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Palliative care of terminal patients: students' learning process at a nursing university in Japan

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Abstract

Objective: This study aimed to elucidate the process of learning in the practice of palliative care among university nursing students and to identify the elements necessary for training healthcare professionals working in palliative care.
Methods: Practicum records of nine nursing school students who cared for cancer patients receiving palliative care in a general ward were included in the analysis using the qualitative synthesis (KJ) method.
Results: The process of learning palliative care by nursing students was characterized by a sense of inadequacy in holistic integration and realization of a deepened relationship, which allowed them to see the benefits of care in the patients' calmness. This allowed them to achieve a sense of satisfaction in mastering the nursing process. At the same time, some students felt the importance of each day in terminal phase nursing and had regrets about terminal phase nursing.
Discussion and conclusions: Two challenges were identified in palliative care education: (1) The need for specific educational support for students who had trouble in interacting with dying patients and had regrets about terminal phase nursing, and (2) the lack of effective coping methods for students who experienced internal conflicts due to ethical issues surrounding terminal patients and their families. Reflection and consultation are needed to (1) sublimate the thoughts of students who have trouble in interacting with dying patients and regrets about terminal phase nursing into motivation for future learning, and (2) explore coping methods to deal with ethical issues and resolve the ethical conflicts.

Introduction

Achieving widespread practice of palliative care is a challenge in Japan as the number of patients newly diagnosed with cancer and the number of cancer deaths in the country is increasing[1]. The Basic Plan to Promote Cancer Control Program (Phase II, enacted in 2012) urges the promotion of palliative care from the moment of cancer diagnosis to allow cancer patients and their families to live high-quality lives, and has been held as a priority objective [2]. In palliative care, nurses fulfill many roles, such as alleviation of symptoms, assistance in decision-making, and handling ethical issues. However, these skills are not easy to learn and demand improvements in nursing programs in these areas of education[3].

In Japan, nursing education is delivered through 4-year university programs, and they are introducing education in palliative care as well. In 2018, the Japan Association of Nursing Programs in Universities announced the acquisition of skills to support terminal patients and their families as one of the goals of university nursing education [4]. Some challenges, however, have been reported, including the fact that approximately half of the educational institutions have not established care as an independent subject and that students are being taught by teachers who are not specialized in palliative care[5]. With similar inadequacies in the current nursing education to accommodate the needs of terminal patients in other countries[6], palliative care education in nursing is still under development.

The practicum related to patients undergoing palliative care tends to be particularly difficult for nursing students (herein after referred to as students) too[7]. In the practicum, they may be assigned to provide care for patients who are in more severe situations than what was taught to them in lectures and may experience patient deaths. Some students may fear or feel distress in interacting with patients, while others may feel helpless because of their inability to provide adequate care[8]. Meanwhile, the practicum has been reported to help students learn communication skills to receive terminal patients' and their families' views about life or learn the need for ways of assistance for preserving patient dignity[9]. However, virtually no studies have been conducted to clarify the interactions of students with palliative care patients and their families and students' learning processes in the practicum.

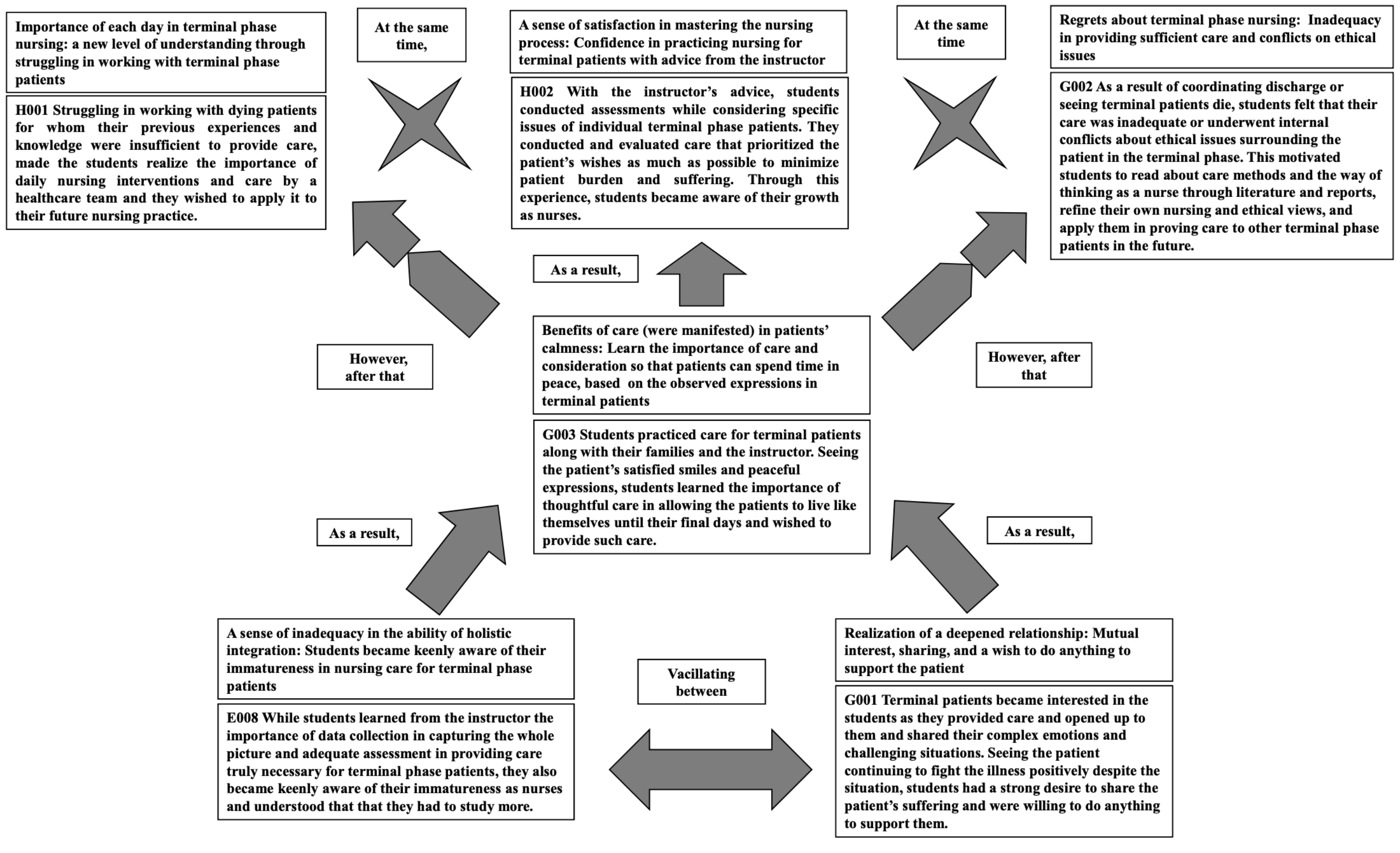
Objective

This study aimed to elucidate the learning processes of university nursing students on palliative care in the practicum and to identify the elements of practicum necessary for training healthcare professionals working in palliative care.

Methods

The practicum records of nine third-year nursing students from a university in Eastern Japan who were assigned to care for patients receiving palliative care in a general ward in the practicum for terminal care in adult patients were reviewed. After completion of the practicum, students who

Figure 1: Learning process in palliative care



Importance of each day in terminal phase nursing: a new level of understanding through struggling in working with terminal phase patients

H001 Struggling in working with dying patients for whom their previous experiences and knowledge were insufficient to provide care, made the students realize the importance of daily nursing interventions and care by a healthcare team and they wished to apply it to their future nursing practice.

At the same time,

A sense of satisfaction in mastering the nursing process: Confidence in practicing nursing for terminal patients with advice from the instructor

H002 With the instructor's advice, students conducted assessments while considering specific issues of individual terminal phase patients. They conducted and evaluated care that prioritized the patient's wishes as much as possible to minimize patient burden and suffering. Through this experience, students became aware of their growth as nurses.

At the same time

Regrets about terminal phase nursing: Inadequacy in providing sufficient care and conflicts on ethical issues

G002 As a result of coordinating discharge or seeing terminal patients die, students felt that their care was inadequate or underwent internal conflicts about ethical issues surrounding the patient in the terminal phase. This motivated students to read about care methods and the way of thinking as a nurse through literature and reports, refine their own nursing and ethical views, and apply them in proving care to other terminal phase patients in the future.

However, after that

As a result,

Benefits of care (were manifested) in patients' calmness: Learn the importance of care and consideration so that patients can spend time in peace, based on the observed expressions in terminal patients

G003 Students practiced care for terminal patients along with their families and the instructor. Seeing the patient's satisfied smiles and peaceful expressions, students learned the importance of thoughtful care in allowing the patients to live like themselves until their final days and wished to provide such care.

However, after that

As a result,

As a result,

A sense of inadequacy in the ability of holistic integration: Students became keenly aware of their immatureness in nursing care for terminal phase patients

E008 While students learned from the instructor the importance of data collection in capturing the whole picture and adequate assessment in providing care truly necessary for terminal phase patients, they also became keenly aware of their immatureness as nurses and understood that that they had to study more.

Vacillating between

Realization of a deepened relationship: Mutual interest, sharing, and a wish to do anything to support the patient

G001 Terminal patients became interested in the students as they provided care and opened up to them and shared their complex emotions and challenging situations. Seeing the patient continuing to fight the illness positively despite the situation, students had a strong desire to share the patient's suffering and were willing to do anything to support them.

provided palliative care were requested access to their practicum records, and the records were collected from the students who provided consent. The "Activity Plan Tables" for the days they were assigned to patients receiving palliative care (i.e., nursing goals, nursing plans, execution and assessment, daily schedules, self-evaluation, and instructor records) and "Case Reports," a document that students created immediately after the practicum to record their reflections were collected.

The above documents were used for analysis because they would provide accurate accounts of knowledge, awareness, and behavioral and psychological changes experienced daily through the practicum by students. The data were collected for the period from January 2014 to March 2017.

The qualitative synthesis method (KJ method) reported by Yamaura [10] was used for the analysis. This research method allows for reorganization of incoherent fragments of data in a coherent form and was selected as a suitable method for integrating students' practicum records written in mixed and fragmented manners to reconstruct their learning processes. The theme of analysis was "elucidation of the processes through which students acquired knowledge and changed their perception and behavior based on their experiences of interactions with patients receiving palliative care in the practicum." Individualized (per-student) analysis was initially performed, and then, the results were synthesized for the general analysis. The procedures adopted for the analysis were as follows:

(1) Label production: Individual meanings of events or learnings that the students experienced as found in their records were summarized out on labels.

(2) Grouping: The produced labels were spread out and grouped according to the similarities expressed by the sentences, the meanings of the groups were interpreted, and the interpreted meanings were re-written as a single sentence that would function as the nameplate for each concept as viewed by the students. This series of procedures constituted one step, and was repeated for grouping. The process was stopped when six or fewer labels were left as these were deemed to be the final labels.

(3) Spatial placement and diagram production: The final labels were rearranged spatially focusing on the relationships between them to produce a diagram that represents the overall structure. The spatial layout of the labels in the diagram was observed to attach symbol marks to the final labels, which were expressed in the format of "[Matter] (Position of the label within the whole picture): Essence (Uniqueness of the matter)". Additionally, a storyline was created to explain the diagram.

(4) General analysis: Labels for the general analysis included all labels that remained until two steps before the final labels in the individual analysis. The same procedures as steps 1) – 3) for the individual analysis were carried out for the general analysis.

4. Ethical considerations

This study was approved by the "Ethics Committee for Research in Human Subjects" of Niigata University (Approval No. 1684). Students received written and oral explanations about the purpose and methods of the study, voluntary nature of the participation, their rights to withdraw from the study at any point of time, and the anonymity and confidentiality of their personal data before they consented to participation and granted permission to use their practicum records for the research.

Results

1. Summary of participants: Data from the records of nine students were analyzed. Three of the students were men and six were women (Table 1). They were assigned for the care of patients in their 30s–80s five of whom were men and four were women. All cancer patients were under palliative care for symptomatic management with complications and symptoms of diseases such as ileus, pneumonia, heart failure, and kidney failure. Students provided care for these patients for 4–14 days. Five of the patients were hospitalized throughout the student's practicum period, while two were discharged, one was transferred to another hospital, and one died. For this study, 96–386 original labels were extracted from the students' records. The differences in the numbers of the labels depended on the amount the students wrote and the duration for which they provided care for the patient. In this research, 185 original labels were used for general analysis.

Table 1: Summary of the participants

Participants	A	B	C	D	E	F	G	H	I
Student sex	Female	Female	Female	Male	Male	Female	Male	Female	Female
Days assigned for care	7 days	5 days	10 days	14 days	8 days	4 days	13 days	8 days	14 days
Patient sex	Female	Female	Female	Male	Male	Male	Male	Male	Female
Patient age	30s	30s	50s	70s	70s	50s	50s	80s	70s
Patient's cancer type	Cervical cancer	Cervical cancer	Ovarian cancer	Hepatic cancer	Multiple myeloma	Malignant lymphoma	Pleural cancer	Pharyngeal cancer	hepatocellular cancer
Comorbidity	Ileus Renal dropsy	No history	Ileus	Hepatitis B Diabetes	Diabetes	Schizophrenia	Diabetes Renal failure	Pneumonia Femoral trochanteric fracture	Liver failure, heart failure Rupture of esophageal varices
Treatment	Palliative care Chemotherapy	Palliative care	Palliative care	Palliative care Molecular targeted therapy	Palliative care	Palliative care	Palliative care Chemotherapy Hemodialysis therapy	Palliative care Blood transfusion therapy	Palliative care Esophageal endoscopy
Patient's course	Discharge	Discharge	Continued hospitalization	Continued hospitalization	Continued hospitalization	Death	Continued hospitalization	Transfer	Continued hospitalization
Number of labels for individual analysis	146	96	114	268	151	108	292	217	386
Number of labels for general analysis	18	25	16	24	18	21	22	16	25

2. Students' learning process inferred from general analysis: One hundred eighty-five original labels from the general analysis were used to create groups up to the eighth level, at which the final six labels were obtained. The storyline depicting the students' learning process and diagram representing the relationships between the final labels are presented in Fig. 1 and explained below where conceptual matters are written in square brackets and the issues in quotation marks.

The learning process of university nursing students in the palliative care practicum can be summarized as follows: First, students experienced their "immaturity in nursing for terminal phase patients" as [a sense of inadequacy in the ability of holistic integration]. They also came to a [realization of a deepened relationship] as they were driven by the "wish to become mutually interested in sharing the patients' pain and support the patients somehow." After they vacillated between these thoughts, they learned the "importance of care and consideration to help patients spend time in calm and peace from watching the terminal phase patients' facial expressions" as [benefits of care (were manifested) in the patients' calmness]. This exercise allowed the students to feel confident that they were "able to practice nursing for terminal patients with instructors' advice" and achieve [a sense of satisfaction in mastering the nursing process]. However, at the same time, they understood the [importance of each day in terminal phase nursing] as they reached "a new level of understanding through their involvement with the life and death of terminal patients." They also felt that "they were unable to provide adequate care for patients and experienced conflicting ethical issues" as their [regrets about terminal phase nursing].

3. Summary of the final labels composing the students' learning process: The final labels composing the students' learning process are summarized below. Conseptual matters are written in square brackets.

(1) [a sense of inadequacy in the ability of holistic integration] Students collected necessary patient data from the electronic charts and from the patients themselves to assess the provision of care for terminal patients. However, the students were advised by the instructor to perform data collection that allowed them to capture the whole picture in order to provide the care necessary for the terminal patients. While the students understood the importance of adequate assessment and holistic integration from such advice, they also realized their inadequacies as a nurse, such as the lack of medical knowledge and their immature assessment skills and felt the need to study more.

(2) [realization of a deepened relationship] Students conveyed their concern for terminal phase patients and wrote them letters. Through such forms of care, the patients gradually began to show interest in the students. As a result, the patients opened up to the students and started telling them about their complex emotions and challenging situations. The students, by watching how the patients were fighting the disease positively, wanted to share their suffering and efforts and do anything to support them.

(3) [benefits of care (were manifested) in the patients' calmness] Students saw their patients' satisfied smiles and peaceful expressions after they provided terminal phase patients with hygiene care or removed restraint mittens with their instructors and patients' families. From the patients' expressions, the students realized the importance of care to help patients live in emotional peace until the last day of their lives, and felt that they wanted to become capable of providing such care.

(4) [a sense of satisfaction in mastering the nursing process] With the instructor's advice, students conducted assessments while considering specific issues of individual terminal patients, such as the physical and treatment plans and lifestyles. Based on the assessment results, the students provided and evaluated symptomatic care that prioritized the patient's wishes to the best possible extent to minimize the patient burden and suffering. Through this experience, the students became aware of their growth as nurses.

(5) [importance of each day in terminal phase nursing] At the same time, the students struggled in their interactions with dying patients for whom their previous experiences and knowledge were insufficient to provide care. However, this experience changed the students' view: they learned the importance of daily nursing interventions and interdisciplinary approach and wanted to apply this experience to their future nursing practice.

(6) [regrets about terminal phase nursing] Moreover, students had regrets that they were not able to provide the best care in coordinating the discharge of terminal phase patients or their deaths and had internal conflicts about ethical issues in the terminal phase that affected the patients and their families. This encouraged them to further their studies after the practicum; they wished to learn about care methods and ways of thinking as a nurse through literature and reports, refine their own nursing and ethical views, and apply them in providing care to other terminal phase patients in the future.

Discussion

1. Findings from the students' learning process:

The results of our analysis revealed that the process of learning palliative care by the university nursing students could be divided into two categories: key components common to all students, i.e., [a sense of inadequacy in the ability of holistic integration], [realization of a deepened relationship], and [benefits of care (were manifested) in patients' calmness], and those that varied between students, i.e., [a sense of satisfaction in mastering the nursing process], [importance of each day in terminal phase nursing], and [regrets about terminal phase nursing].

Key components of the learning process: Of the three common items that compose the core part of the learning process, [a sense of inadequacy in the ability of holistic integration] and [realization of a deepened relationship] are inter-related. The symptoms of terminal phase cancer patients and the physical assessment of these symptoms should be multi-faceted and need to be investigated not only for the primary disease, which is cancer, but also for comorbidities, their symptoms, and adverse events associated with the treatment. Moreover, understanding the total pain experienced by the patients is essential for providing nursing care for patients who are aware of death lurking behind them [11]. In other words, nurses are required to turn their interest toward the patient while conducting holistic assessment, be recognized by the patient as someone who understands them and build a relationship of trust to satisfy the care needs of the patients [12]. Some students in this study also seemed to have been able to deepen their relationships with the patients and understood the patients' thoughts and feelings, such as their regret in not being able to be there for their children as they grow or in having sacrificed their careers, while having a sense of inadequacy in the ability of holistic integration.

One of the abilities required in nurses involved in palliative care is to provide comforting care to patients [13]. Even though it is not always easy to evaluate the patient's comfort, many students experienced that the patients' physical and emotional suffering changed into a calm state after they practiced physical and emotional care. In other words, calmness in the patients can be assessed as the students' practice care and serves as an important indicator of the benefits of palliative care.

Learning process components that vary among students: Next, we found that students diverged into either of the following three different paths in the latter half of the learning process: [a sense of satisfaction in mastering the nursing process], [importance of each day in terminal phase nursing], or [regrets about terminal phase nursing].

First, students who achieved [a sense of satisfaction in mastering the nursing process] were able to practice the nursing process in the terminal phase with advice from the instructor, which was one of the goals of the practicum, and felt that the practicum allowed them to grow as nurses. The students who were able to acquire this learning experience were likely to have a high level of satisfaction and sense of achievement, given that they were able to attain the nursing process, which was one of the learning objectives. This group of students was thus likely to have gained confidence as a nurse working with patients in their terminal phase.

Meanwhile, students who experienced the [importance of each day in terminal phase nursing] were struggling in their interactions with patients near death, for which their experiences and knowledge were not very useful. Students' experiences of this challenge, however, allowed them to reach a new level in understanding the importance of daily nursing interventions and patient care by the healthcare team. Students who learned this are likely to have experienced a sense of helplessness and limitations in providing care for terminal phase patients by individual nurses and acquired new viewpoints and interpretations, such as the importance of daily nursing and team care. However, a previous study has reported that students feel unprepared for dealing with the issue when they encounter a patient death[14], and thus, it is challenging to identify the specific educational support needed by them and improve the methods and contents of support.

Students who experienced [regrets about terminal phase nursing] felt that they were not able to provide sufficient care. A previous study reported that students feel gloomier as they gain more knowledge in palliative care in the practicum [15], suggesting that students who interacted with terminal patients and gained knowledge, became aware of the fact that the patients were close to the end of life. It is likely that students may question themselves strongly about the way they interacted with the patients thinking it was of no benefit or they could have done something more for the patient. Having such thoughts is a specific phenomenon to practicums involving terminal patients and may reflect the anxiety and fears that students may have about caring for terminal patients [16].

We also observed that some students felt conflicted about ethical issues surrounding terminal care. In basic nursing education, nursing students are expected to acquire ethical views appropriate for the nursing profession, and emphasis is placed on striving to understand the situation or context of the patients and their families[17]. Students in this study interacted with patients and their families genuinely and tried to understand their situations and contexts, which created an awareness of ethical issues. However, ethical issues in palliative care involve the patient's life or death and can threaten patient autonomy or dignity. A previous study has reported that many students tend to fall silent when faced with an ethical issue during a practicum [18]. Similarly, the results of our study suggest that students faced with ethical issues during practicum were unable to practice coping behaviors and were instead left struggling internally.

2. Implications for palliative care education

As mentioned above, various difficulties and challenges are present in the students' learning process in practicum, indicating that appropriate guidance is necessary to tackle them. Students who experienced the difficulties of dealing with a dying patient and regrets about terminal phase nursing are likely to be left with a low sense of satisfaction or achievement from the practicum. A previous study has stated that students who were involved in caring for dying patients felt emotionally exhausted as they reflected on their practicum after it was over[19]. Then, it is possible that experiences during the practicum instill anxiety and fear about caring for terminal phase patients in some students. It is therefore the responsibility of the instructor to support such students to discover knowledge on their own and encourage them to learn how to interact with palliative care patients positively. However, the instructors themselves often feel the difficulties and limitations of care for patients and do not have the confidence to instruct the students about terminal cancer patients [20], which warrants further investigations for ways to support the instructors.

Reflections and dialogues adapted for individual learning processes are considered effective educational methods to support instructors. Reflection refers to a pattern of thinking back over experiences in nursing practice and the thoughts and emotions they had to improve nursing competence[21]. Introducing reflection in instruction of palliative care should allow students who had trouble caring for dying patients and regrets to verbalize their thoughts and conflicts. By having the instructor listen to them, the students themselves may go through a catharsis. Furthermore, simulations of how they would be able to care for similar terminal patients may allow the students to sublimate their thoughts into motivation for future learning.

Moreover, conducting discussions with the instructor focusing on ethical issues to investigate solutions for optimal patient care may be beneficial for students facing ethical issues during practicum. A previous study has documented that instructors need to explain ethical issues and make students think about how to deal with issues as nurses [22]. Such a support may urge the students to search for new methods to cope with ethical issues or may lead to the resolution of ethical conflicts. As our study showed, instructors' support should be adapted to the students' learning process and motivate them to initiate their own learnings and discoveries.

Conclusions

Two challenges in palliative care courses in basic nursing education were identified: (1) The need for specific educational support for students who had trouble in interacting with dying patients and regrets about terminal phase nursing, and (2) the lack of known coping methods effective for students who experience internal conflicts with ethical issues surrounding patients in the terminal phase and their families.

Implications for palliative care education included: Students should be encouraged through reflection and consultation to (1) sublimate the difficulties they experienced in interacting with dying patients and regrets they had about terminal phase nursing into motivation for further learning, and (2) explore the coping methods to deal with ethical issues and resolve their ethical conflicts.

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Legal and social perspectives on euthanasia in India

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Abstract

The legal and social perspectives of euthanasia have been widely debated in India since the 1990s. The Indian constitution is a strong pillar that supports a peaceful society and practice of morality. This paper deals with the legal and social perspectives of euthanasia in the context of India. Article 21 of the Indian Constitution assures that every Indian citizen has the right to live with dignity. While it provides all citizens the right to life, some social customs like '*thalikoothal*' in Tamil Nadu southern part of India and '*sallekahana*' (fasting unto the last) among Jain monks in Banaras Northern part of India are practiced. These are the challenges to the Indian Constitution and individual rights. *Sallekhana* is a religious custom but '*thalikoothal*' is a social custom. This paper discusses social and legal points of euthanasia. The landmark case of euthanasia in the Indian Supreme Court in

2007, and the plea of Nurse Aruna Shangbarg and permission for passive euthanasia are discussed.

Introduction

The constitution is a strong pillar of human societies, especially in India. It is an imperative for human beings to abide by the law to have a peaceful society; otherwise, society will be in chaos. Every action in a society can be considered either right or wrong. Right action gets the approval of the society whereas wrong action gets disapproval from the society. To prohibit wrong actions by an individual and to protect others from being a victim of it, state laws have been framed. If an individual performs an action not approved by the society, such actions are considered as wrong actions and the state enforces laws to prevent such actions, either by punishment or by reformation. The *rationale* behind state's law and order is to maintain a peaceful atmosphere in the society and to help in upholding good human relations. Hence, an attempt to problematize dilemmas involved in legalizing euthanasia as right or wrong is considered here.

Euthanasia from a legal perspective

Every profession as a wheel revolves with certain ethical codes as its fulcrum. It implies certain imperatives are ethical and certain imperatives are legal and protected by the state. Medical profession is one such profession which encompasses both ethical and legal codes. The issues pertaining to euthanasia raise questions like: Do the physician, patient or relatives have the right to decide upon the application of euthanasia? It is the final decision of an individual during the last stages of his/her life, so it is of undue importance to analyze the issues involved in legalizing euthanasia, so that it can be prevented from being abused. There is a strong opinion that legal permission is often necessary in application of euthanasia. Other groups may say there is no need for legal permission to do euthanasia. However, if euthanasia is legalized then there may be a solution for the questions like whether the individuals or patients have the right to live or die. If legalized, there is immense possibility of abuse; if it is not legalized, then the patient must continue suffering.

The acceptance or rejection mainly depends upon the culture and moral norms of that country. India rejected the legalization of euthanasia even though it accepts passive euthanasia. In India, first plea came in 2004 when a mother moved to court for her twenty-five-year-old son Venkatesh, who was a former National Chess Champion. He was suffering from Duchene's Muscular Dystrophy; in his final days he was admitted to hospital and survived with the help of ventilator support. However, he was conscious and fully aware of his disease and death. So, the mother with the concern of her son approached the Andhra Pradesh (a state in India) High Court for allowing him to die. Simultaneously, she insisted on her son's wish to donate his organs. In this process she approached Mohan Foundation for organ donation but was refused, because the patient was still alive, he was conscious and brain death didn't happen to that patient. The reason behind their rejection was the rule of organ transplant act 1995 which had no provisions that allowed individual to donate organs when alive.

