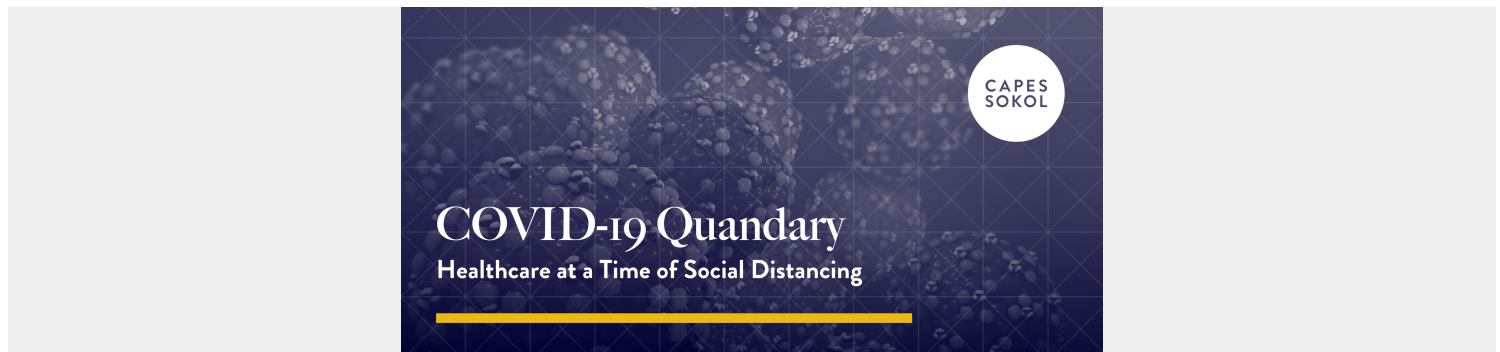


COVID-19 QUANDARY – HEALTHCARE AT A TIME OF SOCIAL DISTANCING

Posted on March 18, 2020 by John S. Meyer



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Most health experts agree that [social distancing is essential](#) to minimize the spread of the novel coronavirus during the early stages of the pandemic. This article points out some of the dilemmas healthcare professionals will likely face.

1918 Influenza in Missouri

In 1918, St. Louis City Health Commissioner, Dr. Max C. Starkloff, [imposed severe restrictions on public gatherings](#). He ordered closure of movie theaters, concert halls and other public spaces, including churches. Starkloff's policy became known as social distancing. Initially, businesspeople and the clergy did not like it, but it worked.

Lives were spared and the city's normal routine was restored sooner than it might have been had the Spanish influenza spread faster and more widely in our region. History shows that the hard, sometimes painful decisions that we make now, could limit pain, suffering and loss of life in the future. The Spanish flu diminished the world population by 50 million people. Of the [31,693 who got sick in St. Louis](#) only 2,883 died.

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2020 COVID-19 Healthcare Dilemmas

Healthcare professionals dedicated to promoting public health and easing the pain and suffering of individual patients will face difficult decisions as the COVID-19 pandemic worsens. It might seem obvious to suspend non-essential treatments until the risk of spreading coronavirus through human to human contact has diminished.

For example, a dentist might reasonably decline to perform routine tooth cleaning for patients who exhibit possible symptoms of the virus.

But what if a coughing, feverish patient presents with a severely impacted tooth?

- Where should the line between essential healthcare and elective procedures be drawn?
- If analgesics do not offer sufficient relief, should the dentist risk infection by performing oral surgery on a suffering patient?
- How should the risk of transmission of the virus to subsequent patients factor into that decision?
- What preemptive measures should dentists employ before seeing patients?
- When may the interests of the individual patient be subsumed by the broader public interest?

Approach to Healthcare Pandemic Protocol

As a condition to receiving care, it seems reasonable for clinics to subject all visitors to an assessment and round of questions designed to elicit risk markers for coronavirus infection. [Affinia Healthcare](#) and the [Missouri School of Dentistry and Oral Health](#), a division of [A.T. Still University](#), partner to operate the 92-operator [St. Louis Dental Center](#), where thousands of patients are treated and future dentists are trained.

These organizations recently collaborated on a protocol designed to balance the interests of patients, students, support staff, dentists and the general public. Upon arrival, patients are promptly assessed by the clinical team.

- Patients with **fever and/or the other relevant symptoms** of the COVID-19 infection – fever, cough, shortness of breath – would be isolated in a single room and precautions would be implemented to prevent transmission while arrangements are made for further diagnosis and treatment with the Health Department and/or local hospital.

These measures help protect the health and wellbeing of everyone who enters the facility, and could accelerate the isolation and treatment of carriers of the coronavirus.

In a hospital setting, when may a physician ethically decline to provide essential lifesaving care to a patient known to be infected by the coronavirus when doing so would expose the doctor to significant risk of infection? Does it matter if the doctor is elderly or otherwise at high risk of dying from coronavirus?

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A rationale for a young, healthy doctor refusing treatment might be that, if infected, he or she would be precluded from treating other patients' non-coronavirus related injuries or illnesses. Of course, the interests of nurses and office support personnel should also be considered.

Healthcare Heroes in the Age of COVID-19

Before COVID-19 runs its course, some doctors and nurses who have been exposed to COVID-19 will likely be quarantined for weeks in facilities devoted solely to the treatment of coronavirus patients. Society will owe them a huge debt of gratitude for their sacrifice. Healthcare workers who have not been exposed might assiduously avoid association with suspected carriers of COVID-19 so that they can continue to treat patients who are not suspected carriers.

For the short and medium term, individual liberty, happiness and dignity are bound to suffer for the sake of the common good. If the spread of the pandemic is limited and the world economy is soon restored to health, these sacrifices will have been worthwhile.

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