# GLC-SPIL International Law Journal

**Students for the Promotion of International Law (SPIL), Mumbai**

**Volume I** **Article 6**
**2021**


Short Article

| | |
|---|---|
| **Title:** | Panic during a Pandemic; An examination of Medico-Legal problems faced by Frontline Healthcare Workers |
| **Author:** | Riya Narichania |


**Recommended Citation:**
Riya Narichania, *Panic during a Pandemic; An examination of Medico-Legal problems faced by Frontline Healthcare Workers*, 1 GLC-SPIL INT'L L. J. 100 (2021).

# PANIC DURING A PANDEMIC; AN EXAMINATION OF MEDICO-LEGAL PROBLEMS FACED BY FRONTLINE HEALTHCARE WORKERS

***-Riya Narichania***[1]

**ABSTRACT**

*The exponential rise in the number of cases of COVID 19 has caused considerable strain on the medical fraternity for treatment of those afflicted by the virus. The conspicuous absence of international regulations governing medical practice and ethics during a pandemic has only increased confusion and panic amongst healthcare workers. This has inevitably resulted in a rise in medico-legal issues. These issues are varied, some of them are related to discrimination in treatment and deviation from the principles of medical ethics while others are related to malpractice and complications associated with the advent of telemedicine. Similarly, the reluctance of doctors to treat patients on account of the occupational hazards of COVID-19 in the workplace has become a cause for concern. The rectification of such complications will require the active involvement of the State in drafting legislations, creating a conducive work environment for doctors and most importantly being a source of information for healthcare workers.*

*This article aims to analyse the medico-legal issues that will emerge as the virus spreads its tentacles and highlights the need for an international legislation to regulate medical practice and ethics in the world, especially during a pandemic.*

## INTRODUCTION

The COVID-19 pandemic has wantonly transgressed borders and countries, creating a public threat and leaving a trail of death and destruction in its wake. It is now an opportune time to seek reliance on international law and legislate on the basis of advice of international medical and legal bodies.

[1] Student at Government Law College, Mumbai (India).

International law has appeared to be responsive to several disasters including pandemics.[2] Aung San Suu Kyi, in her recent statement to the International Court of Justice, said *"International law may well be our only global value system, and international justice a practice that affirms our common values."*[3]

Healthcare professionals are working in an environment that requires a departure from standard procedure. In order to increase the efficacy of the healthcare system, it is imperative for the government to ensure that certain latitudes are afforded to doctors and medical staff while handling patients. Physicians, nurses, and other frontline workers have always adopted a patient-centric practice; the sudden shift to patient care guided by public health considerations creates confusion, especially for those medical personnel who are not accustomed to working under challenging situations with limited resources.[4] Unfortunately, there exists a wide lacuna in the international legal framework governing medical ethics. Medical Ethics are entirely governed by the State through domestic legislations and codes. of ethics. The World Medical Associations' International Code of Medical Ethics ["WMA Code of Ethics"] elucidates the obligations and duties of doctors.[5] However, it is pertinent to note that this Code is only advisory in nature and cannot be enforced.

Most medico-legal cases mainly arise on the issue of consent, lack of duty of care and deviation from the rules of professional ethics.[6] The absence of an international convention that regulates medical ethics may play a role in the significant amount of medico-legal lawsuits that will arise towards the end of the pandemic. The State must take measures to ensure that healthcare professionals are not vexed with baseless and frivolous lawsuits.

---

[2] Phillipe Sands, COVID-19 Symposium: COVID-19 and International Law, OPINIO JURIS, (Mar 30,2020) http://opiniojuris.org/2020/03/30/symposium-covid-19-and-international-law/

[3] Application of the Convention on the Prevention and Punishment of the Crime of Genocide (The Gambia. v. Myanmar), Judgment, 2019, I.C.J. Rep. 19, ¶ 2 (Dec 11)

[4] Nancy Berlinger, *Ethical Framework for Health Care Institutions & Guidelines for Institutional Ethics Services Responding to the Coronavirus Pandemic*, THE HASTINGS CENTER, (Mar 16,2020). https://www.thehastingscenter.org/ethicalframeworkcovid19/

[5] THE WMA INTERNATIONAL CODE OF MEDICAL ETHICS, World Medical Association (2006)

