

# Ethical issues emerging from the bedbug epidemic: How should health professionals respond?



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## The bedbug phenomenon

Health professionals may be reluctant to treat patients infested with bedbugs due to concerns about

- Risk of becoming bedbug vectors to their homes and workplaces
- Epidemic being out of control<sup>(1-4)</sup>

Where are bedbugs found?<sup>(1,3)</sup>

- Box springs and mattresses
- Cracks in walls, floors and furniture
- Upholstery

How do they disperse?<sup>(1-3)</sup>

- Direct: walking on the floor
- Indirect: movement of infected items

What is the impact of bedbugs for those affected?<sup>(1,2,4)</sup>

- Physical health problems (skin problems, sleep disorders)
- Mental health problems (psychological distress, anxiety)
- Social problems (stigmatization, isolation)

Who is at risk?<sup>(4-6)</sup>

- Everyone
- Especially the vulnerable members (new immigrants, poor, elderly)

**Aim of the study:** Explore the ethical issues emerging in the provision of healthcare services to patients presenting with chronic musculoskeletal conditions in the context of a widening bedbug epidemic.



Photo from Masterson D.<sup>(7)</sup>

## Case Study

Eva

- 80 year old woman
- severe arthritis
- lives in a senior's residence
- room infested with bedbugs
- followed by OT/PT homecare



Photo by Chalmers Butterfield

1. To deal with the infestation, the administration would need to be made aware. What if Eva or the clinician does not inform the administrator due to her fear of the social stigma associated with bedbug infestation (*she must be dirty!*) and the possibility that this would lead to exclusion (and thus isolation) from her community, and even the loss of her apartment?

### FACTORS IN FAVOR OF DISCLOSURE BY CLINICIAN

- Responsibility toward the community to promote public health and epidemic control
- Possibility of breaking therapeutic alliance
- Beneficence for Eva's health

### FACTORS AGAINST DISCLOSING BY CLINICIAN

- Responsibility toward Eva's values
- Maintain therapeutic alliance
- Honour confidentiality and Eva's autonomous decision

2. Are the healthcare professionals obliged to treat Eva in a bedbug epidemic context? What are their duties? Is there a chance that the patient would be deliberately "forgotten" by the staff, and remain at the bottom of the waiting list for healthcare services?

NO DUTY TO TREAT EVA	DUTY TO TREAT EVA
<ul style="list-style-type: none"> <li>• Moral responsibility as a citizen: protect themselves, family and other patients that they will visit</li> <li>• Exception in health care professional Code of Ethics: the clinician should treat the patient in need except for reasonable cause</li> </ul>	<ul style="list-style-type: none"> <li>• Moral responsibility as health professional: promote public health and protect community</li> <li>• Beneficence, non-maleficence</li> <li>• Risk limited and manageable</li> <li>• Justice: avoid stigmatization and marginalization of vulnerable members of the society</li> </ul>

## Conclusion

3. It is essential for clinicians to honour their duty to treat patients with bedbugs.

- Treatment can be provided in an environment that manages and minimizes the risk of transmission.
- Bedbugs should not be considered as a "reasonable cause" to avoid providing treatment.
- Treating patients with dignity and according to their medical needs is key.

We must analyze these issues so that patients are cared for, and their cases managed in a professional manner that is consistent with duties of fairness and equity of care provision. This will also support clinicians in providing the best ethical care to their patients.

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### ACKNOWLEDGEMENT:

