
ETHICAL ISSUES, BREAKDOWN DURING COVID-19 PANDEMIC ERA IN UPPER AND LOWER EGYPT

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ABSTRACT

Introduction: Outbreaks of infectious disease are also marked by sociocultural unrest, and a general atmosphere of fear and mistrust. On 30 January 2020, a COVID-19 (Coronavirus disease 2019) epidemic was declared an international public health emergency, this outbreak provoked a negative association, social stigma and a discriminatory behavior against people of certain ethnic foundations as well as anybody seen to have been in contact with the infection. **Aim of the study:** The goal of this study is to concentrate on the relationships between stigma evoked during the COVID-19 pandemic, breaking the privacy and confidentiality of infected individuals and job affection, social harm, seeking health assistance and also promoting awareness of these issues among Egyptians. **Subjects and Methods:** A comparative cross-sectional study questionnaire on a random sample of 500 respondents (250 for each) conducted at Benha city and Assiut city, Egypt. **Results:** Respondents to the questionnaire revealed that 60.0% of Upper Egypt preferred to home quarantine while (53.2%) of Lower Egypt preferred hospital quarantine. Most respondents from both Upper and Lower Egypt agreed to do COVID-19 PCR (Polymerase chain reaction) test. In addition, respondents in Upper and Lower Egypt declined to publish their names because participants in Upper Egypt related their refuse due to affection on their social lives while participants in Lower Egypt refused to publish their names because of a violation of their privacy. **Conclusions:** COVID-19 infection pandemic has a negative effect on the ethical issues as confidentiality breakdown of patients, emergence of stigma, economic and social implications.

Keywords: Covid-19 outbreak, Ethical issues, patient's privacy, Hospital quarantine, Home isolation.

INTRODUCTION

Emerging viruses represent a threat and outbreak to global public health; they have caused many deaths, morbidities, and cost billions of dollars (Fan et al., 2019). Like other diseases and their associated burdens, COVID-19 is likely to cause suffering and misery as much or greater than other infectious diseases around the planet. COVID-19 is assumed to have arisen in early December 2019 from a wet market in Wuhan, China, with highly efficient human to-human transmission, it spread rapidly around China, and has now traversed the globe. The World Health Organization (WHO) has declared a global public health emergency, and recently

defined COVID-19 as a global pandemic (Gostin et al., 2020).

Outbreak Episodes be a worldview for ethical issues postured by epidemic crises, through the joining of such subjects as: separation and isolation, privacy and confidentiality and the elucidation of ethical standards across different ethno cultural settings. The ongoing pandemic of COVID-19 has brought to light ethical issues driving patient care as well as research (Calain et al., 2009 and Guo et al., 2020).

Social media Press outlets, including television and magazines, have played a significant role in educating, influencing the public's view of health issues, and

Spreading public health knowledge and skills (Shim and You., 2015). The number of people using social media, such as Facebook or Twitter, has risen in recent years, and the use of social media as a source of health information can influence people's awareness or actions related to health problems, including perceptions of risks and preventive behavior, because social media can breach one's privacy and can be used to breach privacy, the confidentiality of others and racism in times of epidemic and civil unrest (Barman-Adhikari et al., 2016 & Young et al., 2011).

In Egypt, there are 37.9 million users in the digital society and two thirds of them have influential Facebook pages, with a total of 22 million male users, while 12 million female users (MCIT., 2018).

Healthcare and scientific research ethics revolve around concerns related to fundamental human rights and the provision of healthcare, ensuring protection and benefits for the populations, preventing damage of any kind while maintaining privacy and confidentiality and ensuring social justice in these efforts (Piot et al., 2014).

The aim of this study is to focus on the relationships between stigmas aroused during COVID-19 pandemic, break privacy & confidentiality of infected patients and job affection, social harm, seeking medical advice and also to promote awareness of Egyptian people about these issues, in a group of people from two large cities in Egypt with a COVID-19 ward.

SUBJECTS AND METHODS

This was a comparative cross-sectional study conducted at Benha city [Al-Qalyubia Governorate] and Assiut city [Assiut Governorate], Egypt. Data was collected over a period of 2 months (from 1st March 2020 till 30th April 2020). Random sample of 500 respondents (250 for each) from different strata of society who were accepted to participate in the study.

