



Social Choice of Medical Personnel Handling Covid-19

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Abstract. The covid-19 pandemic is still becoming a major problem in the world until now, especially in the health sector. One of the most vulnerable community groups to Covid-19 are doctors and medical personnel. Not a few doctors are sick and die. Doctors work in the back line to treat Covid-19 patients. They struggle to treat and cure the patients. They have to fight, not go home, and not take a day off or leave. At the same time, the appreciation of doctors and medical personnel are rarely heard. However, none of them resigned and stopped being doctors and medical personnel. This study is conducted to examine the relevance of the social choice theory to doctors and medical personnel who continue to work with Covid-19 patients at risk of illness and death. This study uses descriptive qualitative methods by collecting data through observation and in-depth interviews. The study indicates that social choice theory is relevant to the phenomenon of doctors and medical personnel during the Covid-19 pandemic. Even though many of them are sick and die and do not get the appreciation they deserve, the doctors still carry out their duty to treat Covid-19 patients.

Keywords: Covid-19 · Medical personnel · Social choice

1 Introduction

The magnitude of the Covid-19 problem and the high risk of transmission inflicts an increase in anxiety levels. The anxiety level is fairly high; more than 50% of anxiety is struck by sleep difficulties and others [1]–[3]. Not only physical and psychological factors are the effects of Covid-19, but also the patient deaths which occur every day [4]. The number of deaths worldwide has already exceeded 50 thousand [5]. Italy is a country with a high mortality rate of Covid-19 sufferers [6]. From Italy, Covid-19 then spreads to many other European countries such as Spain, France, Germany, and others [7]. Indonesia is one of the countries in Asia that has experienced a significant surge in Covid-19 sufferers in the past two months [8]. Jakarta is one of the regions in Indonesia

that has become the epicenter with the highest number of sufferers, both positive and dead [9].

The high level of spread which then causes people to become sick and die, makes doctors and medical personnel throughout the world struggle. Medical personnel does have limitations in dealing with Covid-19 [10]. Another challenge is that they are racing against time in treating the patients with death and the transmission from sufferers to other people as the direct effects of Covid-19 [11]. Doctors and medical personnel actually work under pressure. They must be able to treat the patients, but on the other hand, they are also afraid of being infected. Furthermore, at the time of transmission, they also have the potential to infect others, including their loved ones, family, friends, and others. As happened in China, at one hospital in Guangdong Province, which is also one of the largest hospitals that provides a clinic service for 24-h, the doctors and media staff are working under depression and anxiety [12]. The lack of facilities that guarantee the safety of doctors and medical personnel in many countries is another concern besides Covid-19 itself [13, 14]. In the midst of these conditions, not a few doctors and medical personnel were also exposed to Covid-19 and died [15]. In Indonesia, dozens of doctors and medical personnel have died while handling Covid-19 [16].

Doctors and medical personnel become the foundation of hope for the recovery of Covid-19 patients. They are often referred to as the front-liners in confronting the Covid-19 pandemic. Doctors and medical personnel throughout the world continue to work in treating patients exposed to Covid-19. Many of them sacrifice their rations when they gather with their families. The doctors and medical workers prefer to be at home treating the patients with Covid-19. This study examines the relevance of the social choice theory to doctors and medical personnel who continue to work with Covid-19 patients at risk of illness and death.

2 Methods

This study used descriptive qualitative methods in investigating the phenomena. The data collection was done in several ways. First, the data was gathered through direct observation focused on doctors and medical personnel in Purworejo, Central Java, Medan, North Sumatra, Palangkaraya, Central Kalimantan, and Surabaya, East Java, Indonesia. Besides, the data collection was also done by conducting in-depth interviews, which can be distinguished in two ways.

Firstly, the direct interviews were conducted with medical personnel who served in hospitals. Furthermore, to conduct direct interviews with medical staff, in-depth interviews were carried out with doctors and medical personnel tasked with treating Covid-19 patients in various hospitals in Indonesia. The doctors and medical personnel interviewed have been determined based on information received regarding the doctors and medical personnel in charge.

Secondly, in-depth interviews were also conducted by contacting the doctors working in various hospitals in others cities in Indonesia via telephone. The interviewees were selected based on information about the medical personnel treating Covid-19 patients. The interviews were conducted while they were taking a break. The participants of this study consist of three doctors who were successfully interviewed through in-depth

interviews and three medical personnel. Finally, the data collection was also carried out by tracing data relating to Covid-19, particularly those related to doctors and medical personnel in various internationally reputable journals.

Furthermore, document searches were also carried out based on relevant literature from online media and related to social choice theory written by Amartya Sen et al. or other literature that reviews social choice theory. The decision to apply the social choice theory could explain the phenomenon, behaviors, and actions of doctors and medical personnel in charge of treating Covid-19 patients regarding social responsibility or choice.