Another landmark case from India was that of Aruna Ramanchandra Shanbaug who worked in King Edward Memorial Hospital Mumbai. She had been attending the night duty as nurse. A male sweeper working in the same hospital attempted to rape her. He tried to kill her and tied her neck with dog chain. Because of this, the oxygen flow to the brain was stopped. She became paralyzed and blind; she can't speak and move. Her current state is PVS and from 1973 onwards she is in vegetative state. Due to this condition, her friend filed a petition to demand the application of euthanasia. It has raised a legal question in front of the India's Justice. The court suggested three physicians to examine her. After examining the report, the Supreme Court accepted passive euthanasia. It has been accepted only after thorough investigation into Aruna's condition. As per procedure the court appoints respective physicians for studying the patient's condition. Depending upon the report of the physician the court may decide whether euthanasia may be applied or not. For the first time the Indian Supreme Court was in a dilemmatic situation in Aruna's case whether euthanasia must be sanctioned or not. In her case the law commission mentioned three things. First, generally the law commission in India maintains three important parameters in any plea against euthanasia, such as three reputed doctors to be nominated by the Bench after consulting such medical authorities/medical practitioners as it may deem fit. Preferably one of the three doctors should be a neurologist, one should be a psychiatrist, and the third a physician. Secondly, if the doctor agrees the patient can approach the government or the constitution. Third one is that the government or constitution will appoint a committee of three members. In normal cases the application of mercy killing or euthanasia to the terminally ill person is considered a crime in India. Accordingly, the Supreme Court will not entertain any such plea in the administration of euthanasia. However, in the case of Aruna, the Indian Supreme Court accepted passive euthanasia with same terms and conditions (Venkatesan: March 2011).

The legal aspects behind the two cases are different; in Venkatesh (Prabhakar: Indian Express 2009) case he died before the court result. But in Aruna's (Sudha U; The Hindu 2010) case still she is living in PVS. In Venkatesh case there is a legal problem, but it did not affect him before his death. But in Aruna's case, legislation accepts only passive euthanasia that is the result of the thorough examination. In both cases it shows that Indian Constitution is against euthanasia. The Indian constitution 21st article states that it doesn't allow killing of any form. In Indian constitution, the article 21 mentions the right to life and not right to die or kill. So, suicide is considered illegal in India. "Right to life under article 21 is something more than mere breathing. The Supreme Court has held in Francis vs. Union Territory (A I R 1981 SC746) the right to life would include the right to live with human dignity; with this interpretation given to article 21, the door was open for various kinds of rights which will have to be read into the right to life with human dignity" (Constitution of India).

According to the Indian Penal Code 186 section 300, the act of intentionally killing others is a murder. If anyone did mercy killing on the request of the patient or relatives it would be a homicide. In other words, the person will be punished under the Indian Penal Code Section 304 on the case of homicide. Encouraging suicide is also an offence in Indian Penal Code under section 305 and 306. Based on these legal grounds, Aruna's friend plea for euthanasia is considered as murder. Because she is in PVS and she cannot respond to her wish.

Chief Judge of Indian Supreme Court Justice Markandey Katju has given the reasons for not allowing euthanasia as well as rejecting to legalize euthanasia of Aruna Shaubhug. He said: "*We are also concerned that once this is allowed, there will be too many such requests from relatives. There is a possibility that relatives in collusion with some doctors may bump off the patient claiming he/she is in a P V S though he/she may not be really so*" (Padma P; The Hindu 2011)

Y.G. Krishnamurthy, advocate of the Andhra Pradesh High Court stated against the legalization of euthanasia as: "*I don't agree with euthanasia- passive or active. Everybody has a right to live. No one should be allowed to kill himself/herself or give permission for another person to die. Suffering is not an excuse to take away God-given life. Dignity in death is surrendering to God's will, being patient and going when He takes you away*" (Padma P; The Hindu 2011). Based on these reasons there is always an opposition in legalizing euthanasia. On the contrary there are those favoring euthanasia because of the pain, suffering and mental trauma by the individual.

The above-mentioned arguments are against legalization of euthanasia for slippery slope argument. If euthanasia is legalized, then there is a possibility for physicians violating their duty. Sometimes the case filed by the court will be either from patient side or from the relative's side. The patient knowingly approaches the court for applying euthanasia, e.g. in Venkatesh's case. Then, if the legislation gives permission to that patient sometimes this can be taken as the base behind the coma patient's death e.g. in Aruna's case. In the first case, Venkatesh knowingly approached the court for euthanasia with the help of his mother. It shows the intention of the patient. But in Aruna's case, her friend approached the court without her concern. So, it shows that the intention of the patient is abstract. So, there is a possibility for different situations. The slippery slope argument gives chance to the patient more than the legal permission. So, this will change patient's death from the "better off dead" (Grisez & Boyle; 2008) to "better off killing". Thus, the society, medical profession and relatives have a risk for corruption. So, legalizing euthanasia is wrong. There are two sides of philosophical argument against the legalization of euthanasia.

Euthanasia from a social perspective

Euthanasia as a social issue has its influence on cultural, economic, and political aspects. It reflects on the liberty of the society. Socially the individuals have some fixed values and norms, and the individuals must follow those morals in a society. The dying person and the relatives of the patient also must follow certain social norms and values. Even though, the patient is suffering from painful disease and distress; his relatives must consider the social norms. In any society there are some beliefs about the individual's life, which can't be overruled. In this situation if euthanasia is legalized it will lead to social controversies. The loved one's suffering and distress will be a painful sight to the relatives, but from the legal perspective there is no place for moral norms and values. A good number of old age homes, homes for rehabilitation centers and mentally challenged have been emerging in the contemporary society. The brutality of living during the pre-civilization period might creep in the existing situation warning about the difficulties in administrating euthanasia which may create a chaos in the society. In this context ethical problems will arise in mercy killing.

Good family and society are the base of individual's good action and support. It includes emotional, practical, and financial support of the individual. In near future, there might be a situation where human beings may be considered as mere specimens in laboratory experiments in the name of euthanasia. In this way, euthanasia may open the gates in letting the social evils to its abuse and threat, for the human existence in the society. A clear discussion pertaining to euthanasia is important in this perspective. The same case can be viewed from a sociological point of view.

Thalaikoothal is a social practice behind which there is a motive in killing the elderly people. In Tamil Nadu, Virudhunagar district and some other southern parts of the state there is an established social practice named *thalaikoothal*. This is applied on the elderly or to the terminally ill people. These elderly people are given a ceremonial oil bath after which they will be fed tender coconut water which will cause pneumonia and eventually lead them to death. Sometimes they will add poison for hastening the death. Their main motive is grabbing the property. One such incident was reported in Virudhunagar district where an eighty-year-old man escaped from his house because his children were going to conduct the *thalaikoothal* for him. The whole family members were involved in the unethical social practice. This in turn implies that if euthanasia is legalized, there is a possibility of misusing them on the innocent people.

Lack of awareness is the first reason for misusing euthanasia and most people don't have the knowledge about euthanasia. Some people are not educated and are exploited in specific situations. Sometimes patients seem to be a burden to the relatives, so they will apply euthanasia without knowledge of the patient. The patient may not be aware of what is going to happen, and he may die unknowingly. The aim of the relatives may be grabbing the property and relief from the burden. Because of these reasons poor individuals may lose their life. According to Dr. Amit Agarwal, oncologist of Fortis Hospitals Noida Delhi, India expressed this dilemma of the lay man's awareness of euthanasia as absolute lack of public awareness and clear-cut legal directions on end-of-life terminal care. Whenever we are in a situation of aggressive, life sustaining treatment in a terminally ill patient, we honestly tell the patient and the family and take into consideration what the patient would have wanted. We also do everything to make the patient as comfortable and pain- free as possible (Sudha U; 2010) .

In social life it is often considered as a burden for the family and the individual when it comes to the case of a diseased and disabled person. So, their life may become devalued as they are a burden to their relatives. They themselves feel that they are burden to their relatives and to the society. Because of the helplessness in life, they think that they are not useful to the society. Since their life is not valuable, they are forced to die. Here, the patient's autonomy is of no value since the final decision is taken by the relatives. The prime concern of society is about individual's quality of life. Therefore, the society has the most responsibility to protect and promote the quality of life. The best option is to choose death. Death is the only way of escaping from the intolerable situation and from the suffering of painful disease. Here, the patient may opt voluntarily or knowingly but not with 'coercion'.

The government and the society have the responsibility to secure the life of disabled persons. Some special shelters must be allotted for disabled people. However, this may require isolation of the disabled people like the case of AIDS patients. Once society starts isolating the AIDS patients, it will become practice. People still think that AIDS is a vulnerable disease. This isolation will detach the connection between ordinary men and the patients. This type of isolation will affect the patient psychologically. So, they will think that there is no hope of recovering, and they will be depressed and forcefully take the decision for applying euthanasia. But the society also has the responsibility to help the isolated patient. This isolation of the patient or elderly people motivates them for dying. The society has the responsibility to protect the elderly people. One such isolated place is an old age home.

The painful sight of the patient may create sadness in the life of their close relatives due to the lack of emotional support and financial support. The emotional attachment of the family members may create worries to the disabled person. It will be one of the reasons for choosing euthanasia by the patient. The question is who will perform euthanasia? Usually, doctors practice it in some circumstances. Sometimes based on the patient's request, others might perform euthanasia. However, once euthanasia is legalized, a dilemma will be opened. Applying euthanasia can be justified under some circumstances in the medical field. If many people want to apply euthanasia it leads to many controversies in the society. The government must identify a specific place to perform euthanasia, like hospital or some other place. If someone kills the other person for the sake of property, the government will not be able to sentence that person, since it has legalized killing and cannot punish the people. All these types of dilemmas are to be encountered by the government.

If euthanasia is legalized socially, it will be misused. In the name of euthanasia, the patient maybe exploited for the sake of organs. The world we are living is turning out to be more materialistic, selfish, and detached where everyone is looking only for money and nobody bothers about love and emotional feelings like bond and attachment. Dr. Nagaraj Huilgol, Chief Oncologist at Nanavathi hospital and President of right to Die with Dignity, says "*involuntary euthanasia must never be allowed. There are several dangers, including euthanasia to harvest organs, which is criminal*" (Nagaraj; Decan Chronicle 2011).

The main trouble which the society will be facing is the difference between haves and have-nots. There is a chance for killing the have-not people for many purposes. In the contemporary world many people are living on foot path. The government and society don't accept them as citizens. Sometimes they may be killed for political reasons. The societies should give importance to the progress of the rehabilitation centers for old people, for children, for patients and mentally challenged persons. The people also should feel responsible along with the government. If euthanasia is practiced, then there may remain no values in the society. In Nazi Germany, euthanasia was practiced for killing people with disease. Perhaps Hitler's aim was to reduce the economic burden but here the aim is different. If all these problems can be overcome, then there is a genuine possibility where euthanasia can be practiced in the interest of the patients like in Aruna's case.

At the same time both for the relatives and for the medical institutions, the patient may become a burden. In these circumstances, the physician advises to relatives to take back the patient. If relatives give the plea to the institution, then they can allow the patient to stay in the hospital. Here, both the relatives and the institution may feel the burden. One of the reasons is financial. The All-India Institute of Medical Science New Delhi, India reports that among the trauma patients, 70 patients out of 200 are in a vegetative state. The family members are not interested in taking the patient back home because of economic burden. Sometimes hospitals also fight to send the patient home. They don't want to permit the patient to stay till his/her death because it will be a burden to the institution. One of the patient's mother asked the duty doctor "*why don't you keep my son Naushad here for the rest of his days? How will I take care of him at home?*" (Rashme; Decan Chronicle 2011). The patient's treatment would cost around Rupees 5000 per day and can't be afforded by the hospital as well as the mother. Now the Indian family system has become nuclear so they are not equipped to take care of someone who will need lifelong care. And lower-income families will not be able to take the responsibility of the patient. These are the few genuine situations where euthanasia can be justified.

Conclusion

India has given importance to its citizens through the society and their legal bindings. Hence, India has accepted the practice of passive euthanasia; however, the social issue like *thalikoothal* which is practiced in certain places of south India is a challenging situation. The Supreme Court of India had expelled active euthanasia and accepted passive euthanasia based on the landmark case of Aruna. It has mentioned that "*right to life: including right to live with human dignity would mean the existence of such right up to the end of natural life, which also includes the right to a dignified life up to the point of death including a dignified procedure of death*" (Judgement, Writ Petition (civil) No.215 of 2005). Court holds that right to die with dignity is a part of the basic right to life. The judgement is "*the right of dying when life is ebbing out in the case of a terminally ill patient or a person in permanent vegetative state, where there is no recovery, accelerating the process of death for reducing the period of suffering constitute a right to live with dignity*". (The Hindu; March 10, 2018). In the case of *thalikoothal*, in my view, it is also a passive involuntary euthanasia. However, the difference and distinction are that *thalikoothal* is non-voluntary or there is no mention about dignity of life. It is a concern on the part of victim's relatives for reliving the burden as well as grabbing property.

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Assisted Reproduction and the Japanese Paradox

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Abstract

Japan represents something of a paradox when it comes to assisted reproduction. On the one hand, because of the vast size of its Assisted Reproduction Technologies (ART) sector, it would be natural to expect there to be many cases of mishandling or mistreatment that come to surface. Yet, this does not appear to be the case. The system seems to run surprisingly smoothly, at least as far as it could be observed from the reportage in the media. Indeed, one would be hard-pressed to find more than a handful of scandals there that involve the application of ART. With a view to illuminating the mechanism through which the perceived smoothness of operation in Japan is achieved, the present article puts the spotlight on the compilation of guidelines and recommendations for ART created and implemented by the Japan Society of Obstetrics and Gynecology. I argue that the efficacy in operation notwithstanding, the said regime is not a substitute for formal framework for ART that is promulgated by the Japanese parliament.

Introduction

Japan is an *in vitro* fertilization (IVF) giant (*taigai jusei taikoku*) and its heavy reliance on assisted reproduction more generally is well-documented. As the nation with the gravest demographic crisis, where the population size is shrinking at a striking pace, it is often reported with regards to Japan that it has a persistent problem of low fertility and that the portion of newborns conceived through IVF is growing due to an ever-increasing number of people marrying later in life. Within the domestic news landscape, the Japan Society of Obstetrics and Gynecology (JSOG) survey result was widely publicized recently of a record 424,151 IVF procedures having taken place in 2015, resulting in 51,001 births, which is another record (Japan Times 2017; Cook 2015). Today, most Japanese would be aware that typically at least one child in each school-class has been conceived via IVF.

Japan's utilization of assisted reproduction is not merely heavy; it is, in fact, unprecedented and unparalleled. Indeed, Japan resorts to IVF like no other country in the world. According to data published in 2016 by the International Committee for Monitoring Assisted Reproductive Technologies, in all the three years under investigation (2008, 2009 and 2010) the number of aspirations (egg retrievals for IVF) performed in Japan was an order of magnitude larger than that of any other country; indeed, a difference was recorded of a whole digit between Japan and the second biggest utilizer of IVF – the United States (Dyer et al. 2016). A further indicator of just how much activity there is in ART in Japan is the comparison between the number of registered facilities that provide such treatments. According to Franklin and Inhorn (2016), there were somewhere between 600 and 618 registered such institutions in 2009. To put this number into perspective, the institutions of such character registered in the United States for the same period were about three times less, even though the latter country is twice as populous as Japan. This Japanese vibrancy in ART has also been picked up by the foreign popular media, with the Economist, for example, publishing a column in May 2018 entitled "No country resorts to IVF more than Japan…" (2018). "Nestling among a plantation of high-rises in a business district of Tokyo", the column goes, "[Kato Ladies' Clinic – the world's busiest] clinic implants fertilized eggs in an average of 75 women a day" (*Ibid.*).

Given this status as the world's most heavy-weight utilizer of ART, it could be reasonably expected for Japan to register a substantial number of cases involving mismanagement, mistreatment or scandals. This, however, does not appear to be the case.

Of course, there are some prominent instances where developments have gone wrong. A recent example that comes to mind is that of Eric Young, about whom it was revealed in court in 2014 that his wife had taken, unbeknownst to him, her lover's sperm to the fertility clinic that treated them (Adelstein 2015). The verification procedures in this instance could be legitimately found to be quite lacking. Furthermore, most recently, in January 2020, it reached the news that a fetus-reduction surgery had went awry on a woman in her 30s in Osaka, whose ovaries had been stimulated (as in IVF), only with the eggs not being collected for *ex vivo* fertilization, in order to increase the chance of her conceiving (Asahi Webnews 2020). The outcome of the ill-managed procedure was that all of the resultant five fetuses had died, and as for her legal battle that the woman led – on the grounds that "there is no evidence that there is sufficient established medical knowledge about this procedure" on the basis of which the doctor in question could be found to have been negligent, she received the Osaka District Court's rejection of her 23,000,000 yen compensation claim. Prior to these two scandals, perhaps the one that received most attention post-2000 is the discovery of human fetuses among the ordinary refuse in Yokohama City Hospital (*Yokohama Kakuritsu Byōin*) (Sleeboom-Faulkner 2008).

It is impossible to directly compare the frequency of such events in Japan and in other countries with significant appetite for ART. For a start, it is quite possible, with regard to any jurisdiction, not just Japan, that the number of mishaps surfacing is nowhere near that which actually takes place. Nonetheless, to the extent that it could be ascertained by anyone following developments in this area internationally, the number of events of such character that reach the media in Japan seems to be strikingly low, especially, as explained above, given the exceptionally high rate of ART utilization. Indeed, on the background of the sheer volume of ART cycles in this country, the uneventfulness in operations could be construed as something of a feat.

So what mechanism is accountable for this success in running the ART sector? This article brings to attention the informal framework that is in operation for ART in Japan composed of voluntary guidelines and recommendations by the JSOG – the professional medical society whose members are at the frontline of infertility treatments. After describing this regime and discussing several aspects that relate to the observed outcome of general order and practitioner compliance, I proceed to argue that the absence of a law enacted by the people's representatives in parliament is still not justified.

The JSOG regime

Despite the absence of an ART law in Japan, it is not the case that the country is the Wild West in terms of ART practices, with clinicians having the freedom to do whatever they like to patients and the latter having to fend off for themselves. Indeed, most practitioners in Japan do not feel like they have a freehand in patients' treatment; they would report that their actions are closely overseen by the JSOG, with having to report each case, and there also being a compilation of about 20 guidelines (on issues ranging from treatment of the embryo, cryopreservation of gametes, pre-implantation genetic diagnosis, sex selection, etc.), that they are expected, as members of that Society, to follow. This informal regulatory regime, the architecture of which emerged gradually since the first cases of IVF application in the country, as well as the threat of expulsion from the Society if found in breach, has to an extent succeeded in producing a standardization of treatment for patients so that they do not have to worry so much that they might receive a vastly different treatment depending on the facility they choose to walk into.

On the issue of the JSOG holding its members in a tight grip through the threat of expulsion, there have been only two reported cases of this having happened, the doctors in question being Yahiro Netsu from Nagano prefecture's Suwa Maternity Clinic and doctor Tetsuo Otani from Otani Ladies Clinic in Kobe. As far as doctor Netsu is concerned, his breach of the JSOG guidelines for the first time in 1998 (he went against JSOG again in 2001) involved conception through egg-donation within a family. i.e. between sisters. As Gunning has argued, "he decided to put his head above the parapet … to provoke reaction" (2003: 760). In his announcement of the birth of these donor-egg babies, Netzu explained that his purpose was to promote open public discussion of the JSOG restrictions that he felt were becoming increasingly inappropriate and out of touch with the mores of the times. With regard to this, it is necessary to mention that a growing number of Japanese couples were seeking abroad, particularly in the West Coast of the United States, treatments that JSOG prohibited – indeed mostly gamete donation ones. Although Netsu was able to keep his license to practice upon losing membership of the JSOG, he became embroiled in a long-term court battle with the Society over the right of the latter to expel him, whereby he became resigned when the Supreme Court ruled against him. This, and the fact that he eventually sought successfully re-entry into the Society, has arguably served as a lesson for other physical practitioners.

The limits of the JSOG framework: Discussion

When it comes to good clinical practice, it is undeniable that doctors are the best placed people to decide on it. Indeed, by virtue of their training and experience, they know best what constitutes a safe and effective procedure. However, as bioethicist Guido Pennings rightly points out, many of the questions that relate to ART are not about safety and effectiveness; they are about ethics (Pennings 2009).

What are the boundaries of acceptable family-building? Should unmarried or same-sex couples have access to ART? Should sex-selection be permitted? What is in the interest of the child? Which inheritable genetic conditions, if any, warrant screening of embryos so as to avoid the birth of an affected child? Should a child be allowed to know its biological father or mother even if this clashes with the wishes for privacy *of* the donor? How should a balance be stricken between equity in access and cost-efficiency? Should sparse financial resources be directed towards young women who are experiencing difficulties to conceive or older ones who are almost out of time? Should a woman be allowed to use her sister's womb for conception if her own has been removed due to cancer?

Doctors have no special expertise in ethics and are consequently no more qualified than the rest of us to answer questions of such nature. It thus comes as highly irregular that they should be made, even by default, the arbiters in this area. Simply being at the frontline of ART, does not make them qualified to answer the ethical questions at stake on our behalf. The JSOG might be an organization that works in the public interest, but, in the end, it is composed exclusively of doctors and there is no reason why the resolution to the questions above should be skewed towards their moral views. The Japanese society is pluralistic and so it only warrants, if a democratic approach to ART is to be taken, that the de facto monopoly that doctors hold over ART implementation is ended.

Beyond this need to open ART for input from the broader society, there is also the issue of securing the right to legal redress by patients who have been mistreated. As Pennings again observes, even though "doctors are always complaining that politicians are restricting their work too much without knowing how the practice works", this does not mean that they should be left to devise themselves the rules of clinical practice (2009: S17). The danger of doctors' self-governance, as Pennings points out, is that it naturally rarely includes punitive sanctions in cases of misbehavior or non-compliance, or even if it does these are minimal. Regardless of how low the number of ART plaintiffs in Japan is in practice, this does not absolve the legislature of the responsibility to enshrine the rights of patients in law. It is a matter of principle that such legal protections are provided and that respectful and good treatment of patients by doctors is not left to be a question of mercy by the latter. The basics of what patients are entitled to needs to be spelled out in law so that if it emerges that they are unhappy about their treatment, the courts, as a third, neutral party, could decide if any lines have indeed been trespassed and provide relief to the patient. To the extent that there is no formal ART legal framework in Japan, the state has left patients vulnerable *vis-à-vis* the doctors, as the courts do not have what they need to provide redress.

Finally, it could be said that it is in the interest of doctors themselves to have their obligations towards patients specified in law. Clearly, it is preferable and much more comforting from the point of view of a physician to have to rely on guidance for what their duties are towards patients that has been approved by the people's representatives in parliament, as opposed to their colleagues. The law carries legitimacy that goes much further than that of the opinions of professional societies and associations; the former is indeed recognized as the position of the majority in that particular society, and that carries an enormous weight. This is not to even mention that there might be multiple professional organizations' guidelines that could differ and clash in terms of what they recognize as acceptable practice. Whilst in Japan, as it was discussed above, it is the views of the JSOG that are generally sought and followed, there are a number of other similar organizations in the area of reproduction that issue guidelines – Japan Society for Fertility and Sterility, Japan Society for Reproductive Medicine, Japan Society for Fertility Preservation, the Japan Society for Human Genetics, to name just a few.

Conclusion

As I have argued in this article, however effective the regulatory infrastructure might be that guides obstetricians and gynecologists in Japan in their interactions with patients, it cannot be regarded a substitute for a formal legal statute. Leaving the doctors to serve as the adjudicators in matters relating to justice, equity and access to ART, the welfare of the resultant child, and even the safety of patients, is arbitrary. The responsibility to decide on such matters is perhaps not something that the doctors themselves want either, however sweet the position might seem, to some from aside, or to some of the doctors themselves indeed, of being able to yield such power. By not promulgating a law in this area, the Japanese legislators are, in effect, forcing doctors to play a policy-making role. It is indeed, often commented with regards to this long-standing legal vacuum in ART in Japan that it is due to "lazy politics (*seiji no taiman*)", as the legislators are loath to address questions on which there are so many different views and disagreements.

On this last point of legislating, it must be acknowledged that there is currently an initiative in Japanese parliament that might finally bring the end of the *status quo*. Indeed, a bill relating to ART procedures has for the first time passed the House of Representatives and, as of December 2020, is sitting in the House of Councilors. Even if it passes this last hurdle, however (and it must be said that there have been other bills in the past that have not made it through parliament), the bill in question seems to be very limited in scope, seeking mainly to clarify that the birth mother and the contracting father in cases of gamete donation are the legal parents. Whilst this move is commendable and the progress that the bill is making is encouraging, since most other areas of ART practice remain beyond its scope, its potential passage should be regarded merely as a first, modest step, and not the aim. All eyes must remain focused on whether the "lazy politics" will end.

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Bracing for the new normal or post-normal? Challenges and aspirations of indigenous parents for education of their children

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Abstract

The most affected sectors in the sudden shift of curriculum of the educational institutions in the Philippines due to the threat of Covid-19 pandemic are the poor and the indigenous peoples who are living in the hinterlands where access to basic services is still a challenge. As a result, indigenous parents are forced to get the modules of their children from the school and deliver the same after completing the learning tasks. These scenarios brought many challenges to the indigenous parents who are not well educated, and therefore, equipped, to assist the educational demands and requirements of their children. While they are battling on how to sustain the daily economic needs of their families, they are forced to spend time assisting their children in facing the educational struggles brought about by the pandemic. This paper discusses the challenges and aspiration of the indigenous parents in Davao del Sur. Forced by the circumstance and driven by their fervent hope that their children will finish schooling to be able to help them be emancipated from poverty; these parents have managed to double their time and effort to assist their children in ways they can, so that their children feel their presence and moral support in these challenging times. Though many of them had trouble in guiding and teaching their children, while at the same time attended to the economic survival of the family, they are still grateful because in some ways, and are also learning while guiding their children in their modular classes. However, these indigenous parents hope that schools will look for mechanisms to enable teachers to be physically present and to teach their children face to face accompanied with the proper health protocols. In addition, they hope that things will go back to normal or the usual way of educating their children because they feel that their children learn best when there is physical presence of teachers in terms of delivering the modality of teaching and classroom instructions. Is this the new normal that they are really aspiring for? Or shall they be more concerned with the coming of a post-normal?

Introduction

Even before Covid-19 hit the country and practically changed people's normal way of life and education of children, indigenous education was already ineffective for many years in the Philippines. There were many attempts to revise the curriculum to make it more culturally significant and responsive to the indigenous people, but these changes are still anchored on an attempt by the elite and the powerful to continue the normal way, meaning, to retain the status quo in the way educational institutions are being administered which includes the curriculum implementation in general. According to Maboloc (2020), there is still domination in the education of the country because the educational system is still elitist, and it is primarily geared towards the satisfaction of the demands of the globalized economy. Thus, there is not much that has changed in the educational system in the country.

Since Covid-19 struck the world and the Philippines in particular, many things have changed. In the education sector, schools were forced to go on-line, modular or a combination of both, to be able to continue the education of children. will this change in curriculum implementation result in change of the aim and purpose of education in the country? This has yet to be seen. What is obvious now is that in whatever mode of curriculum implementation that the Philippine educational system would adopt, the indigenous peoples are always left behind. Will there be new normal for them? Or shall they be more concerned of the post-normal in education?

