

COVID-19: VARIEGATED ROUTE MAP OF ETHICAL QUESTIONS

Mathew Illathuparampil♦

St Mary's Institute of Technology and Science, Palakkad

Abstract

The fast and widely spread pandemic COVID-19 across the world elicits several prompt responses from medical, political, epidemiological, financial and social sectors. They are all very much in place. Equally relevant are the ethical issues which call for thorough consideration while the humankind is bent on fighting the novel coronavirus in a frantic mood. Without pretending to be exhaustive, this paper brings forth six areas that unleash the most pressing ethical questions during the COVID-19 pandemic. They include questions related to professional responsibility versus personal safety, patient confidentiality, triage/resource allocation, research ethics, personal liberty versus common good, and the environment. This paper does not attempt to propose solid ethical approaches to the ethical questions, instead offers a birds-eye-view of the range of relevant ethical questions. It ends with a reflection on the question whether going through the pains of the epidemic, either as an affected person or as persons close to affected people, will make us morally better persons mechanically.

Keywords: COVID-19; Patient Confidentiality; Professional Responsibility; Research Ethics; Triage/Resource Allocation

Introduction

COVID-19 pandemic continues to challenge what is considered the medical, and social standards in our approach to patients. Apart from

♦**Mathew Illathuparampil** currently serves as Director of St Mary's Institute of Technology and Science, Valliyode, Palakkad. He is a visiting professor of Christian ethics in various theological Faculties. He completed PhD in Christian ethics from KU Leuven, Belgium, in 2002. He has authored many books and articles in areas like business ethics, technology studies and fundamental moral theology. Email: illathuparampilmathew@gmail.com

it, this crisis unleashes a number of ethical questions in a number of ways. Being a novel virus with unprecedented proportions in terms of its wide consequences, the ethical world naturally looks back to the already available ethical protocols in dealing with morbid pandemics.¹ The general ethical principles in decision making would include fairness, inclusiveness with respect to all stakeholders, transparency, accountability and responsiveness. But they are not sufficient in the present scenario. Therefore, various organizations have outlined tenable ethical framework in dealing with the novel coronavirus pandemic.² Several ethics resources have been collected online and made public by the Hastings Centre in the US.³ On the policy making level, the World Health Organization (WHO) has a working group on ethics and COVID-19 to offer ethical advice to Member States. It has been functioning since its formation in February, 2020.⁴ Their research and activities include the following areas: ethical considerations with regard to COVID-19 research; resource allocation and priority setting in the treatment of COVID-19 patients; ethics input into Clinical Management and Guidelines and training offered by WHO; ethical guidelines for emergency standard operating procedures for human research; ethical standards for acceptable studies on COVID-19; ethical norms regarding immunity certificates, just global allocation of vaccines, treatment and diagnostics.

In India, discussions on the ethical aspects of the pandemic are not apparently profuse. However, we become increasingly aware of the fact that various aspects of dealing with COVID-19 pandemic requires thorough ethical audit.

Each and every detail of the steps taken in COVID-19 treatment calls for ethical scrutiny which nobody can enlist exhaustively. For

¹When the HIV/AIDS pandemic developed, there were well considered ethical consensus in dealing with such cases formulated in the 1990s. For details see, Carol Levine, Nancy Neveloff Dubler and Robert J. Levine, "Building a New Consensus: Ethical Principles and Policies for Clinical Research on HIV / AIDS," *Ethics & Human Research* 13, 1-2 (Jan -Apr 1991) 1-17.

²For instance, N. Berlinger, M. Wynia, T. Powell, *et al.*, "Ethical Framework for Health Care Institutions and Guidelines for Institutional Ethics Services Responding to the Coronavirus Pandemic," *The Hastings Center* 2020. Available at: thehastingscenter.org/ethicalframeworkcovid19, Accessed on July 20, 2020; American College of Surgeons, "Ethical considerations 2020," Available at: facs.org/covid-19/ethics, Accessed on August 02, 2020.

³The Hastings Center, "Ethics Resources on the Coronavirus (Covid-19)," Available at <https://www.thehastingscenter.org/ethics-resources-on-the-coronavirus>, accessed on August 15, 2020.

