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Pregnancy and COVID-19

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Pregnancy and COVID-19

The level 1 research question I have chosen is: **What ethical obstacles affect how the medical community addresses the issue?**

COVID-19 epidemic has elevated a host of ethical concerns, but the major concern has been the likelihood that healthcare structures may need to allocate inadequate acute maintenance resources. Regulating strategies for epidemics vary by establishments, health schemes, and appropriate law. Most appear to settle that a patient's capability to gain from treatment and live are first-order deliberations. Nevertheless, there is deliberation concerning what experimental procedures should be employed to make that purpose and regarding other issues that may be ethically applicable to reflect. Where procedures exist, the majority appear to concur that a patient's well-being should take precedence. However, there is deliberation about what clinical agencies should be used to make that purpose and to what degree independent scientific decisions should be permissible (Jeffrey, 2020). Also, there is a discrepancy concerning other aspects that may be ethically applicable to contemplate.

Ethical supervision on the provision of limited resources in general pivots on defining the most likely beneficiaries. However, a suitable description of benefit has been deliberated. Describing benefits utilizing value of life reflections has remained extensively predestined based on incapacity discrimination. More justifiably, an advantage has existed and described regarding short-term diagnosis, explicitly the persistence of clinic discharge. More disagreement arises when the gain is reflected about lasting survival because this thorough detriments patient on the grounds of incapacities that may shorten life, age, and fundamental health inconsistencies that can similarly distress life expectation.

Nonetheless, even evaluating the likelihood of temporary survival can elevate difficulties, particularly regarding COVID-19 pandemic, with statistics still developing pertinent to forecasting, which can endure the life-threatening well-being situation. In addition, many provision supervision proposes using an experimental recording structure, usually including the Sequential Organ Failure Assessment (SOFA) tally for grownups (or Pediatric Logistic Organ Dysfunction (PELOD) for teenagers), to approximate the likelihood of a patient's temporary persistence (Meagher et al., 2020). However, although these tallying structures endeavor to be impartial, they are not ethically neutral nor free of bias. Primarily, the predictive validity of the SOFA approach in the situation of pregnancy and COVID-19 respirational deficiency has not been authenticated. However, although plans are ongoing to improve scoring structures with superior prognostic accuracy, these also need to be analyzed; to the degree that they reflect comorbidities. Also, these will convey possibilities of incapacity discrimination and propagating or aggravating fundamental disproportions in the healthcare system. For instance, since subgroups have additional comorbidities and a bigger threat of mortality resulting from COVID-19 disease, recording that de-prioritizes patients who pose comorbidities could cause the direction of resources away from them major ethical issue (Chakraborty & Maity, 2020).

Likewise, even though many people with established COVID-19 infection vulnerability are grownups, the epidemic surge has also impacted pediatric and newborn environs. Both discrete teenagers' clinics and pediatric and newborn divisions among bigger adult amenities might have extra resources infractions to persons involved. For that reason, to capitalize on existence and treat people justly, these amenities may perhaps share required resources, like ventilators and treating older adults, than they frequently do. Handling elderly patients can be performed by tolerating elderly patients with COVID-19 infection findings and ought to be

grounded on the capacity to deliver healthcare corresponding to that delivered in grown-ups' services. However, upholding depositary responsibilities to the entire pediatric patients. Therefore, the ethical concern, in this case, is who should be given priority between children and adults in the allocation protocols if the surge of COVID-19 infections overwhelms the available resources (Jeffrey, 2020). Whereas ordering children has remained recommended by communal focus groups in minimal demanding periods, the allocation of resources established on age due to the current COVID-19 pandemic has provoked complaints. Claiming discrimination since it is argued that every individual should have a similar chance to live through the different phases of life.