3 Results and Discussion

A number of doctors and medical personnel have been exposed to the Covid-19 virus in several areas in Indonesia. Until June 2021, as many as 974 health workers in Indonesia were declared dead. The highest number who died were doctors, as many as 374 people, nurses, 311 people, midwives, 155 people, and general health workers [17]. In the midst of many health workers who die every day after handling Covid-19 patients, doctors and health workers continue to carry out their duties as usual.

Several doctors stated that they were willing to carry out their duties and leave their families. They even volunteered not to rest in order to treat patients who needed immediate treatment. This was revealed by Doctor Edi in Surabaya, East Java, who is one of the medical teams dealing with Covid-19:

“All work must have risks; work must be enjoyed and devoted to worship, the rest put your trust in God.” (interview on Wednesday, April 15, 2020).

Doctor Afan from Medan, North Sumatra also conveyed the same thing:

“The work is the same as other doctors, but it is more difficult because they have to use complete PPE (Personal Protective Equipment), which is quite psychological for the patient. It’s natural to be afraid of getting infected, but by wearing PPE, God willing, it’s safe. Keep working because of humanity and the calling of the profession.” (Phone interview, April 16, 2020).

It is a dilemma among medical staff to help patients and risk their health and lives. There is no other choice because treating Covid-19 patients is the duty of the medical personnel. It is also stated by Dr. Murod from East Java:

“Obviously, the heavy workload in the midst of patients being infected by Covid-19 is because they feel scared and pressured against an invisible enemy, not to mention the wages that is not worth the risk of death. But if it is not doctors, who else can treat patients? Thus, fear is opposed to the responsibility for their job.” (interview, April 16, 2020).

The same thing was also said by other medical personnel. No matter what the condition is, even if they know that death is the highest risk to be borne, they still put their

lives on the line for the sake of humanity. As experienced by one of the senior nurses at the hospital in Palangkaraya, Central Kalimantan named Endang; she said that:

“The duty and oath of medical personnel are to perfect patients; without racism. Wherever, whatever, and however the situation, the oath must be done, sir, because the oath of doctors and nurses is heavy. Besides, the medical personnel is doing their job based on their conscience.” (interview, May 20, 2020).

The duties and oaths that have been said to be one form of responsibility are the foundation of the doctors and medical personnel to carry out their task in treating Covid-19 patients. As stated by Ester Wida, a nurse from Purworejo, Central Java:

“I feel that I have sworn to become a nurse, so I must be prepared to undertake my duties as a nurse, including being one of the nurses involved in the Co-19 team.” (Interview, June 10, 2020).

The massive and unexpected spread of the virus made it difficult for doctors and medical personnel to treat their patients. The phenomenon among doctors and medical personnel during the Covid-19 pandemic is interesting to analyze with Amartya Sen’s social choice theory. The application of social theory proposed by Amartya Sen in this study is based on Sen’s view that humans in social interaction are not only measured according to economic interests alone.

The social choice theory proposed by Amartya Sen departs from the decisions of individuals or actors as the basis for their social choices. It must be emphasized that the most important thing is to provide the widest possible opportunity to make individual choices rather than reject them. The philosophical basis of social choice theory is sympathetic-consequentialist, that whatever the choice of individuals (actors) is something that the state needs to give space as a form of sympathy for individual freedom and contribute to social justice [18].

The discussion of social choice theory is carried out in a perspective that includes various questions that need to be formulated and answered, especially if it is associated with social choices in order to realize prosperity [19]. According to Sen, a social choice theory also analyzes people who join and form groups, committees, families, communities, and even nations, even though their tendencies differ from one another. Social choice theory can also be used in economic and welfare contexts.

The social choice theory addresses social decision problems involving different interests and concerns. The social choice theory addresses social decision problems involving different interests and concerns [20]. Sen also stated that it is important to show concern for the marginalized and poor at all times. Not only paying attention to human resources but also having to remain oriented to the freedom of every human being to make their choices to fulfill their life needs and achieve their goals [21].

Freedom in making choices exceeds material benefits (the principle of utility). Sen emphasizes the capability approach to overcome problems that arise in social life. The capability approach is motivated by higher adaptation than utility-based preferences [22]. The social choice theory includes the principles on which choices are made and the tendencies of groups of people to differ from others, like making an economic aspect. The social choice theory has the challenge of combining personal inclinations later

to become group or social tendencies [23]. The social choice theory primarily aims to integrate personal inclinations into social or group preferences [24]. Social choice theory can measure the inequality of wealth and poverty that occur, including in making group decisions, which also occurred before [25].

