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Summer 2020 Ethical Issues

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Editor's Note

Summer 2020 Ethical Issues

Perhaps like no other summer in past decades, Summer 2020 began with the COVID-19 pandemic; and, for the United States, the killing of George Floyd. Both events served to catapult ethical discussions regarding equitable delegation of resources and the reality of persistent discriminatory practices as evidenced by capricious and arbitrary treatment of ethnic minorities.

The current issue of the *Online Journal of Health Ethics* reflects the above ethical climate and debates. V. Ramana Dhara of Emory University (USA) shares a haiku on the Corona Virus. Included are the vectors, modes of transmission and spread of SARS, MERS, and SARS-Cov-2. Statistics confirm that ethnic minorities are at greater risk of succumbing to death due to COVID-19. Dr. Leonard Vernon, the newest Layout Manager of the *Online Journal of Health Ethics*, from Sherman College of Chiropractic (USA), shares a compelling article which details egregious human subjects' research under the auspices of U.S. researchers who violated all principles of human subject research. These studies were conducted in some of the nation's most prestigious research centers.

Anna Shapiro of the College of Our Lady of the Elms (USA) along with the *Online Journal of Health Ethics*'s Associate Editor, Dr. Peter DePergola II, attempt to make a case for support of presumed consent and priority allocation for organ donation legislation in the United States. The national organ shortage is their impetus to begin these discussions. In essence, they present the example of several other developed countries that operate under the principle of presumed consent and priority allocation policies for those presenting in healthcare who cannot be resuscitated. It is suggested that organ transplantation would be much more economical than years of renal dialysis and other sustainable services for those in need of transplanted services. While this sounds like it may solve one problem, other concerns which may arise include: decision making for vulnerable people, rights of family, trust that preservation of life would take precedence over preservation of organ for transport and the fair and equitable distribution of organs, to name a few.

Dr. LaWanda Baskin of the University of Southern Mississippi (USA) explores the phenomenon of patients who use the emergency

department for from a study of eighty-six patients known to use the emergency department for this purpose. Baskin identifies key variables which shed light on factors which predict those most likely to misuse the emergency department in this manner. Patient advocacy emerges as a tool which could be used to deter this practice. As one would surmise, those most likely to depend upon the emergency room for chronic care management are ethnic minorities and other vulnerable groups.

From Mexico, Drs. Karen Herrera-Ferrá (*Asociación Mexicana de Neuroética*), Leonardo Souza-García (*Universidad Autónoma Metropolitana-Xochimilco*), Antonio Muñoz-Torres (*Universidad Anahuac*) discuss challenges inherent in low and middle-income countries such as Mexico in light of the COVID-19 pandemic. Presented are two responses to these challenges: (1) empowerment of patient's autonomy through informed consent and advanced directives, and (2) informing the people of realistic socio-cultural perceptions of risk. They conclude that addressing these issues could possibly lessen the burden of healthcare professionals already grappling with limited resources and bring about greater autonomy among the public.

Last, I, Dr. Sheila Davis, Editor of the *Online Journal of Health Ethics* along with my collaborating physician, Gary Davis, MD, present an editorial, *The George Floyd of Healthcare*, which explores unequal treatment in the present healthcare environment. This is especially compelling in today's climate of COVID-19 where family members and love ones are not permitted to attend relatives admitted to the hospital. Family members are not allowed to witness the deaths, births, admissions, or any of the events occurring in healthcare. Has the system earned this type of explicit trust? Several resources are shared to aid in recognizing and addressing implicit and explicit racial biases in healthcare. Also presented are suggested policies to bring about a more equitable response to the COVID-19 crisis.

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