

**BIOETHICAL AND
SOCIAL ISSUES-
EMPHASIS ON
PREVENTIVE AND
THERAPEUTIC
POSSIBILITIES IN TIMES
OF COVID-19**

Andressa Mara Cavazzini

Universidade Estadual do Oeste, Paraná,
Cascavel-PR

Ediana Amanda Piana

Universidade Estadual do Oeste, Paraná,
Cascavel-PR

Gabriela Spanholi Tamagno

Universidade Estadual do Oeste, Paraná,
Cascavel-PR

Helena Pfeffer

Universidade Estadual do Oeste, Paraná,
Cascavel-PR

Joshua Otto Manica Colussi

Universidade Paranaense, Cascavel-PR

Karolina Fernanda Abegg Queiroz

Universidade Paranaense, Cascavel-PR

Stefany Couto Santana

Universidade Federal de Minas Gerais, Belo
Horizonte – MG

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



Abstract: The COVID-19 pandemic, originating in China, quickly took on large proportions, generating unknown situations, especially in the health sector that collapsed. Faced with this, bioethical discussions and consensus became necessary for the confrontation, stipulating social preventive measures, redistribution of resources, care priorities, among other factors. The dental area was greatly affected by the high rate of transmission of the disease against droplets and aerosols generated in a closed environment. Soon, cautious measures needed to be implemented, including the increase in personal protective equipment, disinfection of environments, keeping them ventilated and with a reduced number of patients. This even promoted a decrease in other infectious diseases, which highlights the demand for social awareness, both from health professionals and the general population.

Keywords: COVID 19, Dental office, Bioethics.

INTRODUCTION

An outbreak of pneumonia of unknown etiology emerged in late 2019 in Wuhan, China. The cases were mostly related to a market that sold live seafood. It is believed that the pathogens were transmitted from animals to humans and, therefore, from human to human. The pathogen was identified and named the 2019 Novel Coronavirus, and the disease was named COVID-19. The disease reached pandemic level in March 2020.

Society has faced a global challenge due to the Corona virus (COVID-19) This scenario has brought several challenges in the population protection system, mainly related to the health system. There was a noticeable overload in the hospital units; ICU beds and ventilators did not meet the demand, yet there was exhaustion and shortage of PPE even for health professionals.

In the face of public calamity, the need for reorganization – developing and implementing new coping strategies – became evident. Working to prevent the spread of the disease, measures related to social dynamics, rationalization and requesting resources were adopted. Seeking to help health professionals in decision-making in defense of life and in the redistribution of resources in an adequate and equitably fair way, bioethical foundations must be considered in a legal, scientific and human rights-based scope.

BIOETHICAL GUIDELINES RELATED TO THE PANDEMIC PLANNED IN THE FEDERAL CONSTITUTION AND THE REALITY OF COVID-19

Full and equitable access to health is advocated in the federal constitution. The ethical values that guide the rationing of resources consist of maximizing attendance, saving as many and years of life as possible.

However, the real situation demonstrates the collapse of the system, scrapping of the services provided, structural insufficiency, generating an increase in expenses aimed at expanding beds and acquiring resources, especially in countries like Italy and Spain, however, still insufficient in the face of great demand, so , social action in this context becomes exceptional, seeking reasonable and prudent alternatives arising from debates.

Treatment for patients with similar prognoses should be equitable. Therefore, the order of arrival is not used as it does not guarantee equity. Priority can be given to human beings who have already contributed to the health system in return. Also, priority care was instituted for younger patients to the detriment of the elderly because, according to utilitarian calculations, which aims at the greatest good for the greatest number, it claims that young people would have more time to live, greater possibility of enjoying

pleasure, health and happiness. Patients with a high probability of recovery and without limitations on therapeutic support would be listed as the first to be awarded ICU beds. Palliative support must be provided to the patient to ensure quality of life in situations of even terminal illness. All patients must also be treated equally, distributing resources regardless of whether they are infected with COVID-19 or another disease.

Advance directives of will serve to ensure the right to consent or refuse treatments and procedures. However, most patients do not have access to this document at the time of admission; it soon became necessary to guide and question these patients, at the opportune moment, regarding the definition of procedures that they consider relevant or not in case of terminality, in accordance with Resolution 1995/2012, of the Federal Council of Medicine (CFM). The participation of family members in decision-making is established and legalized with adequate documentation.

