empathy in many doctors, nurses, other healthcare workers, police and other essential services staff. So, one can see that there is still humanity and goodness left in our people. We need capable leaders to direct constructive action, reassure citizens by rapidly increasing and upgrading infrastructure, and take swift action against those spreading misinformation and panic. If this had been done in time, maybe we would not have to use the term "pandemic profiteering" today.

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Addressing stigma and discrimination in the Covid-19 pandemic: a public health ethics issue

Published online first on November 29, 2021. DOI: 10.20529/IJME.2021.092

Keywords: *Stigma; discrimination; Covid-19, public health, misinformation*

The Covid-19 pandemic continues to stalk the globe, ever since the first outbreak in December 2019. Variants of concern and fear of subsequent pandemic waves continue to challenge every nation. The virus has caught communities off-guard many times with grave consequences.

The scale of the pandemic initially led to unprecedented measures, including widespread lockdowns and travel restrictions, social distancing measures and isolation of infected individuals. The disruption of normal life with the emphasis on exclusionary measures resulted in misinformation, fear, mistrust and stigma in the community (1). The consequent discrimination against the susceptible was against all norms of public health ethics which seek to secure adequate health for all and to minimise inequalities. Stigmatisation, leading to delay in treatment-seeking and aggravating disease transmission, yields poor health outcomes (2).

Furthermore, health-related stigma exacerbates pre-existing divisions in communities such as race, gender, religion, and class (3, 4). In the Covid-19 pandemic, people of Asian descent around the world have been subjected to racist attacks, significantly affecting their health and livelihoods (5). Public health measures that do not take into account these effects, add to the problem, by disproportionally affecting disadvantaged groups eg transport and visa restrictions, or denial of employment or housing. All these are causes of severe distress.

The current pandemic differs from its predecessors in the sheer flow of unregulated information, marked by conspiracy theories and inaccurate medical information (6). However, the accessibility and penetration of technology can be used for targeted messaging to avoid stigmatising patients or groups of patients.

Heijinder and Van Der Meij have described multiple levels of interventions against stigma: at the intrapersonal, interpersonal, organisational and community levels (7). All of these can be utilised to plan interventions to address stigma and discrimination in the current pandemic.

- *Intrapersonal/individual level*

These interventions aim to improve knowledge and empower individuals to make the right decisions about how to seek care, protect themselves, avoid panic, and to encourage them to share their experiences and lend support to other patients. Social media platforms can be harnessed to create a positive narrative that the disease can be overcome; and to help dispel myths in the community.

- *Interpersonal level*

These interventions target the patients' environment and should aim to inform and support the families, neighbourhoods, and work environment of affected individuals. Home care teams may be constituted with local individuals, non-governmental organisations, and self-help groups as members.

- *Organisational/institutional level*

Stigma against essential workers should be recognised and addressed through legal measures if necessary, while lauding their efforts. Frontline workers must also be trained to avoid criminalising at-risk individuals while

enforcing quarantine and lockdown measures.

Guidelines and protocols to support affected individuals and measures to protect their livelihoods during and after the pandemic must be drafted and implemented. The misuse of power imbalances between civilians and the state must be dealt with firmly.

- *Community level*

Community participation is an essential tool in managing public health disasters (1). Popular opinion leaders' support to tackle stereotypes and prejudice, and provide advocacy for frontline and public health workers will facilitate this.

Multilevel interventions for neutralising stigma need to be adopted early in the outbreak. The stigmatised must not be treated as mere victims and should be integrated into mitigation efforts. Existing frameworks must be utilised to plan interventions, promote trust, and dispel fears and myths, to control the pandemic.

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Positive impact of the Covid-19 pandemic on dental education

Published online first on September 18, 2021. DOI: 10.20529/IJME. 2021.069

Keywords: *Covid-19, pandemic impact, dental education, teledentistry.ethics*

This letter describes some positive effects of the Covid-19 pandemic on dental education in India. The apex body of dental education, the Dental Council of India (DCI) has formulated some universal guidelines based on those of the United States Centers for Disease Control and Prevention, about the use of personal protection and following sterilisation protocols adapted for use in dental clinics, hospitals and academic institutions of dental education in India(1). All individual dental clinics, hospitals and academic institutions have to follow stringent and mandatory sterilisation protocols, hence with the Covid-19 outbreak, some unethical practices of the dental profession such as inadequate sterilisation and improper waste management may be reversed (1,2). Emergency dental procedures also have to follow stringent sterilisation guidelines, to avoid aerosol-generating procedures (1). Dental professionals have been utilising teledentistry facilities during the pandemic which focus on emergency relief of dental pain and infection, and elective planning and scheduling of dental treatment (3).

Postgraduate students, junior residents and lecturers in Indian dental schools have also got ample opportunities for teledentistry consultations, journal clubs, seminars, research write ups, virtual online learning and refreshing the basics. In the pre-Covid-19 era, dental professionals working in government institutions were unable to include problem-based learning in their teaching methodology due to multitask management (4). The junior faculty and post graduate students have been getting practical experience in tasks like taking swabs from potential Covid-19 patients, both asymptomatic and symptomatic cases; and in contact tracing, earlier only studied in undergraduate public health textbooks. More emphasis is now placed on the psychological aspects of care, along with virtual learning (5). The most important aspect is that dental professionals are performing productive tasks and are utilising newer avenues of academic learning, as an unexpected positive side effect of the Covid-19 pandemic outbreak.

Conflict of interest and funding: *None declared*

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