Maboloc (2020) argues that the term new normal is kind of linguistic tool used by the government and policy makers to condition the people that things will never be the same as they were before; thus, a new standard of life and of doing things will have to be followed. Although Maboloc says that the new normal will require people to let go of certain comforts, this might be applicable to those who have been living in the comforts and luxuries of their status and positions in society. But for the IPs who have been battling with poverty, discrimination, and the gradual loss of their lands to corporate actors, their life has been and is still in misery. Maboloc (2020) further says that what might be needed is a paradigm shift in the post-normal way of life. Speaking of the possibility that powerful interests might still dictate the way things must be done in our life and even in the educational system, Maboloc hopes that a "*post-pandemic world must consider not only the comfort zones of people but must also attempt to alter the unjust systems and unfair power relations*" (Maboloc, 2020:439).

With this philosophical frame in mind and with the actual scenarios in the lives of the indigenous peoples in the ground, this paper focuses on the experiences and struggles of the *Blaan* parents in Davao del Sur vis-à-vis the on-line and modular mode of education of their children. Furthermore, this paper will also discuss the aspirations and hopes of the *B'laan* parents about the education of their children. Finally, using critical analysis, this paper will end with the discussion on what should be or what might be the things that the *B'laans* hope and dream for in the education of their children.

One of the directives of the Republic Act 8317 or the Indigenous Peoples Rights Acts (IPRA) is to provide an inclusive system of education appropriate to the needs of the youths of Indigenous Cultural Communities (ICCs)/ Indigenous Peoples (IPs). Unfortunately, policy crafting and implementation relative to these commitments are painstaking. Despite the presence of IPRA law, the policies and regulations that shall cover the indigenous peoples' education were not given direct and fast action for an operative implementation. It is the hope of the IP parents to further the education and learning of their children. However, apart from the challenging and demanding transition brought about by the pandemic, these IP students also continuously experience discrimination from teachers, students, and schools due to ethnicity (Bayod, 2019). Discrimination from peers and classmates were also condoned and not reprimanded. School systems' policy like mandatory wearing uniform and shoes becomes additional burden to the financial capacity of most indigenous families. Indigenous students were also labelled slow learners due to differences in the language and context learned in the community compared to the context learned and taught in the formal school (Andrada, Magalona & Evangelista, 2020). As such, while IP parents have already been burdened by the sudden shift in the modality of learning, there are other factors which at some point demotivate them to send their children to school.

This study aims to gather firsthand data from the *B'laan* parents about the modular and on-line education that the DepEd and other schools have been implementing for the education of their children. Primary data are important in the evaluation as well as crafting of education programs and policies during the pandemic and even in the post-pandemic education of the IPs. We want to help the government and Department of Education (DepEd) in their quest to provide quality and meaningful learning to the students. While there are different initiatives as well as budget being released by the government to help the Department of Education to procure the needed materials to continue the education of children, we would like to know how these initiatives and budgets have been implemented in the far-flung areas, especially in the indigenous communities. In fact, some schools have been requiring their parents to give monthly dues or contribution for the purchase of bond papers and ink. Some teachers have also been soliciting for these materials in their Facebook accounts (Bayod, & Bayod, 2020).

To be able to gather the important data, we asked twelve *B'laan* parents who consented to participate in the study, the following questions:

1) What is your assessment or evaluation on the Alternative Delivery Mode (ADM) of education that DepEd and other schools have implemented?
2) While the system is still on-going, what is your suggestion and hope that the DepEd and other schools will consider doing?
3) What is you dream for the future of your children?

Methods

We used individual interviews with our participants. Four of the 12 participants were interviewed on-line. Eight participants were interviewed face-to-face by our co-researcher in this study who is assigned in the school of the far-flung area where most of the population are *B'laans*. The interviews were then transcribed, and then analyzed using thematic and content analysis which are the most used data analysis technique in qualitative study. Furthermore, we also used critical analysis to argue on our claim that the *Bl'aans* or the IPs in general should not be concerned with the coming of the new normal with its imposition of new standards and rules which might be detrimental to their struggle for self-autonomy in their ancestral domain. Rather than hoping for the new normal or to go back to the usual way of education of their children, indigenous peoples should be more hopeful for the coming of the post-normal world where justice, equality and recognition of human decency and dignity is not based on people's status and positions of society. Readers may request for the original language transcripts of the quotations presented here.

Results and Discussion

B'laan parents' take on modular classes

It is now four to five months since the start of the modular classes that Department of Education (DepEd) has implemented. Since parents have much bigger role as regards to this new mode of learning (Bayod, C. & Bayod, R., 2020), we asked them about their assessment on the modular classes. Many of them shared their positive and negative assessment of the way the modular classes are being implemented in their locality. As to the negative assessment, they shared that there is *difficulty in understanding the lesson* on the part of their children and to the parents. They also said that in modular classes, there is *insufficient learning* because of so many reasons. Lastly, they shared that modular classes had resulted in *disruption of their daily works*. However, on the positive side, they also shared that they have also *learned something while guiding their children* to learn the lessons.

Difficulty in understanding the lesson. In the study of Bayod & Morante (2020) on the fear and hope of *B'laan* learners in Davao del Sur as regards to education in the new normal, they found out that one of the fears of the *B'laan* learners is on how they can really learn considering that there will be no teachers to teach them physically. B'laan learners shared that they had trouble in understanding lesson during face-to-face classes when there are teachers who can really teach them, how much more if there are no more teachers who will physically teach and guide them. This fear was confirmed by *B'laan* parents in this present study. Expressing her struggle every time her children ask her about their lessons, a *B'laan* mother who has three children studying in the elementary level had these words: *"It is very difficult because there are lots of lessons I cannot understand. I also cannot understand my answers. It is better if they can see their teachers face to face because we can ask them to give examples. It is different if there is no teacher, I really cannot understand…their lesson is for high school and I haven't even reached high school."*

This was supported by another parent in saying: *"To be honest, I really have difficulty with the modules because I am unschooled*". This was also confirmed by another parent when she says: *"It is very difficult because I lack education. It is all right if I am well educated and this has become my problem. The modules piled up, because when I tell my children there are new modules, I have another child who cannot sustain reading*".

Most of the parents found the lessons in the modules difficult to understand because they are less educated. Many of them only reached elementary level in their education. Another parent says: *"there are some topics that we really cannot understand, because we are not that educated. In fact, I am only an elementary graduate. My children have difficulty, and they really cannot understand and I cannot personally teach them.*"

They shared that the lessons in the module were difficult to understand not only for them but also for their children. A *B'laan* father says: *"It is really very difficult, I cannot understand. I am only up to Grade 4, so how can I teach my child. I cannot understand English. Every time my child asks me questions; I cannot give an answer. Even a graduating student finds it difficult.*"

The difficulty in understanding the lessons is exacerbated since modules are written in English and examples are detached from the culture and daily life experiences of the *B'laans*. While in some Divisions, they have one subject for grades 1-3 which is called a Mother Tongue Based -Multi-Lingual Education (MTB-MLE), not all schools have faithfully implemented this since they lack teachers who know the local language and thus, they are not capable of teaching. In the higher grades, there is no more MTB-MLE subject. Hence, the IPs are forced to follow the standardized curriculum which is patterned from the West and imposed by elite leaders in the education sector. Western notions of education were regarded as superior that is why they have been implemented with presumed supremacy while indigenous epistemology and belief systems were considered by Western educators to be deficient (Campeau & Makokis, 2003).

The situation of the IPs regarding their education is reflective of the reality of social, political, and economic exclusion in the county (Maboloc, 2020). While there had been many curricular reforms in the country's educational system, miseducation of Filipinos according to Constantino (1996) persists because education is still about speaking, thinking and writing well in English. The recently legalized Republic Act 10533 or Enhanced Basic Education Act of 2013 includes a basic education curriculum that is inclusive and developmentally appropriate, relevant, culture-sensitive, contextualized, and flexible (DepEd Order No. 43, 2. 2013). The act mandates and allows schools to localize and indigenize the curricula based on their educational and social context within the national competencies required in formal and non-formal education for all learners regardless of socioeconomic and cultural backgrounds. While there were policies intended solely for the IP students to direct them in their much specified and tailored curriculum to address their educational requirements which may in turn facilitate learning and comprehension among them, they are not yet fully operational in many schools. In addition, this initiative was not wholeheartedly embraced by the IPs because they were not consulted in the crafting of these policies and programs. These policies and programs have been made by elite leaders. While some of them might have studied the culture and traditions of the IPs, they are not IP themselves, and therefore they cannot totally grasp the real needs and aspirations of the IPs. However, educational leaders who have initiated these programs and policies may have had the intention of providing relevant and meaningful education for the IPs.

Insufficient learning. *B'laan* parents in this study said that the on-line and/or modular classes resulted in insufficient learning among their children. They have pointed out many reasons like the lessons are difficult and that they do not have the educated persons to teach and guide their children, and they do not have gadgets to surf the internet to supplement their modules. Aside from the gadgets, they do not have access to the internet because of their location. In addition, some of them said that since the modules contain the answer key, they were sometimes tempted to copy the answer key and do not labor hard to read and study the lessons. Thus, there is insufficiency in learning. For instance, one parent says: *"An answer key is provided at the back, so we just copy not even knowing what is meant by what is written. That's why whoever understands should be the one to read because I don't know how to translate it, however, no one understands because the lesson is difficult." B'laan* parents really wanted their children to learn. If they can help to let them understand the lessons, they will really do it. They got disappointed when their children just copied the answer key and let other people answer the modules too. Another parent says: *"What makes modular discouraging is because some let other people answer it, and so they will not learn at all. They just submit for compliance to the teacher, but the question is, have they learned something?*"

Speaking of the modular classes and the lack of gadget that will help their children in answering the lessons, a parent shares her sentiment: *"For me, module is a bit inconvenient to the children because their learning is not complete on that. My senior high school student has this* *problem because there are times their teacher tells them to get the module in Digos, and to think it is very far from Matanao…now what makes it even more difficult is that my child doesn't have a cellphone to be used for research in her lessons because there are instructions that need search the internet."*

Another parent, a *B'laan* father shares his observation as regards to the modular classes: *"The modules nowadays are okey because children will just work on it at home, and they are safe from covid. Our point is that it is difficult to understand especially if there is no internet connection at home, so they really need to drop a peso in a peso net. They cannot go online because they have no money. Previously as students, they needed only their allowance. I don't have my own wifi, so I drop peso coins in a peso net. I am spending for wifi"*.

The claims of the *B'laan* parents that in modular classes, there is insufficiency in learning because the lessons are difficult and that they do not have the right persons and things to assist their children in learning are valid. Even in face-to face classes, most have low self-confidence to take advantage of the different classroom activities and learning tasks. They feel inferior in so many ways in front of their teachers and their classmates who are coming from the lowland. Most of them experienced bullying in schools without protection from those who are supposed to protect them such as school and community leaders (Bayod, 2019). As enunciated in their paper, Galindo, Reginio, Liguid, Sancon and Advincula (2018) believed that financial capacity, marginalization, and fear of being discriminated, oftentimes verbally, hinder IPs from achieving their full academic potential. These factors add up to the IP parents' difficulty in coping with their feeling of inadequacy with the modular classes. While a lot of their children may have the intellectual capacities to understand the lessons and complete the given learning tasks, there is fear of being rejected and not attended to, and there is financial constraint. In addition, they experienced confusion as to the right person to approach for assistance. In the case of their parents, they also experienced the same. Aside from the fact that they do not have the intellectual capacities to help their children in their modular classes, their feeling of ineptitude has exacerbated their experiences and conviction that in modular classes, there is insufficiency in learning because as parents, they cannot assist and guide their children in their academic journey.

Disruption of their daily works*.* Another theme that emerged from the narrative of the participants is that the modular classes have resulted in the disruptions of daily works. A *B'laan* father said: *"I find module difficult, and it disrupts my work. Instead of me going to the farm, I could no longer go because I study to help my child and majority of the modules I do not know how to answer even if it is for elementary level. I find it really difficult. It also delays work".*

Talking on how the modular classes disrupted their daily works in the farm, here are the words of the the B'laan couple: "*We both agreed that if we cannot understand the module, we might as well have the option to return it even if there are no answers. I would prefer that the teacher shall be the one to teach because we cannot sustain, and we could no longer work in our farm and we* have *no food to eat because we only rely on our farm income for living. I could no longer help my husband because I always look after the children. If we just let them be, they cannot absorb it, they will just keep on playing. I feel so worried. There was even a time that they really cannot understand, I returned it. Our daughter eventually gave up."*

Another *B'laan* parent shares her struggles as regards to the system surrounding the modular classes: *"What is tiresome about this modular is in getting a copy and submission. I have two students and it is difficult for me. It is a lot better if in a week I only need to get module at least once. But we get it by section, so parents are burdened. Other parents have four students, so they need to travel four times also. The fare is Php100 back and forth, so we spend Php400 in just one week."*

For the IPs whose daily work is in the farm and sometimes the farms are located a bit far from their houses, it is difficult to suspend works in the farm to be able to guide their children in modular classes. While they are willing to sacrifice a day or two in their farm works to be with their children in their on-line or modular classes, they also cannot maximize their presence in terms of helping their children because they are not knowledgeable enough of the lessons which are mostly written in English. In addition, long disruption of their works in the farm will have significant impact on their economic survival. Thus, the modular classes of their children which requires their attention, help and supervision has resulted in disruption of their farm work. Because they would like that their children continue to study, some of them have devised a strategy to take turns in attending to the needs of their children while they are on modular classes so that their partner can still continue with the farm work which is the source of their livelihood.

Since most of the Filipinos, and especially, the IPs have strong family ties, the presence of the members of the family, especially, the parents, have significant contribution to the educational journey of the children. Based on the Sandfield Day Nursery (2020), children learn best when they have opportunities to interact with their environment particularly with their parents who are very important to their children's external influence. A child learns best when he or she gets full support by the parents. In the case of the IP parents, aside from not being able to assist their children full time due to farm work, they are also struggling in terms of understanding the content of the modules. They are torn between priorities that are both important in the aspect of their childrens's' lives. Along with Piaget's theory was the theory on mentoring by Lyv Vygotsky from the research conducted by Mcleod (2028), which cited that children's interaction with their family members in the community is so essential for their learning and development since their first learning takes place from them as internal factor and society as the external environment. This statement proves that the support of parents on their children's school outcomes is expected. It is undeniable that the support is there, however, IP parents are limited in teaching their children because they lack knowledge on how to deal with the lessons presented in the modules at the same time, they are struggling with managing their time and priorities which are both important to them. The study of Cuartero-Enteria & Tagyam (2020) concluded that despite their educational background and economic status, IP parents are aware of their role as parents, but they are not fully responsive on the responsibility behind shaping the future of their children. IP parents have faced dilemmas in terms of priorities, whereby, they want to fully support the academic performance of their children, but they also need to exert more effort for their living and survival.

Learned something while guiding their children. On the positive note, some of the *B'laan* parents shared that despite a lot of struggles and difficulties, they discovered something positive - they learned together with their children in the modular classes. This is captured by the words of a B'laan mother who said that at first she really found it difficult considering that she is just an elementary graduate but later on, despite disruption of works and lots of struggle she is also happy because she learned something: *"I find it difficult, and it also disrupts my work, but I am happy because I learn something. As I am involved, I learn. However, in all the modules, if I do not know I will have to skip and then I let my other child explain to the younger sibling. I honestly learn although I am up to elementary level only, I feel I can reach second year level, but I still find difficulty answering. I even find it funny because in my mind I am using the dialect and then I realized I need to use Tagalog or English language in answering, I find that difficult that's why I call on for help from our neighbor on how to translate into Tagalog or English of a particular term."*

This was also supported by a parent when she narrates here experiences in guiding her child in the modular classes: *"What I found out about module is that at first I really find it difficult but later as we approached on our second week of involvement, we are also learning as we read together with our children, they also follow through what we are reading. I also commit mistake at times in the answers. Sometimes my child tells me, Ma, our answer is not correct. We both learn. I read and my child follows through what I am reading that is why sometimes we tend to shout with each other because we are actually reading. For Filipino subject we have no problem but with English subject, that is what makes it difficult for me sometimes because my child is not a fluent reader because no matter how many times I keep repeating, it becomes a struggle but eventually as we are doing it often, my child improves her reading in English."*

Despite difficulty, the modular classes allowed the parents to learn. Maybe, if they have the choice, they will continue to study and learn the lesson in the module but they are caught up with daily farm works for economic survival to the point that most of them said that the modular classes have resulted in the disruption of their works. But should they be given the chance to study and not worry on their daily economic survival, some of them might enroll in modular classes, too. When IPs are educated, their mindset and worldview will also be broadened. However, if the education they receive is not culture sensitive, this might have negative effect to their overall cultural survival. During this time of crisis, we believe that there is much to learn from the indigenous communities. Indigenous knowledge about nature and science generally differs from the traditional and dominant Western modern view of science in research and technical applications (Nakashima & Roué 2002; Iaccarino 2003; Mazzocchi 2006). It provides an alternative perspective on nature and human in nature on its own right (Murfin 1994; Ogawa 1995) and therefore becomes authentic to persons having an indigenous background. It is also interesting that similar ideas to the local wisdom of indigenous science exist in Eastern spiritual thinking and alternative Western thinking. Such ideas are relevant to intercultural and intergenerational understanding and respect (Brayboy & Maughan 2009; Hatcher et al. 2009; de Beer &Whitlock 2009).

The post normal world might also be characterized by a kind of atmosphere where the indigenous peoples might be given the space and opportunity to share their lives and teach and the mainstream community. According to Hiwasaki et al. (2015), connecting local-indigenous knowledge with science-based knowledge has helped others in dealing with changing conflicts and disasters. More importantly, inclusive integration of knowledge serves a vital part in the transmission and continuation of indigenous knowledge to the generations to come. The IPs knowledge and practices should be acknowledged as integral to crafting of development agendas. The mainstream can also learn from their traditional methods which are still very useful in today's highly technological environment. A culture of sharing of skills, knowledge and practices must be promoted in a post normal world. In this culture of sharing and dialogue, IP gurus, Shamans, Baylans, elders and their leaders may educate the mainstream population because they have so much to offer for the betterment of this world. This should be the characteristic of a post normal world. As discussed by Cuaton & Su (2020), non-indigenous peoples, local communities, and scholars can benefit from the local indigenous knowledge and practices of indigenous peoples. One of the core elements of the concept lies in the continuity and succession of such knowledge and practice that evolves over time, acquired through years of experiences of local people and passed on from generation to generation (Sin & Mansson, 2017).

B'laan parents' suggestions to DepEd on modular classes

B'laan parents acknowledged that modular classes will continue to be implemented by the DepEd for this year but they have suggestions for the DepEd and the schools to consider *going back to face-to-face classes even once a week or simply having by batch of students*, then if modular classes will really be the option, they have suggestion that *modules* *should be complete with all examples in printed materials* and *improve the system of module distribution.*

For the B'laan parents, since they cannot sufficiently guide and teach their children during modular classes, they hope that the DepEd and the schools will consider conducting face-to-face classes even once a week and with a smaller number of students by batch. For example, one B'laan parent shares: *"Because module is difficult, I should suggest that, if possible teachers will get at least three students in a single day and the next day another batch of students so they can just come and visit the homes or schools of these students. Module is fine if a child knows how to read but for those who are non-readers, they will find it difficult and with the parents who are non-readers."*

This is also supported by another B'laan parent when she says: *"It is hoped that teachers will teach face to face at least once a week. It is hoped that teachers will come back in teaching the students because we cannot do it."*

Another parent also shares: *"my request is to go back to the ways on face-to-face teaching with our children. If they allow our children to go to school, I will allow my child to come because I cannot do the task. I am fine with every morning classes only. There are times I am confused. Our problem is the signal while we do internet search. We borrow and share cellphones …"*

B'laan parents have a suggestion that teachers may schedule face-to-face classes to the students even once a week and with smaller number of students so that they their children will really learn. This is because they cannot fully guide their children during modular classes. These parents really wanted to be involved with the schooling of their children that is why they have humble suggestion to the school authorities. The mere fact that they acknowledge their limitations in terms of fully assisting their children in their academic journey and their suggestion is an indication of their desire to be involved with the education of their children. According to Greenman et al. (2011), parental academic involvement has a strong effect on children living in disadvantaged localities. Parental interest in their offspring's studies may in fact have shielding effects on academic achievement brought about by deprivation. It camouflages the effect of a range of risk involving factors, low socio-economic position, psychological and physiological stress, negative emotions. With these thoughts and ideals, IP parents need to get by with the challenges brought about by the pandemic in terms of educational set-up. It is true that they are limited in terms of assisting their children in their academic endeavors but perhaps given the proper intervention, they will be encouraged and motivated to cope with the educational and academic transitions of the new normal.

Since most of them do not have gadgets such as cellphone and laptops and do not have internet signal/ connection in their houses, they suggest that if modular classes will continue, *the modules must be complete with all examples and in printed form so that they will not have to face another problem of searching the net* and that means, going down the towns and internet cafes for the internet signal. This was captured by the empathic sharing of one parent: *"Is it true that ink is used for printing the modules? They should be the one to provide for that instead of asking an amount from us to buy bond paper every month. It is like this, in our case, our income is every four months so if we give our monthly share, where do we get that money? that is the reality. One rim costs Php 200. DepEd should provide ink, bond paper and other needs of the children in school. My suggestion is that the modules should be complete instead of asking us to print as we need it so our children are again compelled to go to internet cafes. The face to face and modular way of teaching are really very different. For face-to-face classes teachers will really explain to the students about the lesson, right? But on the module, we learn and understand by ourselves. I find it hard to read especially if texts are small letters."*

This parent is not only talking about the complete module but also the free materials and that they should not be obliged to pay or contribute something for the bond papers. This is something that the DepEd should address. They must make sure how to minimize the modules without jeopardizing important learning competencies so that they do not have to spend huge amount of money for the printing of these materials. Although the public-school system in the Philippines offers free tuition until high school, many public schools have shown poor outcomes in national and international assessments compared to private schools (Yap, 2011). IP parents are concerned about contents of the module to facilitate learning and about the cost it incurs in printing the modules. It is a fact that extreme poverty limits families' choices in terms of sending their children to school. Many low-income families enroll their children in public schools, despite its academic reputation, for subsidized education (Maligalig, et al. 2010).

Improve the system of module distribution. *B'laan* parents, especially those living in the mountains have another suggestion, and that is, the improvement of the system of the module distribution. While it is alright for them that they will be the one to get the modules and return the modules, they suggested that an improvement in the system should be addressed like only once a week distribution and submission of modules and then all the modules from Kinder to Grades 12 should be given all at once. This concern is captured by the sharing of this parent: *"What is tiresome about this modular is getting a copy and submission. I have two students and it is difficult for me. It is a lot better if in a week I only need to get module at least once. But we get it by section, so parents are burdened. The fare is Php100 back and forth, so we spend Php400 in just one week. My suggestion is that if only we can get the modules one time per grade level. One teacher in fact, does not come to school if it is not his schedule of duty. So, we depend on his schedule. I hope they find ways so we can get modules all at once."*

They are suggesting that if it is okay, the school will make a system that complete modules will be given all at once. In addition, since the IPs are practicing a communal way of life (Bayod, 2018), it's not an issue for them if some parents will get the modules of another child. In fact, they are suggesting that the school will accept a kind of community representative who will get all the modules for their children for the week and then submit these modules also the following week.

Considering that some students come from families that depend on farming and small-scale businesses, issues of school fees are likely to emerge as limiting factors for these children to go back to school. Families are unable to conduct their businesses normally due to COVID-19 and their financial base is being depleted every day. This is being seen as a potential threat to their capacity to pay school fees for their children. While in developed countries with readily available resources, the pandemic has presented opportunities for transitioning to using eLearning platforms in schools and higher learning institutions (Toquero, 2020), for many developing countries whose educational sectors are suffering from inadequate teaching and learning materials, lack of e-learning facilities due to inadequate funding, effects of COVID-19 have so far had a negative impact on learners (Sintema, 2020). This is true most especially to IP parents. Their utmost priority is how to get by with their basic needs, but they have the aspiration of sending their kids to school and yet, with limited support, they might be forced to give up education. It is more on survival than continuing to embrace the modular lesson which to them is an added burden financially, physically, and intellectually.

B'laan parents' dreams for the future of their children

Despite a lot of challenges and difficulties, B'laan parents continue to dream that their children will *continue to study* and *finish their schooling* because for them the education of their children is one of the means that they will be emancipated from poverty. Because of this they dream that the *Covid-19 will disappear* so they can go back to the normal way of life.

All of them wanted that their *children to continue to study*. One parent shares her firm decision to let her children continue to study in the midst of Covid-19 threat: *"Amidst Covid, amidst difficulty, and amidst the trials we encountered, I want my children to pursue their education. There are others who started to give up and stop learning. Others would say they cannot learn anything because it is the parents, sisters, relatives who are teachers. Some would even say they will not learn anything from it. But in my case, I do not answer my child's module because that is their responsibility. I don't discourage them, instead I encourage them that amidst the difficulty, they will have to strive hard. I thought of time and effort lost if they stop schooling because I believe it will not be like this all the time."*

Another parent also shares: *"My dream for my children is for them to continue learning. Hoping that the teachers will also not give up."*

Despite all odds, B'laan parents really value the education of their children and that they really wanted that their children to continue to study. While they have suggestions for the DepEd to consider, they are still willing to follow the decision of the DepEd in order that their children continue to be admitted in school. While this result supports Vygotsky's socio-cultural theory that teachers and parents' partnership should go hand in hand for close monitoring of the students' educational accomplishments, a word of caution should be taken into consideration here because the vulnerable and uneducated IPs are an easy prey for exploitation and control by the powerful. Thus, capability building for IP parents is still necessary not only to further enhance their awareness on their important role to support and provide guidance to their children (Cuartero-Enteria & Tagyam, 2020) but also on their crucial role to monitor the kind of education given to their children by the mainstream educational institutions. These IP parents are concerned with the educational welfare of their children and that while they trust the school to administer and facilitate the educational processes for their children, they also need to be vigilant to the different inputs imposed and given by the school to the curious and docile minds of their children.

The main reason that B'laan parents wanted their children to continue their study is because they have the hope that their children will soon finish their studies and have stable job so that they can help their families. A very supportive B'laan father has these words to say: *"my dream is for my children to finish their studies and the course they wish to pursue. They should continue their studies and not to hurry and marry yet so that they will not have a hard-up life and they can help us in the future."*

In a similar way, a supportive mother also shares her dream for their children: "*My dream for my children is for them to finish their studies, and that they will not be like us in* this similar situation, I want them to really finish school…." Another parent also shares*, "I only have one dream for my children, for them to finish their studies. That is their key to get away from poverty."*

The B'laan parents are willing to really sacrifice many things for the sake of the education of their children. They really wanted that their children to finish their studies and achieve their desired course/dream in life. They also hope that they will not forget them if they have already stable job in the future. The IP parents are motivated by perseverance which refers to the acceptance of difficulties and challenges in life. They were able to develop coping mechanisms in dealing with the struggles. They saw education as an opportunity for growth and personal enhancement. The outlook of the participants to acquire education paved way to a better life for themselves and for their family. The struggles faced by the participants made them inferior at first, yet it catalyzed their determination to achieve their goal (Galindo et al., 2013). The result of this study showed how IP parents had given importance to education, for they believe that it will serve as their deliverance from the constant discrimination against them. They believe that getting a diploma will liberate them from extreme poverty and this shall also pave the way to helping others to their fellow IPs as a means of giving back once they become successful.