[6] Bello T. Esq & Dr. C.A. Nkanta *Medico-Legal Issues in Clinical Practice: An Overview*, 1 (1) DJO, 89, 90-92. (2017) https://www.researchgate.net/publication/336402648_Medico_-Legal_Issues_in_Clinical_Practice_An_Overview

This article aims to analyse the medico-legal problems that healthcare professionals will face during the pandemic and seeks to provide solutions for the same. The author will attempt to address the issues of discrimination in healthcare systems of a State (A), medical confidentiality (B), lack of informed consent (C), privacy concerns that may arise while using telemedicine as a method of treatment and diagnosis (D), refusal to treat a patient (E), lack of malpractice insurance (F).

## THE MEDICO-LEGAL PROBLEMS CAUSED BY COVID-19 AND SOLUTIONS OFFERED

### *A. Discrimination and Inequities in the Healthcare System of a State*

Ethnic, religious, racial minorities, the aged and those belonging to lower economic groups have been left vulnerable and helpless during the pandemic on account of the high rate of transmission of disease, high mortality rate, unequal access to personal protective equipment ["PPE"] and quality healthcare facilities.[7] The Right to Health, as mentioned in Article 12 of the International Covenant of Economic Social and Cultural Rights ["ICESCR"] envisages easy access of healthcare facilities to everyone, especially the marginalized sections of society, without discrimination.[8] Signatories of the ICESCR must recognise the ideals set out in the treaty and abide by them.

Affluent citizens in the United States of America ["USA"] have had speedy and easy access to COVID-19 tests while front-line medical professionals and those with blatant signs of infection have had to wait for a long period of time.[9] This injudicious allocation of resources has only revealed the existence of inequalities in healthcare systems around the world.[10] Governments have

[7] *COVID-19 and Human Rights We are all in this together*, UNITED NATIONS (Apr, 2020) https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_human_rights_and_covid_23_april_2020.pdf
[8] ICESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12)

[9] Juliet Eilperin & Ben Golliver, VIPs go to the head of the line for coronavirus tests, THE WASHINGTON POST, March 19, 2020 https://www.washingtonpost.com/health/2020/03/19/nba-players-celebrities-coronavirus-test-access/
[10] *Id.*

to move away from arbitrary testing and test on a need-based approach to prevent healthcare facilities from being burdened with an avalanche of medico-legal suits.

This Pandemic has brought several ethical dilemmas into sharp and uneasy focus. An important point of consideration is whether inequality exists in a situation where selective treatment is being offered to patients. One train of thought is that each individual should be held equal in the eyes of the physician and should be equally able to access the same level of healthcare resources.[11] The 'Right to Health' is the right to the 'highest attainable standard of physical and mental health'.[12] This includes the '*creation of conditions which would assure to all medical service and medical attention in the event of sickness'* and '*prevention, treatment and control of epidemic, endemic, occupational and other diseases*'.[13] States are generally obliged to grant treatment for COVID 19 to whoever wishes to avail of it. This demonstrates that Italy's decision to prioritize those with a higher chance of survival and give them all available medical resources, represents a prima facie breach of these obligations; but in a situation of a critical shortage of resources and manpower, there may be valid defences that could excuse such breaches.[14]

The utilitarian theory explores the argument that one should aim to help the maximum number of people possible. If treatment is offered to those who don't have a chance of survival, then not only will they die, but those with a higher likelihood of survival will also perish.[15] This becomes a medical as well as a legal conundrum. To extend clarity to physicians and remove the burden of taking morally difficult decisions, the Medical Councils and governments of States should deliberate on a plan of action. They must ensure that doctors are not placed in such invidious positions where they have to pick who gets to live and who dies.[16] There must be clarity in instructions to doctors whether treatment should be offered equally to all or on a priority basis. The author believes that selective and priority treatment must be reserved as a last resort measure.

---

[11] Olivia Goldhill, *Ethicists agree on who gets treated first when hospitals are overwhelmed by coronavirus*, Quartz (March 20, 2020) https://qz.com/1821843/ethicists-agree-on-who-should-get-treated-first-for-coronavirus/
[12] International Covenant on Economic, Social and Cultural Rights, Art 12
[13] *Id.*
[14] Tim F. Hodgson, *COVID-19 Symposium: COVID-19 Responses and State Obligations Concerning the Right to Health (Part 1)*, OPINIO JURIS, (Apr 1,2020) http://opiniojuris.org/2020/04/01/covid-19-symposium-covid-19-responses-and-state-obligations-concerning-the-right-to-health-part-1/
[15] Goldhill, *supra*, n.8.
[16] Hodgson, *supra* n. 14.

