



## Has COVID-19 Affected Medical Errors and Medical Ethics?

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Estimates show that medical errors are one of the most significant causes of death and should be included in the list of the most important causes of death in the world (1). Medical errors are inevitable and occur occasionally. Mistakes are sometimes very small and harmless, but sometimes they become extremely serious and dangerous that they can endanger patients' lives, which is the third leading cause of death in the United States and a major issue among people in the European Union (2).

The covid-19 epidemic has exposed the lack of capacity of global health systems and has exposed health care workers to ethical dilemmas that have so far received less attention from policymakers, physicians, and ethicists (3). Reducing availability and level of care in patients with prevalent covid-19 and an increase in inherent ethical problems of equality and equity, also created the complex matrix of personal, professional and societal responsibilities and obligations for Medical staff. That is their abilities for care, for health and patients' safety which was profoundly undermined, since they are being pressed to provide care outside the limits of their professional expertise, often being forced to make previously unimaginable and unprecedented choices (4).

Prevalence of COVID-19, by changing the service system, sleep disorders and sleep deprivation, increased irritability, frequent night shifts and intense work pressure, long hours of care with high stress, exposure to the front line risk of infection led to an insecure situation in the medical staff, which can affect the decision and calculation of medical staff transition and increase medical errors (5).

For reasons such as failure to evaluate drug sensitivity due to large number of COVID-19 patients, prescribing medication with incomplete instructions and misinterpretation of drug use for the patient, skill-based errors due to the sudden epidemic of COVID-19, like poor quality of service due to lack of proper diagnosis and treatment, low informed knowledge from this virus, inconsistencies between personnel and laboratory errors, unfair patient service delivery due to scarce health care resources, the presence of numerous patients, Despite the inexperienced caregivers and physicians in various wards,

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and the abandonment of other patients to the reason is the allocation of wards, beds, manpower and medical equipment of other hospital wards to patients with COVID-19 (5,6).

According to what was previously mentioned, the authors' view is that we should find ways to correct these issues. The COVID-19 pandemic reminds us once again that medicine is both 'science' and 'art'. It is not breakthrough scientific discoveries that have been most consequential thus far, but rather arduous deliberations and action on emerging ethical issues. It remains critical that clinicians, ethicists and the community come together to grapple with the ethical quandaries we face in a transparent, fair and inclusive

manner. If we do not maintain the trust of our patients and communities against moral distress and begin not to correct disparities, professional responsibilities of medical professionals will be incomplete in ways that threaten fundamental goals of medicine. First, there should be an explicit guidance for responding to cases in which there is significant uncertainty or disagreement about the relative therapeutic, prophylactic or diagnostic merits of covid-19 interventions. Second, key ethical principles should be expressed for doctors such as justice, beneficence, nonmaleficence, autonomy, disclosure, and social justice. The foundation for all clinical decisions should be made in the person's best interests.

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