



## COVID-19

# Caring for Our Community in Crisis

Mark A. Casanova, MD, FAAHPM

**M**y fellow colleagues, I am writing this President's Page on Tuesday, March 10, 2020, at 7:30 p.m. The reason behind the specific time reference, in sharing my thoughts with you, is not based on the fact that I'm about 7 hours past editorial deadline. It's also not because at the time that I am writing this article, we have just recently learned that we have our first case of confirmed COVID-19 in Dallas County. It is because the perspective I intend to share with you this evening, I have to imagine, will be significantly influenced by the events that I have no doubt will come to pass in the coming weeks. By the time that you, our members, are reading this article, I anticipate what I had intended to be an exploration of principle-based obligations of our profession, will have proven to be a real-world obligation borne out in hospitals and clinics, alike.

From the time of Hippocrates, we in Medicine, have been asked to uphold a multitude of profession-specific obligations. These prima facie principles, that we hold dear to the practice of Medicine, not only date to Hippocrates, but

are founded in Judeo-Christian principles of servanthood and are further supported, through time, by historical events. The poetic language of the Hippocratic Oath, or the Prayer of Maimonides, encompasses many of our foundational principles as well as derivative values. We can find clear proclamations of Beneficence in the proclamation that many of us repeated, with a raised right hand, that we would "go to the house of the sick, for the benefit of the sick." We professed that we would uphold Non-maleficence by "not cutting or stone," although with credit to our Urology colleagues, "we've come a long way." We affirmed our commitment to Respect for Persons, and arguably, Fidelity, by committing not just to our fellow "man," who proved to be our patient, but also, if that individual deserving of our respect and fidelity was either teacher or student. Lastly, we are compelled to uphold Societal Justice by ensuring that we maintain an awareness of how best and effectively to care for our society, at large. The astute reader, at this point, would say, "Wait a minute Mark, what do you mean lastly? In your listing of prima facie principles emphasized, you left out Autonomy!" This was, in fact, quite intentional, and will be explained below.

Beyond the core principles embedded in the foundation of the Practice of Medicine, we are expected to uphold a host of derivative virtues and characteristics. The list is long, and by no means limited to: mastery of fundamental knowledge and skill set, honesty, devotion, timeliness, and courage. Yes, courage. If we were to quiz the "average person on the street" what careers, or professions, come to mind when we mention the word, "courage," the typical responses would be: military, police officer, first responder. I'm not convinced many would say physician, nurse, respiratory therapist, nurse's aide. Yet, during the times of community-based threats to health that we are facing, real time "courage" is not only necessary but on clear display.

Before proceeding with an exploration of our "call for courage," I want to acknowledge that this is not confined to physicians, but the healthcare team, at large. The aforementioned reference to multiple members of the healthcare team was intentional. At the time that Hippocrates or Maimonides shared their perspectives with us, the field of medicine encompassed only physicians. It did not include nurses, allied health professionals, or even the broad spectrum of locales of healthcare delivery, to include clinics and hospitals. Therefore, it is important, and I argue necessary, to interpret the guidance of our historical predecessors as not being applicable to physicians, alone, but the team of practitioners, and locales of care, that our ancient colleagues couldn't have imagined. During times of crisis, as we currently face, it is truly an "all hands on deck" approach.

In the time of Hippocrates, or 100 years ago, during the 1918 Spanish flu pandemic, the notion of "going to the house of the sick, for the benefit of the sick" was, quite literally, a "house call into a hot zone." On this Tuesday evening, the "house of the sick" is "our home." It is our care facilities, our offices, and most certainly, our hospitals. The good news is we don't have to go far or worry about complicated home visit codes. The worrisome news is that the collective "we" are asked to put ourselves in harm's way, by going to what many of us consider to be our "second home." While the notion of "servanthood" very appropriately comes to mind when we repeated the Hippocratic oath, or some derivation thereof, I contend there is an equal call for courage.

To be clear, servanthood does not equate to "sacrifice." There are clearly times, however, that upholding servanthood certainly does place a physician, and their team, at risk. It is these circumstances, as it is tonight in our own County, that the Duty to Serve, based on all of the above mentioned principles compels us to "go to the house of the



sick, for the benefit of the sick.” It is our duty to use our foundational knowledge base, our skill set, our leadership, to provide care in a time of crisis, that also potentially encompasses personal risk for ourselves. Pandemics provide a uniquely risky set of circumstances for healthcare professionals, given the fact that we, ourselves and our families, are by no means immune to the risk of infection. It is these times that we look to strict adherence to safety protocols, and we lead by example.

The principle of Autonomy was purposely left out of the list referenced above. To be clear, it was not ignored, but intentionally mooted. This is because current situations present one of the very few conditions in which Autonomy, at least as we see it in American Medicine, is necessarily relegated to a lower tier of emphasis and equality, as compared to the counterpart prima facie principles. In theory, when situations allow, all of the core medical ethical principles should be afforded equal footing. Strong justification is needed to overrule a particular principle(s) and relegate it to a lower tier of emphasis. This is clearly one of those situations. As

it stands in Western (American) Medicine, the principle of Autonomy, at baseline, is often misinterpreted. It is not to be misconstrued as “I can get what I want, as a patient, simply because I desire it.” With some degree of irony, at least from a medical-legal construct, Negative Rights carry much greater weight, than do Positive Rights. Negative Rights pertain to the right to be left alone, and to refuse treatments, based in the philosophy of “patient privacy.” Positive Rights are the patients’ “right to something.” What is that something? That “something” is honest, candid, accurate information pertaining to their health status and open exploration of risks, benefits, alternatives. We do have a commitment to use our knowledge and technical skill sets to bring to our patient as clear information as possible,

**“We shall go to the house of the sick, for the benefit of the sick”**

couched in the honesty and devotion of Fidelity. In some ways, by implementing infection mitigations strategies, such as quarantining or restricting visitation to nursing homes and the like, we are both impacting personal autonomy, while at the same time upholding Societal Justice, and Fidelity by extension. In the end, we are still upholding what patients deserve, in the sphere of Positive Rights. To borrow the Rolling Stones wisdom, there are simply times that you “can’t always get what you want...but you get what you need,” and no, that doesn’t include an N95 respirator.

In closing, I frankly have no idea what situation we will be in when you read this article. None of us does. What I am confident about is that Dallas County physicians will do what we are known to do. We will step forward, lean into crises, and “go to the house of the sick, for the benefit of the sick.” We will do it hand in hand with the leadership of our County Health Department and with equal components of courage and common sense. The call to serve is not a call to be cavalier. It is simply to be who we are, as physicians, and as healers. **DMJ**

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