▪ **Inclusion criteria:** they were eighteen years old and older at the time, medical and paramedical persons, and relatives to COVID-19 patients.

▪ **Exclusion criteria:** patients infected with COVID-19 at the time of the study and patients with psychological disorders affect their decision.

Questionnaire analysis:

Researchers designed a questionnaire of quite a series of questions to learn about the effect of COVID-19 pandemic infection on ethical issues. The first part contains questions describing demographic data that includes age, gender, education, jobs and social status. The second part includes questions that describe public attitude to COVID-19 infection; when they feel symptoms of COVID-19 infection, what do you do if they feel symptoms, if they agree to be swabbed for laboratory investigation and if they prefer quarantine at home or in hospital. The last section outlined the impact of stigmatization in social media on people response, if they interested in knowing names of affected people from social media and why? And if they agree others to know their names if they been infected and why?

Ethical approval

This study had the approval from the board of ethical review of Assiut Medical School. The participants received an informed written consent (in Arabic language). It included their personal data and the study information as title, goals, methodology, expected benefits and risks and data confidentiality.

Data analysis

The demographic data and Questionnaire results include both males and females, social, educational, and marital status from both Upper and Lower Egypt were analysed.

Data had been imported into Mathematica from Excel (version 10.1; Wolfram) using the latter software, figures were generated, and descriptive statistics were calculated.

RESULTS

The results of the demographic distribution of the respondents illustrated a wide range of ages in this study from 18 to 66 years old. The study showed (58.4%, 48.0%) male in Upper and Lower Egypt

respectively. A large majority of the respondents were also married. Most respondents held a college-level education and their job were employees (Table 1).

Table (1): Frequency and percentage distribution of the studied groups according to their demographic data (n=500).

	Upper Egypt		Lower Egypt	
Age(mean)	41.008		36.752	
• Male	146	58.4%	120	48%
• Female	104	41.6%	130	52%
Social status				
• Single	48	19.20%	64	25.60%
• Married	184	73.60%	156	62.40%
• Divorced	8	3.2%	14	5.60%
• Widow	10	4%	16	6.40%
Level of education				
• Postgraduate	110	44%	33	13.20%
• University	84	33.60%	131	52.40%
• Secondary	48	19.20%	78	31.20%
• Illiterate	8	3.2%	8	3.20%
Job				
• Not employed	56	22.40%	68	27.20%
• Free work	54	21.60%	61	24.40%
• Employee	130	52%	108	43.20%
• Craftsman	10	4%	13	5.20%

For research question [When feel symptoms of COVID-19 infection, what you do?] the results revealed (60.0%) of Upper Egypt respondents preferred to home quarantine but (53.2%) of Lower Egypt respondents preferred to go to hospital. Most respondents in both Upper

and Lower Egypt agreed to do COVID-19 test. Approximately 56.80% of Upper Egypt and 79.20% of Lower Egypt respondents favored to quarantine themselves at hospital if the COVID-19 test were positive (Table 2).

Table (2): Percentage of the studied groups regarding their action towards COVID-19 infection (n=500).

	Upper Egypt		Lower Egypt	
When feel symptoms of COVID-19 infection:				
• Go to a private doctor.	12	4.80%	36	14.40%
Go to the hospital.	88	35.20%	133	53.20%
Home quarantine.	150	60%	81	32.40%
Agree to do COVID-19 test:				
• Yes	202	80.80%	236	94.40%
• No	48	19.20%	14	5.60%

If the COVID-19 were positive; What do you prefer?				
• Quarantine yourself at home.	108	43.20%	52	20.80%
• Go to quarantine. hospital	142	56.80%	198	79.20%

For research question [Do they agree to publish their names if they infected on social media pages?]; Results showed that (76.80% & 74.40%) Upper and Lower Egypt respondents respectively declined publishing their names as about (53.13%) of Upper Egypt respondents referred their refuse to the affection on their social life while (69.35%) of Lower Egypt respondents refusing to violation of their privacy.