Governments should ensure that the response measures to tackle COVID 19 do not discriminate against minority religions or ethnicities and that the healthcare workers provide equal treatment to individuals from different socio-economic backgrounds.[17]

### *B. Importance of Maintaining Doctor-Patient Confidentiality During COVID-19*

It has been noticed that in several health crises in the past, patients have been mistreated, abused and ostracized from society. Ebola survivors in West Africa have had to deal with the stigma that has led to loss of employment, ill-treatment, eviction and social isolation.[18] This example illustrates the trouble survivors could face if the confidentiality rule was violated. The WMA Code of Ethics requires a doctor to respect a patient's right to confidentiality unless the patient is in imminent harm which requires a breach of confidentiality or if the patient consents to it.[19]

Hospitals have responded to the pandemic differently; some have been actively communicating information that may lean towards violation of confidentiality rules; others refuse to publicly disclose if one of their patients has COVID-19 to reduce chances of lawsuits. Hospitals are operating in a grey area currently, not knowing if they are fully complying with privacy laws[20]

Doctor-patient confidentiality, a binding covenant, first mentioned in the Hippocratic Oath is still upheld globally. While disclosing data to public authorities it must be ensured that only necessary information is disclosed. It should be ensured that patient confidentiality is maintained as health authorities identify those who may have been exposed to the virus.[21] In South Korea, it was seen that public health alerts regarding COVID 19 may not have been discreet enough to protect the privacy of patients.[22]

---

[17] *Human Rights Dimensions of COVID-19 Response*, HUMAN RIGHTS WATCH (March 19, 2020 12:01AM), https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response#_Toc35446585
[18] *Id.*
[19] WMA International Code Of Medical Ethics, World Medical Association, 2006.
[20] Alex Kacik, *Hospitals balance disclosure and privacy as COVID-19 spreads*, MODERN HEALTHCARE (Mar 12, 2020 04:54 PM) https://www.modernhealthcare.com/operations/hospitals-balance-disclosure-and-privacy-covid-19-spreads
[21] *Human Rights Dimensions of COVID-19 Response*, HUMAN RIGHTS WATCH (March 19, 2020 12:01AM) https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response#_Toc35446585
[22] *Coronavirus privacy: Are South Korea's alerts too revealing?*, BBC NEWS, 5 Mar, 2020. https://www.bbc.com/news/world-asia-51733145

The setting up of a department within each hospital to deal with statistics and information dissemination would help to prevent any disclosure of confidential information. Junior doctors and new recruits could be assigned to this department with a supervisor overseeing their work. The department employees could be given a list of instructions illustrating what information classifies as confidential and what is essential to disclose. Without such a department in place, doctors may have to give information to the authorities themselves and with limited knowledge in public healthcare statistic information requirements; they may disclose confidential data and be held liable.

### *C. Legal Complications That Arise Due to Lack of Informed Consent*

Informed consent is when a patient specifically consents to the proposed medical procedure. The physician must inform the patient about all of the risks and complications that may occur during the treatment, including the minor and rare side effects. It is the responsibility of the attending doctor to mention alternative treatments available.[23] Only after a patient is truly informed about the potential risks of a medical procedure can he give informed consent to the procedure.[24]

In extenuating circumstances like this, it becomes difficult to adhere to all the guidelines due to lack of time, deteriorating mental state of the patient and overcrowding of health care facilities. In order to prevent legal complications, it would be advisable to try to adhere to the guidelines provided by the State. Alternatively, the health care facilities must draft several documents for different forms of treatment and procedures which explain all the necessary details needed for a patient to make an informed decision. The same document can be read thoroughly and signed by the patient or their next of kin before the commencement of treatment.

The landmark judgement of Jacob Mathews v State of Punjab states that in order "*To prosecute a medical professional for negligence under criminal law it must be shown that the accused did something or failed to do something which in the given facts and circumstances no medical*

[23] Bevinahalli N. Raveesh et al, *Preventing medico-legal issues in clinical practice*, ANN INDIAN ACAD NEUROL, 2016
[24] Emily Rubin & James L. Bernat, *Consent issues in neurology*, NEUROL CLIN, 2010

*professional in his ordinary senses and prudence would have done or failed to do*."[25] This judgment shields doctors from frivolous criminal lawsuits and only permits the prosecution of those physicians who have committed acts of gross negligence.

### *D. Telemedicine and Privacy Concerns Surrounding it*

Telemedicine has become increasingly relevant because medical personnel are unable to handle the sudden inflow of patients. The current global stock of PPE is insufficient, especially masks, ventilators and gowns. Hence, telemedicine proves to be a safe method of consultation for both doctors as well as patients. The World Health Organisation ["WHO"] has encouraged the use of telemedicine to evaluate suspected cases of COVID-19 to minimize the footfall of patients in health care facilities.[26]

The Telemedicine Practice Guidelines (Guidelines), 2020 ["Telemedicine guidelines"] laid down in India acknowledges the necessity and the efficacy in delivering healthcare through information and communications technology. It focuses on providing healthcare to patients residing in India. The telemedicine guidelines outlined the importance of privacy and security of the patient records and the importance of strict adherence to the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002[27]

Telemedicine is a unique method of consultation for treatment, however, there are several ethical and legal aspects that need to be addressed in a prudent manner to prevent medico-legal complications.[28] These aspects include an inadvertent breach of medical confidentiality, leaking of a patient's confidential data; incorrect diagnosis; lack of informed consent and jurisdictional problems that may arise in the event of cross border consultation.[29]

---

[25] Jacob Mathew v State of Punjab (2005) 6 SCC 1:2005 S.C.C. (CRI) 1369 A.I.R. 2005 SC 3180.
[26] *Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19)*, interim guidance, 19 March 2020,WORLD HEALTH ORGANIZATION.
[27] *India preps up for virtual consultations amidst COVID 19 crisis*, LIVE MINT, Apr 7, 2020. https://www.livemint.com/brand-post/india-preps-up-for-virtual-consultations-amidst-covid-19-crisis-11586244397931.html
[28] Benedict Stanberry, *Legal and ethical aspects of telemedicine*, 12 (4) JOURNAL OF TELEMEDICINE AND TELECARE 166, 166-175 (2006)
[29] *Id.*

Privacy concerns in telemedicine consist of issues relating to the secure storage and controlled access to private data and the general security of the electronic medical record.[30] Another concern is that telemedicine is a new segment of medical practice and thus remains uncovered by several malpractice insurance covers.[31] This would require healthcare workers to invest in malpractice insurance that covers liability under the telemedicine category. The author notes that it would be beneficial for doctors to engage in training to avoid 'tele-negligence'.[32]

In order to rectify these lacunae in the telemedicine guidelines of India, it is necessary to inform the patient that the technology used may not be potentially secure and get their express confirmation that they are aware of the consequences. All appropriate privacy safeguards must be adopted to prevent leakage of confidential information. This form of doctor-patient interaction must be considered to be an 'extension of access', not a waiver of a doctor's own standards of responsibilities and obligations.

Physicians must take a decision as to whether they are able to adequately assess the patient without a physical examination. If an iota of doubt persists in their mind regarding the quality of treatment they provide to their patients via telemedicine, they must refrain from using it as a method of consultation. When offering virtual consults, the risks and benefits must be elaborately explained so that the patient is able to make an informed decision. All medical advice, medication, and communication must be recorded by the physician and kept in a secure place. This is required in the event of a lawsuit, in case it is necessary to explain the approach taken later.

### *E. Legal Liability That Can Arise for Refusing to Treat A Patient*

Refusal of treatment by a doctor can endanger a patient's life and render him helpless. Doctors have undertaken an oath to help the sick, however, this must certainly not be at the expense of their own physical health. In Bolivia, a patient was refused entry into four hospitals by doctors because

[30] Gary W. Dunn, *Legal Issues Confronting 21st Century Telehealth*, BC MEDICAL JOURNAL (Aug 2004), https://bcmj.org/articles/legal-issues-confronting-21st-century-telehealth
[31] Guilo Nattari, *Telemedicine Practice: Review of the Current Ethical and Legal Challenges* 26 (12) TELEMEDICINE AND E-HEALTH (2020)
[32] *Id.*

they stated that they did not have access to PPE.[33] The accountability, in such a situation, lies with the government and not the doctors, as they were compelled to work with insufficient PPE.

