PUT POINTS OVER "i": WHAT THE DOCTORS ARE FACING DURING THE COVID-19 PANDEMIC?

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The COVID-19 pandemic has led to millions of deaths and to several global changes and challenges, hampering everyone's access to health systems in developed countries. The health care system in Romania had periods in this pandemic in which it barely managed the daily cases during this pandemic. Physicians are an essential element for the effective response to public health crises. However, they are not immune to malady or death, stress and overtime, morbidity and mortality problems.

The medical staff remains at the base of the pyramid of the healthcare system, so weak during the pandemic. Medical staff need to be protected both mentally and physically, and this can be achieved by working together as a medical team. Continuous mask use in hospitals, advanced knowledge of SARS-CoV-2 infection transmission, the impact of asymptomatic and pre-symptomatic infections, optimizing triage systems, testing patients and vaccination faster outbreak alerts and responses.

Keywords: healthcare system, medical staff, COVID-19 pandemic

INTRODUCTION

Physicians are an essential part of the health care system and a dependent branch of the effective response to the COVID-19 pandemic. Physicians stand out for their critical role in the prevention, diagnosis, isolation and treatment. Since the beginning of the COVID-19 pandemic, healthcare workers have shown a professional dedication to informing and treating the population, despite fear of severe illness. Even with the increased personal risks, their commitment to treatment is essential for a positive impact on public health [1]. We will further consider the role of physicians during the COVID-19 pandemic and the various aspects that influenced them.

The high workload and the pressure of society to meet the particular requirements of health care are critical issues for health professionals. Protecting the rights of physicians is an integral part of maintaining public health issues [2]. The physical and psychological impact on the healthcare system, implicitly on medical doctors, reached unimaginable high levels during the COVID-19 pandemic.

Physicians' vulnerability to COVID-19 infection was due to frequent and prolonged contact with infected individuals, symptomatic or asymptomatic. With insufficient testing capacity , minimal equipment or sometimes without proper protective equipment, the doctors face the need to make difficult decisions (some with ethical considerations). This stressful work environment has led to traumatic experiences, especially for frontline physicians. Herein, we will address several aspects of the COVID-19 pandemic period that directly impact physicians and, consequently, the healthcare system.

DIFFICULTIES ENCOUNTERED BY DOCTORS

The healthcare system in Romania had periods in this pandemic in which it barely managed the daily cases, and the therapy departments no longer had places available. Doctors, especially those working in intensive care, were forced to decide who will benefit from treatment and who will not.

Unusual circumstances arose, with a huge volume of patients, in a fragile healthcare system with limited resources and few medical staff that led to the partial blockage of the health system. There have been many situations in which people with other chronic conditions do not have access to medical care.

Protective equipment is sometimes insufficient, sometimes worn incorrectly, or some fail to choose the appropriate level of PPE required due to lack of knowledge. Wearing protective equipment is an inconvenience for doctors who have to wear it during program shifts to protect themselves.

The fear of doctors not to spread infections to their families has reached alarming levels, many of them preferring not to go home for long periods to protect their family. The reported rate of mortality between doctors is founded at 0.045% [3].

Transmitting the diagnosis to patients and their relatives can bring a wave of dissatisfaction to the doctor, leading to violence in some cases. Some family members deny the diagnosis and accuse the doctors of manipulating the results. The communication of death and the stress itself of communication also occurs the stress caused by the uncertainty of the family's reaction. Physical and verbal violence against doctors during this period was much higher than usual.

PSYCHOLOGICAL IMPACT ON DOCTORS

Medical staff is essential in the excellent response of the healthcare system in crises. The infectious nature of the disease, psychological pressure, and prolonged exposure to unpredictable suffering and death lead to a devastating impact for the physician, and consequently, for the patient and the healthcare system.

Numerous studies have focused on the psychological impact on the population of infected positive patients, but little has identified the extent of the psychological impact on physicians. It is important to consider the short- and longterm consequences for physicians, and especially

for medical workers treating patients with COVID-19, and the implications of these consequences [4-11].

Doctors are an essential element for the effective response to public health crises. However, they are not most often occur among doctors. COVID-19 deaths immune to disease, stress, overwork, morbidity and mortality.

Outbreaks increase the symptoms of anxiety and depression in doctors. The symptoms of anxiety and depression arouse feelings of guilt associated with watching patients die alone and their need to give the bad news to loved ones mostly by telephone rather than in person [12,13].

Chong et al. reported that healthcare workers at the forefront of the outbreak of severe acute respiratory syndrome (SARS) experienced symptoms of anxiety and reported feelings of extreme vulnerability [14]. A 2009 study in Greece during swine flu showed that more than half of health workers in a tertiary hospital reported moderately increased anxiety [15].

Tzeng et al. suggested that influenza was also associated with fear-specific anxiety in physicians, with 30% of physicians and 42% of nurses fearing avian influenza (H5N1) [16].

Healthcare workers caring for SARS-CoV-2 infected patients have associated short-term anxiety. Much of the anxiety felt has eventually translated into depression. Healthcare workers have felt a loss of social connection and have struggled with distrusting the health care system.

The outbreak of SARS-CoV-2 may become assimilated as an acute episode of a bio-disaster, leading to a significantly higher rate of psychiatric morbidity.

WHERE DOES THE DOCTOR'S DUTY BEGIN AND END?