Thirty two percentage of Upper Egypt respondents preferred to know the names of the infected persons due to avoid contact with the infected person as (62.50%) was illustrated while (68.00%)

did not agree to know the names of the infected persons due to maintain patient privacy (55.29%). A large majority of the respondents of Lower Egypt (67.60%) preferred to know the names of the infected persons due to avoid contact with the infected person as showed (75.73%). while (32.40%) did not agree to know the names of the infected persons due to maintain patient privacy (74.07%). Authors declared that respondents from both Upper and Lower Egypt who did not agree to know the names of the infected persons because it affects social life and their work had free work (Table 3).

Table (3): Effect of the social media news regarding COVID-19 infection on studied groups (n=500).

	Upper Egypt		Lower Egypt	
Do they agree to publish their names if they infected on social media pages?				
Yes	58	23.20%	64	25.60%
No	192	76.80%	186	74.40%
IF No, Why?				
-Violation of privacy.	24	12.50%	129	69.35%
- Affects career.	66	34.47%	19	10.21%
- Affects social life.	102	53.13%	38	20.43%
If they are not COVID-19 infected, would they prefer to know the names of the infected?				
Yes	80	32.00%	169	67.60%
Why?				
To avoid contact with the infected person.	50	62.50%	128	75.73%
To find out if I were in contact with the infected person.	26	32.50%	35	20.71%
Without reason.	4	5%	6	3.55%
NO	170	68.00%	81	32.40%
Why?				
To maintain patient privacy.	94	55.29%	60	74.07%
Don't care.	64	37.64%	21	25.92%
Others.	12	7.05%	0	00

Seventy five percentage of females participants from Upper Egypt discussed refusal of publishing their names on the social media due of violation of their privacy, while most of male participants from both Upper and Lower Egypt want to

go to hospital if they felt Covid-19 infection symptoms, while males from both Upper and Lower Egypt stated that publishing their names will affect their work fields as shown in Figure 1.

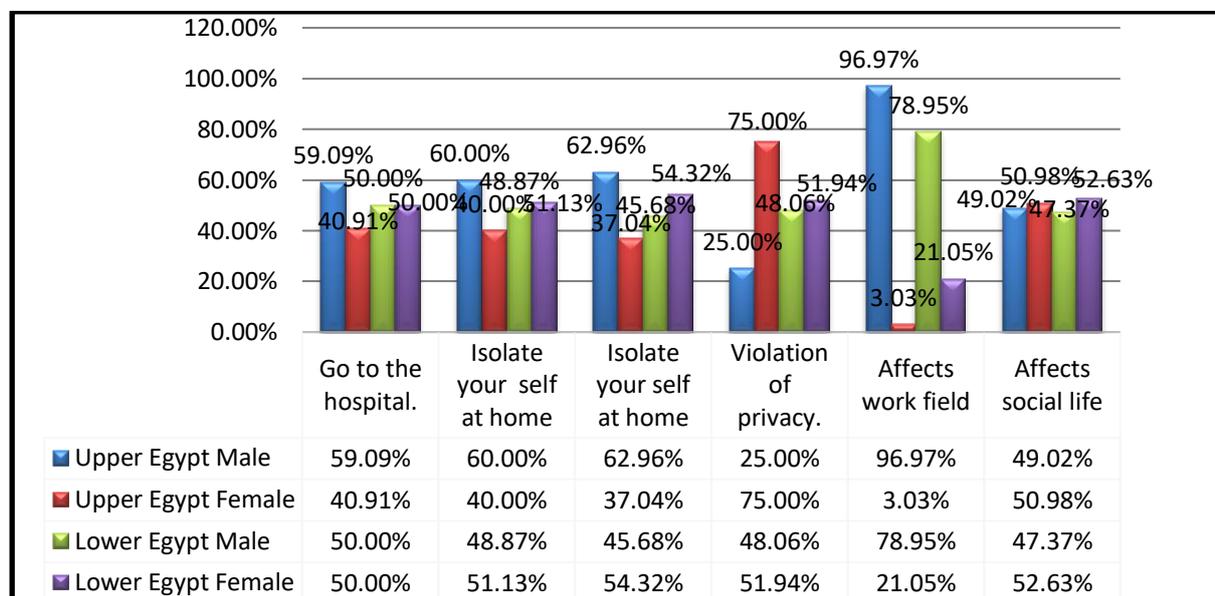


Figure (1): Correlation between sex of respondents and their response if they get infection with covid-19 infection and the cause of their refusal of publishing their names on social media.