Frontline healthcare workers, like all other humans, have an equal Right to Health as granted by the United Nations.[34] The refusal of a patient to wear the recommended PPE puts their healthcare provider's life at hazard. Doctors in the United Kingdoms' ["UK"] National Health Services are being 'bullied' into treating Covid-19 patients.[35] In the UK 72% of doctors cannot avail of an FFP3 mask when required, 77% stated that there was a shortage of long-sleeved gowns, 43% are unable to get hold of goggles when needed.[36] In such situations, it should be considered reasonable for a doctor to willfully refuse to treat a patient.

Physicians in India have certain duties towards their patients, mainly an obligation toward the sick and ailing. Even though it is not mandatory for a physician to treat every person availing his service, he should be ready to help the sick and pay heed to the mission of the medical profession. No physician can arbitrarily refuse treatment to a patient.[37] A doctor is free to choose whom he will serve; however, he must respond to any request for his assistance in an emergency situation.[38]

The Medical Council of New Zealand does not expect any doctor to involuntarily put themselves in any position of danger to treat a patient in an emergency[39] The American Medical Association has stated that a physician's ethical duties to his patient always remain unchanged, even if it puts his health at risk. The risks of providing care to patients should be evaluated against the ability to provide care in the future.[40] These two medical associations have starkly different laws, but New

[33] Alonso G. Dunkelburg, *COVID-19 Symposium: COVID-19 and the 'Western Gaze,* OPINIO JURIS (Apr 7, 2020)
[34] International Covenant on Economic, Social and Cultural Rights, Art 12
[35]Denis Campbell, *Doctors lacking PPE 'bullied' into treating Covid-19 patients*, THE GUARDIAN, Apr 7, 2020. https://www.theguardian.com/world/2020/apr/06/nhs-doctors-lacking-ppe-bullied-into-treating-covid-19-patients
[36]DAUK in The Guardian, *Doctors lacking PPE 'bullied' into treating Covid-19 patients*, DAUK, (Apr 6, 2020). https://www.dauk.org/news/2020/4/6/doctorsbulliedintonotwearingPPE
[37] Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, chapter 2, 2002.
[38] Id.
[39] Dr Samantha King, *Coronavirus medicolegal questions and answers*, MEDICAL PROTECTION, (20 March, 2020) https://www.medicalprotection.org/newzealand/casebook-resources/articles-and-features/view/coronavirus-medicolegal-questions-and-answers
[40] *Physicians' Responsibilities in Disaster Response & Preparedness,* Code of Medical Ethics Opinion 8.3, AMERICAN MEDICAL ASSOCIATION https://www.ama-assn.org/delivering-care/ethics/physicians-responsibilities-disaster-response-preparedness

Zealand's approach appears to be more humane towards physicians. It may be advisable for all countries to follow New Zealand's precedent and extend the same to their own doctors.

If a doctor feels that he is being made to work in a manner that renders him vulnerable to catching the disease then he must raise concerns with his healthcare facility or appropriate authority. Doctors may also raise a plea with WHO or any Human Rights organization.

### *F. Complications That Arise Due to Lack of Malpractice Insurance*

Tough or even questionable decisions may need to be swiftly taken in the interest of the patient and society during a pandemic[41]. The endurance of doctors may be tested to the limit, with limited resources and limited PPE protection. Therefore, these circumstances ought to be considered as mitigating factors in adjudicating complaints or lawsuits. The Government and Judiciary need to be realistic by applying the law strictly to the letter rather than the spirit. The only requisite yardstick to rid a doctor of legal liability ought to be good faith.

Malpractice liability has become a concerning factor for retired doctors and recent graduate medical students who have volunteered their services to assist overburdened hospitals, as they no longer have professional liability insurance or medical malpractice insurance. [42] While insurance doesn't absolve the doctor of legal liability, it indemnifies the doctor of financial liability while battling a lawsuit.

The Epidemic Diseases Act came into effect in 1897 to combat the bubonic plague in British era India. It states that no suit or other legal proceeding shall lie against any person for anything done or in good faith intended to be done under this Act[43]. This provision in the 123-year-old colonial era statute may prove to be a helpful safeguard to protect medical personnel in India from unnecessary legal action.

