues in infectious disease outbreaks' (1). The ethical guidelines for biomedical and health research, issued by the Indian Council of Medical Research (ICMR), mention that the ethics committee (EC) can undertake an expedited review or hold unscheduled meetings during humanitarian emergencies (2,3).

In 2018, a workshop organised by the WHO Global Health Ethics Team and the African coalition for epidemic research, emphasised "ethics preparedness" during outbreaks. It recommended that ECs should develop a formal standard operating procedure for emergency response ethical review (4).

Studies during infectious disease outbreaks can involve collection of data and/or clinical specimens which is useful in understanding the pathophysiology of disease and for diagnostics, management and surveillance. The drug/device interventions in outbreaks provide information about the effects of vaccines and therapeutics (5).

ECs have a vital role in the efficient review of Covid-19 studies during an outbreak. Research proposals involving more than minimal risk to human participants require critical review by the full board of the EC/Institutional Review Board (IRB). However, it is also vital to follow social distancing to reduce risks of cross-contamination caused by close contact. In the present situation, it is crucial and a challenge to give timely decisions on such research proposals. While telemedicine is an important means of delivering care, information of its use in the conduct of these meetings in emergencies has been limited. Zhang and colleagues reported the experience of ethical review of studies on Covid-19 by emergency video conference in China (6). We present our experience of conducting EC review meetings during the Covid-19 pandemic through telemedicine video conferencing using an online meeting platform.

## Review process

The Institutional EC (IEC) at the Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow, India, has been constituted as per international and national guidelines. It is registered and FERCAP (Forum for Ethical Review Committees in Asia and the Western Pacific) accredited. Research proposals are submitted online on a dedicated submission portal developed by the Institute.

Research proposals on Covid-19 involving human participants, were screened by the Bioethics Cell office staff as per a checklist, to confirm all necessary documentation, namely, study protocol, informed consent forms (ICFs), undertaking, record forms etc. The Member Secretary performed a pre-review of proposals and forwarded them to the Chairperson, IEC. Where required, clarifications on the proposal were sought from the Principal Investigator via email. On receiving a response, a full Board video conference meeting of the IEC was scheduled through a licensed "Zoom cloud-meeting" platform.

Primary review (for scientific, ethical and ICF-related issues), of the research proposals was done by two members. Members downloaded the "Zoom Cloud Meetings" application and joined the virtual meeting through their devices. The Telemedicine department staff coordinated the meeting and recorded the proceedings.

The primary reviewers summarised and presented the proposal to the IEC, highlighting the ethical and other issues in the study, with comments on the informed consent forms provided for review. During discussion, the members raised their hands for additional questions and to present their viewpoints. There was a lively discussion, followed by a consensus decision. The process from online submission of research proposals to communication and dispatch of decision letters took three to eight working days. The committee welcomed the decision of the regulatory authorities to give priority approvals for clinical/investigator-initiated trials related to the pandemic.

## Conclusions

The current Covid-19 pandemic has reminded us of the potential of telemedicine. Making timely decisions for Covid-19 research proposals is a challenge for ECs. Meetings by video conferencing are a feasible option for early decision making by the ECs, especially for research proposals related to the pandemic. In the absence of any formal strategy, it is important to prepare guidelines to assist with co-ordination and conduct of crucial EC meetings during an emergency.

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## References

1. World Health Organization. Guidance for managing ethical issues in infectious disease outbreaks. Geneva, Switzerland: WHO; 2016 [cited 2020 May 4]. Available from: <https://apps.who.int/iris/bitstream/handle/10665/250580/9789241549837-eng.pdf>.
2. Indian Council of Medical Research. National ethical guidelines for biomedical and health research involving human participants. New Delhi: ICMR; 2017 [cited 2020 May 4]. Available from: [https://www.icmr.nic.in/sites/default/files/guidelines/ICMR\\_Ethical\\_Guidelines\\_2017.pdf](https://www.icmr.nic.in/sites/default/files/guidelines/ICMR_Ethical_Guidelines_2017.pdf)
3. Mathur R. Ethics preparedness for infectious disease outbreaks research

- in India: A case for novel coronavirus disease 2019. *Indian J Med Res.* 2020 Feb-Mar [cited 2020 May 4]; 151(2 &3): 124-31. doi:10.4103/ijmr.IJMR\_463\_20
4. Saxena A, Horby P, Amuasi J, Aagaard N, Köhler J, Gooshki ES, et al. Ethics preparedness: facilitating ethics review during outbreaks - recommendations from an expert panel. *BMC Med Ethics.* 2019 May 6;20(1):29. Doi: 10.1186/s12910-019-0366-x.
  5. Evans NG, Hills K, Levine AC. How should the WHO guide access and benefit sharing during infectious disease outbreaks? *AMA J Ethics.* 2020;22(1):E28-35. Doi:10.1001/amajethics.2020.28.
  6. Zhang H, Shao F, Gu J, Li L, Wang Y. Ethics committee reviews of applications for research studies at 1 Hospital in China during the 2019 novel coronavirus epidemic. *JAMA.* 2020 Mar 23; 323(18):1844-6. Doi: 10.1001/jama.2020.4362. Epub ahead of print.

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