⁴For a communication from the WHO see, <https://www.who.int/teams/research-for-health/covid-19>, accessed on August 12, 2020.

instance, the rights of patients in isolation or intensive care units, even if they are nearing death. They face a lot of distress as they are separated from their loved ones. To develop a perfect system without leaving any chance for ethical reproach might be impossible. However, hopefully societies and governments shall become more and more sensitive to such ethical concerns. This paper has the modest aim of exposing the breadth and depth of ethical issues involved in the spread of the pandemic. Our goal is not to make a well-developed ethical approach to the issues mentioned. Rather, it is meant to offer as kaleidoscopic view of the ethical questions involved in the spread of this disease, limiting ourselves to six areas.

1. Professional Responsibility versus Personal Safety

One of the critical ethical issues in the treatment of patients concerns the medical professionals. Granting that certain amount of risk is inherent to any kind of treatment, it is asked, how to balance their professional responsibilities with protecting their own safety?⁵ Similar questions have been discussed in connection with treating HIV/AIDS patients.⁶ In treating COVID-19 patients, there is a high risk for the doctors and nurses getting infected with the same virus. In principle, doctors are not demanded to risk themselves to the point of a suicide. Does this provision allow them to refuse to treat COVID-19 patients? How to strike a balance between these two obligations? This issue assumes greater proportions as the risk of contamination grows larger.

While considering the moral obligation of the medical professionals to work even under the stressful situation of the pandemic, most people would argue, it is their duty; they have taken oath. We cannot dismiss their case with this simple argument. Protection of the medical professionals is not merely their own obligation. It is also a duty of the society. In dealing with COVID-19 patients, use of personal protective gear is the standard precaution one may take. But in many countries and medical facilities, unavailability of the protective gear leaves the medical professionals more vulnerable.

⁵Jessica B. Kramer, Douglas E. Brown, Piroska K. Kopar, "Ethics in the Time of Coronavirus: Recommendations in the COVID-19 Pandemic," *Journal of the American College of Surgeons* 230, 6 (2020) 1114-1115.

⁶N. Angoff, "Do Physicians Have an Ethical Obligation to Care for Patients with AIDS?," *Yale Journal of Biology and Medicine* 64 (1991) 207-246; J. Tegtmeier, "Ethics and AIDS: A Summary of the Law and a Critical Analysis of the Individual Physician's Ethical Duty to Treat," *American Journal of Law and Medicine* 16 (1990) 249-265.

Apart from the medical professionals, other categories of workers, such as transporters, shop keepers and delivery workers who ensure the supply of essential goods and services face similar problems. Perhaps, they face higher risks than the medical professionals, as they are condemned to work in less protected areas and exposed to more vulnerable situations. Are they ethically obliged to risk themselves during the pandemic? Perhaps, their inability to choose between their life and livelihood encourages them to work under hazardous situations. But that does not abrogate the ethical issues involved.

2. Patient Confidentiality

One of the key components of the ethical demands in treatment is patient confidentiality. No medical report of a patient shall be divulged to others betraying the demands of privacy. But in the treatment of COVID-19, it is not possible to observe this norm always. For, in order to protect others from contracting the disease by way of association, the identity of patients and even their route map of movements must be made public. This situation in fact creates an ethical dilemma. The values of confidentiality and common good are at loggerheads with each other.

In certain countries, for example in India, there are demands on the hospitals to report the identity of patients and other vital information like mobile phone details, etc. to public agencies like police to control the spread of the pandemic. Such moves raise a number of ethical questions and of course displeasure from the part of the public. However, there is a presumed social consensus for divulging personal details, especially as there is no continuing social stigma attached to the coronavirus infection, unlike the HIV/AIDS patients. Admittedly, in the initial phase of the outbreak of the pandemic, out of fear some kind of stigma was attached to the infection. The risk of public agencies and involved parties misusing the good faith of individuals in disclosing their personal and medical data cannot be overruled totally.

3. Triage/Resource Allocation

Perhaps, the most crucial ethical dilemma pops up in the case of resource allocation. During the pandemic, allocation of scarce resources becomes critically important. Different approaches and guidelines are available for hospitals and medical agencies in this regard.⁷ When resources, including ventilators, are limited, the

⁷For instance, see Ezekiel J. Emanuel, Govind Persad, Ross Upshur, Beatriz Thome, Michael Parker, Aaron Glickman, Cathy Zhang, Connor Boyle, Maxwell Smith, and James P. Phillips, "Fair Allocation of Scarce Medical Resources in the

difficult task is to identify the most deserving patients. I am not very sure whether the decisions taken by various agencies at the end will be a strategy or a well thought-out ethical approach. Different considerations will naturally include treating all persons equally (well-nigh impossible given the finite resources), giving preference to the worst patients, using the norm of first come first served approach, maximizing total benefits or respecting social usefulness, etc.

