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Age-based discrimination in Covid-19 patient care

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Although all age groups are at risk of contracting Covid-19 disease, older people are facing the highest risk due to ageing and underlying health conditions (1). According to the US Centers for Disease Control and Prevention report, 8 out of 10 deaths reported in the US have been of adults 65 years old and older (2). Therefore, the global recommendation for older populations includes social isolation, which involves staying at home and avoiding contact with other people, possibly for an extended period of up to three or four months (3). Such distancing presents serious challenges to the health and well-being of older adults, more so those who are frail or have multiple chronic conditions (4).

The elderly are among the primary recipients of healthcare and require high-quality, specialised care (5); hence it must be considered how the Covid-19 pandemic and steps taken by governments, such as lockdown, affect their human rights (6). In some areas, Covid-19 is overwhelming intensive care unit beds, mechanical ventilator capacity, and the ability of hospital personnel to care for patients. There are also several reported cases of discrimination against and neglect of the elderly, due to negative attitudes that should be combated (7). The exclusion of older persons from medical treatments has been studied, but without considering the drastic health consequences for them (8).

Ageism is defined as a systematic stereotyping of and discrimination against people who are aged. Ageism and discriminatory practices toward the elderly are prevalent not only in the general population but also among healthcare personnel, especially those in long-term care programmes for the elderly (5). Inadequate training of health service providers for the aged leads to negative attitudes, and consequently, to adverse effects on healthcare outcomes (9). Aronson also points out that "internalised ageism may be strengthened because some older adults themselves have resisted identifying as at-risk. After all, it means they are acknowledging the reality of their age" (10).

Older adults should have the same protections as other age groups, and these must be adequately implemented, especially

during the pandemic. Older people are more vulnerable and less equipped to defend themselves and to be assertive in demanding optimal medical care. Given the extent of ageist attitudes and stereotypes and the negative consequences of ageism for health and quality of care, developing effective educational interventions to sensitise both healthcare workers and the general population to ageism should be a priority.

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Ethics for laboratory professionals during the Covid pandemic

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Keywords: laboratory medicine ethics, Covid-19, quarantine, corona heroes, microbiologists

It is not wrong to say that ethical issues have been given limited attention by professionals in laboratory medicine as compared to other fields of medicine (1). The most ethically problematic laboratory examinations are those dealing with genetic testing, autopsies, prenatal and HIV examinations and

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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Ethics committee meeting by video-conferencing during Covid-19

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Key words: Ethics Committee; Covid-19; Institutional Review Board, emergency response ethical review

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*.