For the beautiful future of their children, B'laan parents also hope that *Covid-19 will soon disappear* so that things will go back to normal especially as regards the education of their children. This was captured by one parent when she says: *"My dream for my children is for them to have a continuous education. Second this pandemic shall come to pass so that they can go back to face-to-face classes. Just as we are, we hope to have healthy life. It is my dream that my kids sincerely go to school and keep them away from sickness because life in the mountain is difficult."*

Another parent also shares his hope that the Covid-19 will soon disappear: *"it is my hope and prayer that Covid shall come to an end so my kids can go back to face to face classes and we no longer worry about our child while in school because we are in the mountain most of the time attending to our farm."*

It is clear that the B'laan parents hope that the Covid-19 will disappear, and things will go back to normal especially in relation to the education of their children. But what is the normal course of education for their children that they are hoping for? Does this mean that they are bound to accept the fact that there will be no genuine IP education in the country? Are they content to accept that education in the country is still elitist and that this will have significant impact to the values and belief systems of their children in the future? Are they prepared for these consequences to happen?

Findings in the study of Garcia and de Guzman (2020) point to low-income Filipino parents' conceptualizations of involvement to support their children's schooling and an indication regarding their desire to support their children's success despite the many challenges they face given their circumstances. Recent linkages with the Department of Education have led to conflict over control of the school, leading the tribe to fear the loss of their identity. Other linkages are currently being established for the survival and further development of the school. Administrators and educators can capitalize upon their notions and desires by helping their children develop strategies that fit within parents' beliefs. By starting with these culturally informed categories of involvement, strategies may be more relevant and meaningful for parents in this specific context (Garcia & de Guzman, 2020).

Conclusion

It is undeniable that indigenous peoples (IPs) belong to the marginalized group for their unique ways of living, practices, beliefs, and physical characteristics. While these group of people live their lives in the hinterlands, the IP parents, particularly the B'laans of Davao del Sur have hopes and dreams for their children to be educated. They believe that education liberates them from extreme poverty so they may live a life free from subjugation and discrimination. With the outbreak of the Covid19 pandemic, there are among the marginalized group that are largely affected most especially in sending their children to school. While the IPs are willing to embrace the new normal where there are new protocols, they are also subjected to the new apparatus of control by the powerful on the powerless in the aspect of educating their children. It might be good that they will brace and hope for the post-normal where there is true recognition of their unique identity and culture and equality of opportunity in all aspects in the education of their children. The post-normal situation may also mean, genuine participation of the IPs in the crafting of programs and policies affecting their life and identity as well as the very source of their life and identity – their ancestral domains. Hopefully, the COVID-19 crisis will evoke a kind of metanoia to the leaders and policy makers of this country to come up with radical decision that will cater to the interests of all, especially the marginalized IPs.

Since, they have been ignored and abused, many of them become docile. That is why instead of talking about post normal, they are just content of the new normal. Hence, they have a humble suggestion to the DepEd to go face to face classes even if there will be modification of this scheme. In their minds, the modification might be once a week of only half day. But surely, the IPs will be very happy if there will be a dawning of the post- normal. It will happen if the leaders of this country will faithfully adhere to the 1987 Philippine Constitution, Article XIV Section 17 which states that the State shall recognize, respect, and protect the rights of indigenous cultural communities to preserve and develop their cultures, traditions, and institutions. It shall consider these rights in the formulation of national plans and policies which was reinforced by the IPRA law in the 1987 Constitution's mandate that the State should craft a policy "*to recognize and promote the rights of indigenous peoples within the framework of national unity and development*" and "*to protect the rights of indigenous cultural communities to their ancestral lands to ensure their economic, social and cultural well-being*" (Asian Development Bank 2002: 13). The Department of Education could also provide more autonomy to its regional offices to collaborate with indigenous groups in curriculum formulation. At present, curriculum content and formulation are too centralized. The IPs hope is that these groups of people will genuinely recognize their present plight so that they will intervene to provide what they currently need in this time of pandemic.

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Global ethics and the right to universal access to COVID-19 vaccines

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Abstract

Universal access to Covid-19 vaccines is a global issue. By universal access, we mean the need to equalize rather than optimize the distribution of the vaccines. We argue that such is a matter that concerns social justice. Medical ethics presupposes the justice principle, but we need to understand other ethical questions. We present the concept of entitlement and human rights with respect to public goods of which vaccines are a part. Liberalism puts as a matter of priority equal respect for the moral worth of persons. The duty of the state, in this way, is to protect the well-being of everyone. But given the uneven structures in the world, the challenge is to ensure that the global poor will not be left behind when it comes to the vaccines.

The coronavirus outbreak

There are hundreds of different coronaviruses in animals and it is a rare occurrence that they infect humans. Over the last two decades, there have been three highly pathogenic and lethal human coronaviruses, namely SARS-CoV, MERS-CoV and SARS-CoV-2. In February of 2003, Severe Acute Respiratory Syndrome (SARS), a zoonotic virus transmitted from civet cats to humans, was first reported in Asia and quickly spread to 26 countries, resulting in more than 8,000 infections. The first novel coronavirus of the 21st century was contained shortly after China's latest SARS outbreak on May 18, 2004.

Almost a decade later, Middle East Respiratory Syndrome (MERS), a zoonotic virus transmitted to humans from dromedary camels, emerged and was first reported in Saudi Arabia in September 2012. Affecting 27 counties, roughly 35% of reported patients with MERS-CoV have died. The virus however does not seem to pass easily from person to person unless there is close contact. Today, the world faces the third novel coronavirus of the century known as SARS-CoV-2, which causes the coronavirus disease 2019 (Covid-19). The novel coronavirus came from China on December 1, 2019 and was declared a pandemic by the World Health Organization (2021a) on March 11, 2020.

Pandemics undoubtedly create a global health crisis resulting in social, political, and economic disruptions. The challenge that the Covid-19 pandemic presents to public health is unprecedented. But affirmative actions to combat pandemics are possible. Looking back, the predecessor of Covid-19 was dramatically contained through the medical intervention of vaccination. SARS was effectively contained in mid-2003 by isolating active cases and by means of extensive contact tracing.

SARS and Covid-19 can spread by respiratory droplets. Both have similar stability in the air and on various surfaces. They also have similar at-risk groups and can lead to serious illnesses. The Covid-19 mortality rate is around 2 to 4 percent, while SARS was about 10 percent. The ability of the virus to spread is also a key in understanding their virulence. The basic reproductive rate for SARS outbreak was estimated to be between 2.0 and 3.0 in its early months and soon reduced to 1.1 (Castillo-Chavez et al. 2004). To date, an average of 2.5 basic reproductive rate for Covid-19 has been estimated (Wu et al. 2020).

Covid-19 is less deadly but is far more transmissible than the previous human coronaviruses. This means using a similar strategy to SARS will not suffice to control and contain the virus especially because of the increasing rate of transmission from asymptomatic people. The kinetics of virus shedding between human coronaviruses also differ significantly. A study in Hong Kong (To et al. 2020) confirmed by a study in China (Wang & Chang 2020), suggests that Covid-19 obtained samples from swab tests have high viral loads after hospital admission, while SARS-CoV viral loads peak at 6-11 days after symptoms persist, allowing a full extra week to isolate cases before any transmission.

The foregoing findings from the latest literature indicate the urgency of vaccinations for people to be able to return safely to work and school. Without the vaccines, international travel will be difficult while borders might remain closed due to the high risk of infection and the consequent danger to public health. It is in this regard that universal access to the vaccines must be ensured globally. Without it, poor and powerless nations will find it hard to re-open their economies, thus exacerbating global poverty. But above all else, everyone has the right to human well-being. It is a right that must be protected based on equal dignity of persons.

Access to Covid-19 vaccines as a fundamental right

Rights are primarily rooted in persons (Nozick 1974). While the status of rights can be grounded in both procedural and substantive aspects, rights are constitutive of the value of one's humanity. Such is the nature of human rights. Amartya Sen (1999) argues that rights are goal oriented. They should contribute to the real growth of human persons. But at this time of the Covid-19 pandemic, global institutions and politicians have been consequentialist in their approaches. Vaccines are not supposed to be politicized. But since countries and states protect their interests, politics plays a role when it comes to access and prioritization.

An emerging issue is disparity in terms of the percentage of people vaccinated if we look at the demographics. In the United States, this is a particular issue, considering that noticeably members of African American communities are way behind compared to others. In rich or middle-class suburbs, more have been vaccinated compared to places with predominantly minority residents. The idea is not only to optimize the goal of achieving targets, but also to equalize the access to vaccines by people. The right to be vaccinated, hence, concerns a question of justice. The Rawlsian principle of equal distribution is quite operative in this case (See Rawls 1971). The Covid-19 pandemic displays an unprecedented trajectory, hence, the urgent need for a medical intervention of vaccination is defensible.

Infectious diseases do not respect international borders. In this way, universal access to vaccines against Covid-19 should not be impeded. Yet, an obvious emphasis on economic efficiency glorifies utility, but neglects the fundamental freedoms and primordial rights of people. Sen (2009) maintains that market outcomes and government actions should be realized in terms of valuable human ends, including human well-being. But the priority of global leaders is a return to the business-as-usual attitude which reflects no real difference to the unjust ways of the past where global cooperation is secondary to profit making.

The World Health Organization (2021b) predicts that the pandemic will put tens of millions of people into extreme poverty, while the number of undernourished people will increase to 822 million from 690 million. This means that poverty and inequality will persist post-pandemic. Human development is stunted by Covid-19. With globalization coming to a sudden halt, human development programs have been severely affected by the lack of funds. It should be noted, however, that globalization has stepped on its brakes due to the financial crisis of 2008 and trade wars between US and China.

The Covax Facility of the WHO, which funds the purchase of the vaccines through the Asian Development Bank and other financial backers, is an important mechanism. Covax seeks a fair and equitable distribution of the vaccines at a discounted rate to ensure that poor countries have an unimpeded access. The only problem is that there are latent issues that cannot be seen and ultimately, the global hegemonic order will have an impact on the actual results. The pronouncement of the EU on strict rules for vaccine exports is one of those possibilities.

Structural injustice (See Maboloc 2019) or what is deemed as positional differences in the global socio-political order, in a large way, impede the global effort to put an end to the pandemic. The challenge henceforth is both internal and external. Internally, there are apparent inequalities in societies that prevent people from getting their inoculation in a timely way. Externally, global inequalities prevent poor nations from immediately getting the needed supply of Covid-19 vaccines from suppliers in developed countries. Unfair policies initiated by powerful states naturally restrict the rights of people in developing countries.

The pandemic in the Philippines

Oxfam (2020) has claimed that in some cases, developing countries will not get the vaccines until 2022. There was no mention of the Philippines as a specific case, nonetheless. But some groups see this as a cause for alarm given the fact that the pandemic is affecting the economic well-being of people, with the Philippines economy contracting by 9.5% in 2020 due to the impact of the pandemic. But while utilitarian ends are not wrong when it comes to reviving the economy, the focus right now should be on equalizing the access of people to the vaccines. This concerns logistical requirements, proper protocols during the vaccinations, the availability of infrastructures like cold storage facilities, and an effective leadership that can convince the public on the safety of the vaccines.

The difficult thing to do right now is to ensure that the vaccines are available to the general population. For instance, normal classes cannot restart safely because of the perceived risks. The UK variant of the virus, considered as more contagious, has since been detected by the Department of Health (2021) in the Philippines. This has the potential to worsen the situation. Without the vaccines, life cannot return to normal. The government, however, recognizes the need to balance the economic and physical well-being of people.

Beyond the desire to normalize things, there is a need to protect life to continue the pursuit of equitable progress. The economy needs to be re-established. However, the Philippine government is also aware that public safety cannot be compromised. Although re-opening of some businesses would be crucial to revive an ailing economy, which is projected to grow below 3% this year or half of its 6% growth in the past decade, the leadership of the national government has opted to prioritize public safety over the economy. It is a delicate balance since millions of people are going through a lot of stress in the absence of a stable source of income.

Schools too have remained closed, both public and private. The students, meanwhile, have exhibited mental stress under lockdown conditions (Toquero 2020; Eviota and Maboloc 2021). But the safety of children cannot be compromised. Above all, there is a need to maintain the role of the government in terms of securing the well-being of the people. The availability of the vaccines to everyone is tied to other rights, including the human right to education, the right to livelihood, and the freedom of assembly, rights that have been set aside in favor of the need to protect public health.

The state acts as a father-figure that aims to protect the public good. The interest of the public is foremost in the struggle to overcome the pandemic and its effects. Access to vaccines is a human right, and this right can only be realized if people have secure access to the objects of these rights. Vaccines must not be commodified. The idea of prioritization can be morally acceptable if and only if it will serve the interest of every citizen in the state. But the basic point remains clear. Universal access to the vaccines must be secured by the government as a matter of fundamental right.

Conclusion

A right can be viewed as an entitlement. By this we mean that such cannot be taken from someone since it is constitutive of one's humanity. This is what a human right is all about. In this paper, we argued that access to the vaccines must be secured as a human right. The coronavirus pandemic is a generational challenge. But the science of medicine is fully equipped with the talent and resources to be able to combat the disease. What needs to be seen is equal competence of states and global institutions to ensure that there is a fair and equitable distribution of the vaccines across the globe. The reason is not just economic, but the fundamental principle of ensuring the protection of human life.

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A needs analysis of a regulatory framework for teleconsultation in Indonesia

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Abstract

This study examines the need for developing a regulatory framework for teleconsultation in Indonesia. The study was conducted with 92 respondents in February-March 2020 in the working area of the Pudakpayung, Rowosari and Pandanaran Community Health Centers in Semarang City, Indonesia. Half (51%) of the respondents used teleconsultation for health consultations, others used it for drug, information, and schedule checks. The respondents also stated that they fear about the misdiagnosis, privacy, or other issues in teleconsultation (53%). Further, they expected regulation that protects patient safety, patient data, and assurance of teleconsultation security. In this case, authorized institutions, certain regulations, and development of teleconsultation features are needed.

Background

Teleconsultation is a part of telemedicine. This technology has developed in Indonesia, including in Semarang city. These services are in great demand because of various advantages such as lower costs, flexibility, wider reach, and can improve health services (Frade et al, 2013). In teleconsultation service, users can take online medical consultation, drug consultation, seek health information, check a schedule, and so on (Frade et al, 2013).

Online medical consultation services can take place directly (synchronous) using video calls and audio calls or indirectly (asynchronous) using chat, comments on blogs, web, or social media. Synchronous services enable doctors and patients face to face communication through the monitor screen, whereas in indirect services patients and doctors do not have face to face contact (Eric, 1995).

In Semarang City, the Local Government has provided teleconsultation. It was part of the Integrated Emergency Management System. The services are known as KONTER that open 24 hours and are not only used by residents in Semarang City but also outside of Semarang City (Zainal, 2018). There are also many teleconsultation startup applications in Indonesia. There are many stand-alone applications, and other applications integrated with healthcare facilities (Techno Master, 2020). With this service, patients can inquire about their health conditions online without meeting face to face.

Although teleconsultation has a variety of advantages, there is no specific and detailed regulation about it in Indonesia. The Indonesian Ministry of Health has issued Minister of Health Regulation Number 20 in 2019 regarding the Implementation of Telemedicine Services between Health Care Facilities. However, the regulation was not specific and detailed, and it did not regulate teleconsultation startup applications that are stand-alone (Ministry of Health Indonesia, 2019).

The phenomenon of *doctoroid* practice refers to medical actions performed by someone who is not a doctor but performs actions that are the authority of the doctor such as diagnosis, prescription, and so on (Soekiswati & Absori, 2019). Many problems can happen when this service is implemented without specific regulation such as the presence of a *doctoroid* phenomenon, the uncertainty of the therapeutic contract, patient safety and confidentiality problems, and so on (Sulistiyono *et al*, 2019). Therefore we conducted this needs analysis to develop a teleconsultation regulation framework to find what is suitable to be applied in Indonesia.

Research method

We used quantitative survey and in-depth interviews. The study was conducted in February until March 2020 in the working area of the Pudakpayung, Rowosari and Pandanaran Public Health Center Semarang City, Indonesia. There were 92 respondents to the quantitative survey using closed ended questions of questionnaire, and then 15 informants had an in-depth interview to explore the reasons for their thinking and their expectations related to online health services. The research location and sample were selected based on a consecutive technique.

Data collection was carried out by survey and in-depth interviews to analyze the needs by exploring user perceptions of teleconsultation (ethical and legal perspectives). The research was approved by the Ethics Committee of the Faculty of Public Health, Diponegoro University.

Results and Discussion

a. Characteristics of respondents

Most of the respondents have education above Senior High School (92%). Most of them also work (51%) with monthly income above 2.7 million Indonesian Rupiah (IDR) (67%) (Table 1).

Table1: Respondent Characteristics

Variable	Number	%
Woman	58	63.0
Man	34	37.0
Education <Senior High School	7	7.6
≥ Senior High School	85	92.4
Work	47	51.1
Not work	45	48.9
Income under 2.7 million IDR/month	30	32.6
Income above 2.7 million IDR/month	62	67.4

b. Activity description and reason to do teleconsultation

Based on the data, 51% of respondents use teleconsultation for online medical consultation, 24% for seeking health information, 5% for drug consultation, and

21% for other reasons such as schedule check. Some examples comments are:

> *"I use online health services for health consultation. Only occasionally, my brother tells me about that service. In my opinion, it's very helpful and simpler because you don't need to queue to see the doctor and the medicine will be delivered directly to home."*
>
> *"Yes, to find health information. Nowadays, modern health information can be accessed online. I usually look for health information from government website or reputable online health services."*
>
> *"I often use online health services to check doctor schedules. My health facility provides an online schedule and admission, making it easier."*

There were many reasons given to choose the kind of teleconsultation such as seeking complete health information (34%), good reputation (9%), family recommendation (27%), feasibility and accessibility (10%), application can help to solve the problem (8%), and others (12%).

Table 2: Considerations about Teleconsultation

Category of comment	%
*Doctoroi*d Phenomenon	21.7
Miss diagnosis	3.3
Drug allergy	4.3
Malpractice	1.1
False Drug Dose	3.3
No Law Certainty in Teleconsultation	6.5
No monitoring from official institution	3.3
Data privacy	4.3
Others	5.6

c. Consideration in using teleconsultation

Based on the data, the respondents feel worried when they use teleconsultation. They were worried about *doctoroid* phenomenon (21%) that the person who gives the teleconsultation is not a true doctor. Many respondents also worried about misdiagnosis (3%), drug allergy (4%), malpractice (1%), false drug dose (3%), no legal certainty (7%), no monitoring from official institution (3%), data privacy (4%), and others (6%) (Table 2). Some example comments were:

> *"Sometimes I'm worried, it's online consultation without video call. Whether what I'm dealing with really is a doctor or not, I don't know.."*
>
> *"I'm worried, whether the diagnosis given is valid or not. Moreover, it's done via online or just chatting method."*
>
> *"If there was an unwanted event, for example wrong prescription, I don't know who should be responsible?"*

d. User expectation in online health services

Based on the depth interview, there are many user expectations that are related with data security and privacy, law certainty, and monitoring in teleconsultation. These were summarized into six major categories:

1. Regulation/law that regulate teleconsultation in more specific details to guide implementing teleconsultation.
2. Monitoring from Department of Health Office (DHO) or authorized institution
3. The feature should be completed with video call (synchronous consultation)
4. Health professional and health services assurance with registration letter and permit letter
5. Monitoring from Food and Drug Monitor Agency to prevent drug abuse
6. Medical record, data privacy, and data security assurance

Based on data, the selection of teleconsultation is based on complete features and information in application. Online medical consultation is an increasingly popular choice in the community, especially in the COVID-19 pandemic era.

Teleconsultation is considered more efficient because it saves time and cost. This is appropriate with a survey conducted by Deloitte Indonesia in collaboration with Bahar and the Center for Healthcare Policy and Reform Studies (Chapters) where 84% of users of digital health services claimed to be satisfied with existing services due to practicality, low cost and many choices that consumers can choose from (Fika, 2019).

Based on the results, a major reason for teleconsultation is family recommendation especially for a variety of health applications. Online government health services such as KONTER that have been trusted can be used not only in specific areas but more widely. The accessibility and feasibility also should be considered in the choice of the teleconsultation application. Patient View White Paper has revealed the results of a global survey about what patients expect in health consultation (Patient View White Paper, 2014).

In a survey conducted by Deloitte Indonesia in collaboration with Bahar and the Center for Healthcare Policy and Reform Studies, 16% of users were still dissatisfied with the existence of digital health services online (Fika, 2019). It happens because the users were worried about data security of online health services. This is in accordance with research of Simatupang (2017) that states there are 5 most important attributes of teleconsultation services namely data confidentiality, specific information to the illness, easy to understand features, an explanation of the user's health condition and treatment options available and an integrated medical record that can be accessed any time (Simatupang, 2017).

The results of a global survey conducted by WHO also state that in evaluating online health services there is a need for supervision regarding the dissemination of information to the public (WHO, 2011).

In addition to data security, there is a major problem in the development of teleconsultation, cyberattack and cyber security that still are challenges in many countries. This was also found in this study where 22% of respondents felt afraid if the service provider was not a true doctor so it can lead to misdiagnosis. The problem that arises with the use of the application is that a doctor cannot examine the patient directly, so that it will be difficult to make a diagnosis of the patient exactly (Prawiroharjo *et al,*2019). This condition also causes the doctor to do little cross-checking of the patient's condition (Lambert *et al,* 2012).

Another problem that arises in the use of teleconsultation services is the possibility of medication errors or drug overuse or abuse. In this case the administration of drugs using online consultation health services should be monitored.

Even though the consultation is done synchronously, it is very difficult to determine with certainty the severity of patient's condition. So, the doctor must be careful to give the treatment recommendation. In this case, the doctor must consider biomedical ethics principles, the first is to do no harm (Lambert, 2012; Young *et al,* 2010).

Community expectations of teleconsultation services show the need for regulations to protect the safety of patient data, the assurance of doctor and healthcare facilities that do online health services, and improvements in the features of applications in online health consultation services. Especially in online consultation platform collaboration with healthcare facilities is desirable.

Conclusion

At present, there is a need for teleconsultation integrated with healthcare facilities. However, specific regulations about protection of customer data confidentiality, assurance of doctor and healthcare facilities, and authorized institutions that monitor implementation of teleconsultation in Indonesia are needed. Then the implementation of teleconsultation will not be contrary to ethics and laws in Indonesia.

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Biopower and global justice

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Abstract

Michel Foucault describes biopower as the state's control of the human body. In the midst of the crippling coronavirus pandemic, this implies the subjugation of human beings and the assumption of an absolute jurisdiction over the civilian population. Foucault's method, however, points to the hidden root of the discrimination against people. The coronavirus era is a manifestation that the world has not abandoned Eurocentrism nor overcome colonialism. The interests of powerful states continue to dictate the fate and destiny of the global poor. The "new normal" is nothing but a re-imposition of the unjust ways of the past. Global justice, it can be argued, cannot be rectified unless we dismantle the prejudice against others. This paper proposes the power of communal values as an alternative to the state-centric approaches to justice.

Introduction

In a recent report by *The Guardian* (January 30, 2021), the European Commission has announced tighter rules when it comes to the export of Covid-19 Vaccines. In the same report, the paper mentions that European Commission Vice President Valdis Dombrovskis said: "*We paid these companies to increase production and now we expect them to deliver*." (Ibid.) While this announcement does not appear to be startling, it is nevertheless a morally disturbing development given the fact that the World Health Organization (WHO) wants to see a "fair and equitable" way of access to the coronavirus vaccines through its Covax Facility (a pooled purchase of vaccines to ensure universal access for poor nations).

The powerful European Commission appears to use its leverage to dictate the terms and policies on vaccine supply and distribution. But it no longer comes as a surprise. After all, this has been the way the world is organized from an economic and political viewpoint. The global hegemonic order naturally defines the state of things and powerless states have nothing in their hands to prevent the obvious bias and prejudice against the powerless. Unequal global structures determine how rules and policies are decided. In the end, poor societies can only mourn their dead.

The concept of biopower

According to Daniel Mishori (2020), the concept of biopower originated in Michel Foucault's *The History of Sexuality*. Mishori (2020) writes that biopower addresses "*the role of the State in shaping citizens' health, especially techniques to control the human body (e.g., reproductive and sexual regulations).*" During the coronavirus pandemic, it can refer to the domination of citizens in the name of a public health emergency. Public health protocols replace individual responsibility. The government takes over the autonomy of people when it comes to human well-being due to perceived or calculated risks and dangers.

Biopower is not a mere concept. It is an "irruption" from the usual state of things, which for Foucault is a form of violence. Indeed, this is the case, insofar as the pandemic has disrupted globalization, erasing jobs and household incomes. Covid-19 has infected 104 million across the globe and killed two million, according to Johns Hopkins University (2021). But it has not changed the economic order. As a matter of fact, the pandemic has not in any way affected large corporations. For example, a report from *The Washington Post* in December 2020 has indicated that the biggest financial institutions in the United States have reaped billions of dollars in profit while more than twenty million Americans were displaced from their jobs.

Foucault's analysis of power explains the role of knowledge in history. Power determines the way human societies are organized. In *Discipline and Punish*, Foucault (1975) explains how human beings are reduced into docile bodies by means of socio-political structures. Authority creates rules. Human behavior is subjected to it. To control people, state institutions rein in the people's basic freedoms. It is out of the fear of being judged, monitored, and ultimately punished that the civilian populations would rather choose to obey. Foucault (1972) writes in *The Archaeology of Knowledge*, *"We must also describe the authorities of delimitation: in the nineteenth century, medicine (as an institution possessing its own rules, as a group of individuals constituting the medical profession, as a body of knowledge and practice, as an authority recognized by public opinion, the law, and government."*

Experts, Foucault says: "*became the major authority in society that delimited, designated, named, and established madness as an object.*" (Ibid.) When linked to the present pandemic, we can observe how government health experts define the meaning of public safety, and the risks and dangers associated with the pandemic. The "madness" is everywhere, as states dictate the application of what it means to be a "danger to society." For Foucault, this is something that we find in "*the law and penal law in particular (with the definitions of excuse, non-responsibility, and extenuating circumstances.*" (Ibid.)

It can be recalled that Albert Camus' (1947) hero in *The Plague*, Dr. Rieux, had rejected the idea that the malady is a punishment from God. That was a necessary pre-condition for espousing the role of modern science when it comes to diseases. For Foucault (1972), religious authority had set "*itself up as the authority that divided the mystical from the pathological, the spiritual from the corporeal, and the supernatural from the abnormal.*" The science of medicine assumed a privileged place in terms of objectivity. It possessed the solutions and experts alone know what could be done.

Colonization and the pandemic

Our analysis, however, must be expanded. Biopower has developed over time. Its influence took place during the colonial period. The story of native people who are mistreated because of the color of their skin hides something about the dark past of our modern civilization. The developments in Europe when it comes to access to the Covid-19 vaccines only reveal the nature of global politics. The fate of humankind is determined by nationalist interests.