Medical field fighting against COVID-19 suffers from two setbacks in the face of surging number of cases: lack of ventilators and over-stretched health workers. In such conditions, whom should a doctor attend to first? The influx of patients in the ICUs will have devastating impact of withdrawing life support system and the quality of the end of life support for those already admitted patients. In general, there are two principles to apply. First, the equitability principle according to which more vulnerable patients must get priority of access. But given the alarming nature of the pandemic, this principle tends to get thwarted. Often the most vulnerable are the older people with other morbidities. But younger patients present themselves with better chances of survival, if treated, and more number of years to live. Medical professionals might be tempted to treat first those patients with the greatest chance of survival. There would arise occasions in treatment to opt for either a less critically ill young person or a more critically elderly patient. Foregoing the principle of equitability, a forceful question would surface: should not the younger and more promising group be preferred to the more vulnerable and elderly group?

Secondly, the principle of 'equality' according to which every patient irrespective of their social status deserves the same level of medical care. But in practice, this principle might be undermined when doctors are to choose between patients from common people and political dignitaries, for instance. For, the latter group can supposedly serve a larger society than an ordinary person. When such an option is made, we forego the principle of equality and apply the notion of social value.

Admittedly, there are some ethically tenable models of triage in the case of critically ill patients.⁸ It simply makes it clear that all countries

Time of Covid-19," *New England Journal of Medicine* 382 (2020) 2049–2055, Available at <https://doi.org/10.1056/NEJMs2005114>, accessed on 17 August, 2020.

⁸ For example, see René Robert, Nancy Kentish-Barnes, Alexandre Boyer, Alexandra Laurent, Elie Azoulay, and Jean Reignier, "Ethical Dilemmas due to the Covid-19 Pandemic," *Annals of Intensive Care* 10, Article no. 84 (2020), Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7298921>, Accessed on 16 August 2020.

require protocols to allocate scarce resources considering various parameters which satisfy ethical scrutiny also.

4. Research Ethics

Across the globe, frantic steps are taken by researchers to develop potential treatment and vaccines against COVID-19. There are various kinds of pressure points in this international race, including political, humanitarian and business concerns. Under an emergency-situation, it is understandable that the established steps in the process of medical certification of vaccines might be relaxed. Each country will have its own standard practices with ethical justification. The unbridled spread of COVID-19 and the loss of innumerable lives would naturally force governments and medical agencies to forgo some of the steps in the standard procedure, especially for human-subject research. It becomes an ethical question, how far the standard procedures might be relaxed in view of an expedient remedy to the pandemic.

A large vista of ethical questions is opened in the area of human challenge studies while testing vaccines and therapeutics. Studies require host-pathogen interaction at various levels of risks. Human challenge studies usually have a good safety record, but with exceptions of serious harms induced on the subjects. Such studies can expedite vaccine development as these studies are smaller, shorter and less expensive than other studies. They serve as an opening for large field studies. But the question whether there are upper limits for research risks and how they should be resolved still remains unresolved. The promise of high benefits in research often serves as a justification for higher risks. The range of risks also include third parties as well, when the pathogen used to infect the subjects can spread to others unwittingly. These studies can become controversial in the public square for no serious scientific reason, but for the usual lower levels of community trust. Above all, the fact that the levels of uncertainty are higher than in larger field studies makes it further vulnerable in several ways.

Ethically acceptable study designs are certainly required which would include preparing inpatient setting for young and healthy subjects, with immediate access to high-quality health care and strict infection control measures.⁹ Similarly, public trust and transparency

⁹For a brief analysis of the medical and ethical issues involved see, Euzebiusz Jamrozik, Michael J Selgelid, "Covid-19 Human Challenge Studies: Ethical Issues," *The Lancet* 20, 8 (01 August 2020) e198-203, Available at <https://www.thelancet>.

cannot be sacrificed in the whole process. By-passing established procedures and time-frame in research results from compassion for the suffering lot. But issues of misguided compassion in medical care needs serious scrutiny.¹⁰

5. Personal Liberty versus Common Good

It has been widely accepted that breaking the chain of transmission is the key to stop the spread of infections. Such preventive measures include restrictions to personal freedom such as self-quarantine, travel restrictions, contact tracing, and social distancing. Many governments jumped into action introducing different kinds of lockdown or nation-wide curfew. Some countries, for example, Israel, Iran, and South Korea are said to tap into the phone location data to detect COVID-19 contacts.

