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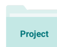

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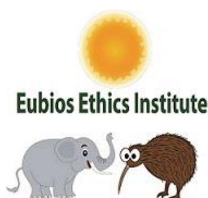

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Evaluation of public health and clinical care ethical practices during the COVID-19 outbreak days from media reports in Turkey

Sukran Sevimli[1]

Objective: This main aim of the study is to explore COVID-19 pandemic problems in frame of public health-clinical care ethics through online media-reports in Turkey.

Method: This research was designed as a descriptive and qualitative study that assesses COVID-19 through online media reports on critics between the periods of March 11, 2020 and April 2 2020 as a quantitative as number of reports and qualitative (headline analysis) study, across Turkey. Reports were from Turkish Medical Association websites which included newspaper reports. Study data were presented as statistically and qualitative data case and headlines. No ethical or official permission was obtained as the study was conducted through open access internet news sites.

Results: This online reports analysis retrieved about 6723 articles about the COVID-19 reports. According to study data, information about COVID-19 were themed as follows: general deficiencies in taking action and isolation (1,800), half of isolation, passengers and transport vehicles not quarantined (465,160, 247,1710) respectively; insufficient diagnostic

[1] Department of Medical History and Medical Ethics, Dursun Odabas Research Hospital, Faculty of Medicine, Van Yuzuncu Yıl University, Zeve Campus, 65080 Van, Turkey

E-mail: sukransevimli@gmail.com

tests, and decision to test after 610 healthcare professionals become infected, lack of equipment lack of evaluation outbreak countries (361, 560,389) respectively.

Conclusion and Suggestions: COVID-19 is a pandemic and is a global public health problem that concerns every individual and needs to be handled carefully and requires a multi-faceted preparation and education. In this context, healthcare professionals should be well trained in this aspect and have all the necessary equipment’s throughout the process. Additionally, it should work systematically in the cooperation of all health organizations, the Ministry of Health, local governments and of course the media, in order to inform society, fairly distribute the resources and to implement the safety measures effectively. Briefly, lack of transparency, insufficient information, limited resources, lack of public health protection measures such as partial quarantine decision, partial implementation of the scientific board's recommendations for economic reasons, and contradiction of the explanations have revealed serious ethical problems.

Key words: Covid-19, public health ethics, clinical ethics, pandemic

Introduction

Public health is a science that aims to protect humanity from diseases by improving environmental health conditions with organized community studies, preventing infectious diseases, providing early diagnosis and treatment of diseases, and developing a life level that will maintain the health of each individual (Binns & Low, 2015). While public health aims to protect the health of society by making a long-term plan with the data it collects in order to protect the health of society, it also plans and practices to protect the whole society against natural and human disasters. Therefore, public health preparedness and practices are important as well as clinical treatments during disaster. A pandemic is a public health and public health ethics problem due to its multidisciplinary features and its' health threat toward worldwide (HUBAM, 2020; Zohny, 2020). And one of the current pandemic that the world is facing is COVID-19.

COVID-19 was first publicized on January 13, 2020 when it was discovered from the Wuhan Province, China. The World Health Organization (WHO) declared COVID-19 as a pandemic due to the epidemic spreading to more than 114 countries by 11 March 2020 (WHO, 2020a). And it spread to all continents except Antarctica. Meanwhile, since this is a novel virus, there is no vaccine to counter it and the presented vaccines have not been able to prevent the serious health problems it has developed in different ways or to even minimize its spreading speed. People have only taken some preventive measures to control COVID-19 such as hygienic measures, physical distance adjustment, isolations and self-quarantine as

their own decision or as the government order. Correspondingly, COVID-19 has led to the emergence of new and extraordinary demands for both public health resources and the clinical care process. Moreover, it has begun to render the existing health system as well as hospitals to be inadequate and ineffective. For this reason, it has caused panic and fear to spread and continue much more strongly around the world. For example, in the case of a pandemic, it showed that there are no hospitals that will provide healthcare services outside the affected area, as well as equipment's such as intensive care beds and ventilators high filtration N-95 masks for health care workers (WHO, 2020c). Moreover it has revealed that there are no hospitals and healthcare facilities where diabetes, oncology, hypertension or any other emergency health problems patients. In other words, almost all the deficiencies and faculties of the current system have hit everyone's faces like bioterrorists attacks. On the other side, it has revealed that the persons (journalists, scientists, physicians, etc.) who criticize the present health system, health practices, and other socio-economic policies are either heard or punished (Haber, 2020; Hegarty, 2020).

Differences between COVID-19 and natural/man-made disasters:

As these differences can be seen in (Table 1), pandemic COVID-19 contains different risks and thus indicates new measures. We should take consideration of these differences (Table 1). Because, there is a need for a new developing appropriate package of public health preparedness and practices by assessing the serious differences between natural and man-made disasters (e.g. earthquake, nuclear central issues, mass accidents, tsunami etc.) and pandemic (COVID-19). To distinguish these differences is highly important. Because, if we put all the disasters in the same basket then we cannot evaluate their deficiencies and inadequacies, so that the measures will not be as effective as desired.

Table 1. Differences between natural/man-made disasters and the COVID-19 Pandemic.