Capitalist domination is shown most definitely in human slavery, a phenomenon that is present to this day according to the BBC (2016). The exhaustion of physical bodies is a symbol of how the powerful dominates the weak. It can be said that the dark colonial experience and the lack of progress in terms of the level of independence from foreign influence of poor countries both exacerbate the situation of the population at this point. But for Layne Hartsell et al. (2020), Covid-19 reflects the failure of capitalism and the free market system.

Stages of colonial experience

Colonization happened in three stages. First, colonial powers wanted land and territory. To be able to do so, they used the charm of religion to subjugate the native people. As soon as foreign conquerors got the trust of the local chieftains, they had organized a massive religious conversion of indigenous tribes. The motive was control and domination. The centralization of authority is a matter of administrative efficiency. But the whole colonial experience can only be characterized by two things – extraction and exploitation.

The second stage was the colonization of ideas and beliefs. With the *Enlightenment* and largely due to the great advances made in the natural sciences, reason played a central role in history. It was in this respect that to effectively rule the natives, it was necessary to colonize their consciousness. Language was a tool to polarize local populations. It helped in the "divide and conquer" policy against the natives. The native population embraced modern science as the absolute source of truth, thereby dismissing indigenous wisdom as myth.

The third stage was economic. With the advances of modern man, Eurocentrism meant that the "concept of man" as an invention of the modern mind is at the center of everything. But who is this man? He is "white" or "fair" skinned. Thus, began the exploitation of peoples in the name of capitalism and the exploitation of the poor worker. Oppression reached a global scale, one that is made manifest in the extreme poverty of 700 million people who earn less than two dollars a day.

The advance of civilizations represents the stages of colonialization. First, there was religion, then the state and its authority, and now, large corporations controlling the lives of people. The pronouncement of the EU is nothing but a manifestation of an unjust world that favors the privileged position of powerful states. The pandemic shows that in the struggle for biological survival, the white man holds the leverage because he possesses the tools that can exonerate him from any malady – the state apparatus, science and technocracy, and above all, money and politics.

Foucault (1972) says that "we must question those ready-made syntheses, those groupings that we normally accept before any examination, and those links whose validity is recognized from the outset." Mishori (2020) is right to say that the pandemic only shows the façade of how technocratic forces are shaping the world. While poor societies and economies are being threatened, powerful states continue to assert their hegemonic power. Mishori (2020) explains how "*the giants of technocracy…stretched their muscles…exposing authoritarian regimes, in which experts, and their particular outlook on reality, science, medicine and ethics, receive autocratic paternalistic powers over society*."

Mishori (2020) elaborates that "*individual rights were supposed to be fundamental concepts in most countries, until recent public policies demonstrated that public health considerations overrun individual rights*." This prognosis serves to reiterate the concept of the state of emergency. The finality that we seek, however, when it comes to the closure of our present predicament, must point toward the realization of a just world for all. All types of critique need a direction to realize the moral ends of society. A potential solution must lie somewhere.

Global justice and the pandemic

The problem with the "new normal" is that it is a concept that is dictated by the state apparatus. The new normal does not take into account the idea of difference, nor does it truly recognize the identities of people out of which their distinct way of life comes from. The old hegemonic order of the world will simply continue to make human life difficult for the people who live in the margins of society. Before coming to a conclusion, I will present two views on global justice and offer an alternative approach in the final two sections. The first comes from Thomas Pogge. Pogge (2007) points to the "negative duty" of affluent societies not to harm the global poor. In this regard, the rich must ensure that trade policies are not disadvantageous to developing countries. For instance, the subsidies given to farmers in the US is unfair to the global poor since it makes the produce in poor agricultural economies uncompetitive. But during the pandemic, it is obvious that rich countries are not in a position to give up their own national interests in favor of the well-being of the global poor.

The second position comes from Kok-Chor Tan. Tan (2004) argues for open borders. This is to allow the mobility of peoples but more importantly, to make available the opportunities in rich countries to the global poor. The transfer of talents from countries such as India and the Philippines, or what is called brain drain, has been proven useful to the West. Some large tech firms in the US have foreign nationals as CEOs. In this regard, one can argue for a right to migration in view of the benefits the developed countries can gain from foreign workers (Maboloc 2020). But because of the pandemic, at present, outsiders are clearly barred from entry.

The two positions above show that the pandemic will require complicated solutions if we take into account the problem of global justice. But in our analysis, it is important to begin by changing our state of mind. As Camus (1947) explains in *The Plague*, the real problem is the attitude of people. Unless we see the suffering of others, it will be hard for us to realize the value of human life. The problem of global justice is fundamentally moral. Biopower is simply a manifestation of a symptom of a terrible disease – the prejudice against others.

Darryl Macer's reflection is instructive. Macer (2019) writes that we do not "need to create some new label so that all are equal in the eyes of each other, such as man or woman." There is something common in people. As a young man, the bioethicist and geneticist saw something positive in science. Indeed, this is the same message of Dr. Rieux in *The Plague*. The idea of decency, Camus (1947) intimates in his great novel, consists of doing one's moral obligation to society. Every good that a human being is committed to is meant to save humankind.

"Malasakit" and the power of communal values

In addressing the point of Camus, we must ask : What is our moral obligation to society? As an alternative to state centric approaches such as the above, I would like to highlight the role of communal values. By this, we mean the ability of people to bond together and act for the good of one's neighbor. In the context of the Philippines, this includes the concept of "*malasakit*" and "*pakikiramay*." Part of our mission in this world is to empathize with the suffering of others. In the concept of "*malasakit*," people show concern for others. In the instance of "*pakikiramay*", the individual shows compassion and sympathy to a neighbor who is in a dire situation.

In a crisis such as this pandemic, an institution can help address the concerns of the poor, for example, in terms of food shortages. This is exemplified by a project done by a university in Leyte Province, the Philippines (Agaton 2021). Such an instance of "*malasakit*" helps the poor people in a concrete way. Without the support of institutions in the community, many will suffer while waiting for state intervention. Commiserating with the situation of others uplifts the human spirit and empowers human beings in their communal existence.

For the Cebuano speaking Filipinos, there exists the concept of "*tabang*" or helping others and the idea of "*maayong tao*" or being a good person. Someone who shares to the needy is seen as a good person. In times of crisis, the poor often find themselves helpless. But there are people who act and help those who are in need. This means that being a good person is natural to people in the community, which includes sharing what one family gives to another, even if one does not have enough. For Hartsell et al. (2020), Covid-19 is not just a biological phenomenon. As we all reflect on it seriously, there is a social and communal aspect.

In "*malasakit*," people understand that the vulnerable should get the vaccines first. If a man wears a facemask to prevent the spread of the coronavirus, it shows his "*malasakit*" for the other and his being a "*maayong tawo*." If one is a good person, then he will consider the interest of others before his own, and such can be shown in terms of prioritizing the vulnerable when it comes to the Covid-19 vaccines. Such is a manifestation of the power of communal values but also of the fulfilment of our moral obligation to others, which is rooted in our desire to live well.

Conclusion

This paper is an attempt to analyze the concept of biopower. Our analysis reveals that it points to a fundamental moral problem. Our elaboration of the issue of global justice reveals the inadequacy of solutions. The "new normal", for instance, is nothing but a re-imposition of the dominant ways of powerful states who continue to control and dictate the lives of the global poor. But we believe in the commonality of our humanity. It is our moral duty to care for each other and protect each other, regardless of race, color, or gender. The examination of the concept of colonization has allowed us to understand the sophisticated nature of the Covid-19 crisis. The pandemic has become an opportunity for us to reflect on the necessity of dismantling not only unjust systems, but the prejudice against others. But while the above is borne out of the state-centric approaches to justice, people can bond together and draw from the community the moral values that can empower people in a concrete way.

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Financial constraints as grave ethical issues for developing countries

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Abstract

This paper aims to illuminate some ethical challenges raised by healthcare providers through harnessing various ethical principles and concepts in a clinical scenario, through the theoretical lens of liberal individualism versus utilitarianism, and the state's role in Universal Health Coverage (UHC). The overall responsibility for the providence of sufficient health services to each citizen belongs to the state by taking mitigating measures. A few suggestive recommendations could be implemented at multiple levels such as institutional, societal, and national levels to give financial challenges a close attention and reduce disparities thus enhancing positive health outcomes.

Introduction

Health is a fundamental human right of every individual around the globe. At present more than ever before, people possess access to essential health services but nearly half of the world's population still lacks it (Molkizadeh et al., 2019). Recently, the national statistics revealed a massive burden on the health taskforce that only 0.82 physicians and 0.57 nurses are allocated for every 1000 people in Pakistan (WHO, 2017). Unfortunately, financial constraints become a barrier in approaching health services in lower-income and middle-income countries (LMICs). Additionally, according to an estimation drawn by World Health Organization (2017), Pakistan spends only 2.8% of its Gross Domestic Product (GDP) on health. Out of which, the government is accountable for its 36.8% whereas, 55% is contributed by households through out-of-pocket payments (Kumar & Bano, 2017). The report also revealed that annually, around 100 million people are driven into extreme poverty worldwide, due to out-of-pocket expenditure on health. Even though general taxation is the highest source of a nation's finances for health expenditure, however, the public cannot access health services in Pakistan. Therefore, it becomes challenging for the low socioeconomic population to access health facilities when there is a limited number of healthcare professionals (HCP) with extremely expensive services. The literature endorses that poor health outcomes are accountable for financial constraints such as lack of health insurance, non-governmental financial support, and high transportation costs to reach healthcare facilities (Soltani et al., 2019). The key ethical challenge is encountered in the healthcare setting when the treatment decision lies upon the patient's incapacity to pay the hospital bills versus his survival chances. Hence, this paper aims to illuminate the ethical conflict by harnessing various ethical principles and concepts in a scenario where a patient lost his life due to the lack of financial support.

Case scenario

The scenario is about Mr. X, a 25-year-old male, presented with a history of gunshot injury leading to C2 - odontoid fracture of the spinal cord resulting in him becoming quadriplegic for a lifetime. After staying three months in the hospital, Mr. X was unable to move but could communicate through his facial expressions and depended primarily upon a mechanical ventilator for survival. Besides, due to having extreme financial constraints, the family paid only 15% of the hospital's total bill. However, the hospital administration and the primary medical team decided to wave-off the hospital's outstanding. Further, they suggested family either arrange a portable ventilator at home or take the patient to another hospital for the continuity of care since multiple patients were waiting in the emergency department requiring a ventilator. Despite the patient's unwillingness, the family had no other choice but to transfer the patient to another hospital with a heavy heart. During his way to the other hospital, the patient collapsed due to neurogenic shock and ultimately died because of the absence of medical help.

Analysis of the ethical dilemma

This paper is going to mainly highlight ethical discussions through the lens of "liberal individualism" versus "utilitarianism" and the state's role in Universal Health Coverage (UHC). Out of multiple ethical dilemmas observed in the crux of Mr. X's case, the most inevitable was when despite the patient's unwillingness, the family had to transfer the patient to another hospital due to unaffordability concerns. The ethical principle of autonomy was violated when the patient was provided with a decision instead of possibilities by the hospital administration. Also, it was very traumatic for the family to get multiple reminders on an everyday basis to clear the outstanding bills or else, take the patient to another hospital. After possessing grounds on bioethical knowledge, the following propositions could be answered respectively:

- Was it ethically justified to discharge the on-board, ventilated patient for the reason they cannot afford future treatment?
- Who is responsible in this case? Hospitals or the state?

All healthcare professionals take the pledge to care for the sick sparing no effort to conserve life, alleviate suffering, and promote health with determination. Therefore, it is their utmost preliminary obligation to prevent the disease burden by augmenting benefit to the patient. Healthcare professionals including nurses and doctors often experience ethical conflicts on an everyday basis in a clinical setting while caring for their patients. These conflicts should be resolved by maintaining moral values and ethical principles in the practice towards a rational decision that should be in the best interest of the patient. The ethics in healthcare is entrenched within the health organizational culture and its environment which expands its ideology with practical policies and procedures to get the greatest rationalized action. However, the ultimate ethical dilemma arises in healthcare when there is juggling between the provision of patient's service and preserving financial sustainability of a healthcare organization that is either to do good to a single patient or follow the organizational guidelines and hospital's business ethics. The hospital has an ethical duty to give back to society.

Identification of the position

In our opinion, life is sacred, and each patient possesses a right to be treated and should be provided an opportunity to live a quality of life. Based on bioethical knowledge, I contemplate that patient's treatment plan and the decision to withdraw from the ventilator should never be based on the patient's financial stability. Moreover, I firmly believe that patient's outcome could have been far better, and the family would not have ended up with such stringent consequences if the patient either possessed private health insurance or held a UHC by the state.

Right based theory versus consequence based theory

The concept of libertarianism refers to the freedom of choice based on personal autonomy while making decisions (Wissenburg, 2019). It is a right based theory that endorses the notion of international human rights. Specifically, in the healthcare setting, it ensures the essential protection of a person's life, liberty, quality care, privacy, information, as well as freedom from discrimination, torture, and cruel, inhumane, or degrading treatment (Molkizadeh et al., 2019; Childress & Beauchamp, 2001). Concerning the scenario, Mr. X and his family should have had the treatment continued with dignity since the concept of libertarianism allows a person to exercise its right of getting the preferred option of treatment. An ethical analysis of Mr. X's case illustrates that all these rights were violated.

However, when it comes to business ethics, the consequence-based approach is often ruled over the right based theory while dealing with patients in healthcare settings. The concept of utilitarianism proposes that an action is evaluated as good or bad concerning the consequence, outcome, or result which brings maximum advantage (Burkhardt & Nathaniel, 2008). Moreover, Childress & Beauchamp (2001) endorse it to be more beneficence-focused instead of consequence-focused for society. Therefore, the decision of hospital administration to get the patient transfer to another hospital was justified in bringing utilization of ventilators to other needy patients in the hospital.

Autonomy versus distributive justice

At the crux of Mr. X's case is a question of autonomy and the right to health. In biomedical ethics, the concept of "autonomy" can be referred to as a capacity to live life under self-motives and reasons without being a product of distorting external forces (Bredenoord, 2016). Likewise, the right to health is the notion that signifies an equal opportunity for every individual to receive the highest attainable standard of health. WHO constitution (1946) and United Nation Declaration (1948) have enshrined the "right to health" as a fundamental right for each human being and made a legitimate obligation on the state for the provision of accessible, acceptable, and affordable healthcare of appropriate quality through human rights-based approach (WHO, 2017).

On the other hand, the concept of justice ensures fair, equitable, and appropriate distribution determined by justified and socially acceptable norms. Whereas distributive justice in healthcare emphasizes the equitable distribution of any scarce resources among patients, notions of distributive justice vary across cultural, societal, and even individual norms by allowing for discrimination based on merit or need (Hadler & Rosa, 2018). This principle is embedded in the concept of equity in healthcare. Since mechanical ventilators are considered the most scarce and expensive healthcare recourse that often patients require to keep their survival chances maintained, the intention of the hospital administration to retrieve the ventilator and make it available for the patients waiting in the emergency room was also justified.

Arguments and counter arguments

The argument persists that every individual in the world holds the right to life, health, and continuity of treatment in case of health morbidities. According to Leghari (2020), the "right to health" is the health protection and coverage of unaffordable diagnosis and treatment. Many states have incorporated this right within their respective constitution through amendments. Unfortunately, the 1973 Constitution of Pakistan does not explicitly recognize the right to health. Article 38 (under the heading of Principles of Policy) only talks about "necessities of life, such as food, clothing, housing, and medical relief, for all such citizens irrespective of sex, caste, creed, or race" (Leghari, 2020). However, the 18th constitutional amendment in 2010 granted exclusive legislative and executive control to all four provinces over healthcare. Moreover, the National Health Vision Pakistan 2016-2025 enabled provincial health departments to contextualize their policy frameworks to achieve UHC. As a result, many acts and reforms were initiated across the country to make substantive progress on sustainable developmental goal (SDG) 3 and comply with the United Nations (UN) resolution. A few of these initiatives entail rural ambulances and mobile health units, increase basic health units, telemedicine units, immunization, and *Sehat Sahulat* as a micro-health insurance program (WHO Voluntary National Review – Pakistan, 2019).

Healthcare organizations should not be held accountable for patients requiring life-long treatments in a hospital. The decision carried by hospital administration in the scenario was appropriate considering the hospital's business. Business ethics provides a set of guidelines to conduct their operations and transactions in a socially acceptable way (Emma & Shaily, 2020). Hospital administration is not expected to keep the patients admitted for the rehabilitation process and hospice care in the hospital since this may bring maleficence instead of beneficence to Mr. X, in terms of acquiring hospital infections. Generally, care-dependent patients are transferred to nursing homes and rehabilitation centers from acute care settings. Unfortunately, a very limited number of care homes and rehabilitation centers are being operated in the country.

Moreover, the WHO has endorsed the drive towards UHC and has considered it as one of the most prominent global health policies. This has made a legitimate responsibility on the state to provide justice and equality in health services across the nation. From the above-discussed assertions, it is evident that there is an utmost need for UHC in the country to confront healthcare-related affordability constraints. According to WHO (2010), UHC provides financial protection to the citizens of a country for using healthcare and ensuring access to required health services (Malik, 2015). However, the WHO Global Monitoring Report on Tracking Universal Health Coverage (2017) revealed that Pakistan shows sedentary progress by standing miserable at 162nd place out of 183 countries on the service coverage index of the UHC target of the SDG3. Hence, despite the initiatives taken at the provincial level, more critical efforts are required by policymakers to reform health policy, revenue collection, resource pooling, resource allocation, purchasing, and health care provision in the country (Malik, 2015). Moreover, private health insurance also plays an active role in fostering cost-effectiveness and selection of the desired health organization. However, according to Reddy and Mythri (2016), it limits treatment options and affects the decision making of the primary physician as well.

Justification of our position

Based on all the conflicting arguments in Mr. X's case, our stance pertains to be more ethically acceptable for the patients who are financially deprived and require continuity of care. The battle of a dilemma confronted by healthcare organizations between saving Mr. X's life versus offering medical facilities to other members of the society will remain a question. But UHC and private insurances can play a pertinent role in this regard and prevent the family from going through a guilt trip and losing life due to unaffordability of healthcare. Moreover, this position is well justified and endorsed by the divine book of Muslims and the fundamental principles of Islam regarding human rights such as the right to life, justice, freedom, social security, and protection against torture (Andrabi, 2010). Furthermore, God commands to consider human life as sacred and proclaims saving one life as if saving entire humanity (Qur'an 5:32). This stance is strongly advocated by the Hippocratic oath as well, which all healthcare professionals take before commencing professional life. The pledge contends: *"I solemnly promise that I will do the best of my ability to serve humanity, caring for the sick, promoting good health, and alleviating pain and suffering".*

Possible consequence of our position

Our position endorses all the perspectives that come within the sphere of Mr. X's right to health treatment despite experiencing economic restrictions. However, healthcare businesses do require financial resources to operate their hospital facilities and provide quality care to their customers. Following our position to continue providing care to the patient in the hospital without charging a fee may bring financial losses to the hospital. Additionally, this may also result in occupying an expensive and scarce resource unnecessarily on a patient who can be transferred to home with transitory arrangements. Also, this will help avert the accessibility of ventilators to patients in extreme needs.

Recommendations

The affordability of healthcare services in today's world is a huge challenge that requires close attention to enhance health outcomes and reduce disparities. Implementing our position would require recommendations at multiple levels including institutional, societal, and national levels. At the institutional level, all healthcare professionals may provide training about biomedical ethics to enhance their sensitivity towards such concerns. Also, increasing the number of mechanical ventilators in the hospital would help in confronting the issue related to insufficient supplies. At the societal level, accessibility of care homes and rehabilitation centers in the community in collaboration with non-governmental organizations and social support groups could be beneficial in diminishing the burden to hospitals. However, at the national level, law, and policy reformation would play a significant role in the investigation, planning, implementing, monitoring, and evaluating the strategies to provide health coverage to all citizens. Additionally, strengthening the provincial and state laws against corruption would ensure access for the deprived population. Lastly, emphasis to enhance the quality of primary healthcare through health promotion and prevention would assist in preventing the disease burden.

Conclusion

In conclusion, health is a preliminary right of an individual despite financial constraints. The medical community often encounters an ethical dilemma in hospitals while providing care to patients with intense financial constraints. Likewise, Mr. X's miserable outcome could have been better, if his health would either be ensured or if he possessed UHC by the state. Hospitals have their social and moral responsibility towards other members of the society who require health treatments with acute and chronic conditions. However, the ultimate responsibility of providing health services to citizens lies upon the state by taking mitigating measures. Manifold recommendations could be implemented at all levels including organizational, communal, and state levels to help achieve UN resolution for SDG3.

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Teaching and learning using online educational resources for sustainable development in collaborative learning communities

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Abstract

The sustainable developmental goals (SDGs) were formulated as a blueprint in 2015 at the United Nations General Assembly, which has seventeen interlinked goals. The SDGs are intended to be achieved by the year 2030. This review explores the use of OER and how it could lead to larger possibilities and new frameworks which can be brought together to explore new insights. The involvement of learning communities online will help to provide a broader meaning to trans-disciplinary studies and meaningful outcomes for the society. The effectiveness of tasks rendered to achieve the SDGs goals require value and ethical oriented actions, which are participatory, inclusive, universal and at the same time actions which are contextually dependent on local situations. There are highlights in the reports by SDG scholars on the need to build co-dependency of the SDGs through comprehensive assessments with cross sectoral systems. The integration of online educational resources for learning communities involves leveraging knowledge construction, collaborating, sharing knowledge, social participation and enhanced knowledge, problem solving skills and attitudes. This review has significant implications in the use of OER for sustainable development. The discussion includes the scope of the use of OER and the challenges and strengths for building knowledge for the SDG goals and sustainable development.

Introduction

The SDGs are intended to be solved through integrated approaches and actions using cross sectoral knowledge related to economic, social, and environmental developmental activities. There are numerous models on climate change which integrate cleaner air, improved health, and occupation (IGES, 2015). Except for a few SDGs, the interdependency between the 169 targets of the SDGs needs to be organized in terms of how they are operationalized (Ilieva, 2017). There is a need for ethical approaches on governance such as regulatory measures and incentives among different sectors, where sustainability is concerned (of the SDGs) (Nilsson et al., 2017). The co-construction of such learning content using OER may look challenging but it could have beneficial effects in the long run.

Online educational resources are teaching and learning materials which are free to the public and they are openly licensed (Washington State University, 2020). There are various types of definitions related to what OER stands for. To define in simple terms, they are online educational resources which will remain in the public domain and are freely available under certain terms and conditions.

Online educational resources and collaborative learning communities

Learning, being a social activity involves learners to engage in dialogue, communicate, collaborate and intentionally co constructing knowledge (Jonassen et al., 1999). Slotte and Tynjälä defined collaborative learning as: "*creating groups or learning communities who fundamentally base their learning through "mutual learning processes*" (2005, p.193).

When OER documents use integrated approaches between various disciplines, it organizes contents into context in education, in multicultural contexts and helps to provide meaningful learning to learners or users in the OER. Learners can contextualize the knowledge closest to their social reality. Insights from the teaching and learning processes from collaborative learning communities result in building content and possibility of new insights depending on the quality of the teaching contents and the tools used. The challenges facilitators will have to manage while working with OERs are many such as: managing structured collaborative work, facilitator expertise, validation of findings to be discussed by subject experts, organized inputs, interpretation of cultural and contextual issues, and organizing the contents built in teamwork.

Considerations while using OER

Effective learning models for online learning have shown three attributes: active learning, cooperative learning, learning through problem solving approaches (Pinchevsky-et al., 2015). **C**ollaborative learning communities working on the OER enable learners to have personal interactions which reflect the social reality and require mutual respect while interacting online and offline. Other areas which online learning communities develop are: development of shared goals, trust and mutual support (Shea et al., 2006).

"At their best, online learning-community models allow participants to actively engage one another in ideas and perspectives they hold to be educationally worthwhile, exciting, and provocative. It is through the design of the learning environment, with an emphasis on shared educational goals, support, collaboration, and trust that these processes can be most effectively and functionally activated" (Shea et al., 2006, p.177).

The online learning collaborative framework by Garrison and Arbaugh included important components such as: developing and maintaining *teaching presence*, fostering a *social presence,* and exploring *cognitive processes*. The mediating factors that set the climate for teaching and learning are: factors *supporting discourse, setting climate, selecting content* (Garrison & Arbaugh, 2007; Garrison et al., 2000). Teaching presence requires learners to "*seek information, brainstorm ideas, provide personal narratives and question themselves and others while exploring the problem. In achieving critical thinking, it is important to understand that it is both a process and a product. As a process, consideration needs to be given to metacognition*"

(Garrison et al., 2001p. 272). Teaching must include in depth learning and "*meaningful understandings as well as content specific critical inquiry abilities, skills and dispositions*" (p.8). For enhancing learner support, facilitators must facilitate learning with trust, supportive engagement, and the ability to share the educational experiences together with learners (Shea et al., 2006).

Linkages, nested-ness, networks in OER

The contents for OER can also integrate interdependent linkages of factors that impact each other, related to the contents on environment, health, and education (from various disciplines) to produce a network of knowledge. The contents produced through such linking will enable knowledge accumulation within communities and to other communities in various states and within cities, rural villages and local to global domains. The use of OER is predicted to support knowledge integration into systemic thinking concepts from health and the environment. It will enable the concept of forming networks of hierarchical knowledge. The overall impact will include linkages and networks between and within learning communities. This calls for all students to manage their learning through basic internet facilities both as a requirement and from a human rights perspective.

The above networks of knowledge can be enabled through different domains of sciences because there exist common structural and dynamic patterns in large systems from domains of sciences, nature and technological fields and a common set of tools will enable their analysis (Barabási & Pósfai, 2016). For example, Manuel et al., (2019) quoted a study from Dalsgaard et al. (2013) and explained the idea of how climate change can impact the nested-ness and modularity of pollination networks. The influences were different from mainland when compared to islands and the findings revealed that on the mainland there were positive significant change in quaternary changes due to climate change whereas in the islands, there were no observed changes. The information and the data can be integrated in OERs along with comparisons of such similar patterns in other communities.

Network science will have *"the main theoretical mechanisms conceived to explain the emergence of nested-ness in ecological and socio-economic networks; the implications of a nested topology of interactions for the stability and feasibility of a given interacting system"* (Manuel et al., 2019, p.1).

Cause and effects of human actions in the OER content

The integration of the contents related to the SDGs into the OER document will enable learners to view the interactive dynamics between various factors. Different perspectives will enable critical thinking in learners, and they will be competent to argue logically why certain precautionary principles must be taken for specific actions and decision making. There are a lot of contents in sciences where ethics is either taught as a separate discipline and the logical discussions are left out of the scientific facts and arguments and vice versa. The contents of online educational resources permit flexibility in addition to contents and can also integrate various disciplines in the future. Learners will move from simple to complex mode of learning and the learning processes can be co-constructed through collaboration. This will be engaging, motivating, and interesting as long as learners are able to organize learning. The only challenge is that the learning outcomes cannot be assessed for all learning objectives as there may be emerging insights due to such collaborative and process-based learning. This may have an impact on how assessments are done in the future.

The integration of contents related to environmental impacts such as damage to coastal reefs, ecosystems, freshwater depletion and contamination, wetland loss and damage, climate change, forest clearance and land cover changes, technological integration such as nanotechnology will enable cross sectoral contents which will enhance learners' understanding and learning of systemic thinking.