In this questionnaire authors observed that most respondents that refuse to do the necessary laboratory investigations for COVID-19 infection from both Upper and Lower Egypt were having master and

bachelor's degree, respectively. Also, more than half of participants from Upper and Lower Egypt who have master and bachelor's degree preferred home quarantine (Fig. 2&3).

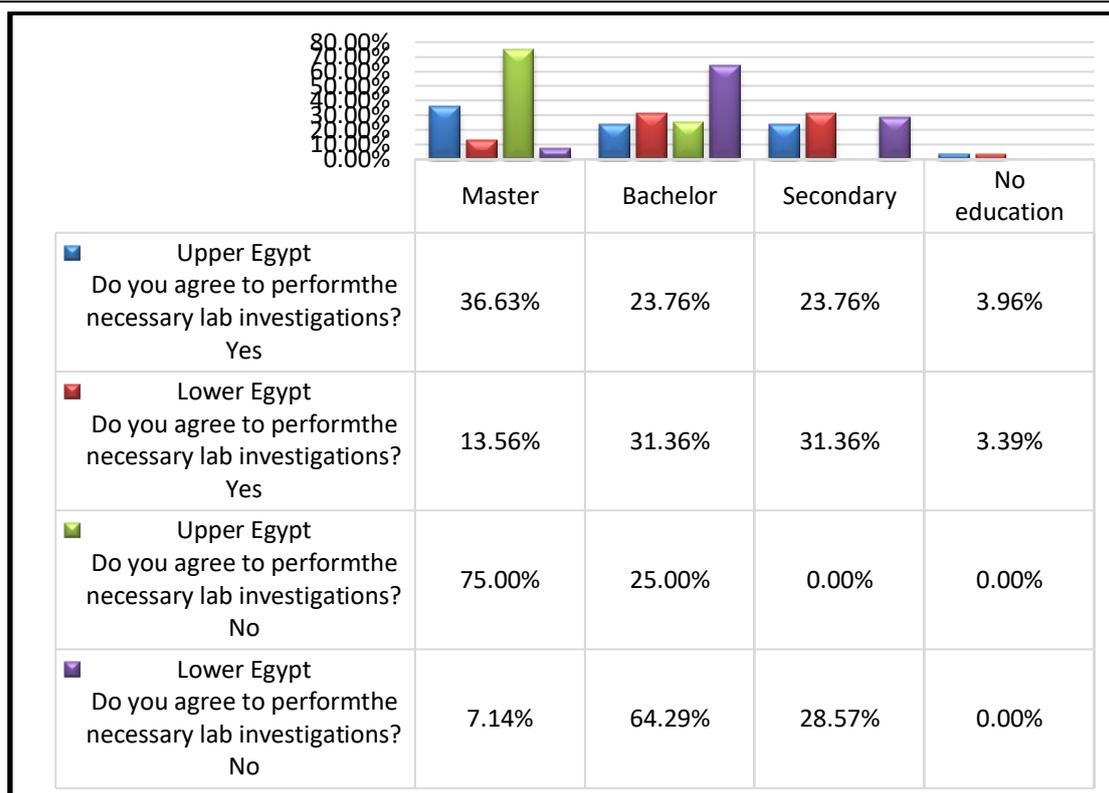


Figure (2): Correlation between education level of respondents and if they agree to perform laboratory investigation.