Social bioethics in prioritizing vulnerable groups was used in Latin America due to regional health conflicts, as it does not match the same socioeconomic conditions in the United States and Europe. This is responsible for guiding the favoring of socially fragile, marginalized, unprotected and exploited groups during the COVID-19 pandemic. This position supported the 1980s concept of “mysthanasia”, which explained end-of-life conflicts capable of unfairly reaching poorer groups that often had their death anticipated due to inaccessibility to basic health conditions - sanitation and food - and hospitals.

NON-RESISTANCE ORDER IN THE TIME OF COVID-19: BIOETHICS AND PROFESSIONAL ETHICS

This pandemic has altered the risk-benefit ratio in cardiovascular arrest (CPA): where there is little benefit to the patient and

potentially significant harm to professionals. The bioethical element to be analyzed in this context highlights human dignity and the patient's right to resuscitation, which is not indicated, considering the vulnerability of professionals at risk of contamination by aerosols. Health professionals now prioritize their own biosecurity to stay alive and active in caring for others affected by COVID-19. Therefore, in this pandemic, the principles of beneficence and non-maleficence should be conducted based on the assessment of the risk of mortality, carried out by a clinical scoring system in order to assess the probability of survival of a patient.

DENTAL BIOETHICS AND THE CHANGES FACED IN THE COVID-19 PANDEMIC

The transmission of COVID-19 occurs mainly through direct contact and droplet transmission (sneezing, breathing, laughing and speaking). Routine dental procedures are capable of generating potential risk for oral health professionals and patients, as aerosols also characterize a transmission route when there is exposure to high concentrations in a relatively closed environment. The use of high rotation and other rotating equipment combined with body fluids - such as saliva and blood - generate bioaerosols, possibly contaminated with bacteria, viruses and fungi, capable of remaining floating for a longer period of time, being able to be inhaled and contaminating people in the environment. . Therefore, dental teams must maintain the proper and safest environment possible by taking standard precautions as well as special precautions.

The dental clinics remained closed for a sufficient period of time for adjustments to be made so that they could resume operations. Urgent and emergency care was carried out with the highest level of individual protection,

preceded by the implementation of a complete anamnesis to identify possible signs and symptoms of COVID-19. Patients who needed urgent care and presented some type of sign or symptom of COVID-19 would be treated by presenting an exam that confirmed negative contagion.

Other precautionary measures have been established in order to prevent the spread of the disease, such as maintaining natural ventilation, use of a constant mask, hygiene of hands and surfaces in the environment, social distance of at least 1 m, implementation of thermometers to check the temperature of patients before of each consultation, use of a mouthwash based on 0.12% chlorhexidine digluconate pre-procedure, isolation with a rubber sheet whenever possible, reduction in the number of patients in the clinic - increasing the interval between one consultation and another - and avoiding bring companions whenever possible.

CONCLUSIONS

The COVID-19 pandemic has shown that what is provided for in the code of ethics of the health system cannot always be followed

REFERENCES

1. Camba, P. G.; Marcianes, M.; Morales, M. V. **Changes in orthodontics during the COVID-19 pandemic that have come to stay.** American Journal of Orthodontics and Dentofacial Orthopedics. October 2020. Vol 158-4.
2. Ethics Subcommittee of the Council on Ethics, Bylaws and Judicial Affairs. Ethical practice during the COVID-19 pandemic. J Am Dent Assoc 2020;151:377-8.
3. Ge ZY, Yang LM, Xia JJ, Fu XH, Zhang YZ. **Possible aerosol transmission of COVID-19 and special precautions in dentistry.** J Zhejiang Univ Sci B 2020;21:361-8.
4. Gonçalves L, Dias MC. Discussões bioéticas sobre a alocação de recursos durante a pandemia da covid-19 no Brazil. Diversitates [Internet]. 2020 [acesso 20 abr 2021];12(1):18-37. Disponível: <https://bit.ly/2YZplSS>.
5. Oliveira, H. C., et al. **Ordem de não reanimação em tempos da COVID-19: bioética e ética profissional.** Rev Gaúcha Enferm. 2021;42(esp):e20200172.
6. Sanches, M. A., et al. **Perspectivas bioéticas sobre tomada de decisão em tempos de pandemia.** Rev. bioét. (Impr.). 2020; 28 (3): 410-7.
7. Storto, G. G., et al. **Bioética e a alocação de recursos na pandemia de covid-19.** Rev. bioét. (Impr.). 2021; 29 (4): 825-31.