COVID-19 Pandemic	**Natural or man-made disaster**
The enemy is absolutely invisible and "Patient Zero" is important.	The enemy has some visible points and there is no first victim term.
It does not limit pandemic risk groups or risk in geographical location.	It has geographical boundaries and it is effective within these boundaries.
Healthcare professionals are the primary risk group.	Victims/survivors in that specific location constitute the risk group.
Insufficient health resources.	Usually sufficient health resources

Forced physical distance among people	Not applicable
Authorities cannot create a control area during pandemic	Authorities can create control areas
Patients are stigmatized as an enemy; ageism discrimination became more visible	Victims are innocent
The time of the pandemic is much longer than other disasters, it is almost impossible to determine a clear time frame.	Disaster times are usually limited; mostly disaster contains its own duration.
It can only be terminated when scientists find drugs or vaccines	Precautions to be taken against others are clear, losses can be mitigated by these measures
It ignites scientific discussions	Scientific data are already available
It does not only pose a health problem, it causes to question all socio-economic, political and all existing institutions and organizations and attitudes	Only the possibilities of existing geography or victims, policies and people's attitudes are criticized.
Fear/anxiety/hopelessness spreads to almost the entire planet	Fear/anxiety/ hopelessness exists in the affected area
It provokes conspiracy theories.	No conspiracy theories.

To distinguish these differences is highly important. Because, if we put all the disasters in the same basket then we cannot evaluate their deficiencies and inadequacies, so that the measures will not be as effective as desired.

Public Health ethics and Clinical care ethics

All infectious diseases require higher accountability as they utilize both public health and clinical ethical practices. Because infectious diseases are twofold, either they require soft paternalistic applications of public health ethics; or they require treatment of patients within the framework of human rights in patient care (Mann, 1997). COVID-19 covers the clinical ethical practices of the clinical treatment process of the patients, as well as the application of preventive measures taking into consideration the public health ethical values during the control of the pandemic process.

Therefore, during pandemic period, the government should follow public and clinical care and their ethical protocols related to sharing up to date information to the public and ensuring that the shared information is accurate and reliable (Ives et al., 2009). Second, is to

share the available information from a comprehensive website and to provide it to both healthcare professionals and to civilians instantly. Third, information given should provide how, to whom and where to seek help from healthcare system and healthcare professionals (e.g., especially for the clarification of the preliminary diagnosis, the tools and equipment related to the tests should be supplied quickly). Fourth, providing the medical, social and economic needs of healthcare professionals; in this case, the healthcare worker provides a better service by overcoming his / her concerns other than healthcare. And the fifth is to ensure that the society is easily adaptable to the quarantine and isolation process by eliminating health and social-economic concerns by the state.

Moreover, in the clinical care service, the values and principles of medical ethics should be applied as far as possible in the context of human right in patient care. Persons under monitoring (PUMs) and persons under investigations (PUIs) should have the right to get information about their COVID-19 tests as soon as possible. Of course, the suspected individual does not have the right to refuse treatment or to quit the quarantine period because of the possibility of infecting the greater community. However, the suspected individual has the right to obtain accurate and sufficient information about his/her current condition and the planned action for treatment. This right does not disappear in any way. Beyond this, face-to-face visitor meetings may be restricted due to possibility of infection, but communication can be provided with suspected individuals and their relatives in appropriate situations through technology. Some media reports in Turkey have indicated that there have been serious violations to both public health ethics and clinical care ethics. These violations have created trust problems between the community, healthcare professionals, and authorities who take COVID-19 pre-cautionary measures such as in this case; where some suspicious persons are not quarantined because of their socio-economic status; nepotism (Hrsimple, 2018) and making this practice unethical, dangerous and criminal. That is why such public health ethics violations should be evaluated by criminal law. In fact, success in such extraordinary situations depends on the strength of mutual trust. Another problem is test process which is taken a long time, and test results can be false negative. Therefore, it is important to evaluate in clinical findings.

How to maximize the delivery of benefits of patient care ethics during COVID-19 pandemic?

Here, the main goal is to increase the effectiveness and efficiency of healthcare both at the social and individual level, and to ensure that human rights in human care are realized.

Correspondingly, treatment process provided is in a manner that is in accordance with human dignity without ignoring bioethics and its sub-branches, public health ethics and clinical ethical values and principles.

Healthcare professional had of course received ethical training, and before starting their duty they signed a social contract with the Hippocratic Oath (Güven & Ersoy, 2000; Kavas et al., 2015)and patient rights regulation that determines their limitation and obligation. Where they indicated that both on their behalf their professions and on themselves, they will not hesitate to perform their duties under all kinds of difficulties and dangerous conditions. However, they should protect themselves not only for their job but also for their lives. But, the COVID-19 pandemic creates special conditions and the first line of health professionals risk group has increased. That is why the researcher has proposed some suggestions for the COVID-19 Guidelines:

1. Maximizing the benefit and reducing harm of medical ethics principles needs a guide for practice. The first section of this guide should be about healthcare professionals; where they should be protected first, diagnostic tests should be repeated, equipment, training, appropriate environment and their families should be given the necessary support (Emanuel et al., 2020)
2. Risk assessment tools of the infectious disease (like COVID-19) should be considered in the identification and ranking of risk groups, protection measures, treatment and vaccination. This tool contributes to the prevention of all forms of abuse, discrimination [(e.g., ageism, social status etc.(Stall & Sinha, 2020)] and also ethical problems.
3. Maximizing the benefits; using limited resources needs some rules to provide medical-humanistic priorities; therefore people can have equal treatment possibilities and to arrange treatment models of humans based on medical reasons provided that it is intended to maximizing the benefits (Emanuel et al., 2020). This also prevents wealth, social status, and other gender-social-cultural-age-religious discrimination and social injustice. If the extraordinary conditions caused by the lack of medical resources force the healthcare professional to choose, then the choice can be made taking into account the possible life span after treatment. Thus, besides maximizing the benefits involves both more people and more life-years are also taken into consideration.
4. Prioritizing the treatment of healthcare professionals is a must, because the healthcare worker who survives the treatment themselves can resume the treatment of other patients. This contributes significantly to more people getting health care. In the event of an outbreak, the priority should be to test health professionals(Emanuel et al., 2020). Because by evaluating the health status of healthcare workers, it prevents them from getting infected,

including other healthcare workers, to suspicious or uninfected people, and also increases the benefit by ensuring that healthcare professionals start their treatment in a shorter time and return to their duties.

5. Vaccination should be administered considering the risk groups (Emanuel et al., 2020). This method contributes to maximizing benefit when the vaccine is limited. If a vaccine is developed for COVID-19, the vaccine should be given primarily to healthcare professionals, other hospital staff, the group at risk of spreading the infection (market workers, drivers, etc.), and the community.

6. Application of triage in the pandemic process is vital. Because the triage will help physicians prioritize emergency cases as well as maximize the benefits involved (Centers for Disease Control and Prevention, 2020; Petrini, 2010; Sztajnkrycer, Madsen, & Alejandro Baez, 2006), and the effective use of time in the ongoing pandemic. After the first triage is performed, patients who are considered to be prioritized in the first triage can be re-evaluated if their current treatment opportunities are limited and by that time the necessity to make a new compulsory choice (Klıtzman, 2020) may arise between two patients with the same disease level. It is useful to determine the criteria related to this kind of situation in guidelines (doctors of other countries have encountered such conditions in the pandemic process).

7. In this process, it is vital to find the suitable treatment in a short time and it should be supported with intensive research (Bioethics, 2020; Emanuel et al., 2020; WHO, 2020b). In order to apply the guideline models suggested above, voluntary patients with severe symptoms should be preferred first, and then volunteers with mild symptoms should be next.

Public health and clinical care ethical practices play a key role in solving the current COVID-19 pandemic dilemma and not just the application of its philosophical values.

Research question

This study has two main research questions related to Turkey directly facing COVID-19 after March 11 20020. 1. Did the country took the necessary measures taking into account the problems faced from previously affected countries like China, Italy, Iran and Spain? 1. Did the critics in the media news take into account the terms of limiting the pandemic?

Method

This research was designed to assess the COVID-19 pandemic in online media reports on critics between the periods of March 11, 2020 and April 2 2020 as a quantitative as number of reports and qualitative (headline analysis) study, across Turkey. Reports were from Turkish Medical Association websites which included newspaper reports. For this study, the chosen Google search engine has entered the word COVID-19 and found more than

182,000 articles. These consisted of websites, newspapers, magazines and other online sources, therefore collected online newspaper news and Turkish Medical Association declarations present some suggestions, reporting current shortcomings and informing healthcare professionals.

Study criteria: After collecting the data, we organized the online reports by study criteria's. Second, separated articles according to headlines and excluded irrelevant articles by using key words such as Covid-19, public health ethics, clinical ethics, pandemic

6723 online reports were taken into consideration.

Data analysis: Standard descriptive statistics were used to describe the data.

Results and Discussion

The number of COVID-19 cases exceeded 1 million worldwide and was detected in 204 countries and regions. Latest data shows that COVID-19 cases were totaling to 1,210,422 with recoveries summing up to 251,822 and deaths recorded were 65,449. On the same day, the numbers of cases in Turkey were 23.934 recoveries were 786 and the death toll being 501 on 5 April 2020 (Sabah-Newspaper, 2020; Worldometer, 2020). This study used Google search engine and used the keywords COVID-19, Covid-19, public health ethics, and clinical ethics, pandemic and found more than 65,000 articles. However, in accordance with the criteria and limits of the study, we only evaluated the news including public health and clinical ethical problems, these related reports also appeared in more than one press organs, and they were evaluated by eliminating repetitions. General findings are showed in Table 2.

