



PHILIPPINE MEDICAL ASSOCIATION

THEME: "BUILD, BUILD, BUILD PMA! BUILDING THE FUTURE TODAY."

Member : World Medical Association (WMA)
Co-Founder : Confederation of Medical Association in Asia and Oceania (CMAAO)
Medical Association of Southeast Asian Nations (MASEAN)

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March 29, 2020

PMA ADVISORY FOR OUR COVID-19 FRONTLINERS

As of March 28, 2020, there are 1,075 confirmed, 68 deaths, and 35 recoveries from COVID-19. Twelve (12) medical doctors were exposed, infected, and died as a result of COVID-19. The high mortality rate of medical doctors representing 17.6% case fatality due to COVID-19 is very disturbing. The hospital and health care facilities have become the major battlegrounds and this increases the probability for acquiring COVID-19 infection compared to the general community setting. The medical doctors, together with the other allied health care workers are at greatest risk of infection, if not death, due to COVID-19. Non-disclosure by patients on their travel and exposure history, and their personal medical history remain to be a problem. There are many PUIs and PUMs who are not observing proper quarantine protocols, pending RT-PCR confirmation of COVID-19. Some of these situations were linked to the death of the frontline doctors. COVID-19 is very contagious, has no known cure nor vaccine, and the lack of Personnel Protective Equipment (PPEs) further adds to the risk of our frontliners. The PMA issues the following advisory as guidelines.

1. All our doctor-frontliners and non-frontliners, must comply with the infection prevention and control guidelines and protocols issued by the Department of Health, WHO, PSMID, and all the health authorities.
2. In light of the inadequate or non-disclosure of possible COVID-19 patients, it is very important to ask probing questions to extract the correct information from patients. In case of doubt, consider all possible COVID-19 patients, all PUIs, and all PUMs as Interim COVID-19 positive patient and implement their proper handling complying with the protocol in the management of COVID-19 POSITIVE patient.
3. In light of the lack of PPEs and the difficulty in decontaminating the hospital and health care facilities, it is beneficial for both medical doctors and all health workers, and all the patients to wear mask while inside the premises of the hospital. This will drastically prevent droplets of Covid-19 virus from being deposited in the premises.
4. In light of the scarcity of the PPEs, the frontliners in the triage and/or emergency room, and all doctors in the isolation room and ICU shall be given more priority than the other medical doctors in the other wards not directly in face-to-face with COVID-19 patients.

5. In the light of the provision of the New Code of Ethics of the Medical Profession of the Philippine Medical Association (which took effect last year), under Article III, Section 3.8 - Physician's Responsibilities To Patients, states that:

Emergent Cases. In an emergency, provided there is no risk to his or her safety (*underlining supplied*), a physician shall administer at least first aid treatment and then refer the patient to the primary physician and/or to a more competent health provider and appropriate facility if necessary.


- 5.1 Thus strictly speaking, a doctor may refuse to render medical service, or more specifically, a doctor may refuse to intubate Covid-19 positive patient, if the doctor is not adequately equipped with PPE, especially those doctors who are at high risk - the 60 years of age and older, or those with underlying medical conditions or immunocompromised, among others, HOWEVER:
 - 5.1.1 The doctor must not say “no” right away but exert all efforts to find a way to protect himself (e.g. improvised PPE, intubation box, etc) and proceed to intubate the emergency Covid-19 patient.
 - 5.1.2 Frontliners without any PPE or any protection of any kind, who voluntarily do intubation or come face-to-face with the positive Covid-19 patient, should sign a waiver.
6. Except those whose expertise are critically indispensable, our elderly frontliners and those at high risk (with co-morbid conditions) should be withdrawn from the frontlines and serve as “backdrivers” in situations when there is need or when their advice is requested which may be through on-line or teleconference. Number of mortalities show that they are more vulnerable to Covid-19, and this is also to preserve their expertise to mentor our students who are our future frontliners.
7. Convalescent medical doctors who have recovered from a COVID-19 infection and who have been discharged after two (2) negative RT-PCR may be assigned back to the frontline. These medical doctors who have adequate IgGs and IgMs in their bodies are the best medical doctors who can be assigned back to the frontline because of their developed immunity against COVID-19.

8. Our doctors who are serving as frontliners and managing COVID-19 patients on face-to-face basis, could themselves transmit the Covid-19 virus to the household and the community, and in light of the 17.6 % high case fatality rate involving doctors, and the thousands of doctors who are under quarantine, then all frontline doctors (and even nurses) must have the benefit of undergoing mass testing for COVID-19. With mass testing, quarantined doctors who turned out to be negative with COVID-19 can readily return to the frontline. Non-quarantined doctors will have a peace of mind that they are healthy and not infected with the virus.
9. Our medical students (clerks and interns) may have the personal instinct, energy and passion but they may still lack the adequate skill to face the treachery of the Covid-19 and thus innocently and unnecessarily exposing themselves to being infected in which case we will lose our young reserves against another possible pandemic of this kind. We recommend therefore that they sit back and learn very well from the present events so that they are better prepared and better equipped for another possible round of corona virus epidemic to come.

Again, the PMA express its sincere gratitude to members who responded to our call for volunteers to augment the health workforce. We may not be able to reward your selfless deeds but surely your magnanimous gesture is permanently etched in the hearts of our countrymen as you also receive the accolade that you deserve from our colleagues.



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