The theory has been circulated that doctors have the duty/obligation to provide care to patients [17]. By their profession, doctors have strict obligations (to patients), which non-medical staff do not have. (Figure 1).

Although doctors have a duty to treat, this cannot be considered absolute given that doctors also have the right to protection and care during a pandemic such as SARS-CoV -2, being members of the same society.

Patient abandonment can often occur when medicine becomes powerless and when doctors (too few in the current system) end up getting sick, becoming patients themselves. In addition to the duty to care for patients, doctors also have to care for themselves and their families.

In pandemics, doctors are exposed to prolonged hours, which leads to increased exposure to the infectious agent. Physicians are subject, more than the general population, to the risk of illness, the risk of death, fatigue due to long shifts, moral suffering, and legal risks when working outside the competencies of their specialities [19,20].

There are cases in which doctors leave the profession or are fired, and they refuse to practice the profession in COVID-19 wards. There are unambiguous guidelines regarding the rights and obligations of medical staff during a pandemic [21].

If the limits of the obligation of care are not absolute but rather constrained by several factors, can some doctors be morally justified in giving up frontline work? The waiver could be justified if the work performed by physicians extends beyond their area of expertise or involves significant personal or physical tasks. A justified situation refers to older physicians, given that the mortality rate in COVID-19 patients is higher in elderly patient groups [22].

From another perspective, giving up a doctor's job will make it difficult for colleagues who will have to make much effort to cover staff shortages. When doctors quit their jobs, the impact extends to patients, and trust in healthcare and health care is essential in a pandemic. Although these are undesirable consequences that should be addressed, they do not sufficiently justify enough pressure morally on physicians to work in the circumstances beyond their role that they consider morally, psychologically or physically unacceptable.

All doctors have a (limited) duty to care for patients, but a patient with a serious infectious disease may not fall within some specialities' standard field of practice. Here also arises the problem of the competence to treat, this not being equal in an infectious disease specialist with an gynecologist. The obligation to work in the first line is greater for those who have chosen a speciality that involves related risks. Even so, no infectious disease doctor specialist has an absolute duty to work in the forefront regardless of personal risk.

Given that medical students, resident doctors, and pensionaries have been approached in many countries, the problem arises when professional obligations begin and end.

Although the age of most medical students means that they are likely to have a low risk of complications of

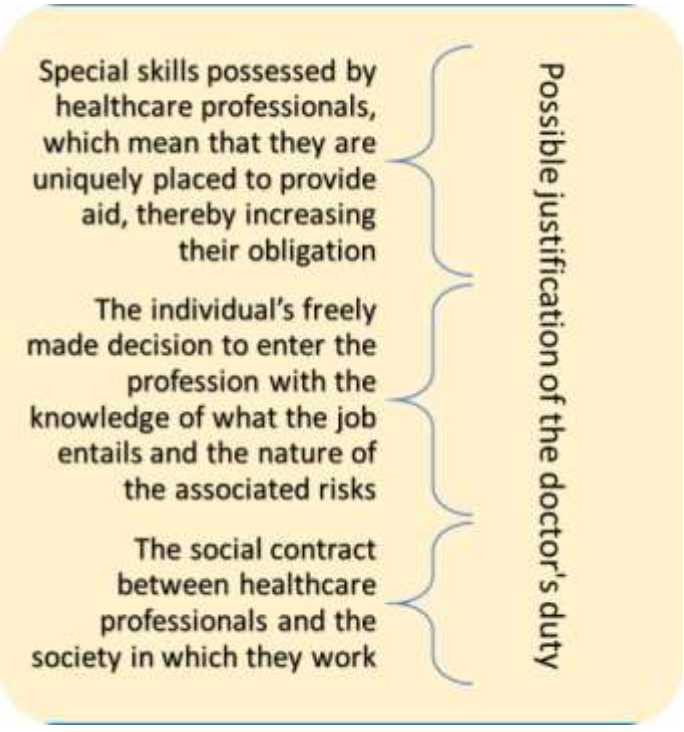

Figure 1. Possible justification of medical duty [18]

COVID-19, it is not clear that the skills that medical students have are sufficiently valuable for patient care compared to the liable risks to which they are exposed. Although retirees' return to work, although they have sufficient experience as a doctor, they have a much higher risk, depending on age, of a severe form of COVID-19 and death.

Although not much emphasis is placed and the debt that doctors have, there is also the debt of the health system/ employers they have towards doctors. Here we include the employer's obligations to implement measures to protect doctors and their families by providing personal protective equipment and vaccination for themselves or family members.

Regarding patients' expectations, it is not justified to expect doctors to work non-stop to help them because both patients and the population have obligations that they must comply with during a pandemic. Individuals should report any known risk of infection and report to physicians in all virtuous ways that govern human relationships and social conduct [23]. The behaviour of a possible future patient is essential, as he can avoid becoming a patient by following protective measures and consequently helping the health system.

CONCLUSIONS

The COVID-19 pandemic has led to numerous global challenges, hampering health systems in developed countries. Medical staff, which is at the base of the pyramid of the health system so weak during the pandemic, must be protected both mentally and physically. This can be achieved only by working together as a medical team. By minimizing the adverse psychological effects on doctors, we protect these critical workers and the integrity of the healthcare system. Protecting physicians' rights, encouragement and gratitude are the engines that keep them moving forward, providing their services and skills in a hostile and unbearable environment.

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