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Published

2020

Journal Title

Medicine and Law

Version

Version of Record (VoR)

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EDITORIAL

World Association for Medical Law

THE COVID PANDEMIC - THE GOOD, THE BAD AND THE UGLY

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INTRODUCTION

COVID-19 has changed the way we do business. It is not just on a personal 1-on-1 basis, but it has impacted families, nations and international interactions. The World Association for Medical Law (WAML) usually holds its annual World Congress on Medical Law (WCML) at predetermined locations, which attract experts in health law, legal medicine, bioethics, to congregate in that city, to share ideas, generate contacts, foster research, encourage younger scholars and to cross-pollenate concepts that may later germinate into international collaboration. The year 2020 has seen the COVID Pandemic cause postponement of the summer Olympics but, much more importantly, it has also forced the WAML to cancel its 2020 WCML, in Toronto, Canada, delay elections of WAML office bearers and cause consternation for the editor-in-chief of the WAML sponsored journal, *Medicine and Law*.

The preparation for this issue of the Journal has proven to be a demanding process, causing loss of sleep. Acknowledging that the June issue of *Medicine and Law* could not proceed, along its normal processing lines, due to the COVID-19 Pandemic, it was decided to dedicate this issue of the Journal to the Pandemic. The last few years have seen the June issue of the Journal be devoted to publishing a limited number of papers, which were complemented by the publication of all the accepted abstracts for the August WCML. Even though there are already accepted abstracts for the Toronto WCML, it appears futile to publish these, in the absence of there being a forum in which they would be presented. Should they be retained until next year's WCML, in

Istanbul, there remains next year's June issue of the Journal in which they will be published. This created a void for the June issue of the Journal.

To ensure sufficient material was made available, all Governors, on the Board of Governor's (BoG) of the WAML, were asked to contribute an analysis of the Pandemic within their jurisdiction. They were given a very limited timeframe and advised that each paper would still be critically refereed and had to satisfy academic standard to be included within the Journal. Each Governor was asked to summarise the local experience of COVID-19 with the aim of publishing these as a mid 2020 time capsule to reflect the Pandemic as of May 2020. At the time of preparing this Editorial, there was sufficient acceptance of invitations to allow a modicum of confidence that the Journal would have ample material to reflect the wide local experiences for this collective overview. It is accepted that this will be far from an absolute and complete picture but it holds the potential to: offer food for thought; demonstrate how different countries have adopted alternative strategies and generate sufficient material to serve as a resource that others may employ when faced with future Pandemics. Manipulating the future is predicated by learning from the past; history should provide the foundation for better planning and, with improved planning, should achieve enhanced outcome.

Any paper that was rejected by a referee was returned to the relevant Governor to allow revision to ensure that standards were maintained. Status, within the WAML, was not a ticket to acceptance. If again rejected, by the same referee, the paper was sent to a further referee to guarantee fairness. To ensure that, as editor-in-chief, no favouritism was offered, my own contribution was purposefully sent to the referee who was the first to reject a submission by one of the Governors, thereby guaranteeing that all inclusions were beyond reproach. It follows that if a jurisdiction, of any of the Governors, on the BoG, does not appear within this issue of the Journal, it is because either they did not submit a paper or they failed to pass muster, even after various offers to allow revision to achieve the required standard. This explanation is offered to ensure that no-one can malign the process employed and to confirm that all papers were treated with equal respect and expectation.

I would like to thank the many reviewers who gave selflessly their time, often on numerous papers. One such referee, who deserves special recognition, is Andre Pereira, who was pivotal to ensure that papers were assessed in a timely fashion, at times within hours, rather than days. One situation that also demands commentary is the submission from China. Within days of the deadline, for the submission of drafts of jurisdictional commentary, the Chinese representative

on the BoG, relinquished his appointment. This left a void in this overview of the COVID Pandemic, which appears to have started in Wuhan, in China. There was a great difficulty to find a Chinese representative, prepared to provide any form of statement, within the time limits. Gratitude is expressed to Prof. Sha, who, acknowledging potential significant constraints, was willing to address the void. Gratitude must also be extended to the administrative team who worked tirelessly, behind the scenes, to ensure that this issue of the Journal, *Medicine and Law*, satisfied accepted standards and was produced on time.