Table 2. Headline Classifications

Information about COVID-19 (sufficient, insufficient or wrong information)	1800
General deficiencies in taking action [e.g., preventing trips Saudi Arabia/ Umrah area and not controlling Iran, Syria borders (irregular refugees), Istanbul airport, Izmir port]	512
Autonomy and informed consent	5
Lack of isolation control for many of those traveling abroad	160
No forced quarantine for ships, aircraft crew and passengers	213
Nepotism, some persons returning from travel do not engage in isolation due to their status or are removed from the isolation before the period is completed	247
Insufficient diagnostic tests, and decision to test after 610 healthcare professionals become infected (decision criticism negative and positive)	361
Insufficient number of healthcare professionals and intensive care units, protective	560

and therapeutic equipment (N-95 mask, ventilator, etc.) in case of the spread of COVID-19	
The outbreak in Italy, Spain and Iran has not been sufficiently evaluated and Turkey was not prepared	389
Deficiencies in providing socio-economic support to the society in case of quarantine emergency in the country	780
Turkey has launched donation campaigns like Iraq, Lebanon, Sri Lanka, Senegal and South Africa (criticism and support articles)	89
Applause campaign for health professionals launched, but violence continues	34
News about those who fled from quarantine	13
News on how to perform Friday prayers (Mosques are not closed)	35
International news about the COVID-19 pandemic and World Health Organization's explanations	1018
Statements by professional organizations (Turkish Medical Association, Turkish Pharmacists Association etc.) on COVID-19	512
Statements by the President, the Ministry of Health and the Science Committee	95

The newspaper headlines in (Table 2) also revealed the reasons for the emergence of public health ethics and clinical care ethics that arose during the pandemic timeframe. Because this situation did not only reveal the problem of treatment, but also the necessity to isolate COVID-19 with serious social reorganization and hospital needs reorganization.

These articles provided information on the deficiencies in the necessary infrastructure of the pandemic both in the community and in the health organization. This is actually the case for many countries that face the COVID-19 pandemic after China. Authorities of states couldn’t not imagine the COVID-19 pandemic would harshly hit the current advanced health system. Because they thought that scientists would develop the vaccine in a short time and find the treatment model. Due to this negligence, states did not fully understand the danger posed by the outbreak and did not take it seriously enough. Correspondingly, they have not taken into account the report published by the World Health Organization stems and doctors, scientists, journalists and other thinkers who tried to explain the magnitude of the danger this pandemic poses. Briefly, some of states have avoided taking aggressive measures with economic-political concerns. Therefore newspaper headlines are of special importance for understanding this process and reasons of “Pandemic Ethics” problem.

Some details and examples about the problems stated in the table above are as follows: When the contents of the articles in Table 2 are analyzed, it is seen that there are generally criticisms and warnings also related each other topics. Therefore, chosen some themes and given explanations and examples like below.

1. Headlines on general deficiencies in taking necessary action: There are warnings and criticisms about articles not taking serious measures: Because Turkey did not want to stop people travels and did not isolate passengers despite the emergence of the epidemic. This situation caused COVID-19 to spread all over the country in a short time. **"**Moved from Istanbul and Izmir from Europe, Anatolia from Saudi Arabia-Umrah, those from East and Southeast from metropolitan cities and contact with Iran and Iraq, Mediterranean from Europe and other cities, Black Sea from Europe and metropolitan areas. Late measures taken for travels, which play a major role in the spread of the pandemic, played an important role in the rapid spread of COVID-19(ABC-Newspaper, 2020)". Because, in serious health problems with a potential pandemic, the country's health committee should be competent, due to politicians are with high political concerns. It reveals that negligence in this matter should adopt new transparency rules in post-corona (Juliet Williams, 2020; Köylü, 2020).

2. Headlines on lack of information: The second important criticism is on COVID-19 cases declared only by numbers (Köylü, 2020). For example, how many patients are there in which cities, what their age and gender have these patients, these patients brought the virus from which countries abroad, did these patients get in their own neighborhoods, and when started local cases; cases information is belong to which neighborhood or city. This kind of information could play an important role in the creation of isolation or quarantines.

3. Headlines on lack of isolation/quarantine precautions: The third criticism and warnings are; COVID-19 cases number started to increase, some of precautions started, however, while education was interrupted, shopping centers, mosques, cafeterias, etc. were still open, so people continued to go to these places in groups. However, after the spreading rate rose to a certain extent, the places in question were closed completely except mosques. Some of the reasons for this issue have been included in the press as follows. If we give two examples of this; **f**ootball matches were not delayed, matches without spectators were held. This caused COVID-19 to spread among many coaches (Fatih Terim, Albayrak etc.) and sportsmen. Due to these criticisms like this, some television programs were punished by the state board that issued the programs (Fanatik, 2020) . Moreover, workers/laborers, civil servants in freelance, private company and government sector are not giving paid vacation. Critics related to this situation are made as in similar countries.

3. Headlines on lack of diagnosis test: The third important online reports were about not having enough diagnostic tests are done. Also, there is a margin of error in the tests used for the detection of the virus, and that the lung tomography of the suspect should be taken. (Öztürk, 2020). Some of online reports criticized that a limited number of tests have been prevent understanding the extent of the outbreak; they warned authorities it causes lack of outbreak related measures.