---

[41] *Coronavirus: medico-legal update*, MDU, Apr 6,2020. https://www.themdu.com/guidance-and-advice/latest-updates-and-advice/coronavirus-medico-legal-update

[42] Dr. MedLaw, *Medicolegal Issues During the COVID-19 Pandemic*, PHYSICIAN'S WEEKLY, (Apr 23, 2020) https://www.physiciansweekly.com/medicolegal-issues-during-the-covid-19-pandemic/

[43] The Epidemic Diseases Act, 1897, Sec 4, 1897. (India)

The State of Florida is pushing for an amendment of sections of the state's so-called 'Good Samaritan Act' to protect physicians working during the pandemic from legal liability. Governors in Arkansas, Arizona, Connecticut, Illinois, Kentucky, Massachusetts, New Hampshire, Nevada, New York, Vermont and Wisconsin have issued orders shielding doctors from medico-legal lawsuits, according to the American Medical Association.[44] Despite this situation, some states in the USA appear to be more 'plaintiff friendly' than others.[45]

Bearing in mind the exorbitant costs associated with defending lawsuits, all doctors and frontline healthcare workers must ensure that they have malpractice insurance cover. It may be useful for the State to offer such cover to doctors for pandemic related treatments. The high-pressure situations doctors' face during the pandemic is bound to result in some errors. The finest form of risk management is to obtain a suitable insurance cover, especially in situations where doctors haven't been granted legal immunity by the state.[46]

## CONCLUSION

WHO recommends all frontline healthcare workers to follow established occupational safety procedures, participate in occupational safety and health training provided by employers or the government, follow protocol to assess and treat patients, treat patients with respect, empathy and dignity and adhere to doctor-patient confidentiality rules[47]

Countries around the world have stressed upon strengthening their public healthcare laws to prepare themselves for extraordinary circumstances such as pandemics. The Constitution of Australia provides the Federal government with legislative powers to quarantine its citizens.[48] The

[44] Christine Saxton, *Healthcare groups ask Florida governor for legal immunity during COVID-19 pandemic*, MIAMI HERALD, April 23, 2020. https://www.miamiherald.com/news/health-care/article242239046.html
[45] *COVID-19 Practice Management Issues,* AMERICAN COLLEGE OF PHYSICIANS, *(Apr 27, 2020). https://www.acponline.org/practice-resources/covid-19-practice-management-resources/covid-19-practice-management-issues*
[46] *Id.*
[47] *Coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health*, WORLD HEALTH ORGANISATION.
[48] Geetika Srivastava, To fight a pandemic like Covid-19, India needs overarching healthcare laws, BUSINESS STANDARD, Last updated on March 22, 2020. https://www.business-standard.com/article/current-affairs/to-fight-a-pandemic-like-covid-19-india-needs-overarching-healthcare-laws-120032201137_1.html

Robert T Stafford Act permitted President Trump to unilaterally invoke an emergency order.[49] The Federal Food, Drug and Cosmetic Act, permits unapproved drugs or vaccines to be used in times of emergency.[50] Other countries must take inspiration from such legislations and draft legislations of a similar nature. Taking into account the lack of robust international laws to deal with the pandemic, the Right to Health in the ICESCR must be referred to, as a rough framework for doctors to navigate through this situation. Frontline health care workers have a herculean task ahead of them and the States must be sympathetic towards their struggles while framing regulations and legislations.

Patients, as well as the State, must give credence to the fact that all acts of a doctor are being carried out in good faith, except those which amount to gross negligence or culpable neglect.

WHO has given instructions to make COVID 19 testing a priority. The UK ignored their plea and the US openly alluded to issuing budget cuts to WHO.[51] The author would like to reinforce the need to pay heed to international organisations' instructions. The WMA Code of Ethics, in addition to the domestic legislations on medical ethics, must be strictly adhered to.

No country has been able to overcome this pandemic effectively without errors along the way and the only reasonable course is to act collectively with the support of international organisations, mobilise resources and provide strategic responses to collective problems.

[49] *Id.*
[50] *Supra n.* 49
[51] *WHO head: 'Our key message is: test, test, test,* BBC NEWS, Mar 16, 2020. https://www.bbc.com/news/av/world-51916707/who-head-our-key-message-is-test-test-test