The value sacrificed in restricted social life is civil liberties. It is for the sake of common good in terms of safety from virus contamination. Justification for the restrictive measures is that people willingly (or out of force) temporarily sacrifice 'individual rights' of movement and social interaction for the sake of 'common good' of public health and safety. These restrictions are reasonable, and ethically acceptable, if they are proportional to the larger benefit to the community as a whole. But the norms of proportionality are challenged when large members of a democracy disagree over restrictive measures in place. There were many such examples from different parts of the world including the US. Such reactions from the part of the public are not irrational outbursts, rather a statement that they are willing to risk their lives for safeguarding individual liberty.¹¹

In containing social life, do the governments rely on best expert opinion available or do they just follow the media hype? The media enhance societal levels of anxiety by using emotive expressions such as exponential, dangerous, etc. Confused public when threatened with lockdown will naturally rush for panic buying. The modality of declaring emergency or lockdown have to be subjected to ethical auditing. Perhaps, it would be unwise to dream of global standards

com/action/showPdf?pii=S1473-3099%2820%2930438-2, accessed on 10 August, 2020.

¹⁰P. Stolley, "The Hazards of Misguided Compassion," *Annals of Internal Medicine* 118 (1993) 822-823.

¹¹Clare Palmer, George T., Gladys H. Abell, "Personal liberty vs the public good during a pandemic," *Scientific Inquiry* (June 12, 2020), available at <https://liberalarts.tamu.edu/blog/2020/06/12/personal-liberty-vs-the-public-good-during-a-pandemic/>, accessed on 30 September, 2020.

for this measure, given the enormous differences in epidemiology, speed of initiating preventive measures, sensibility of people towards civil liberties, etc., existing in various countries. There is an inner dilemma involved in serious social distancing and lockdown. The benefit of these stringent measures is that individuals do not get infected; but the functions of the society as such are abrogated at least for a while. Concomitant issues also will have to be addressed, for example, home isolation leading to an increased risk in domestic violence. It has been pointed out that lockdowns can negatively affect the mental health of people.¹²

It is also debatable how far one is obliged to protect common good in a lockdown while a person and his/her family depends on daily wage. For those who have got enough saving and a sure job, restrictions are tolerable inconvenience. For the poor, it is a life and death matter, unless they are supported by the government, the protector of common good. The test of proportionality needs to be addressed also in view of the demands of survival and welfare of the daily wage workers, migrant labourers, street dwellers, and all less fortunate folks in the country.

Governments might be excused for the shortcomings in the execution of the lockdown, as for many of them it was an unprecedented step. But it is time for us to evaluate various experiences from different parts of the world and propose an ethically legitimate protocol for the same. In general, governments need to ensure that public health measures should be evidence-based and proportionate. The public have a right to know of the interventions made by the government; that right must be respected. Restrictive measures need to be put into practice with minimum coercion and intrusion. This would require educating the public through various media. All people, including the affected individuals, must be treated as moral equals, worthy of respect. Enforcement agencies shall not treat patients as criminals.

6. The Pandemic and the Environment

All the ethical issues raised above are of reactive nature. We are considering those ethical issues actually unleashed by COVID-19. This is equally a time to consider in proactive terms about ethical questions. One of such questions concerns the environment.

¹²Wilder-Smith, Annelies, Calvin J. Chiew, and Vernon J. Lee, "Can We Contain the COVID-19 Outbreak with the Same Measures as for SARS? *Infectious Diseases* 20, 5 (2020) e102–e107, Available at [https://doi.org/10.1016/S1473-3099\(20\)30129-8](https://doi.org/10.1016/S1473-3099(20)30129-8), accessed on 17 August, 2020.

It has been accepted in unquestionable terms that human activity has significant impact on the wellbeing of the environment. Many have been predicting a grim future for human race in the light of mounting environmental disasters projected. Its impact will vary from all aspects of human life from ecosystems, marine life, food chain, clean drinking water, infrastructure, human security and health. Livelihood of millions is under threat and health risks of the poor are increasing as they inhabit a disease-prone climate. In the whole process, the poor and the disadvantaged groups suffer, as they are more vulnerable and less protected and as they have got fewer means to recover from environmental setbacks. The highest ethical paradox is that people who exploit the environment the least are often burdened to suffer environmental crisis the most.