There are at least three elements in the social choices of doctors and medical personnel who continue to carry out their role despite the threat of health and life safety due to the Covid-19 pandemic. First, the doctors and medical personnel who continue to work are not gathering with their families. The doctors and medical personnel, especially those in charge of treating the Covid-19 patients, continued to work as usual. Even though many other professionals are out of work, either because of vacation or indeed because they do not want to work, the doctors and medical personnel are always in a working position. It is because if they cannot handle this problem, no one can treat the Covid-19 patients. The workload of doctors and medical personnel are heavily increasing from time to time since the number of positive patients with Covid-19 also keeps growing. It requires a great deal of work and responsibility from doctors and medical personnel.

Second, the doctors and medical personnel choose to work and not to take a day off or time off. The limited number of doctors and medical staff, especially pulmonologists and internal organs specialists, who are not as many as in other professions, is inversely proportional to the growing number of Covid-19 patients. Thus, more doctors and medical personnel on duty continue to work than take time off and leave. If the patient is left behind, the level of treatment failure will be more vulnerable. Therefore, choosing to work without taking the day off is a choice that should be taken for humanity.

Third, the risk of illness and even death while carrying out their duty. Doctors and medical personnel are the most vulnerable groups exposed to Covid-19. Therefore, they need to be careful in carrying out the patients' treatment tasks. The doctors who do not treat Covid-19 patients but serve the general treatment should also be careful. It is because the risk of being infected may happen by just being close to a positive patient of Covid-19, especially if the Personal Protective Equipment (PPE) used does not meet existing standards. Although many doctors do not get the equipment as required, they still carry out their duties, treat patients, and perform humanitarian tasks. As a result, many of them were exposed, sick, and even died.

According to Sen, social decision-making is needed to equalize individual choices [26]. Sen said that individuals in taking action are not solely driven to improve their welfare in life, but even if they do not get the benefits of what they do, they can feel satisfied and enjoy it [27]. The social choice theory sees individuals doing more out of public choice and in the public interest [28]. It is not surprising that social choice is seen by many as a disadvantage in practice. But in reality, many theories of social choice were chosen based on rational considerations by people involved in the practice of social interaction, such as government decisions in dealing with crime, overcoming hunger, reducing poverty, deciding authority, and so on [29]. Social choice theory is always concerned with individual choice and collective relationships. It is also a theory that builds on measures to create social welfare that will assist public decision-making [30]. Social choice theory is directly related to the promotion of human dignity and worth, which can benefit other people, their communities, or even on a wider scale.

It was revealed by a doctor who works at the Wisma Atlet Jakarta Emergency Hospital, which is also one of the main referral hospitals for Covid-19 patients. Even though they have not received incentives and benefits for two months as promised by the central government, the President, and the Indonesian Minister of Health, doctors and medical personnel continue to carry out their duties to treat and serve Covid-19 patients who are hospitalized. As stated by one of the general practitioners at the hospital, Hartati Bangsa, since the beginning of the Covid-19 pandemic, she has been involved in handling Covid-19 patients. Some of her friends had received incentives and perks, but some had not. However, even though there were doctors and medical personnel who had not received incentives and benefits, they continued to carry out their duties as usual.

This is what happened and is still happening to doctors and medical personnel in Indonesia who treat Covid-19 patients. Even though they already know the risks, such as illness and death, after getting involved in dealing with patients in various hospitals at the start of the pandemic, which has inadequate protection and health facilities. They did not decide to stop devoting their lives in dealing with the patients. After all this time they have been involved in handling Covid-19 patients, some of their coworkers, both doctors and medical workers, are sick and die. Despite that, the doctors and medical personnel still stay in their job. After three months, the number of infected doctors and medical personnel increased. Even though the situation is unfavorable and endangering lives, doctors and medical personnel continue to treat Covid-19 patients.

Sen specifically gives two examples that are related to social choices made by the individual. Firstly, someone willing to fight on the battlefield to defend his country's sovereignty at the expense of time and family with the risk of injury or disability for life, even the risk of losing his life or dying on the battlefield. Secondly, someone who leaves the pleasure of enjoying a vacation on the beach with his loved ones to save a small child who drowned while swimming on the beach. This action is an example of a social choice that does not have an element of economic interest at all but is carried out for social responsibility [31].

The social theory proposed by Amartya Sen is relevant to what is done by the doctors and medical personnel who treat Covid-19 patients. It is based on the sacrifices made by medical workers, which are not only about sacrificing their valuable time with families but also the willingness to do the jobs with the consequences of being infected by Covid-19 and even passing away.

4 Conclusion

The phenomenon of doctors and medical personnel working with victims of the Covid-19 pandemic can be analyzed using Amartya Sen's social theory. Doctors and medical personnel not only work for economic gain but are also socially responsible for saving people from death, with the risk of being infected or even passing away.

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