> Professor Dr. Necmettin Ünal from Ankara University Intensive Care Department said that "At this stage, the dissemination of the tests will determine the scenario we will encounter as well as preventing the number of patients coming to intensive care." (Yüce, 2020)

Some of the articles in this context have drawn attention to the emergency and intensive care units and warned that "the number of intensive care beds, the number of doctors who can work in intensive care, the number of healthcare professionals who can work in intensive care, and the capacity to increase the number of intensive care beds" will not be sufficient when cases increased (Gündoğdu, 2020; Yüce, 2020).

4. Headlines on lack of healthcare professionals' protective equipment and booked hotels: The articles on this issue are generally about our health system being ready for the coronavirus outbreak, both the staff and the number of intensive care beds, ventilator as well as protective equipment. In addition, healthcare professionals carry the greatest risk of contamination due to COVID-19 patients, so not only themselves but their families are at risk. Therefore, some hotels may be booked to health professionals during this epidemic process. In this way, another precaution can be also taken against the risk of spreading.

> "We can easily say that no health system in the world is fully prepared for such a pandemic. Turkey's health system is also unfortunately not in better condition than many other examples. The fact that we do not have enough intensive care beds, doctors, medical staff and that we cannot increase them quickly gives us a very clear message."(Sözcü-Newspaper, 2020)

> "It is clear that the number of hospitals, intensive care beds and personnel capacities will start to be filled in a short time, the palms opened to applaud yesterday will be tightened and turned into fists. Everyone should be aware of the fact that the policies, media attitude and inadequate and complex legislation implemented so far in our country will result in this result. It was time to enact a law protecting health care workers" (Istanbul Family Medicine Association Chairman of the Board. Dr. Kutbettin Demir)(Sözcü-Newspaper, 2020)

The statements of health professionals show that we have started to experience serious problems and losses at the beginning of the pandemic.

> “The nurse was under quarantine; hospital manager is called for a seizure and is on duty at the clinic right now. Nurse stated that the same clinic has health professionals who are both quarantined and working ”(Gerçek-Gündem, 2020).
>
> “Adana state hospital is opened a corridor for covid-19 patients in the intensive care unit, but healthcare professionals do not have dressing rooms and healthcare professionals cannot connection with hospital managers.”
>
> “The nurse stated that they did not have protective materials, so they paid for them personally and received protective materials. (Atam, 2020)
>
> “Corona virus was detected in a total of 610 healthcare professionals working in different cities of Turkey. (Independent, 2020)
>
> While some hospitals consider the contact abroad for the covid-19 test, some hospitals take into account whether there is fever, cough, and lung involvement outside this criterion, considering that it has started in the local case. There is no consensus yet.
>
> Doctor Doğaç Ergezen is 29 years old said that “there is still a lot more to say but now I am both exhausted and very angry. I don't want to talk angrily. Please take this virus seriously”(Tele1, 2020).
>
> Professor Dr. Necmettin Ünal, said that “The most important factor for intensive care is protective equipment. It is not a different approach to bring any of the intensive care team (doctor- nurse- caregiver- cleaning staff) without protective equipment into the patient's room than to send them with a knife on the machine gun. If you lose the intensive care staff, there is no staff to replace them (Yüce, 2020) "

The above examples reveal that health professionals should be given priority. Many research and state hospitals have healthcare professionals who are under treatment as COVID-19 patients across Turkey. This situation is doubled risks here because healthcare professionals are facing serious life risk and at the same time the sick doctors cannot treat their patients.

5.Headlines on autonomy and informed consent: Medical ethics principles and concepts must be applied intelligently, kindly and thoughtfully in difficult circumstances (Aydın & Ersoy, 1995; Civaner, 2015; Ersoy, 1994). In the early days of the pandemic, some people announced via social media that they were isolated and tested, but were not informed about the results of the test. After their videos were published on social media, they had learned that they were COVID-19 positive.

Stating that 61-year-old father-in-law died after a heart attack and visited 4 h hospitals, the citizen said,

"The corona test was done in the hospital, but the result was not disclosed. But all the procedures were done like coronavirus. It doesn't state anything in the report. The officials of the Ministry of Health came to the neighborhood and asked their neighbors before the death of his father-in-law, the citizen said, “Now everyone is looking at us abnormally (Akdemir, 2020).

In the video he published on Twitter, the server Burak Akkul, stated that he had been tested with coronavirus in a hospital in Istanbul with his wife, but that the test result was not told to him right after, but later to be explained that the test results came back positive (T24, 2020)

"Details about the death of the former Land Forces Commander Aytaç Yalman, who died after Aytaç Yalman's diagnosis of COPD, became clear. On the 11th of March, Aytaç Yalman's wife and brother died in quarantine, and Fenerbahçe Orduevi, where he played sports, went to an alarm. " This late information also caused A.Yalman's relatives and also other victims to be diagnosed late and not to be infected during this period (Sözcü, 2020).

No explanation was made from the health institutions or doctors about the situation in question, and it was probably to avoid announcing the bad news to the patient, patient relatives and the society. However, this contributed not only to unethical behavior, to violation of patient rights, but also to increased infection..

6. Headlines on commercialization of hospitals and nepotism: Some articles were concerned that private hospitals, which have increased in recent years, will not be functional in handling the pandemic. So, the other reason is related to the health system main aim whether to save profit and populist practices. If a health system is being commercialized that time this system has neither the capacity, neither equipment nor personnel to be sufficient in such extraordinary cases. In this process, we can see how disadvantaged countries in which the health system is specialized have faced such a disaster (e.g., Spain, Italy, US, France etc.)

These articles stated that without reducing the risk that healthcare professionals face COVID-19, without completing all the health needs of hospitals, without making diagnostic tests widespread, most of private hospitals not conducting COVID-19 diagnostic testing and therefore they don't received COVİD-19 patients, namely temporary or permanent expropriation and without taking serious precautions regarding quarantine (e.g., nepotism practices: some people are not taken under quarantine like celebrities, high status people or

religious place visitors etc.); public health and public health ethics does not apply, if public health ethics is not implemented it means opening the road to death for its public.

The evaluation results of these online articles are supported by the report published by the consulting firm of Le Beck "Turkey's crisis with the transfer method will reduce the effectiveness of the measures to be taken against the virus, "a false sense of security" was recorded it was created" (Le-Beck, 2020).

Limitations

The present study data were collected from online newspaper by Google research engine (e.g., Yeniçağ, Sözcü, Cumhuriyet, Evrensel, Gazete Duvar, Birgün, Fanatik,Sabah, Hürriyet,T24 and ABC newspapers) and also from web sites that take official data into consideration and compared them. However, the pandemic has just begun in Turkey, so the articles in question are limited to the timeframe specified. Furthermore there was a possibility of some unreachable/unnoticed articles or resources. Of course, the synthesis of COVID-19 pandemic data may involve more than the data's context but also in different contexts or interpretation.

Conflict of interest

None

Acknowledgement

I would like to thank all healthcare professionals. And express my condolences to the families of the deceased and I offer my health wishes to the current and recovering patients.

Conclusion

The online newspaper news provides a map of the pandemic measures and deficiencies. This map also shows the factors that contribute to ethical problems and violence against healthcare professionals (Sevimli, 2020). In this context, first, this study reveals these critical reports, the differences between the pandemic and other disasters. This approach is important for public health preparations after post-corona. Second, this study also indicated that public health ethics and clinical care ethical problems are not only reasoned by medical/healthcare professional's attitude but also from socio-economic-politic system. Moreover, this study shown the need for a detailed ethical guideline that covers the decision making process in the context of medical ethics and public health ethics. This guide will save the individual doctor from acting on his own conscience and from the great psychological burden that may occur later. Because, casuistry/heart-searching is relative and may vary depending on the situation (García Gómez & Monlezun, 2015). The decision of the individual

doctor with reasoning may involve a heavy burden for him/her. The healthcare professional should be freed from this heavy burden. Therefore, in order to remove or expand/detailed theoretical rules from a particular situation, we should avoid future ethical problems by reorganizing and applying these rules with detailed examples, taking into account the problems in the pandemic process. Of course, this is possible with the participation, solidarity and support of competent ethicists, scientists as well as legal authorities. So, we can create a better life by human rights in patient care, social justice, love, and dignity.

Reference

ABC-Newspaper. (2020). Salgına yakalananlar anlattıkça ortaya çıktı: İşte koronavirüs Türkiye'ye böyle yayıldı (Pandemic captured by those who told emerged: That's like coronavirus has spread to Turkey Source). Retrieved from https://abcgazetesi.com/salgina-yakalananlar-anlattikca-ortaya-cikti-iste-koronavirus-turkiyeye-boyle-yayildi-95726

Akdemir, Ö. (Producer). (2020). Yakınını kaybeden kişi: Özel kıyafetli görevli gömdü, korona mı değil mi söylemediler (The person who lost his relatives: Buried in special clothes, they did not tell whether it is corona or not). Retrieved from https://www.evrensel.net/haber/400469/yakinini-kaybeden-kisi-ozel-kiyafetli-gorevli-gomdu-korona-mi-degil-mi-soylemediler

Atam, H. (2020). Hemşirelerden 'ekipmanlarımız yetersiz' çağrısı!('Our equipment is insufficient' call from nurses!). Retrieved from https://www.sozcu.com.tr/2020/gundem/hemsirelerden-ekipmanlarimiz-yetersiz-cagrisi-5725576/

Aydın, E., & Ersoy, N. (1995). Tıp etiği ilkeleri. *Türkiye Klinikleri Tıbbi Etik Ankara-1995*.

Binns, C., & Low, W. Y. (2015). What Is Public Health? *Asia-Pacific journal of public health / Asia-Pacific Academic Consortium for Public Health, 27*, 5-6. doi:10.1177/1010539514565740

Bioethics, N. C. o. (2020). *Research in global health emergencies: ethical issues*. Retrieved from https://www.nuffieldbioethics.org/topics/research-ethics/research-in-global-health-emergencies

Centers for Disease Control and Prevention, C. (2020). Triage of Suspected COIVD-19 Patients in non-US Healthcare Settings. Retrieved from https://www.cdc.gov/cpr/healthcare/pan-flu-app/desktop/d.index.html

Civaner, M. (2015). Halk sağlığı etiği ve meslek ahlakı. *Türkiye Halk Sağlığı Dergisi, 13*(2), 170-171.