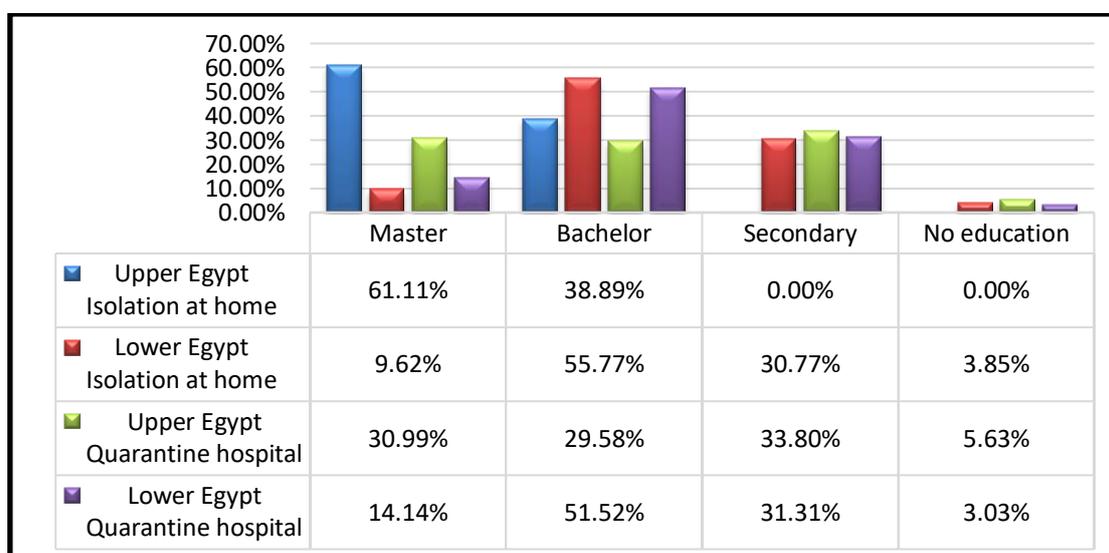


Figure (3): Correlation between education level of respondents and what they do when they feel symptoms of COVID-19 infection.

DISCUSSION

Pandemics and acute emergencies present serious problems to the medical, legal and organization. These include global governance, priority setting, patient triage, scarce resource allocation and restriction of individual freedom in the

public health interest (Simonds and Sokol., 2009).

Health-related stigma is stigma related to living with a particular illness or health condition. A negative association happens when individuals adversely relate an irresistible infection, such as COVID-19, with a particular people. In the case of

COVID-19, there are a growing number of reports of public social stigma toward people from regions affected by the outbreak. Unfortunately, this means that some people are classed, stereotyped, isolated and/or suffered loss of autonomy and prejudice due to a possible negative relation to the disease. In times of crisis the media's significance is increased. Government and responsible entities regard media as an integral component of crisis management (**Reynolds and Seeger., 2005**), and the public relies on the media to make sense of messy or confusing situations (**Tai and Sun. 2007& Zhang et al. 2015**).

A lot of people who survived the infection are now struggling with a lot of social stigma about the disease, such stigma can be experienced in all spheres of life; however, at a time when people are at their most vulnerable, this stigma negatively affects people seeking health services, such as making some people wait longer or hinders access to rapid medical care, early treatment and better results, stigma also affects health sector well-being as health care employees may also be working under stigmatized conditions. They can hide their own state of health from colleagues and are unwilling to access and participate in treatment (**Ramaci et al., 2020**).

It is the primary responsibility to protect the safety of the patient, and to make it clear as to its limits. The disclosure must be made only with the consent of the patient or the consent of the legally approved individual; it can also be made only if required by law without the consent of the patient (**APA., 2010**).

The present study shows a majority of respondents in Upper Egypt favored home quarantine while respondents in Lower Egypt favored hospitalization. Both the respondents from Upper Egypt and Lower Egypt favored quarantining themselves in hospital if the COVID-19 test was positive. Those findings were consistent with **Austrian et al., (2020)** who showed that

when the participants were asked what they would do if they had COVID-19 symptoms. The most likely response was "going to a doctor" (71 %). Just 42 % said they'd call the toll-free hotline from the government and just 19 % said they'd spend more at home. **Griffin., (2020)** has also been shown that about 97.3 percent of citizens with a serious underlying health condition should remain at home and away from others. The guidance from the World Health Organization is to stay home and call a health care provider if symptomatic, especially given the limited testing capabilities in certain settings (**WHO, 2020**).