The level 2 research question I have composed for this research is: **How can the ethical issues concerned with this topic be mitigated?**

The question I have chosen for the level 1 research question on the cultural perspective of inquiry is: **Which cultures or societies are most affected by the issue? Why?**

Universal, the COVID-19 pandemic response has been fundamentally premised on physical division, although this has, inappropriately, been informally referred to informal dissertation as social distancing. There is a great dissimilarity concerning the two perceptions, with physical separation not certainly preventing communal connectedness, while social distancing inevitably assumes disconnectedness. Furthermore, the issue of cultural, economic, and social disparities is intensifying the challenge of dealing with the prompt spread of COVID-19 infections worldwide. However, what has also materialized is the systematic racial discrimination, predominantly against individuals of Asian upbringing, in Western expatriate cultures. Certainly, there is sufficient circumstantial evidence of racist occurrences in many nations that have been affected by the COVID-19 pandemic. Consequently, this is not a new

phenomenon altogether. A substantial prevailing source of evidence demonstrates that at times of catastrophes, either commercial, conservational, health, or safety-related, marginal groups are regularly made victims and are subjected to racial discrimination, exclusion from resource allocation, regularly vicious addresses and practices.

Similarly, the cultures and societies that have most been affected by this issue are the Asian people. According to Eikhof (2020), the COVID-19 pandemic is already displaying various patterns of racism aimed at individuals. These atrocities vary from physical attacks to cyberbullying, racist trolling, and diversity of xenophobic treachery philosophies pronounced not only by legislators but also normal citizens and other world leaders. However, none of these concerns aid the intercultural negotiation agenda, emphasizing multicultural interaction, shared understanding, deferential commitment, and inter-communal harmony. Nevertheless, possibly one of the major inconsistencies of the COVID-19 pandemic has been the challenges of physical division and disturbance to the usual service delivery structures has predestined that cohesion, both native and multinational, has similarly emanated to the forefront of our cooperative reactions. Likewise, international societies have been generally affected by the pandemic. Concerning associations amongst nation-states, multinational cohesion has to turn out to be a victim of COVID-19 and a main constituent in the international united response policy (Jeffrey, 2020).

Additionally, minority groups are some of the societies affected by the COVID-19 disease. Some of the discriminations in the social factors of health that put these groups at high risk of contracting COVID-19 disease are attributed to their discrimination on ethnic and racial grounds. Unfortunately, refinement occurs in structures destined to safeguard health or well-being. Instances of such structures comprise healthcare, accommodation, learning, unlawful

justice, and economics. Perception, which consists of discrimination, can lead to long-lasting and deadly stress and profiles economic and social issues that place some individuals from ethnic and racial marginal groups at greater risks for COVID-19 infections. Consequently, people from these minority groups have encountered numerous obstacles in accessing healthcare citing issues such as lack of medical covers, transportation, and the difficulty of taking time off duty have majorly contributed to the challenges of accessing healthcare.

Overall, individuals from these racial and ethnic marginal groups have limited access to high-grade education. Therefore, with the deprivation of excellent education, these people experience bigger challenges in securing jobs that offer possibilities for decreasing the exposure to COVID-19 infection. Nonetheless, these people have inadequate job options thus possibly have limited flexibility to vacate jobs that may place them at a greater threat of exposure to the virus that causes COVID-19 infection. Therefore, they cannot afford to skip work frequently, even if they feel unwell, since they lack adequate funds for indispensable items like nutrition and other essential living requirements.

In conclusion, the COVID-19 epidemic is still reasonably at its initial phases and will endure advancing for months to come. Knowledge, changing conditions, illness patterns, and other aspects will shape ethical policies and might also force a reexamination of several ethical ideologies and expectations that presently direct management pronouncements. For that reason, bioethicists, alongside other specialists, need to learn the consequences experienced with the COVID-19 disease, promptly the lessons they have gathered into practice, and be enhanced in preparation for the succeeding pandemic should certainly arise in the future. Similarly, what epidemics like COVID-19 disease have exposed is that the universal community will only be as proficient in containing extremely communicable viruses as the communal health structure of the

minimum developed states will be supported. Eradicating the existing health risk and other international threats necessitates additional international cohesion, extra intercultural negotiation, and more reasonable capacity-building around the ambitious Justifiable development objectives (Eikhof, 2020). In addition, multinational unity and intercultural negotiation are worth trailing for their idealistic, multicultural, and ethical inclinations and their applied, serious and transformational obligations in upholding the well-being, safety, and sustainability of the whole universal community. Nonetheless, we all have the responsibility to stop the spread of the stereotype generated, resulting in the phobia of seeking treatment for this deadly disease.

The level 2 question I have composed for this research is: **What should take precedence; pandemic management or cultural or societal concerns?**

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