Emanuel, E. J., Persad, G., Upshur, R., Thome, B., Parker, M., Glickman, A., . . . Phillips, J. P. (2020). Fair Allocation of Scarce Medical Resources in the Time of Covid-19. *N Engl J Med*. doi:10.1056/NEJMsb2005114

Ersoy, N. (1994). Klinik etiğin önemli bir sorunu: Aydınlatılmış onam. *Turkiye Klinikleri Journal of Medical Ethics-Law and History, 2*(3), 131-136.

Fanatik. (2020). Fatih Terim'den yaylım ateşi: İstediğini şampiyon yapın' (severe criticise from Fatih Terim: Make the champion you want '). *Fanatik*. Retrieved from https://www.fanatik.com.tr/fatih-terimden-yaylim-atesi-biz-canimizi-disarida-mi-bulduk-2129149

García Gómez, A., & Monlezun, D. (2015). Casuistry. In (pp. 1-12).

Gerçek-Gündem. (2020). Vahim iddia: Karantina altındaki hemşire nöbete çağrıldı hastalara baktı (Grave claim: Nurse under quarantine called for seizure looked at patients). Retrieved from https://www.gercekgundem.com/saglik/168073/vahim-iddia-karantina-altindaki-hemsire-nobete-cagrildi-hastalara-bakti

Gündoğdu, O. (2020). 4 soruda hastanelerin yatak kapasitesi gerçeği: 5 yataktan biri özel hastanelerde (The bed capacity of hospitals in 4 questions: One of the 5 beds in private

hospitals). Retrieved from https://www.birgun.net/haber/4-soruda-hastanelerin-yatak-kapasitesi-gercegi-5-yataktan-biri-ozel-hastanelerde-292197

Güven, T., & Ersoy, N. (2000). Tıp Etiğinde Yeni Bir Yaklaşım: Erdemler. *Turkiye Klinikleri Journal of Medical Ethics-Law and History, 8*(1), 51-59.

Haber, S. (2020). Gerçekleri saklamaya devam etmek için Dr. Çınar'a özür dilettiler (To continue keeping the facts, they do make Dr. Çınar apologized). Retrieved from http://siyasihaber4.org/gercekleri-saklamaya-devam-etmek-icin-dr-cinara-ozur-dilettiler

Hegarty, S. (Producer). (2020). The Chinese doctor who tried to warn others about coronavirus. *BBC News*. Retrieved from https://www.bbc.com/news/world-asia-china-51364382

Hrsimple. (2018). Nepotism: favoring relatives and friends in the workplace. Retrieved from https://www.hrsimple.com/blog/nepotism

Hacettepe Üniversitesi Biyoetik Merkezi (HUBAM) "COVID 19 Pandemisi ve Etik" (Hacettepe University Bioethics Center (HUBAM) "COVID 19 Pandemic and Ethics"), (2020).

Independent. (2020). Sağlık Bakanı Koca açıkladı: Virüs tüm şehirlerde görüldü, 601 sağlık çalışanı enfekte (Health Minister Husband explained: The virus was seen in all cities, 601 healthcare workers were infected). Retrieved from https://www.independentturkish.com/node/156606/haber/sa%C4%9Fl%C4%B1k-bakan%C4%B1-koca-vir%C3%BCs-t%C3%BCm-%C5%9Fehirlerde-g%C3%B6r%C3%BCld%C3%BC-601-sa%C4%9Fl%C4%B1k-%C3%A7al%C4%B1%C5%9Fan%C4%B1-enfekte

Ives, J., Greenfield, S., Parry, J. M., Draper, H., Gratus, C., Petts, J. I., . . . Wilson, S. (2009). Healthcare workers' attitudes to working during pandemic influenza: a qualitative study. *BMC Public Health, 9*(1), 56. doi:10.1186/1471-2458-9-56

Juliet Williams. (2020). California cities want transparency rules waived in pandemic. *Associated Press*. Retrieved from https://www.pbs.org/newshour/health/california-cities-want-transparency-rules-waived-in-pandemic

Kavas, M. V., Yalım, N. Y., Şahinoğlu, S., Acıduman, A., İlgili, Ö., & Arda, B. (2015). Uygulamalı aydınlatılmış onam alma becerisi (UAOAB) eğitim programının geliştirilmesi: Ankara Üniversitesi Tıp Fakültesi deneyimi (2004-2013). *Sağlık Bilimlerinde Etik Eğitimi Sempozyum Kitabı. Ankara: Ankara Üniversitesi Yayınları*, 107-130.

Klıtzman, R. (2020). How hospitals will decide who lives and who dies in the COVID-19 crisis. Retrieved from https://thehill.com/opinion/healthcare/490034-how-hospitals-will-decide-who-lives-and-who-dies-in-our-coronavirus-crisis

Köylü, H. (2020). Muhalefet ve meslek örgütleri daha fazla şeffaflık istiyor (Opposition and professional organizations want more transparency). Retrieved from https://www.dw.com/tr/muhalefet-ve-meslek-%C3%B6rg%C3%BCtleri-daha-fazla-%C5%9Feffafl%C4%B1k-istiyor/a-52958754

Le-Beck. (2020). Turkey underestimated, created false sense of security. Retrieved from https://www.newsmaker.news/c/2020/04/turkey-underestimated-created-false-sense-of-security.html

Mann, J. M. (1997). Medicine and public health, ethics and human rights. *Hastings Cent Rep, 27*(3), 6-13.