Cross sectoral contents can be integrated in OER to address learning for the SDGs. Education requires an integration of the knowledge and insights for sustainability in environment and health of societies. Teaching of science requires teaching of ethics (Reiss, 2011). Environmental ethics can be taught using many different dimensions. It can be stated that: "*Environmental ethics teaching can also occur in the context of moral education, as part of "values education" or philosophy education. Environmental concerns have social, political, economic, technological, spiritual, and aesthetic dimensions, so environmental ethics can be taught from a variety of academic contexts. Environmental ethics can be taught as a cross-curricular discipline or taught across and within many subjects"* (Baker et. al., 2019, pg.11).

When there are many different linkages of cross sectoral information in the document it will have to be structured and assessed, validated by experts for their findings or the emerging insights and re-modified, reconstructed, and refined to form a whole coherent system of knowledge. These intricate processes if implemented well, will be beneficial to policy making.

Collective transformation in health & the environment

Case studies and best practices can be used in online educational resources with transformative lessons which impact both social, economic, and environmental conditions within a locality. Local knowledge should be given equal importance as much as globally oriented environmental knowledge. OER can integrate contents so that there is a continuity of knowledge content. Best practices and knowledge gaps can be addressed when there are multiple learners attempting to co construct knowledge from various fields.

An example is the sustainability practices related to case of the Lisheen mine closure. The mine located in North Tipperary, Ireland was operating since 1999 and was expected to close by 2005. As responsible stewards the aim of the participants was to leave a positive legacy which included providing a better social impact and pro environmental actions. Multiple stakeholders came together to not only create closure but also rehabilitate the land which is 45% rock capped. They transformed 8.5 hectares to agricultural pastureland (Vedanta resources, 2018). This is an example of collective transformative act which involved restoration of social conditions, pro environmental behaviors, reversal of health consequences of the ecosystem and the health and economy of people. Furthermore, there are valuable benefits in using OER for accumulating knowledge and critical thinking as they will lead learners to improve their critical thinking skills and problem-solving capabilities. Learners will gain cooperation, problem solving and decision-making skills using OERs.

OER contents for sustainable development practices

There are many countries who are deprived of proper living conditions and do not have the same privileges even within their own locality. They include factors related to lower socio-economic conditions, rapid urbanization, migration of people, rock capped mining land which has not been restored, and lack of natural resources and less exposure to scientific information for solving daily issues in societies.

The WCED (1987) recommended that to reverse unsustainable trends, quality of life depends on: *"reviving growth, transforming the quality of growth, meeting essential needs and aspirations for jobs, food, energy, water and sanitation: regulate population, conserve and enhance the resource base, reorient technology and manage the risk, and include and combine environment considerations in decision making"* (Sustainability development in practice, p.5).

The use of OER in aquaculture and fisheries in higher education courses have benefits and barriers. A study by Pounds & Bostock (2019) explored the benefits and barriers of using OER materials. Educators stated that OER can be of high quality, it can save time while preparing lessons, lead to higher quality teaching, remove socioeconomic barriers, easy to modify and use. In the same study it was reported by students that there will be access to knowledge and knowledge is a basic human right, benefits are more compared to investing in educational materials and that their teachers would have more time to spend with them if they used online education (Pounds & Bostock, 2019, pg. 700-701). According to educators and students, the lack of awareness, lack of trust in quality, difficulty in modifying resources, and type of language used were major barriers to using OER (Pounds & Bostock, 2019). There are also issues in searching for OERs according to researchers (Abeywardena, Gajaraj & Chan, 2012). Other barriers include sustainability in adopting OERs when initial funding allocations for OER was depleted (Luo, Hostetler, Freeman, & Stefaniak, 2019).

The challenges that learners will confront will be in shifting from traditional modes to online mode. They will be required to manage their own independent learning and reflective practices both as an individual and using collaborative methods of learning. Apart from technical competencies students and teachers must be competent in using online education and integrated approaches to explore the cause and effects.

The content can be integrated with encouraging and positive highlights to promote the following: *'promote harmony and spirit of common brotherhood, transcending religious, linguistic and regional or sectoral diversities; renounce practices derogatory to the dignity of women; value and preserve the rich heritage of our composite culture; protect and improve the natural environment; develop the scientific temper; abjure violence and strive towards excellence in all spheres of individual and collective activity so that the nation constantly rises to higher levels of endeavor and achievement* (DEPFE, NCERT, pg.41).

Teachers' use of the content will also impact the ways students learn. The recommendations and insights from the findings or learning outcomes from such large documents will cut across trans-disciplinary domains.

Conclusion

The human capital of a country depends on the economy which in turn depends on the cultural, social, political, and environmental quality and development. Ex-Prime Minister Abdul Khalam from India stated that like China and the USA, India has to invest in research so that there will be expansion of industries to lead the economy of the country (Parahakaran, 2018). The advantages of online educational resources can be extended to workplaces in the form of tacit knowledge or practical knowledge. The global need is to educate everyone and OER deployment is one of the most significant contributors to fulfil equity gap, sustainability of health, environment, and education. This review on the use of OER generally for the SDGs and other cross sectoral areas reveals the possibility of new insights for transdisciplinary studies and new teaching and learning arrangements. The discussion of the challenges and strengths also assert that the use of OER is going to make significant changes in policy making, governance, teaching and learning outcomes and for achieving the SDG goals by 2030.

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Challenges for organ recipients and elderly people in summer of 2020 during the COVID-19 pandemic

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Abstract

Due to climate change, we had a long hot and-humid summer throughout Japan from June to September 2020. In addition, during the COVID-19 pandemic, the requirement to wear masks regularly meant that organ recipients and elderly people struggled with heatstroke. On June 25, 2020, the U.S. Centers for Disease Control and Prevention updated and expanded the list of increased risks for becoming severely ill from COVID-19. Elderly people remain at increased risk, but age- and condition-related risks were further defined. I focus on (1) immunocompromised state following a solid organ transplant, (2) chronic kidney disease, and (3) residents of care homes for elderly people.

Because organ recipients are immunocompromised, the number of COVID-19 victims among them has increased. The Japan Society for Transplantation created a COVID-19 committee to investigate and discover medical treatments and infection control and management practices. It also shared the updated data internationally to minimize the spread of the novel coronavirus. Chronic kidney disease patients are organ recipient candidates who are also dialysis patients. On March 9, 2020, the Japan Society for Transplantation called for organ transplant operations to be delayed (not prohibited but mostly stopped). As a result, the most serious risk for recipient candidates is a longer wait for an organ, with no clear plan to restart transplantations during the pandemic. Other people at high risk are elderly care home residents. Most care homes implemented a ban on visitors during the pandemic but still experienced clusters of COVID-19 cases. Various risks for elderly care home residents have become evident over the last six months. One of these, as noted by the Japan Geriatrics Society, was the worsening risk of dementia, which increased by 40% in this population.

COVID-19 in Japan (Spring 2020)

In Spring 2020 (Yasuoka, 2020), we expected that a beautiful summer would come, and we could enjoy life after a quick end to the novel coronavirus global pandemic. We were still dreaming about overseas travels that year as usual. The long history of COVID-19 during this past year started with the first patient reported in Japan on January 16: a Chinese man who flew back to Japan from Wuhan. On February 13, another victim of COVID-19 was reported: a woman in her eighties whose son-in-law was a taxi driver; he also succumbed to coronavirus and passed it on to his mother at home. On February 27, schools closed temporarily across Japan. On March 9, an expert meeting was called to avoid Sanmitsu (the 3 Cs: closed spaces, crowded places, and close-contact settings) in public and our daily life and finally the World Health Organization (WHO) characterized COVID-19 as a pandemic on March 12 (WHO, 2020). In addition, on March 24, the President of the

International Olympic Committee, Thomas Bach, and the Prime Minister of Japan, Shinzo Abe, held a conference call and mutually agreed to postpone the Tokyo Olympic Games to 2021 (IOC, 2020).

A stay-at-home policy was requested during March 25 to April 12 in Tokyo. On April 7, the National Diet of Japan (the Japanese government) gave the Prime Minister power to declare a partial state of emergency in seven prefectures (Tokyo, Kanagawa, Saitama, Chiba, Osaka, Hyogo, and Fukuoka) under the Novel Coronavirus Special Measures Law until May 6. However just four days after the end of the stay-at-home policy, on April 16, the declaration of a state of emergency was expanded to include the entire country of Japan. Furthermore, six more prefectures (Hokkaido, Ibaraki, Ishikawa, Gifu, Aichi, and Kyoto), along with the original seven, were designated “special security prefectures” where efforts were needed to focus on preventing the spread of the novel coronavirus until May 6. The number of COVID-19 infections reached over 10,000 patients on April 18, just days after a nationwide state of emergency was declared in the first wave in Japan (Scott, 2020).

COVID-19 in Japan (Spring to Summer 2020)

When I gave a presentation at the Tenth International Public Health Ambassador Conference (IPHA10) on 3 October 2020, autumn had come to my hometown, Sapporo. Who could have imagined that we would hold the tenth conference virtually instead of in-person, like so many international conferences, and that so many more would be cancelled throughout 2020?

Japan had a long hot and humid summer from June – September due to climate change. In addition, the COVID-19 pandemic was very active during the summer, and the requirement to wear masks meant that people struggled with heatstroke. The state of emergency declared on April 7 was finally lifted across Japan on May 25, marking the end of a six-week lockdown during which only visits to hospitals and grocery stores were permitted. On June 2, because the number of newly infected people showed evidence of a deteriorating situation, a “Tokyo alert” (call for caution) was triggered and the rainbow bridge was lit up red until June 11 (NHK, 2020).

On June 19, restrictions on inter-prefectural travel were lifted and people could go anywhere within Japan. Restaurants reopened and some events such as baseball games could be attended, while following guidelines. The “Go to Travel” campaign began on July 22, and the government provided coupons for discounted travel fees and souvenirs, except in the Tokyo area, in the hope of stimulating the economy with more public spending on tourism. However, it was difficult to restart socioeconomic activities in stages while also satisfying infection prevention requirements, and novel coronavirus infections climbed to new heights of roughly 795 per day. By July 29, a record high of over 1000 infections per day was reached, and the first infections in the 47th prefecture, Iwate, were reported.

On August 20, the infection control sectional committee recognized that the second wave of COVID-19 had hit a peak, and that scrupulous attention was required to be sensitive to changes in infection status in the future. On August 28, the government promised to provide vaccinations for everybody in Japan by mid-2021, but both specialists and the public thought it unlikely that they would be (safely) available by that date. On September 5, WHO warned against rushing to create a vaccine because it is necessary to ensure their safety and efficacy during a long trial period. WHO also noted that vaccines should be allocated fairly and distributed internationally among rich and poor countries.

However, the novel coronavirus did not wait for scientific developments in vaccines, and Tokyo recorded 218 new cases of the coronavirus on September 19, the second day in a row that the number rose to over 200 in the capital. Autumn came and the government was worried about simultaneous infections with both influenza A or B virus and COVID-19 in the winter. The health ministry advised that people aged 65 years or older should be given flu shots first from October 1, and that people under 64 would receive them from October 26. However, many elderly people could not get the vaccines so quickly (e.g., I got the shot on October 26, but my mother’s elderly care home was due to receive it in November). Elderly people’s families became increasingly worried about clusters of infections in care homes (Matusmoto, 2011).

Masks and heatstroke

Japanese people often wear masks when we catch a cold in winter or during hay fever season in spring. Many foreigners wonder why Japanese people wear masks regularly when they are out downtown. In fact, this has been a custom since the Spanish flu of 1918, and mask-wearing is known to be effective at protecting against viruses. But we wear masks only in winter and spring but not summer: we wear them not only to protect against viruses but also to keep in moisture and feel the warmth. I wear masks more often than the average Japanese person because I live in northern Japan, and I choose to protect my nose and mouth from the coldness and dryness of this region in winter. Usually, we use them to protect ourselves from pollen in spring and we stop wearing masks after spring; nobody wears masks in summer because it is too hot.

In 2020, due to climate change, we had a record long, hot and humid summer throughout Japan. Mask-wearing was mandatory to prevent infection: to avoid catching the novel coronavirus or giving it to others. This was the first time that even Japanese people had worn masks in summer, and it became clear that it was too hot to wear them. The temperature inside masks reached more than 40 °C and, which is worse, too much moisture accumulated inside them, meaning that people could not feel thirst: this caused dehydrating illnesses which led to death in some cases. Since wearing masks in summer can lead to heatstroke, we had to decide between avoiding novel coronavirus or heatstroke, controlling our mask-wearing to avoid both adverse effects (Yokobori, 2020).

Updated lists of those at increased risk

In spring 2020, the people at highest risk of COVID-19 infection were elderly people aged 65 years and over and patients with pre-existing conditions such as cardiac diseases and chronic respiratory illnesses. On June 25, the US Centers for Disease Control and Prevention (CDC) updated definitions of the people at increased risk with much more specific detail and added other people who were advised to take extra precautions, based on the latest data (CDC, 2020).

The updated CDC definitions focused on individual age and medical conditions of those at high risk, but also highlighted quality of life in more detail than before. They pointed out that the risk of severe illness from COVID-19 increases with age; this means that for patients who have serious underlying illnesses, their age is an important factor. Older adults with severe illnesses are at the highest risk, so they need extra individual care. Further, the risk of severe illness increases with not only with age but also with other factors, and more individual environmental factors have become intertwined. While aging is a risk factor for everyone, communities contain aged people in a variety of situations. For example, the risk levels are different for an elderly person who lives at home alone, or with family, or in a care home with many other people. Thus, we cannot categorize people only into risk groups of older or younger than 65 years.

The CDC also expanded the category of people of any age with certain underlying medical conditions who are at increased risk of severe illness from COVID-19, and again highlighted quality of life issues. The updated definitions show that a variety of people are at high risk of contracting the novel coronavirus, and individual conditions are important factors. It is therefore difficult to define one category of "those at highest risk," and the CDC cautioned that more careful countermeasure development is needed, in line with the latest evidential data, as soon as possible. It is possible that the definition of "high risk" itself is unclear and changeable during this pandemic, because the virus itself is so unpredictable (Coates, 2020).

The revised definitions expanded on the kinds of underlying disease categories and specific examples and alerted the world to increases in risk severity in patients with: cancer, chronic kidney disease, chronic obstructive pulmonary disease (COPD), heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies, immunocompromised state (weakened immune system) from solid organ transplant, obesity (body mass index [BMI] of 30 kg/m^2 or higher but <40 kg/m^2), severe obesity (BMI ≥40 kg/m^2), pregnancy, sickle cell disease, smoking and type 2 diabetes mellitus.

My research particularly focuses on people of any age with the following conditions, acknowledged by the CDC as being at increased risk of severe illness: chronic kidney disease and immunocompromised state (weakened immune system) from solid organ transplant.

Most chronic kidney disease patients depend on blood dialysis. In Japan, they also face further risk because the dialysis facilities are close together, so they are more likely to encounter other people and be at risk of contracting COVID-19. Also, after a solid organ transplant, organ recipients need immunosuppressant drugs to avoid organ rejection, meaning that their bodies' immune systems are seriously weakened (Yasuoka, 2019).

Higher risk of severe illness?

The CDC presented visual information about what to do if you are at higher risk of severe illness from COVID-19 or if you know someone at higher risk. This includes several categories, as set out below.

Older adults

The CDC informed older adults about how to reduce the risk of catching the novel coronavirus: this is especially important for people at increased risk of severe illness from COVID-19 and those who live with them. The best way to protect yourself and to help reduce the spread of the virus that causes COVID-19 is to: limit your interactions with other people as much as possible; take precautions to prevent getting COVID-19 when you do interact with others; get in touch with your healthcare provider within 24 hours if you start feeling sick and think you may have COVID-19.

People with underlying medical conditions

Adults of any age with certain underlying medical conditions are at increased risk of severe illness from COVID-19, defined as hospitalization, admission to the intensive care unit, intubation or mechanical ventilation, or death, as noted in the updated CDC definitions above. COVID-19 is a new disease. Data are currently limited and information about the impact of many underlying medical conditions and whether they increase the risk of severe illness from the novel coronavirus is lacking (Kaser, 2020).

Immunocompromised patients

Immunocompromised patients include recipients of all kinds of solid organs and organ (mostly kidney and pancreas) recipient candidates who are users of blood dialysis.

Organ transplantation is a kind of miracle medical care that saves patients' lives by transplanting others' organs into their severely ill bodies. However, our bodies naturally reject others' organs, so organ recipients must avoid this by decreasing their immunity (Caplan and Coelho, 1999). They must take immunosuppressing drugs to avoid organ rejection. As a result, their bodies become immunocompromised and their risk of contracting COVID-19 increases (Loupy et al., 2020). Organ transplantation is a wonderful medical treatment, but it produces bodies weakened in their ability to fight all kinds of infection. An infectious pandemic can prove especially fatal for solid organ recipients (Lock, 2002).

Due to severe organ shortages, many recipient candidates have been waiting for an organ donation while undergoing dialysis. The number of patients on dialysis with type 2 diabetes is increasing year on year, compared to those who are on dialysis due to kidney failure, who tend to be younger. As a result, the average age of patients undergoing dialysis is increasing, leading to a higher number of elderly dialysis patients. The risk of infection in dialysis patients is higher; in addition, many type 2 diabetes patients must receive blood dialysis together, which puts them at high risk and causes further stress.

While the original diseases and symptoms differ, organ failure and diabetes patients must spend large amounts of time together during dialysis, and this also leads them to experience similar complications and side-effects such as hypertension or high blood pressure. As a result, they may be at increased risk of severe illness from COVID-19. Kidney/pancreas organ recipient candidates have suffered a disease sufficiently serious to need organ transplantation, but they face organ shortages and must wait for organ donation. Since it is not possible to know when this might occur, they may be on blood dialysis for long time (one or two decades) (Himmelfarb and Ikizler, 2018). Most organ recipient candidates suffer various kinds of complications, and this reduces their immunity against infections (Cooper and Cooper, 2014). In addition, they must commute to blood dialysis facilities three days per week and have to stay for four hours in one large room, sharing it with other dialysis patients. As a result, many clusters of infection have been breaking out (Yasuoka, 2020).

COVID-19 Committee

The Japan Society for Transplantation (JST) created the COVID-19 Committee, chaired by Dr. Kenji Yuzawa, who is liver and kidney transplant surgeon, for organ recipients and recipient candidates on February 26, 2020 (JST, 2020). This committee's members include not only organ transplant surgeons but also various specialists such as infectious disease experts, who are all Japanese but work throughout Japan and across the US. The aims of this committee are to investigate and discover medical treatments and infection control and management practices, and to share updated data internationally to minimize the spread of the novel coronavirus to protect organ recipients and organ recipient candidates.

Cutting-edge medical information

The COVID-19 Committee has encouraged registration of recipients infected with the novel coronavirus to follow up such patients and to share data across the world to aid development of countermeasure strategies. It also has provided various web lecture presentations in PowerPoint by transplant surgeons and transplant medical care specialists to share the updated data. In addition, it has started to deliver online videos about COVID-19 and organ transplant medical care for organ recipients, candidates, families, and the public in clearly understandable terms.

Traditional medicine

Okayama University and a health care company collaborated on research to reduce immunosuppressing drugs and blend Chinese caterpillar fungus (冬虫夏草), which is a mushroom (a Kampo medicine). COVID-19 is a novel coronavirus for humans, but doctors and health researchers have been investigating new medicines or supplemental drugs based on traditional medicine for some time. This is a great opportunity to make use of traditional knowledge based on ancient wisdom, because human history is a history of battles with viruses, and people have survived using traditional knowledge and experience from longstanding medical heritage (Chen et al., 2020).

Table 1: Information submitted on COVID-19-infected recipients

Organ:	**Heart**	**Lung**	**Liver**	**Kidney**	**Pancreas**	**Small intestine**
	1	0	3	28	0	0

Age:	**0~9**	**10~29**	**30~49**	**50~59**	**Over 70**
	0	2	10	19	1

Sex:	**Male**	**Female**
	23	9

Prognosis:	**Recovered**	**In treatment**	**Retested positive**	**Deceased**
	19	6	1	2

Note: Information on four patients in the "prognosis" was not available as unrecorded. *Source*: The number of organ recipients infected with COVID-19. In: Japan Society for Transplantation [website] (https://square.umin.ac.jp/jst-covid-19/images/20201221covid-19cases.pdf (updated 09/28/2020), accessed 09/28/2020).

COVID-19-infected organ recipients

The COVID-19 Committee called for reports on individual case histories of COVID-19-infected organ recipients in transplant facilities and enumerated the data to inform the public online (Table 1). The information has been updated almost every day so that we can grasp the cumulative number of infected patients among organ recipients and track their situation and movement in detail. This is helpful not only for organ recipients but also for recipient candidates, recipients' families, and the public as it shows at a glance how much organ recipients are in crisis. It also shows how concerned parties can prepare and how others can support them.

The data show that the number of infected recipients has increased rapidly owing to the third wave (after the end of September's holidays). Kidney recipients are the major set of patients at risk because the number of kidney transplants is highest. Recipients aged 50–59 years are the largest number of infected recipients because the risk of contracting COVID-19 increases with age, but the age limit on organ recipients is around 60–70 years, so those over 70 are rare, or represent recipients who received an organ when they were younger. Male recipients have higher infection rates than females because the ratio among recipients is around two males to every female. The number of recipients who have recovered is lower than average, because recipients are in treatment for longer, more recipients retest positive, and the number of deaths is higher than among healthy people in the general population (Raja et al., 2021).

Chronic organ failure patients

The category of chronic organ failure patients who are solid organ recipients is a very high-risk group and contains two sets of patients: recipients and retransplant recipients. Recipients may have received all kinds of solid organs, such as heart, liver, kidney, lung, pancreas (including simultaneous pancreas and kidney transplantation), pancreatic islet, and small intestine from brain-dead and heart-dead donors (deceased donors) or from living donors. They received the organs between one year and more than 30 years ago, but the biological attachment rate of a transplanted organ is about 5–15 years on average. Some recipients have survived for over 30 years and some even over 40 years, but those who have survived longest have been taking immunosuppressant drugs for so long time that their immune systems are damaged. So successful organ recipients are also people at high risk of infection due to their long-term use of immunosuppressant drugs.

The second set is re-transplant recipients of all kinds of solid organs (except the liver) from various combinations of donors (for example, receiving a first organ from a living donor and a second from a heart-dead donor). They are also long-term immunosuppressant drugs users because they took the drugs during both transplants, even if they had a break from taking the drugs following the initial organ rejection, therefore causing damage to their bodies, meaning that they are also at high risk. There are also re-retransplant recipients now and it is possible that there may even be re-re-retransplant recipients in the near future, although as far as I know this four-time transplantation has not happened yet. However, Japan faces the most severe chronic organ shortage, and other countries worldwide also lack organ donations, so all recipient candidates are also at serious high risk during the COVID-19 pandemic. In addition, the JST has called for various organ transplant operations to be delayed—especially heart, liver, kidney, lung, pancreas, pancreatic islet, and small intestine from both brain-dead and heart-dead donors, and liver, kidney, and lung from living donors. As a result, solid organ recipient candidates must wait longer for organ donations and the operation restart date is unclear. The number of organ transplants dropped sharply worldwide during the coronavirus pandemic: deceased donor organ transplants dropped by 51.1% in the US and 90.6% in France compared to before the pandemic, so Japanese recipient candidates cannot rely on either national or overseas transplants during the pandemic (Mokhtari et al., 2020).

Chronic kidney disease patients

Another high-risk group is chronic kidney disease patients, especially those who need dialysis to survive (Kliger et al., 2020). This section focuses on two categories of dialysis user: diabetes patients and kidney recipient candidates, including kidney retransplant patients. Most patients who need kidney transplants are diabetes patients and kidney disorder patients whose original disease is kidney failure. Diabetes patients are the majority; they have many symptoms, but most have kidney damage, and will eventually need a kidney transplant. Kidney failure patients have a long wait for an organ donation while undergoing dialysis due to the severe worldwide organ shortage.

There are two types of diabetes. Around 5% of diabetes patients have type 1; their age at onset is under 14 years and they need insulin replacement therapy. More than 95% of diabetes have type 2; they tend to be middle-aged and elderly at onset. The big three complications of type 2 diabetes are disorders of nerve, eyes, and kidneys (diabetic nephropathy). Diabetic nephropathy patients need dialysis first and then eventually a kidney transplant. Type 2 diabetes is a lifestyle-related illness. Type 2 patients tend to be elderly: about half of dialysis patients who have diabetes are over 70 years old and two thirds are over 65 years old. Thus, dialysis users who are diabetes patients are mostly elderly and are therefore at high risk of COVID-19.

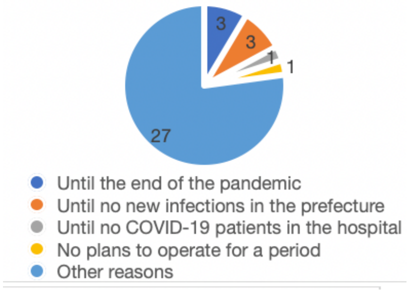
Another risk to dialysis users is the facilities where they must get dialysis therapy, such as hospitals and specialist facilities, which are spaces at high risk of COVID-19 clusters. Because most Japanese dialysis patients rely on blood dialysis, the facilities involve many patients in a large room where they must spend four hours per day, and they have to commute there three times a week. According to the Japanese Society for Dialysis Therapy, 708 dialysis patients have become infected with COVID-19 (JSDT, 2020). Both dialysis users and their facilities are at high risk in Japan.

Kidney transplant patients (from brain-dead donors)

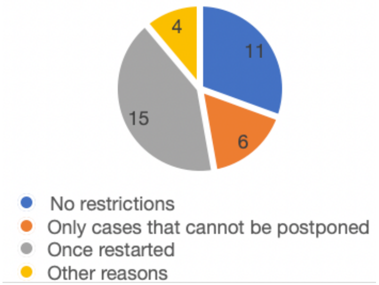
Unfortunately, since the COVID-19 pandemic started, the number of organ transplant operations has decreased across the world. Because organ transplantation itself is a high-risk medical procedure, with chances of infection from organ donation, organ replacement, and organ reception, all transplantation procedures create many risks.

Figure 1: Organ transplant operations in hospitals in Japan

Hospitals that postponed operations



Hospitals conducting operations



Source: Data from: The number of organ transplant operations. In: Japan Society for Transplantation [website] (https://square.umin.ac.jp/jst-covid-19/images/report202006.pdf (updated 09/28/2020), accessed 09/28/2020).

The JST established basic guidelines concerning the pandemic and called for organ transplant operations to be delayed but not prohibited. However, every hospital has its own guidelines, so some have performed organ transplant as usual, some have reduced operations, and some have stopped organ transplants altogether. The great variability among hospitals adds to the confusion for not only solid organ recipient candidates but also living donors. Every kind of solid organ transplant carries several risks (at lower or higher levels, but none are without risk) to both donors and recipients, of course. Further, recipients are at risk that a donor (whether brain-dead or heart-dead) may have had COVID-19; added to which, both recipient and donor are at risk during a donation from a living donor. In addition, it is important to note that living donors also become people at high risk after organ donation.