The present study showed that respondents in Upper and Lower Egypt declined to publish their names as respondents in Upper Egypt referred their refusal to the affection in their social life while denying respondents in Lower Egypt for violation of their privacy; these were in line with **Austrian et al., (2020)**, since many study participants, mostly men and older adults, expressed concerns about income loss and food shortages. That was one of the main reasons given why quarantine or 14-day self-isolation was not feasible, **Lee et al., (2016)** further illustrated that in the outbreak of a new infectious disease, negative attitudes may be exacerbated by both the unfamiliar origin and the fatal outcome and the breakdown of daily routines and shame. Prior research has also shown that people often feel more victimized during crises than is required by the current level of risk (**Coombs and Slovic.,1979**).

Results showed that Upper and Lower Egypt respondents declined publishing their names, referred their refuse to the affection on their social life or violation of their privacy. The concept that medical knowledge of a patient including his / her identity remains unrevealed is generally balanced with circumstances where a voluntary violation of confidentiality is required to protect the community from danger (**Odia and George., 2008**).

The public release of names is immoral, not in the best interest of everyone and also impedes attempts to conceal. This is because it is unlikely that people will seek protection or collaborate with surveillance efforts if they think their personal information would soon become available to the public (Maduka and Odia., 2015).

Dangerous infectious diseases pose specific ethical problems, as those suffering from them are "both victims and vectors of disease". But if someone is a victim or a vector of a disease, we should note that they are still an individual and as such deserve to have their private information protected, especially if disclosure is unlikely to gain and may well damage the interests of the public, no matter how interested they are in knowing it (Hunter., 2014).

This research is confined by its small number of participants and use of a questionnaire for convenience. A larger, more representative sample size would have some generality. Because of the small sample, these results can only be applied to those participants who were able to take part in this form of research.

CONCLUSIONS

COVID-19 pandemic has a major impact on the ethical issues as breakdown patient's privacy and stigma creation which had a negative impact on both social and economic life in Upper and Lower Egypt regions. Also as a consequence, stigma is an obstacle to treat people seeking proper medical services and for the maintenance of a good quality of life, therefore; ethical principles and guidelines will need to evolve in the coming years based on the experiences gathered from the current pandemic.

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دراسة إنتهاك بعض القضايا الاخلاقية خلال جائحة كورونا في مصر العليا والسفلي

هايدي محمد فخر، إيمان صلاح الدين شلتوت

أعلنت منظمة الصحة العالمية في 30 يناير 2020 عن تفشي وباء كورونا، وأثار تفشي هذا الوباء ارتباطًا سلبيًا ووصمة عار اجتماعية وسلوكًا تمييزيًا ضد الأشخاص المصابين والمخالطين وكذلك أي شخص يُرى أنه كان مصابًا. الهدف من هذه الدراسة هو التركيز على العلاقات بين الوصمة التي ظهرت أثناء جائحة كورونا، وكسر خصوصية وسرية الأفراد المصابين والتأثير الوظيفي، والضرر الاجتماعي، وتأثير ذلك على طلب المساعدة الصحية، وذلك لتعزيز الوعي بين المصريين. طرق البحث: البحث عبارة عن دراسة مقطعية مقارنة لنتائج استبيان يتشمل على عينة عشوائية مكونة من 500 فرد (250 لكل منهم) أجريت في مدينتي بنها وأسيوط. النتائج: أوضح المجيبون على الاستبيان أن 60.0% من صعيد مصر فضلوا الحجر المنزلي بينما (53.2%) من الوجه البحري فضلوا الحجر الصحي. وافق معظم المستجيبين من مصر العليا والوجه البحري على إجراء اختبار بي سي ار للكورونا. بالإضافة إلى ذلك، رفض المشاركون في صعيد مصر والوجه البحري نشر أسمائهم لأن المشاركين في صعيد مصر تحدثوا عن رفضهم بسبب تأثير ذلك على حياتهم الاجتماعية بينما رفض المشاركون في الوجه البحري نشر أسمائهم بسبب انتهاك خصوصيتهم. الاستنتاجات: إن لوباء عدوى كورونا تأثير سلبي على القضايا الأخلاقية مثل انهيار سرية المرضى، وظهور وصمة العار، والآثار الاقتصادية والاجتماعية.