THE PANDEMIC

As of 17th May 2020, there have been 4,534,731 confirmed cases of COVID-19 reported to the World Health Organisations (WHO), with 6.8% death rate (307,537 deaths) ⁽¹⁾. Rounding up, this equates to: almost 2 million cases in the Americas; similar numbers for Europe; approximately 340,000 in the Eastern Mediterranean; approximately 170,000 in the Western Pacific; approximately 140,000 in South-East Asia; and approximately 60,000 in Africa ⁽¹⁾. Obviously this number of reported cases is predicated by the sincerity and integrity of those collecting the data and reporting same to the WHO and the methodology adopted to delineate the statistics and their voracity. The impact of co-morbidities and other confounding variables needs to be delineated before these figures can be accepted as genuine and it is reasonable to assume that the figures, quoted by the WHO, represent an under-reporting of the true and accurate account at any point in time. What is not clear is whether the deaths were as a result of COVID-19 or whether COVID-19 was a confounding variable for deaths associated with it.

The first cluster of the current Coronavirus infection was initially reported on 31st December 2019, when the WHO China Country Office was informed and the Chinese authorities identified a new strain of Coronavirus (novel Coronavirus, nCoV), isolated on 7th January 2020 ⁽²⁾. The Wuhan Municipal Health Commission, in China, reported a cluster of cases of pneumonia in Wuhan, Hubei Province, and the novel Coronavirus was identified as the causative agent. By 10th January 2020, the WHO issued a comprehensive package of technical guidance with advice to all countries on how to detect, test and manage potential cases. Based on past experience with Severe Acute Respiratory Syndrome (SARS), in 2003, and Middle East Respiratory Syndrome (MERS), in 2012, the advice was disseminated ⁽³⁾. On 12th January 2020, China publicly shared the genetic sequence of COVID-19 and the first case, outside China, was confirmed in Thailand, on 13th January 2020 ⁽³⁾. By 22nd January 2020, human-to-human transmission, in Wuhan, was officially recorded ⁽³⁾. Since that time, the spread of COVID-19 has become a worldwide

Pandemic, affecting the globe with resultant massive health and economic consequences with lockdowns and isolation imposed around the world.

Five months later, it is impossible to accurately predict what the full extent of the impact will be. This impact will extend far beyond just the better understanding of infectious diseases. It is expected that the lessons learnt will directly influence future management of pandemics, with: possible more rapid restriction of international travel; more focused attention to cluster isolation and management; greater emphasis upon vulnerable people, such as the elderly or the immuno-compromised; and greater preparedness for medical institutions to cope with such simple considerations, such as personal protective equipment. The epidemiological weaponry should be more reactive and, should Australia's push for proper, in-depth, independent and transparent full scientific investigation, into the origins of the Pandemic, reach fruition, recognising that it has unanimous WHO support, without unwarranted external political pressure, it is hoped that these lessons learnt will save far more lives, into the future, than were lost to the current Pandemic.

Other considerations may include the realisation of an industrial revolution with: far greater emphasis on technology; working remotely; potential advances with artificial intelligence; changes in job requirements; modification of expected job skills; reduction of the workforce; and possibly even the constriction of the accepted working week. There has emerged a new appreciation of frontline medical personnel and it is even possible that the heroes of the future will be physicians and scientists, rather than chefs and football players. Economies may change forever, as may working environments. Virtual meetings may replace in-person attendance and such conferencing applications, such as Zoom, may reduce the number of international gatherings and help shrink the world as we know it.

Interpersonal relationships may have either strengthened or fractured as a result of lockdowns and isolation. Added to this, the emotional roller-coaster of job losses, reliance on Government support, people taking jobs they would otherwise not have contemplated, such as airline pilots stacking supermarket shelves, at night, will have impact on the very fabric of society. There may well be a baby boom 9 months after the home isolation. People, whose self-esteem has been shattered, may require additional psychiatric and medical support that has nothing to do with the infection. The rate of suicide may escalate enormously, as may the rate of domestic violence.

So many issues may emerge and evolve, as a consequence of the COVID Pandemic. This time capsule, as provided within the pages of this June issue of *Medicine and Law*, will serve as a comparator of where we have been, up until May 2020, and may provide a yardstick against which to measure future performance and demonstrate how we travelled along that route.

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