In spite of the havoc caused by COVID-19, it has positively indicated the transformational changes in environment due to the less hectic human activities during the pandemic. Significant reduction in industrial activity, air travel, use of fossil fuels has created a much cleaner, safer and healthier environment. Studies are yet to appear evaluating the environmental benefits of this pandemic-affected period. The present situation apparently makes us rethink the parameters of decent living, progress, sustainable development and cultural activities in terms of protecting the environment.¹³

Conclusion

We have been trying to expose some of the underlying ethical issues in the management of COVID-19 pandemic. This paper confirms that we are in fact navigating through not merely a medical crisis or a huge step in epidemiology, but an array of ethical issues. We dealt with the ethical questions more in an objective fashion – as issues to be treated out there. But I conclude with two questions which would perhaps warrant subjective response.

First, in a unique situation like COVID-19 pandemic, there shall be a heightened social expectation that individuals shall behave with exceptional moral valour and social commitment. For instance, in areas like helping others or preventing oneself from contracting the disease, etc. It is a morally laudable response, although not demanded. But it may not be seen in all places. Moral responsibility may not be seen in all places or people as expected. Therefore, after the pandemic, people need attention to cases of undelivered

¹³Vicki Xafis, G. Owen Schaefer, Markus K. Labude, Yujia Zhu & Li Yan Hsu, "The Perfect Moral Storm: Diverse Ethical Considerations in the COVID-19 Pandemic," *Asian Bioethics Review* 12 (2020) 65–83.

emotional support in relation to the extraordinary moral conduct expected. There are stories of infected people turned down from their own homes.¹⁴

Secondly, does going through various vagaries of an epidemic, either as an affected person or as having accompanied the affected men and women, make us morally better persons? We may have seen people close to us dying; we may have gone through the risk of getting affected; we may have been put in isolation, etc. We may have become more acutely aware of the fragility of various glorious things in the otherwise unaffected world. Will those moving experience make us naturally better persons morally? I do not think so. Confirming this premise, let us consider two ancient and classical examples:

The plague of Athens, during 429-426 BC, killed nearly 100,000 persons. Athenian historian Thucydides (460/455-399/398 BC) in his *History of the Peloponnesian War* writes that the calamity witnessed a decline in moral values, with citizens, fearing imminent death, focusing on immediate pleasure and profit.¹⁵

In the third century, the Roman empire was afflicted by a plague known after St Cyprian (plague of Cyprian, 250-266 CE) due to his great involvement against it. In order to exhort his faithful, he wrote a treatise, namely, *On the Mortality. He laments in that work: "...among the people, some either through weakness of spirit, or littleness of faith, or the charm of life in the world, or weakness of sex, or, what is worse, because of a wandering from the truth, are standing less firmly and are not revealing the divine and invincible strength of their hearts..."*¹⁶ It was a time when about 5000 people used to die daily. Apparently unaffected by the imminent death, people were seeking to enjoy life in various ways. It did not shudder and prod them to better life. Unless we take conscientious approach, no matter how close we are to the threats of a pandemic and ethical reflections on it, we are not going to become better persons in the post-COVID-19 period.

¹⁴M. Ott, S.F. Shaw, R.N. Danila, R. Lynfield, "Lessons Learned from the 1918-1919 Influenza Pandemic in Minneapolis and St. Paul, Minnesota," *Public Health Report* 122 (2007) 803-810; A. Rudnick, "Moral Responsibility Reconsidered: Integrating Chance, Choice and Constraint," *International Journal of Philosophy* 7 (2019) 48-54.

¹⁵Thucydides, *History of the Peloponnesian War*, trans., Martin Hammond, Oxford: Oxford Univ. Press, 2009.

¹⁶St Cyprian, *The Writings of Cyprian, Bishop of Carthage*, no. 1., trans., Robert E. Wallis, Vol. 1, Edinburgh: T & T Clark, 1848, 453.

Obviously, this paper has opened many questions without attempting to answer them. The purported aim was as much. This paper wanted to demonstrate that any medical intervention or social choice that we make during the pandemic opens several ethical risks. Not all of them readily offer a chance to resolve them either. This is an opportunity for Christian ethicists to ponder over the fragile limits of this discipline in the wake of the moral storm unleashed by COVID-19. How the world will look like after the pandemic depends on numerous players from political leaders to medical experts. But how Christian ethics would look like after COVID-19 is to become a matter of serious concern for the community of ethicists.