Öztürk, F. (Producer). (2020). Koronavirüs - Türk Tabipler Birliği: Test yeterli değil, mutlaka akciğer tomografisi de çekilmeli (Coronavirus - Turkish Medical Association: The test is not sufficient, absolutely must be a lung tomography). *BBC*. Retrieved from https://www.bbc.com/turkce/haberler-turkiye-51836529

Petrini, C. (2010). Triage in public health emergencies: ethical issues. *Intern Emerg Med, 5*(2), 137-144. doi:10.1007/s11739-010-0362-0

Sabah-Newspaper. (2020). Türkiye'de corona virüsü vakası ve ölü sayıları (4 Nisan 2020 Cumartesi) illere göre güncel rakamlar (The corona virus cases in Turkey and the number of dead (Saturday April 4, 2020) The current figures by province). Retrieved from

https://www.sabah.com.tr/video/haber/son-dakika-turkiyede-corona-virusu-vakasi-ve-olu-sayilari-4-nisan-2020-cumartesi-illere-gore-guncel-rakamlar-video

Sevimli, S. (2020). An analysis of violence against healthcare professionals in Turkey from online media reports. *Eubios journal of Asian and international bioethics: EJAIB, 30*(3). Retrieved from https://eubios.info/yahoo_site_admin/assets/docs/EJAIB32020.7685702.pdf

Sözcü-Newspaper. (2020). Etkin bir sağlıkta şiddet yasasının tam zamanı (The time for an effective violence law in health). Retrieved from https://www.sozcu.com.tr/2020/saglik/etkin-bir-saglikta-siddet-yasasinin-tam-zamani-5723857/

Sözcü. (2020). Aytaç Yalman'ın corona virüsü nedeniyle öldüğü kesinleşti (Aytaç Yalman became certain that he died due to the corona virus). Retrieved from https://www.sozcu.com.tr/2020/gundem/son-dakika-aytac-yalmanin-corona-virusu-nedeniyle-oldugu-kesinlesti-5689088/

Stall, N., & Sinha, S. (2020). COVID-19 isn't the only thing that's gone viral. Ageism has, too. Retrieved from https://www.theglobeandmail.com/opinion/article-covid-19-isnt-the-only-thing-thats-gone-viral-ageism-has-too/

Sztajnkrycer, M. D., Madsen, B. E., & Alejandro Baez, A. (2006). Unstable ethical plateaus and disaster triage. *Emerg Med Clin North Am, 24*(3), 749-768. doi:10.1016/j.emc.2006.05.016

T24. (2020). 4 gündür Koronavirüs test sonuçlarını alamadığını açıklayan Burak Akkul: Test sonuçlarım pozitif çıkmış, tedaviye başlandı (Burak Akkul, who explained that he could not get the coronavirus test results for 4 days: My test results were positive, and treatment was started). Retrieved from https://t24.com.tr/video/4-gundur-koronavirus-test-sonuclarini-alamadigini-aciklayan-burak-akkul-test-sonuclarim-pozitif-cikmis-tedaviye-baslandi,26801

Tele1 (Producer). (2020). 'Dr.Dodo' koronavirüse yakalandı: Hem bitkinim hem çok öfkeliyim ('Dr. Dodo' caught the coronavirus: I'm both exhausted and very angry). Retrieved from https://tele1.com.tr/dr-dodo-koronaviruse-yakalandi-hem-bitkinim-hem-cok-ofkeliyim-147482/

WHO, W. H. O. (2020a). Coronavirus disease 2019 (COVID-19) situation report—59. Retrieved from https://www.who.int/docs/defaultsource/coronaviruse/situation-reports/20200319-sitrep-59-covid-19.pdf?sfvrsn=c3dcdef9_2.

WHO, W. H. O. (2020b). *Ethical standards for research during public health emergencies:Distilling existing guidance to support COVID-19 R&D*. Retrieved from https://apps.who.int/iris/handle/10665/331507

WHO, W. H. O. (2020c). *Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19)* Retrieved from https://apps.who.int/iris/bitstream/handle/10665/331498/WHO-2019-nCoV-IPCPPE_use-2020.2-eng.pdf

Worldometer. (2020). Coronavirus Cases:. Retrieved from https://www.worldometers.info/coronavirus/

Yüce, M. (2020). Yoğun bakımlar doluyor, agresif tedbir şart ('Intensive care is filling, aggressive precaution is a must). Retrieved from https://www.gazeteduvar.com.tr/gundem/2020/04/04/yogun-bakimlar-doluyor-agresif-tedbir-sart/

Zohny, H. (2020). Pandemic Ethics: Covid-19 Shows Just How Much of Ethics Depends on (Good) Data. Retrieved from https://blog.practicalethics.ox.ac.uk/2020/03/pandemic-ethics-covid-19-shows-just-how-much-of-ethics-depends-on-good-data/

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