Let's take kidney transplants from deceased donors (both brain-dead and heart-dead donors) as a case study. Figure 1 shows a total of 72 hospital situations regarding kidney transplant operations during the COVID-19 pandemic. Of these, 36 stopped kidney transplants from deceased donors but the other 36 conducted the operations as normal.

The half of the hospitals that stopped kidney transplants from deceased donors stated that they would do so until the end of the pandemic was declared (3 hospitals: 8%); until the number of new COVID-19 infections in the prefecture was zero (3 hospitals: 8%); until no further COVID-19 patients were present in the hospital (1 hospital: 3%); with no plan to perform organ transplant operation for a temporary period (1 hospital: 3%); and/or for other reasons (27 hospitals: 75%).

Another 50% of hospitals that did perform kidney transplants from deceased donors stated that they would continue to perform kidney transplant operations without restriction (11 hospitals: 31%); only for those cases that could not be postponed (6 hospitals: 17%); once they had stopped and restarted transplant operations (15 hospitals: 42%); and/or for other reasons (4 hospitals: 12%).

We can see that half the hospitals recognized that the risk of COVID-19 was greater than that of transplant treatment during the pandemic; their attitudes are very prudent. Another half assessed that the long delays for transplant operations posed a much higher risk than COVID-19 infection. As a result, 50% of kidney recipient candidates received donated organs and had to take immunosuppressant drugs, so they are battling infections, while 50% continue to wait for an organ transplant while remaining on dialysis. The decision of whether to perform transplant operations is a very difficult one for transplant surgeons, and nobody knows for certain which is better for recipient candidates. However, this pandemic began in March 2020, so if it lasts much longer, organ recipient candidates will face the dilemma of whether they are more likely to die from COVID-19 or from organ failure (Yuzawa, 2020).

The situation with organ transplant operations varies according to each hospital, each city, and each prefecture in Japan. I asked one of my informants, who received a kidney re-retransplant at a hospital in Osaka, about postponing organ transplant operations. He said:

Stop or postpone organ transplant operations? You mean nationwide? I've never heard that story. Organ transplant operations have been conducted properly here. Is that right? I think that organ transplant operations should be performed because there are too few organ donations and there are so many recipient candidates waiting for organs who require prompt action.

Elderly people in care homes (1)

Elderly people are at high risk of COVID-19, as most people know. In this section, I focus on elderly people who live in care homes. My mother lives in a care home in Sapporo, Japan, which had to introduce several strategies during the pandemic from February to October 2020. Care homes are high-risk places because care workers are required to take care of elderly people using close contact, and this is precisely how COVID-19 is most commonly transmitted (Backhaus, 2017). Further, most elderly people in care homes have some loss of motor function and/or dementia, so it is difficult to reduce the risk of spreading the virus from care workers to residents (Lock, 2013). In addition, care home workers usually provide close personal care, but during the pandemic this results in significantly heightened risks for workers and residents. Sapporo entered the pandemic earlier than other cities because it holds the international Sapporo Snow Festival in early February, which many people visit from all over the world—including Wuhan, China. This festival led to the start of the COVID-19 pandemic and the governor declared a prefectural state of emergency in February—the first in Japan. Every care home attempted to control the virus with various strategies.

My mother's care home locked down in February, and many unexpected problems occurred there, which have also occurred in most care homes across the world

- Elderly people were not allowed to go out, except to hospital appointments, so I could meet my mother when taking her to hospital for her regular check-ups, but only for the journey from care home to hospital and back. We were prohibited from dropping in to do some shopping, have lunch, or drink coffee and chat. Also, I was not allowed to bring any food or drink for my mother to avoid potential spread of the virus from outside the home.
- Elderly people were not allowed to see visitors, so my mother had no chance to meet her family, relatives, and care manager. Thus, she could not maintain any private human or business relationships except via telephone calls and online meetings. Since many elderly people have weak hearing and find it difficult to operate online meetings, this is a major barrier.
- Elderly people had no recreation during the pandemic. Usually, many outside events are held at care homes for elderly people to help them enjoy a sense of the seasons, such as cherry blossom appreciation (in spring), Bon festival dancing (in summer), and marking the changing colors of autumn leaves. These beautiful seasonal events

recall elderly people's happy youthful memories and stimulate their cognition function, but only inside events are permitted during the pandemic.

COVID-19 cluster: Sapporo, Japan

COVID-19 clusters in elderly homes happened regularly and had serious results. The first tragic cluster case was in April 2020 in a care home in Sapporo, where 92 elderly people were resident and 17 died. This caused many people to pay attention and think about the situation in elderly homes carefully. In July 2020, there was a COVID-19 cluster in my mother's care home. A care worker's family member became infected; the worker also became infected and gave it to an elderly resident. All the residents got a free PCR test and one person stayed in hospital, while all the other residents had a two-week quarantine inside their own rooms, under the control of the local health authority. Fortunately, there were no deaths.

Even in 2021, my mother's care home still has a "no visiting" policy and only telephone calls are allowed, so I try to call her every Saturday afternoon to chat and check on her health condition. Her care manager also emails me to report on her situation every month and sends me letters including photos of my mother at inside events such as Halloween and birthday parties, and occasional indoor activities, as well as informing me about my mother and the care home's situation and future plans regarding the COVID-19 pandemic. I live only five minutes' walk from my mother's care home, but many residents' families live much further away, so many residents cannot see any family members at all.

Almost every day, serious clusters are happening at elderly homes in Japan (indeed, all over the world). Over the past year of the pandemic, it has become clear that not only are older people at greater risk of infection; clusters at care homes are also very serious high-risk events that need to be avoided: it is vital to manage and control the wide diversity of risks for elderly people and their care homes.

Elderly people in care homes (2)

Another problem for elderly people in care homes is that unexpected side-effects of being unable to meet with family members during the COVID-19 pandemic have become apparent since spring 2020. Elderly people who have been quarantining from outsiders inside their care homes only see care home workers—such as caregivers, social workers, and medical doctors—and the friends they live with inside the home. During this lockdown, many specialists have been worried about residents losing both motor function and cognitive function without stimulation from the outside world as a result of isolation and a lack of communication. I would like to focus on their physical and mental health, including geriatric diseases and dementia, during this lockdown period. The Japan Geriatrics Society advised older people to practice caution under COVID-19 restrictions (JGS, 2020a).

In March 2020, the Society's Subcommittee on Frailty and Sarcopenia cautioned against inactivity for elderly people during the pandemic:

> ***COVID-19, Practice Caution for Older People***
>
> We are deeply worried about the pandemic of the new coronavirus infection around the world. It is so sad to hear many people die due to COVID-19, especially older people with comorbidities such as diabetes, cardiovascular disease, lung disease, etc., have a higher risk for mortality. It is of course important for us to avoid the infection, but at the same time we should avoid the secondary effect of self-restraint due to the pandemic. Therefore, the Japan Geriatrics Society decided to raise awareness of "prevention of frailty" during the pandemic. We are afraid that in some cities and countries going out might be strictly prohibited, so you might have to change the contents of this poster depending on the current situation of your community. We do hope we can overcome this hard time by human wisdom.

A survey focusing on dementia research was conducted by Hiroshima University and the Japan Geriatrics Society, via the Japan Association of Geriatric Health Services Facilities and the Japan Care Manager Association between June and July (JAGHSF, 2020; JCMA, 2020). It found that about 40% of elderly Japanese people who suffer from dementia have seen a worsening of their advanced symptoms because of the long periods of isolation and anxiety in elderly people's care homes as a result of the stay-at-home policy to protect them from COVID-19. Dementia patients living in care homes have had less time and opportunity to move their bodies (LS&MT, 2020). This extremely serious phenomenon is affecting not only elderly Japanese people with dementia in care homes but also elderly people worldwide during the pandemic. What is worse, nobody knows when the pandemic will end, and the longer the stay-at-home policy remains in place, the more serious the situations will become for elderly residents of care homes. We also have to keep an eye on these elderly people as they will continue to be at high risk in the future (British Geriatrics Society, 2020).

The Japan Geriatrics Society created material on how to protect elderly people from the novel coronavirus and prevent frailty from developing and increasing, in order not to diminish resistance among elderly people during the COVID-19 pandemic. This was made available free of charge on the Japan Geriatrics Society website to guide and enlighten not only elderly people but also their families and carers (JGS, 2020b). The material offers useful tips for elderly people to keep their bodies in good health and protect them from being reduced to a bedridden state. It also offers advice on how to delay the onset or progression of dementia and improve elderly people's quality of life. It could also be relevant to other people at high risk such as middle-aged people with severe diseases including diabetes, heart disease, and cancer, as well as cigarette smokers. It is not exclusively related to the pandemic but is always relevant.

Conclusions

The three categories of people at high risk discussed in this paper are organ recipients, recipient candidates, and elderly people in care homes, all of whom struggled more in summer than spring 2020 during the COVID-19 pandemic. The summer was hotter, more humid, and longer due to climate change, and people also had unexpected problems such as heatstroke from wearing masks. Also, people were tired physically and mentally due to the stay-at-home policy and were struggling with the pandemic and uncertainty about the future for a long time, since nobody knows when the situation will end.

Organ recipients (immunosuppressant drug users) are at high risk of becoming infected with COVID-19, and their death rate is higher. They face the serious dilemma of choosing between the risk of death from receiving an organ and having to use immunosuppressant drugs and the risk of death from organ failure. Organ transplant medical treatment makes it very difficult for the body to battle infectious disease, especially during such a long pandemic. Medical workers and researchers are trying to marry Western cutting-edge medical technology and traditional medicine such as Chinese herbal remedies (Kampo medicines). Because rejection of a donated organ is a natural reaction of the body, recipients must take immunosuppressant drugs, but this makes the risk of becoming infected with the novel coronavirus much greater. This is a great challenge for medical history during the COVID-19 pandemic.

Recipient candidates and dialysis patients (those awaiting a kidney transplant) are having to wait longer than usual as organ transplant operations have been delayed. The numbers of operations have been reduced for all kinds of organs and all types of donors, both in Japan and worldwide, as an anti-COVID-19 measure, regardless of the number of donations. As a result, recipient candidates are having to remain on dialysis for longer while they wait, and their bodies are therefore becoming increasingly damaged.

Elderly people are at risk of being in a cluster of infections and many people's dementia has worsened due to isolation in homes. Many clusters occurred in care homes in summer 2020, and even now elderly people are unable to go out and interact with people outside the home, having already spent a long time in lockdown thanks to the pandemic. While the stay-at-home policy has been helpful as a strategy to combat infectious diseases, it has increased the risk of worsening dementia by 40% as a result of a lack of activity (physical deconditioning) and lack of communication (isolation).

These three categories of people at high risk of infection have been battling with a number of difficulties during the summer, but the pandemic could be used to help to create wider awareness of their experience. The policy of wearing masks led to the risk of heatstroke during the summer. Researchers are working on the problem of immunosuppression—a major side effect of organ transplantation—by using traditional remedies like Kampo medicines (Chinese herbs). More bioethical research is also necessary to contribute to knowledge about these people's life issues.

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Exploring researchers' perceptions on the consequences of publication pressure to the research ecosystem

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Abstract

The growing competition for limited research funding and academic position, has pressured researchers into continuously producing "publishable" results. This study aimed to investigate researchers' perceptions regarding the pressure to publish, and its potential consequences to the research ecosystem. Based on qualitative results obtained through series of in-depth interviews, we found that publication pressures can potentially lead to positive and negative consequences to the field of research. Our findings found that publication pressure can potentially lead to the act of plagiarism, researchers resorting to unethical research practices or non-scientific norm just to have a publishable paper as well as resulted with a hostile working environment among researchers as the need to compete become intense. Additionally, it also can motivate researchers to improve their writing and publishing skills as their need to compete for academic positions, research funding, personal glory and future collaboration increases. It is suggested that institutions of higher education need to focus more on improving the writing, publishing and language skills of the researchers besides creating awareness on the importance of conducting research responsibly and ethically. At the same time, focusing equally to researcher's publication records as well as their overall performance in teaching, supervising, community work and research activities.

Keywords: *publication pressure; research misconduct; responsible conduct of research; personal glory; plagiarism*

Introduction

One of the criteria for evaluating research projects is the quantity of papers authored by applicants. Such urgency gives rise to the famous precept of 'publish or perish', which became widespread throughout academia (Grieger, 2005). The dissemination of this idea contributes towards generating an evaluation policy utilized by most academic institutions and funding agencies, based on how many papers the researchers had published. Evaluating researcher's career performance based on the quantity of publication indirectly has intensified competition among researchers. Although, such competition is encouraged in scientifically advanced countries because it increases the efficiency and productivity of researchers (Fellers, 1996), it however, might conflict with their objectivity and integrity because the success of a scientific paper partly depends on its results and its contribution to the scientific community as well as the society. Unfortunately, such competition would attract the more ambitious academia that would publish anything just for the sake of publishing even though the publication is irrelevant to their field of study (Huth, 1986). However, the absolute number of publications and authorship order are only a few variables that institutions may use in performance review and promotion. For researchers in some countries, the pressure to publish in high impact journals is coupled with excessive instructional workload, and with non-matching incentives structure to reward the new expectation, it creates unnecessary consequences for the integrity of research (Anderson et al, 2013). The progress of science is limited by the number of positions and research funding (Goodstein, 2002), researchers are fighting for fewer grants and the already scarce top jobs in the academia (Dhand, 2002). Therefore, in order to compete for these jobs, researchers must have fantastic publication records, and this could be the reason why some researchers duplicate their publications to have a better resume (Amin et al, 2012).

However, some researchers might disagree that pressure to publish contributes to research misconduct. Pressure to publish is aimed to encourage researchers to write and publish their work in a high impact journal, and at the same time, increase their productivity and enable them to share their findings with other researchers from other countries. At the same time, it creates a healthy and competitive working environment, which can contribute to their success as researcher. According to Amin et al (2012), pressure can be endemic source in a researcher's life because as we know, scientific work usually involves lots of pressure from multiple commitments such as meeting, dateline, getting sources of fund and anxiety in achieving project output. Although, it might affect one's decision to act ethically but, in the end, it is up to the individual judgment and values that decide whether he/she acts against professional ethics or not. This is because when people who are already morally weak, ignorant, or insensitive are placed in stressful situations, they might choose to engage in misconduct to settle any conflict (Dhand, 2002). These arguments suggest that the pressure to "publish or perish" may not necessarily directly contribute to research misconduct but instead it is used as an excuse for some researcher to create 'shortcut' for them to increase their publication records and strengthen their resume for better career advancement.

Due to these arguments, we think that it is important to conduct an empirical study among researchers who are working within the research community in Malaysian institutions of higher learning. A literature review reveals few empirical studies focused on researcher in Malaysia in the context of research misconduct issues and that they may not cover many potentially relevant aspects. The provision of academic misconduct such as plagiarism among university students is the most frequently explored and discussed topic of misconduct in Malaysia (Smith, Ghazali & Minhad, 2007; Abdul Karim et al, 2009; Chun et al, 2012; Wan et al, 2011; Yusof & Masrom, 2012; Wan Ali et al, 2012; Bakhtiyari et al, 2014; Looi, Wong & Koh, 2015). However, study on the opinions and views of researchers in Malaysian institution of higher learning regarding the factors influencing research misconduct are rarely highlighted and still lacking. Therefore, the purpose of this study is to: 1) investigate researchers' views and perceptions on the "publish or perish culture" and whether it contributes to research misconduct, and 2) to bring attention to some specific experiences and needs of researchers that focus on issues related to publications.

Methods

This study used in-depth, semi-structured interviews, with 22 respondents. This provided opportunity for respondents to share their experiences and perceptions on publication pressure. Prior to the interview, rigorous discussion on the current and potential issues regarding publication pressure that has been highlighted in previous studies, was held among the researchers. Hence, the interview questionnaires were developed based on the issues that are highlighted. However, before deciding on the final set of questionnaires, pilot testing was conducted to make sure that these questions will finally help us to achieve our objectives. The answers to these interviews would indicate the participants' opinions on the issues related to the necessity to publish and its role in researcher's decision to engage in research misconduct.

Participants

The participants were selected using purposive sampling and then through a snowball method. We first selected participants among the academics in both public and private higher learning institutions, based on their experience in research fields, in terms of conducting research and supervising research, and from there it snowballs based on the suggestion of the respondents. Overall, there are 22 respondents who voluntarily agreed to participate in this study. They come from different research disciplines, geographical areas, career levels and had years of experience in conducting and supervising research. There were 9 males and 13 females; 6 of them were junior researchers with less than 10 years' research experience and 16 are senior researchers with more than 15 years of research experience. The participants were from different backgrounds including education, law, social sciences, information technology, pure sciences, medicine, accounting, linguistics and engineering (Table 1).

Data collection

Initially, a set of interview questions together with the informed consent forms, and a brief description regarding the research including the objective were of sent via email to the selected participants. When they agreed to participate and provide their consent by signing the consent from, an agreed date and venue was decided, based on the availability of the respondents. All the interviews were conducted at the respondent's workplace within their respective university. The interviews lasted between 45 minutes to 2.5 hours. The main language that was used for the interview was English even though from time to time Malay language was used. This series of interviews among lasted four months (Jun 2018 to November 2018).

Data analysis

The interview transcripts were transcribed verbatim and analysed using the five stage framework approach. Stage 1 is familiarization, where investigators familiarize with the content of each interview, make notes and jot down any topics that are significant or interesting. Stage 2 is constructing a thematic framework, where investigators review the list of topics and ideas that emerged in the first stage. These will become the initial thematic framework or code an index of themes and sub-themes for the next stage. Stage 3 is indexing and sorting. This stage may be time consuming however, it made reading the labels easier, which will be advantageous during the later stages of analysis when constantly moving backwards and forwards across data. Stage 4 is data summary and display, where the investigator constructs thematic charts for initial themes. Finally, stage 5, mapping, and interpretation, where the main themes and sub-themes was developed. To avoid bias on the data, all researchers are involved in the analysis and decision on the final findings as agreed by all researcher. When no new themes or subthemes emerged, we considered that the data reached a saturation level. It is important to note that the opinions expressed by the participants involved in the study cannot be generalized to the entire research community in Malaysia.

Results

Our study found that publication pressure is like a double-edged sword where it can either lead to negative or positive consequences. It can motivate and encourage researcher to publish their research or work, or it can encourage researchers to engage in unethical research practices to maximize publication numbers to fulfil institution's requirements on publications.

Table 1: Demographic information of participants

No.	Gender	Higher Education Institutions* (Local/Private)	Research Experience (yrs)	Ethnicity	Expertise	Research training
1	Male	Local	<10 years	Foreigner	Education	Abroad
2	Female	Local *	>25 years	Malay Muslim	Law	Local & abroad
3	Female	Local *	<10 years	Malay	Health science	Abroad
4	Female	Local*	<10 years	Malay	Bioethics	Local
5	Female	Local *	>20 years	Ethnic Sarawak	Conservation geology	Local
6	Female	Local *	<15 years	Malay	Engineering	Local & abroad
7	Male	Local *	>30 years	Malay	Pure science	Abroad
8	Male	Local *	>30 years	Malay	Philosophy	Abroad
9	Male	Local *	>30 years	Malay	Pure science	Abroad
10	Female	Local	<10 years	Malay	Law	Local
11	Male	Local *	<10 years	Malay	Bioethics	Local
12	Male	Private	>30 years	Foreigner	Pharmacology	Abroad
13	Female	Local *	>20years	Malay	IT	Abroad
14	Female	Local*	>30years	Malay	Law	Local & abroad
15	Male	Private	<10 years	Malay	Environmental science	Local
16	Male	Local*	<15 years	Malay	Mass communication	Local & abroad
17	Female	Local*	>30 years	Malay	Pure science	Abroad
18	Female	Local	>20 years	Ethnic Sarawak	Accounting	Abroad
19	Male	Local	>20 years	Ethnic Sarawak	Linguistic	Abroad
20	Female	Private	>10 years	Foreigner	Health science	Abroad
21	Female	Private	>30 years	Malaysian	Medical Genetic	Abroad
22	Female	Local *	>25 years	Indian	Medicine	Abroad

Publication pressure

“University’s requirement for promotion among academic is getting more stringent, and this can make some ‘people’ quite desperate. With this ‘publish or perish’ culture, academic are desperate to achieve the needed amount of research publications because it all connected. You see, if a researcher does not have any publication, he or she will not get a research grant and without that, he/she can’t do research, which will limit their publication records. This eventually delays their promotion or confirmation for a permanent post in the university and causes loss rather than getting financial rewards. So, some might be desperate enough to do whatever it takes to have his/her paper publishes.” (Assoc. Prof., Law Faculty)

For another participant, *“I believe... in a way, university’s requirement to have certain number of publications, having certain amount of research grants, having certain hours of community projects, teaching hours..and all other requirements do indirectly placing pressure on researcher. This pressure sometimes is translated into inappropriate research decisions.”* (Senior Lecturer, Faculty of Science)

The need to publish frequently is becoming a pressure when researchers do not have the necessary writing and publishing skills and lack language competency. However, this can be improved through constant practice from an early stage of researcher’s career path.

“Lack of writing skill and low command of English language is not only among academician, but it is especially glaring among students, even at post graduate level. This shows that we need to tackle this issue at the incredibly early stage of research that is, I believe during their first year as graduate student. Yes, there is such courses, but we need to emphasize the importance of focusing and mastering these skills rather than just telling them that they need to do it. Plagiarism and authorship, the two misconduct that is always associated with publication pressure can be avoided if we can improve our writing and language skill. We need to equip our researcher and student with knowledge and technique of paraphrasing, restructuring, referencing etc. Without these necessarily skills, publication pressure can potentially lead to unethical decision.” (Senior Lecturer, Faculty of Engineering)

With or without publication pressure, the desire to display one own achievement for one own glory can very much lead to research misconduct. “It is to gain good reputation among your peer in the same field. When you have quite several publications and because of that you received huge research grant from a well known internationally or locally organization, people will recognize you as someone great. But when you do not have any publication for quite a while, you are considered as weak…or lazy…or stupid and your credibility as researcher as well as academic is being question by the institution as well as others. So, you know, this personal ‘glory’ is even a bigger factor to involve in misconduct.”(Senior Lecturer, Faculty of Engineering)

Negative consequences of publication pressure

However, it cannot be denied that publication pressures do lead to negative consequences such as unethical authorship practices, and this include the emergence of many 'free raider' and 'ghost writer'. "You know what they do, it's like they 'joint-venture' with other authors who I presume their friends. So, as senior lecturer here of course you know who is who, and who is expert in what area. If I saw some name in a paper that is not her/his area sometimes I will ask. Do they really have any knowledge in that area? Can they teach in that subject? You know what they answer…'takder la..nak hidup katakan' (not really, just want to survive). And this kind of answer really makes me feel sad. They just put their name as co-author in any paper although it is not really related to their field of study just to fulfil the requirement to publish. I am not sure if this is misconduct, but it is unethical practices if you ask me." (Assoc Prof. Faculty of Law)

'Free rider' also resulted with several authors co-authoring one single paper, which is quite common in medical or scientific field but not in social sciences. "Having more than five or seven authors for one single research articles is not uncommon in science or medical fields but for social sciences, it is quite uncommon. Particularly, in my area. I mean how many people you need to for example, criticise on a film or book. I believe when the university implement policy regarding publication requirement, it do add on extra pressure on some. For me it is no big deal but might not for others. I do not want to say that this pressure will lead to misconduct but it does indirectly play some role." (Senior Lecturer, Faculty of Social Science)

Those who are already have conflicted self-integrity may find it more difficult to handle publication pressure. Publishing in academic journal is a long-standing requirement and expectation from all academics for ages and whoever decide to join the academic field should know that. But now, the need for publishing as intensify and some may find it is impossible to ethically comply. "I believe that it is a combination of pressure to perform in your career, requirement from the university management to publish research paper and our low value system within our society. All these may lead to misconduct and not only in research but in every aspect of our life."

Positive consequences of publication pressure

However, it is not all negative as pressure to publish can also lead to positive consequences. It can become a positive motivation for researchers to improve their writing and publication skills and increase the desire to share their findings and knowledge with other researcher globally.

"In my opinion, publication pressure has both positive and negative effects on researcher's actions. For those who into research, the requirement to publish paper becomes some sort of motivation for them, but I guess research and publication is not for everyone even though we are academics. It may not necessarily lead to misconduct, but such pressure can demotivate academician who genuinely love to be in the academic due to their love for knowledge sharing through lecturing." (Lecturer, Faculty of Science)

"Yes, I admit that the requirement to publish in high impact journal is placing pressure on researcher/lecturer as well as graduate students especially now when everyone is so desperate to reach their KPI (Key Performing Index). But then again, it all depends on the individual value of that person. I feel that the requirement to publish can be a good motivation for one to improve their performance in their field instead of being an excuse to involve in misconduct." (Assoc. Prof. Faculty of Accounting)

Discussion

Our study found that publication pressure can both lead to negative and positive consequences. Publication pressure can negatively lead to some researcher to resort to unethical research practices and decisions to advance in their research career. Competition for position in the academic field eventually creating pressure for researcher to keep performing and publishing. Although by right, researcher's performance is best evaluated by their various and different talent, but reality is, most university evaluate researcher's performance mostly on their publication records. Too much focus on publication records eventually creating unhealthy competition among fellow researchers, particularly when job promotion, confirmation, monetary funding, and research grant is largely depending on it. This was also highlighted in Claxton's article (2005) where he mentioned that with publication records being so critical to most scientists; it is not surprising that many exert great effort to publish. Concerns have also been expressed that scientists, particularly among medical scientists that they are continuously producing publishable results and papers at the expanse of quality, scientific rigor, and personal integrity (Fanelli, 2010; Tijdink, Vergouwen & Smulders, 2013).

Publication pressure can also lead to plagiarism. For some participants in this study, pressure to constantly publish research article can potentially lead to plagiarism because for inexperience writer or simply who do not have the passion to write, it might be difficult for them to produce an academically qualify writing that is publishable. Frustration and pressure to meet their performance requirement, may lead some to plagiarize. Although most empirical study on plagiarism normally focused on students, there are some study that were conducted among academics albeit limited. Based on study conducted by Honig & Bedi (2012), they found that 25% of paper, both empirical and non-empirical, presented at the International Management (IM) division of the 2009 annual meeting of the Academy Management by academic scholars, has some amount of plagiarism and 13% exhibited significant plagiarism. It is argued that plagiarism by academic scholars occurred due to the growing pressure to publish research, as well as increasing pressure to publish in high impact top-tiers journal (Honig & Bedi, 2012).

Unethical authorship practices are also highlighted as one of negative consequences from publication pressure. The 'publish or perish' mantra is thought to drive some instances of unfair, honorary, authorship, particularly in countries of emerging scientific power (Gasparyan, Ayvazyan & Kitas, 2013). This issue was also previously highlighted by Claxton (2005) stating that the immerse pressure to publish research, can potentially create another issues, or concerns in scientific authorship such as allocation of credits, coercion authorship, 'ghost-writer', admiration authorship and ordering of authorship. Authorship dispute is not only about who get to be listed as author in the article but also concerning the sequences of the authors as credit given to the first, second and so on authors are different. This is because decisions about authorship do affect careers and the views of society toward science and scientists (Guraya et al, 2016)).

