

In times of COVID: Science, Ethics and Medicine are indissoluble! And it never hurts to repeat

Em tempos de COVID: A Ciência, a Ética e a Medicina são indissolúveis! E nunca é demais repetir

Miguel Augusto Martins Pereira^{1,2}, José Carlos Carraro-Eduardo²

ABSTRACT

The pandemic caused by the Sars-CoV-2 virus not only brought the lay public closer to the academic-medical environment, but also put pressure on doctors, researchers and statesmen for quick results in order to contain it. It is in this environment of uncertainty and the need for rapid scientific production, that we must remember that progress is not at any cost, one must act with caution, after all Science, Ethics and Medicine are indissoluble!

Keywords: Ethics, Medical; Principle Based Ethics; Sars-CoV-2

RESUMO

A pandemia provocada pelo vírus Sars-CoV-2 não só aproximou o público leigo do meio acadêmico-médico, mas também pressionou médicos, pesquisadores e estadistas por resultados rápidos a fim de contê-la. É nesse ambiente de incerteza e necessidade de produção científica rápida, que devemos lembrar que o progresso não é a qualquer custo, deve-se agir com cautela, afinal a Ciência, a Ética e a Medicina são indissolúveis!

Palavras-chave: Ética Médica; Sars-CoV-2; Tomada de Decisões

¹ Faculdade de Medicina, Universidade Federal Fluminense (UFF), Niterói, Rio de Janeiro, Brazil.

² Fundação de Amparo à Pesquisa do Estado do Rio de Janeiro (FAPERJ), Rio de Janeiro, Brazil.

Institution:

Faculdade de Medicina,
Universidade Federal
Fluminense (UFF), Niterói, Rio
de Janeiro, Brazil.

* Corresponding Author:

José Carlos Carraro-Eduardo
E-mail: carrarouardo@gmail.com

Submitted on: 22/12/2020.

Approved on: 26/01/2021.

The medical practice to which we are accustomed is supported by technical criteria, protocols, and guidelines from both associations and specialist societies. However, unfortunately, due to the short reaction period to COVID-19, there was no time to establish solid scientific-based conducts and therapies regarding the disease caused by Sars-CoV-2. The already hostile environment was still contaminated by fear, speculation, and the boldness of fake news. The situation is at least uncomfortable given that we are in the middle of the 21st century, but remember that Medicine is born rigidly linked to ethical duties and “logos”, given the ancient Hippocratic Oath and Oath. Thus, it is in these moments of indecision or dubiousness, such as the current one, that we must firmly rely on ethical and scientific principles.

During the first months of the pandemic, the media transformed Science into the great bulwark of the fight against the new coronavirus, however, it seemed not to know that Science, Ethics, and Medicine were always indissoluble. Clinical practice depends on scientific production and both thrive only when governed by ethical principles. The doctor must continually improve his knowledge and use the best of scientific progress for the benefit of his patient and society, that is, medical updating is a fundamental ethical principle, possible only through quality Science. The lay public watched for a long time the progress of the medical profession, passive and delighted as if watching a theater show. The curtains suddenly open and vaccines, medicines, and the most miraculous cures are revealed. The air of charm with notes of mystery has faded, but there are still those who want not wisdom, but a spectacle to be enchanted and a mystery to be numb. In general, these are the most impatient with the slow steps of Science. The COVID-19 pandemic, with its daily media coverage - as already discussed - has narrowed this distance between the general population and the academic-medical environment. The backstage of scientific production, once a mystery, invisible to the audience, was visited. Thus, those who enjoy the gains of science were able to appreciate the dignity and value of the methods by which they are achieved.

The pandemic not only brought the public closer to the academic world, but also put pressure on doctors, researchers, and statesmen for quick results. This need for rapid scientific production in the face of a little-known disease, must always “ignite an ethical alert” and individually, a moral one. In fact, in a not too distant past,

a similar environment instigated quite controversial work, a real “full plate” for medical ethics and research ethics classes, with successions of errors on the part of researchers, health professionals, and even government agencies, being used frequently as an example of bad clinical practice, unethical science and of poor quality. From the year 1932 until 1972 the US Public Health Service (PHS), that is, the Public Health System of the United States of America, conducted a non-therapeutic clinical study, known as the Tuskegee study, tarnishing the history of a community poor, mostly black rural people in Macon County, Alabama. The study explored the vulnerability of this black population in the region with the meager objective of systematizing the evolution of treatment-free syphilis, after all, years before, in 1929, a Norwegian work, “The Oslo Study”, had already been published, reporting more than 2000 cases of untreated syphilis. Soon the objectives of the research became even more questionable, giving the interpretation that it would be a genocide based on eugenic principles, disguised as Science. The absence of a methodological record before the start of the trial, omission of diagnosis and prognosis for patients, and of course the absence of informed consent is a small fraction of the demerit of this criminal experiment. Until 1950, there was no well-established therapy for syphilis, although the study continued after that period, thus accumulating more “irregularities”, now, by not confronting the project’s objectives with new knowledge about the disease.

The Tuskegee case report may, at first glance, seem like an exaggeration or a surreal reality when compared to the COVID-19 pandemic. However, the case is an eternal reminder to the doctor of his responsibility for the well-being of his patient, public health and health education; to the researcher, the fact that scientific knowledge does not justify the breach of ethical standards; and to both, the duty to protect the vulnerability of the subjects of clinical research. Human dignity must never be attacked and the action should always be taken against forces that insult these and other ethical principles. After all, Science, Ethics, and Medicine are indissoluble! And it never hurts to repeat.

REFERENCES

1. Rockwell D, Yobs A, Moore M. The Tuskegee Study of Untreated Syphilis: The 30th Year of Observation. *Arch Intern Med.* 1964;114(6):792-798. doi:10.1001/archinte.1964.03860120104011