

## CORRESPONDENCE

## CORONA EXPERIENCE

## COVID-19 and the fundamental role of bioethics

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COVID-19 pandemic has tested the health systems in every country. This crisis has impacted the society, the economy, the emotions and all human activities in general. Bioethics has a fundamental role in the handling of the new disease COVID-19 whose treatment is unknown and, which, in many occasions is only to support. That is why, with patients whose disease is advanced or severe there only exists the possibility of palliative care.

I still remember, when by the end of 2019, international news mentioned this disease in China and the surrounding area, but I never imagined the commotion it would have in the health services physically, socially, emotionally and spiritually talking.

I formed as an anesthesiologist and later as a specialist in pain medicine and palliative care, a department I manage on my hospital. I recall the first time we received a solicitude to check a patient with COVID-19 (it was during May 2020) with an atrocious progression due to the disease, and as a team because of the philosophy and objectives of our attention we always evaluate the entire family. At that moment, in spite of having read literature freshly published in Asian and European countries, our time had come. I must confess that we were afraid and uncertain. Many of our colleagues, loved ones and friends have infected and have died on the road. By this moment we knew the sanitary protocols like the palm of our hands, but

in that precise instant we were paralyzed, and no matter what, we needed to act. We needed to use technologies to communicate with the doctors who attended Covid patients when at another time, we would be the ones who would have more contact with the patient. We used the hands and eyes from another doctor to avoid unnecessary exposure and infection. While attending the patient, we interviewed his daughter (accomplishing the bad news protocol) in a widespread room sitting with a distance of one and a half meter, without being able to shake hands, trying to be warm and close while also being physically distant and covered in protocols such as masks and face shields, from where it can't be seen who you are, and only the expression in your eyes. At the end of the day, it was decided that, (for this specific patient who had many previous chronic diseases, which were advanced, adding to the fact that she had pneumonia caused by Covid and a bad progression of the illness), we would make a therapeutic effort limitation to allow a dignified death with the ordinary measures, proportionally and useful altogether with adequate symptom management. Not long later, she peacefully died.

Until now, we have had more than 50 similar interventions, with severe patients. Families do not have the opportunity to say goodbye to their loved ones who are isolated and under precarious conditions. We attempt to at least show the family a photography under authorization so they can see one last time their

patient. We also try to enable the entrance of sanitized goodbye letters so the families can express and give a closure to this process with the accompaniment while being apart too. It is common to listen to stories between them during the interviews of many more sick

patients in the family and a lot of pain.

Doctors are trained to watch people die until a certain point, but nowadays we are experiencing a lot of death, while we are afraid of getting sick, and spread the disease to our people too.