However, publication pressure is a positive motivation for researchers to keep on publishing their research outcomes. Despite that some may face difficulty in language proficiency or lack writing and publishing skills, the desire to publish can motivate them to improve their area of weaknesses. The development of writing skills in academia has been demonstrated not only to benefit the faculty members but also the student they teach (Keen, 2007). Realizing the need for improvement, researchers are provided with multiple programs that aim to promote publication output , including steps by steps guides and formal training program that involved multiple sections over extended time frames with formal curriculum (Wilson, Sharrad, Rasmussen and Kernick, 2013).

Pressure to keep on publishing research findings can also increase researcher's desire to share and acquire knowledge. When the article get published, particularly in a high impact journal, researcher is bound to have a feeling of accomplishment and for some, they have productively contributing to knowledge sharing with others, and also contributing to further development of knowledge within their field. This excitement may motivate them to continue conducting research and publishing their positive or negative findings. Knowledge sharing is considered to be an important process of social interaction in organizations, and occurs at individual, group organizational levels (Van de Hoff et al, 2012; Razmerita, Kirchner & Nielsen, 2016). In academic research, publishing research findings is one way to how knowledge can be share among other researchers from around the globe.

Dealing with publication pressure and at the same time, trying to improve their lack of skills in writing and publishing, teaches researchers how to handle these pressures professionally and not to resort to unethical practices. It is argued that evident of misconduct through retraction of publish paper showed that researchers with shorter publication history particularly early career researchers are most likely to be the author of the retracted paper (Fanelli et al, 2015). It is an indication that as researcher gain more experience and exposure in research, they may deal with the pressures differently and thus, most likely to avoid decision that inclining to unethical research practices. The anecdotal evidence for this is the observation that many of the cases involve scientists at the start of their careers such as graduates students, postdoctoral fellows, or scientist in their initial 'permanent' job (Claxton, 2005). The junior scientists may think that they may have to join the 'race' for publication as they get the impression that it is the only way to survive the competition (Guraya, 2016).

This boil down to the perception that researchers who decided to engage in misconduct are normally instigate by their own moral values, be it low or high moral values. For one participant in this study, engaging in misconduct in research indicate that the researcher has low research integrity thus when face with conflicting situation they have the tendency to go against the ethical norm in research. Requirement from the university do not necessarily result with unethical research practices instead, it can be a strong motivation to keep on writing and improving for those who lack the skills. It is all depending on the self -integrity of the individual researcher. Based on Resnik's Bad Apple Theory, individual character plays an important role in research misconduct (Resnik, 2010). The theory explains that when individual has low moral values and may have financial problems or psychological disturbance, then they are more prone to commit an act of misconduct. It was argued that, despite all the pressure posed on researchers, it is up to the individual's judgment to decide whether to go against professional ethics or not (Amin et al, 2012).

In fact, there are various perceptions on the possible factors that may lead researchers to engage in research misconduct and publication pressure is named as one of it. However, according to a study by Fanelli and colleagues (2015), the widely held belief that pressures to publish are a major threat to scientific integrity was largely contradicted by analyses at the level of country and individual. Therefore, indicating that pressures to publish produce different results for different countries and individual with different values or priority. In addition, ego, job stress and expectations, organizational assessment policies, plus other factors may tempt individuals to tread at the edge of unethical conduct (Lawrence, 2001; Eysenbach, 2001). Additionally, it is argued by some participants in this study that scientific misconduct has existed (Weistein, 1981; Awidi, 1982; Garfield, 1990; Brickley, 2002; Conner & Kitchen, 2002) even before the stress is placed on publication records.

There have been few suggestions on the possible remedies to rectify the pressure to publish continuum in the literature. One of the suggestions is to give less weightage to the number of publications required for academic promotions and tenure decision-making may alleviate a consideration amount of faculty stress (Guraya, 2016). With less weightage place on publication records, faculty member can now place more priority on innovative teaching strategies and one on one consultation and guidance with the student, and this will result with better faculty output. Another suggestion is to strengthen the national policies against scientific misconduct (Fanelli et al, 2015). At the same time, researchers should be encouraged to improve their writing and publishing skills through training workshop, seminar, or courses (Alberts, Hanson & Kelner, 2008). This can help them to gain knowledge about writing and publishing as well as the ethical principles that are applicable to research and writing. Hence, hopefully deter them from engaging in misconduct for their benefit or others.

Overall, this study highlighted that pressures to publish can produce positive or negative outcome for the research community. Some argued that pressures to publish can potentially motivate some researchers to involve in research misconduct since eligibility for promotions, research funding, monetary rewards and recognition largely depend on it. However, some choose to defer and argued that publication pressure can motivate researcher to improve what they lack of in term of writing, and publication and instigate the need to share and acquire knowledge through publishing their findings. Decision to engage in unethical research practices all go down to the individual moral value and self-integrity.

Conclusion

The results presented in this small-scale study suggest that it is crucial that all parties in the research system pay more attention to the issues and subjects related to research misconduct and the pressure to publish. Although it is debatable to say that the growing pressure to publish research in high impact top-tiers journal contribute to research misconduct, it is also undeniable that one would engage in misconduct just to increase their publication. The 'publish or perish' culture creating a hostile and non-conducive working environment, and coupled with other external factors including emphasize on personal glory, language incompetency, inexperience in journal writing skill, personal values, unethical authorship practices and insufficient monitoring, it may subsequently lead to irresponsible conduct of research. This highlighted the necessity for greater flexibility when it comes to evaluating researcher's career development rather than just depending on researcher's publication records. Finally, there is a need for more studies examining researchers' perception on the roles of 'publish or perish' culture in the prevalence of research misconduct within the research community, and its implications on the research community as well as the society.

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Crisis Self-Efficacy and Work Commitment of Public School Teachers during COVID-19 Pandemic

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Abstract

The COVID-19 pandemic has affected the public educational sectors in terms of adjustment in educational modalities of instructional delivery, school operations, and policies. With this emerging paradigm shift, teachers' crisis self-efficacy and work commitment are relevant for research. This study's main objective was to determine the significant influence of crisis self-efficacy on the work commitment of public school teachers in Region XI (Davao Region), Philippines, during the COVID-19 pandemic. The sample consisted of 1,340 public school teachers across the Davao Region. The researchers collected the data through adapted questionnaires contextualized to the local setting and administered through online Google forms with appended consent. Mean, standard deviation, Pearson r, and regression analysis were used to analyze data. Results revealed that crisis self-efficacy significantly influences the work commitment of public school teachers during the COVID-19 pandemic. Uncertainty management during this crisis, in particular, best predicts teachers' work commitment. Data also showed a high level of crisis self-efficacy in terms of action, preventive, achievement and uncertainty management, and high level of teachers' work commitment in terms of commitment to school, commitment to students, commitment to teaching, and commitment to profession. Correlation results also showed a link between crisis self-efficacy and the work commitment of teachers amid pandemic. Finally, the study concluded with practical recommendations and directions for future research.

Keywords: *crisis self-efficacy, work commitment, education workers, public schools, COVID-19 pandemic*

1. Introduction

The COVID-19 pandemic has affected educational systems worldwide, leading to the near-total closures of schools, universities, and colleges. Most governments around the world have temporarily closed educational institutions to contain the spread of the virus. These nationwide closures are impacting over 60% of the world's student population. Several other countries have implemented localized closures affecting millions of additional learners [38]. Studies on the impact of the COVID-19 pandemic were conducted in the Philippines, which not just clearly revealed strong reactions among students but also discovered teachers' level of anxiety amid school closures. However, Filipino teachers' positive outlook amid psychological stress or anxiety was seen. Teachers indeed had to face work and life changes during the pandemic situation. Moreover, teachers face challenges with the online-blended learning approach as they embrace the new normal in teaching. Schools are still challenged to fill the gaps in providing Information and Communication Technology (ICT) resources and capacities of both teachers and students as they embrace the paradigm shift in pedagogical delivery [2] [25] [33]. Relatively, the work commitment of the organization's employees in the midst crisis like a pandemic may be affected. When an emergency occurs within an organization, it usually disrupts daily activities. It can generate fear of financial loss, and its impact to the organization could be immediate or long-term [26] [28].

In the school context, teachers' work commitment during the COVID-19 crisis is important. Teachers needed to abruptly transition their lessons from physical classrooms to distance learning platforms in response to this crisis. Though they are struggling with many challenges in their efforts to meet the development needs of their students, they remain committed to their learners' education and emotional, social, cognitive, physical, and spiritual well-being. Stories abound teachers' concern for their students' mental health, and other personal and academic concerns [23] [24]. Furthermore, evidence-backed strategies are needed to help ensure teachers' well-being and maintain their commitment to work during the COVID-19 pandemic. Teachers need to develop adaptability in which they can adjust their thoughts, actions, and emotions to navigate new, changing, or uncertain situations effectively. Since the teaching profession amid crisis involves many unexpected situations and events, teachers must respond to the changing needs of students throughout a lesson, adapt to manage unexpected situations relating to student behavior, and make adjustments to their teaching plans when timetable changes occur [7] [18]

Besides, during a crisis like this, teachers must demonstrate greater commitment to their job and consequently increase their engagement at work [8] [9]. With or without a pandemic crisis, commitment is an essential element of successful teaching. Showing commitment to student learning, especially in this pandemic time can be an important factor in motivating students to continue school. Committed teachers recognize and endeavor to fulfill their responsibilities to their students. The degree of loyalty of committed teachers have, toward their profession is one of their distinguished characters. Teachers who are engaged in their profession and committed to students and their learning play a crucial role in the development of students [17]. One factor which influences the work commitment, especially during a crisis, is the self-efficacy beliefs. Employees with high efficacy beliefs perceive crises and dilemmas as challenges. They are highly committed to the work tasks they carry out and invest more time and effort into their work activities. They also think strategically to resolve problems, recover easily from predicaments, feel they are in control of the majority of stressors and are less vulnerable to stress and depression [5]. These concepts have led many researchers to conclude that, in general, high levels of self-efficacy relate to positive and desired results [30] [32]. In particular, crisis self-efficacy is a predictor of individual behavior in crises [27]. In the teachers' perspective, teachers' self-efficacy beliefs are positively related to their commitment to the teaching profession [6].

As Philippines combat against the COVID-19 pandemic, the Department of Education (DepEd) started to brace for the new normal in education amid the pandemic situation in the country. DepEd conducted a nationwide consultation with stakeholders and education experts and prepared for a Learning Continuity Plan to deliver education to learners. In preparation for School Year 2020-2021, DepEd will provide Self-Learning Modules (SLMs) with the alternative learning delivery modalities for various types of learners across the Philippines, including modular, television-based, radio-based instruction, blended, and online. SLMs are delivered in printed format to schools located in coastal areas, far-flung provinces, and communities without access to the internet or electricity. For households with gadgets and devices, the department has announced that SLMs can also be accessed online or offline. The department also assured that teachers' safety and health will be its top priority as SLMs can be done at home. Teachers who would need to visit their schools to get materials to prepare the SLMs are required to follow the existing work arrangement and health protocols [11]. With this existing scenario, public school teachers indeed need to adapt to this emerging shift in the paradigm of teachers. Teachers have to adapt with the increasing demand of their workloads in preparation for the opening of classes in the new normal pedagogical setting. Hence, this situation calls for their crisis self-efficacy and, consequently, develops their commitment to work and profession as educators. Furthermore, the researchers had not come across of the study that dealt with the influence crisis self-efficacy on the work commitment of public school teachers during the COVID-19 pandemic in the local setting. In this context, the researchers were interested in determining the domain of crisis self-efficacy, which significantly predicts the work commitment of public school teachers in Region XI, Philippines. This study can raise concern to beneficiaries of this study and possibly develop action plans to improve teachers' self-efficacy and consequently augment their work commitment during a crisis such as a pandemic, thus, the need to conduct this study. The following research objectives guide this study: describe the level of crisis self-efficacy of public school teachers in terms of action, preventive, achievement, and uncertainty management; ascertain the level of work commitment of public school teachers during the COVID-19 pandemic in terms commitment to school, commitment to students, commitment to teaching, and commitment to profession; determine the significance of the relationship between the crisis self-efficacy and work commitment of public school teachers during COVID-19 pandemic, and determine the domain of crisis self-efficacy which best predicts teachers' work commitment.

2. Methods

Quantitative, non-experimental design of research using the correlational technique was used in this study since it aimed to determine the significant relationship between the crisis self-efficacy and work commitment of public school teachers during the COVID-19 pandemic. The venue of the study was in Region XI, located in Mindanao, Philippines. The region is composed of five provinces, namely: Davao del Sur, Davao Oriental, Davao del Norte, Davao de Oro and Davao Occidental with six cities namely: Davao City, Digos City, Tagum City, Panabo City, Mati City and the Island Garden City of Samal. An online survey developed through Google forms with an appended consent form was conducted from May 30 – June 11, 2020. During this period, the Philippines experienced the first wave of sustained community transmission, and provinces in Davao Region were under General and Enhanced Community Quarantine set by the local governments. The Snowball technique was used to determine the teacher respondents who had access to the internet. The Survey link was disseminated to various public school divisions both in the elementary and secondary levels. Adapted survey questionnaires were used for crisis self-efficacy [26] and work commitment [34]. They were modified to suit the purpose of the study, especially during the COVID-19 pandemic period. A total of 1,340 public school teachers across the region responded in the online survey.

Data were analyzed using mean, standard deviation, Pearson r, and regression analysis as statistical tools to interpret the collated data. The following range of means with its descriptions was used: 1.00 – 1.79 (Very Low); 1.80 – 2.59 (Low); 2.60 – 3.39 (Moderate); 3.40 – 4.19 (High); 4.20 – 5.00 (Very High). The corresponding interpretation for each range starts from never to rarely, sometimes, oftentimes, and always manifested for every item in the questionnaire. The researchers personally administered the collection of data. Data collection was done after proper permission was sought from the concerned authorities and entities. Encoding, tabulation, and data analysis were thoroughly done to assure the quality of the entire study. Ethics was thoroughly observed in the study's conduct, considering the respondent's participation in the online survey was voluntary.

3. Results and discussion

Examining the data in descriptive table 1 on the levels of the crisis self-efficacy and work motivation of public school teachers during COVID-19 pandemic, it could be noted that the standard deviation of the mean scores ranged from 0.472 to 0.891 which are all below 1.0, the typical standard deviation for a 5 point Likert scale. This indicates the consistency of responses.

Data revealed that the high level of crisis self-efficacy of public school teachers during COVID-19 pandemic (x̄ = 3.7; SD = 0.681) among public schools in Region XI, Philippines (Table 1) is the result of the high mean rating of its indicators: action, preventive, achievement, and uncertainty management ranging from 3.76 to 3.94 as evaluated by the teacher respondents. High level means that the crisis self-efficacy of public school teachers during the COVID-19 pandemic is oftentimes manifested.

Further, data implies that teachers take the necessary action to protect them at work during the COVID-19 crisis. They also use their knowledge and personal and work resources to prevent problems brought about by the pandemic effectively. Amid the health crisis, public school teachers still set to accomplish individual and work-related goals, especially facing tasks and responsibilities upon implementing distance and blended learning modalities in teaching. Fortunately, teachers during the COVID-19 crisis can manage uncertainties effectively. They feel confident and resourceful in handling unforeseen and unexpected demands at work. As professed by one author [27], crisis self-efficacy enables crisis organizational members and leaders to develop more effective message strategies to protect everyone and minimize crisis damage. Besides, another study [14] mentioned that having a high level of action efficacy could help prevent employees from additional or unnecessary harm. One research finding [21] also argued that enough information and resources as part of preventive efficacy lead to certainty in crisis. Employees with higher levels of certainty are likely to be prevented from more dangerous situations during an emergency. When facing a current crisis, employees need to constitute desirable work goals and increase self-belief that they could stick to and achieve goals during the crisis [26]. Moreover, several authors [22] [29] [37] stated that managing uncertainty is essential for crisis management.

Moreover, the overall high level of work commitment of public school teachers during COVID-19 pandemic (x̄ = 3.97; SD = 0.568), as reflected in Table 1, is the result of the high mean scores of its indicators: commitment to school, commitment to teaching, and commitment to profession, with mean scores ranging from 3.40 to 4.17 and only one very high rating (x̄ = 4.23) of the indicator commitment to students. The high level of work commitment of public school teachers during the COVID-19 pandemic is an indication that teachers among public schools in the region maintained a strong commitment to delivering quality education for students despite the health crisis the community is facing.

Table 1: Level of Crisis Self-Efficacy and Work Commitment of Public School Teachers in Region XI, Philippines during COVID-19 Pandemic

Variables / Indicators	Standard Deviation	Mean x̄	Descriptive Level
Crisis Self-Efficacy	**0.681**	**3.87**	**high**
Action	0.819	3.94	high
Preventive	0.722	3.91	high
Achievement	0.766	3.85	high
Uncertainty Management	0.751	3.76	high
Work Commitment	**0.568**	**3.97**	**high**
Commitment to school	0.688	4.06	high
Commitment to students	0.708	4.23	very high
Commitment to teaching	0.687	4.17	high
Commitment to profession	0.472	3.40	high

As the data shows, teachers are committed to fulfilling their functions and proactively implement the educational policies of the Department of Education (DepEd) during the COVID-19 pandemic. They feel committed and obliged to ensure academic success and continuous learning of students amid the health crisis through varied ways such as distance learning, blended learning, home-based learning, etc. To cope with these current problems and dilemmas brought by the pandemic crisis, teachers remain to be goal-oriented by planning and strategizing a flexible mode of instructional delivery. Also, teachers professed that despite the new normal condition in school, they still feel enjoyed and committed to their profession. They feel engaged in fulfilling the teaching mission despite the challenging changes in the paradigm of teaching amid the COVID-19 crisis. In support, education during the pandemic is not an easy task. Teachers need to face continuous changes in educational needs such as pedagogy, curriculum, and regulatory educational policies. Since teachers are facing challenges [16], they should invest more effort and involvement in maintaining and promoting high-quality teaching and optimizing student outcomes [10]. The level of effort and involvement exerted by the teachers in pursuit for quality of teaching are reflected by their continued commitment to work, school, students, and to profession [12] [35]. Furthermore, commitment to students motivates teachers to deal with students undergoing personal crises or to be more sensitive and aware of student development and their achievement [13] [15]. Also, teachers' commitment to teaching is reflected through their willingness to exert effort in providing effective instruction and devote extra time to students [36]. Likewise, teachers who are highly committed to their school are expected to engage in school tasks to achieve the school goals despite the existing circumstances [31]. According to some authors [20], employees need to choose to redirect their emotional energies toward the profession to which they belong despite work conditions. Generally, during a crisis, teachers must demonstrate a more significant commitment to their job and consequently increase their engagement at work [8] [9].

Table 2: Significance on the Relationship between the Crisis Self-Efficacy and Work Commitment of Public School Teachers in Region XI, Philippines during COVID-19 Pandemic **. Correlation is significant at the 0.01 level

Crisis Self-Efficacy	Work Commitment				
	Commitment to School	Commitment to Students	Commitment to Teaching	Commitment to Profession	Overall
Action	.513** (.000)	.435** (.000)	.451** (.000)	.346** (.000)	.499** (.000)
Preventive	.548** (.000)	.485** (.000)	.530** (.000)	.402** (.000)	.561** (.000)
Achievement	.560** (.000)	.493** (.000)	.524** (.000)	.342** (.000)	.552** (.000)
Uncertainty Management	.582** (.000)	.520** (.000)	.559** (.000)	.368** (.000)	.584** (.000)
Overall	.618** (.000)	.542** (.000)	.578** (.000)	.408** (.000)	.615** (.000)

Table 3: Regression Analysis on the Influence of Crisis Self-Efficacy on the Work Commitment of Public School Teachers in Region XI, Philippines during COVID-19 Pandemic

Work Commitment				
Crisis Self-Efficacy	**β** (Standardized Coefficients)	**B** (Unstandardized Coefficients)	**T**	**p-value**
Action	0.082	0.057	2.363	0.018
Preventive	0.192	0.151	4.785	0.000
Achievement	0.146	0.109	3.792	0.000
Uncertainty Management	0.266	0.202	6.529	0.000
R		0.620		
R^2		0.384		
F		208.49		
***Overall p*-value**		0.000		

One important purpose of this study was to determine whether or not crisis self-efficacy has a significant relationship with public school teachers' work commitment during the COVID-19 pandemic. As shown in table 2, the overall r-value on the correlation between the level of crisis self-efficacy and the level of work commitment of public school teachers during COVID-19 pandemic is .615 with the $p < 0.01$ which means that there is a significant relationship between the two variables, thus rejecting the null hypothesis. Generally, the correlation between the two variables revealed a significant relationship between the crisis self-efficacy and the work commitment of public school teachers during the COVID-19 pandemic. It implies that the crisis self-efficacy is significantly linked to teachers' work commitment during a pandemic. Further, it concludes that public school teachers display a high level of commitment at work in the COVID-19 crisis due to their high level of crisis self-efficacy. Teachers maintain high efficacy beliefs that recognize crisis as part of their work dilemmas and are highly committed to fulfilling work tasks at school, especially to their learners' education. It confirmed the proposition of various authors [30] [32] that work commitment, especially during a crisis, is linked with self-efficacy beliefs. Employees with high efficacy beliefs, who perceive crises and dilemmas as challenges, are highly committed to the work tasks they carry out.

In addition, data shown in Table 3 is the regression coefficients to test the significant influence of the overall crisis self-efficacy on the work commitment of public school teachers during the COVID-19 pandemic. Using the regression analysis, the data revealed that teachers' overall crisis self-efficacy significantly influences their work commitment during the COVID-19 pandemic since statistical data showed has the F value 208.49 and $p < 0.01$. Hence, it signifies the rejection of null hypothesis. The R2 value of .384 implies that their crisis self-efficacy influenced 38.40% of the variance of work commitment of public school teachers during the COVID-19 pandemic. In comparison, the remaining 61.60% was attributed to other factors. Specifically, in their singular capacities, the domains of teachers' crisis self-efficacy such as preventive (T=4.785; $p < 0.01$), achievement (T=3.792; $p < 0.01$), and uncertainty management (T=6.529; $p < 0.01$) have a significant influence on their work commitment during the COVID-19 pandemic. On the other hand, the domain action (T=2.363; p=0.018) can still influence teachers' work commitment but with the support of other domains. Furthermore, among the domains of teachers' crisis self-efficacy, uncertainty management is the best predictor of their work commitment during COVID-19 pandemic in its singular capacity based on the standardized beta coefficients (β=.266).

The data revealed that the overall crisis self-efficacy significantly influences the work commitment of public school teachers during the COVID-19 pandemic. It affirmed the proposition [8] self-efficacy beliefs under any circumstances influence work commitment. In conjunction, the finding of this study substantiated the study [6], which pointed out that teachers' self-efficacy beliefs influence their commitment to the teaching profession. Moreover, among the four domains of teachers' crisis self-efficacy, the uncertainty management domain is the best predictor of teachers' work commitment during the COVID-19 pandemic in its singular capacity based on the standardized beta coefficients. It implies that teachers' ability to manage or reduce uncertainties at work and in teaching during the COVID-19 crisis contributes to their high commitment to providing continuous and quality education for students. They are still committed to achieving school and professional goals despite the crisis. They feel capable of controlling and adjusting with the unforeseen or unexpected changes in work conditions, especially in the aspect of pedagogy. In connection with this finding, a related study [26] stated that managing uncertainty is essential for crisis management. Crisis management must minimize uncertainty before a crisis occurs as well as manage uncertainties that emerge during a crisis. Considering that uncertainty management efficacy reflects one's beliefs about the ability to deal with uncertainty in crises, reducing the amount of uncertainty before a crisis occurs would result in a higher level of uncertainty management efficacy among employees, and thus contributing to higher work commitment.

4. Conclusion and recommendations

In today's world health condition where the teachers in the public educational sectors are challenged in terms of adjusting with the paradigm shift of teaching and learning process, improving crisis self-efficacy is essential for maintaining and augmenting teachers' commitment at work. Results revealed that crisis self-efficacy significantly influences the work commitment of public school teachers during the COVID-19 pandemic. Uncertainty management, in particular, best predicts teachers' work commitment during this crisis. Teachers' high efficacy belief in effectively managing unforeseen circumstances at work caused by the pandemic is a predictor of their high commitment to fulfil their professional and pedagogical functions and responsibilities in school.

Further, results specifically revealed a high level of crisis self-efficacy in terms of action, preventive, achievement and uncertainty management, and high level of work commitment of public school teachers during COVID-19 pandemic in terms of commitment to school, commitment to students, commitment to teaching, and commitment to profession. Correlation results also showed a link between crisis self-efficacy and the work commitment of teachers amid pandemic. In this study, a clear picture is established on the role of self-efficacy of work employees who deem themselves as capable of managing crises resulting in maintaining and supporting work commitment. Also, this study vividly emphasized the importance of teachers' work commitment during the COVID-19 crisis. With the immediate transition at work, such as shifting from physical classroom contact to distance and online, blended modality, teachers need to remain committed to delivering accessible and quality education for all learners across the cultural, social, economic, and geographical backgrounds.

As the results showed that uncertainty management in crisis self-efficacy is a significant predictor of teachers' commitment at work during COVID-19 pandemic, the researchers highly recommend for the Department of Education to initiate programs which focus on improving the uncertainty management skills of its human resources especially the teachers when facing a crisis in the community and at work. Teachers should be trained on how to be agile and adaptive to unexpected changes in work settings. This can be done at the school community level with the help and support of school administrators and colleagues. Various school-based activities and established resiliency systems and practices can be organized to develop teachers' strategies in making themselves change-proof. With these, teachers can also effectively cope with school organizational uncertainty and the personal upheaval that it causes during any crisis, such as the COVID-19 pandemic.

Moreover, as teachers face structural uncertainty amid pandemic or any present calamities such as in the area teaching and technological change, and the rapidly changing nature of work, it is recommended for DepEd to begin to retool teachers with the new modalities for school operations and instruction. It is also recommended that the

Department train school administrators and teachers on how to reduce organizational uncertainties during a crisis. School employees need to increase their motivation to reduce uncertainty in the workplace when confronting risky social situations. Teachers, in particular, should adapt overt and covert techniques to mitigate certain types of organizational uncertainty. In these times of significant change in the educational set-up brought by the COVID-19 pandemic, DepEd should improve information dissemination, awareness campaign, and policy implementation to decrease uncertainty levels of teachers among schools. The researchers also recommend for every school leader in helping teachers reinvent their professional commitment by providing mental and psychological interventions to reduce possible psychosocial morbidity experienced by teachers, especially during the period of sustained community quarantine. School-level activities may be organized to fortify teachers' commitment to choosing the teaching profession and maintain pride and engagement in fulfilling the mission of their job despite the challenging changes in the paradigm of teaching with or without the COVID-19 crisis.

Moreover, since the study stated the significant relationship between the crisis self-efficacy and work motivation of public school teachers during the COVID-19 pandemic, it is highly recommended that teachers take preventive actions at work by augmenting their knowledge and personal and job resources. With this, teachers can effectively attain the department's educational targets despite work uncertainties, especially in implementing distance and blended learning modalities in teaching during the COVID-19 crisis. Schools can improve teachers' crisis self-efficacy by developing more effective message strategies to safeguard teachers, parents, students, and stakeholders and minimize the risks of COVID-19 in the educational system. Lastly, the researchers would like to suggest to future researchers that a similar study with a more significant number of samples may be conducted in another venue to confirm the elimination of the results as generated in this study.

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