**Compliance to public health advisory amid COVID-19 Scare: Does ethics play a role?**

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**Abstract**

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Discussion of ethics in public health arena has primarily focused on practices of public health doctors and professionals. The role of community could not get the required attention in terms of their role in compliance to the public health advisory. Despite the fact that public health is the societal approach to protecting and promoting health , ethics in public health have prioritized behaviours of and moral dilemmas faced by public health professionals only. Leaving out the community’s responsibility makes the entire gamut of public health efforts incomplete and deficient.

Amid COVID-19 pandemic, non-compliance to the public health advisory raised an important aspect of expectation of ethical behaviour by the community and what could facilitate and hinder compliance of ethical behaviour ensuring safety of self and others. Public Health ought to consider community as not only important but responsible stakeholder in its pursuit of promotion of health and prevention of disease.

Discussion of ethics in public health arena has primarily focused on practices of public health doctors and professionals. With an initial focus on crisis of pandemics and bio-terrorism, public health ethics literature grew rapidly from the year 2000 (1)]. Small formal and informal literature on health promotion ethics (2) and values (3) further enriched it. Role of ethics in resource allocation, design, implementation and evaluation of population health interventions aimed at the social, cultural, environmental and structural determinants of health was also recognized and thought to be worth studying (4). Concepts such as relational personhood and relational solidarity (5), reciprocity (6), equity and justice (7) and the distribution of health and risk (8) were advanced as core principles of population and public health.

The role of community could not get the required attention in terms of their role in compliance to the public health advisory. The focus rather remained largely on libertarianism condoning interventions designed to stop individuals from harming each other (9), consent, informed choice and justice.

Despite the fact that public health is the societal approach to protecting and promoting health (10), ethics in public health have prioritized behaviours of and moral dilemmas faced by public health professionals. Such an approach illustrates an unjustified bent towards curative and treatment aspect and undermining of preventive part which is the primary function of public health and cannot be achieved without compliance from the community. Leaving out the community’s responsibility makes the entire gamut of public health efforts incomplete and deficient.

**Context**

COVID-19 or [Novel Coronavirus Disease](https://www.who.int/emergencies/diseases/novel-coronavirus-2019) is an [infectious disease](https://en.wikipedia.org/wiki/Infectious_disease) caused by [severe acute respiratory syndrome coronavirus 2](https://en.wikipedia.org/wiki/Severe_acute_respiratory_syndrome_coronavirus_2) (SARS-CoV-2) (11). The disease was first identified in 2019 in [Wuhan](https://en.wikipedia.org/wiki/Wuhan), the capital of China's [Hubei](https://en.wikipedia.org/wiki/Hubei) province, and has since spread globally, resulting in the [2019–2020 coronavirus pandemic](https://en.wikipedia.org/wiki/2019%E2%80%9320_coronavirus_pandemic) (12). The virus is mainly [spread](https://en.wikipedia.org/wiki/Transmission_(medicine)) during close contact and via [respiratory droplets](https://en.wikipedia.org/wiki/Respiratory_droplets) produced when people cough or sneeze (13). Respiratory droplets may be produced during breathing but the virus is not considered [airborne](https://en.wikipedia.org/wiki/Airborne_disease) (13). People may also catch COVID-19 by touching a contaminated surface and then their face (13). It is most contagious when people are symptomatic, although spread may be possible before symptoms appear (13). The virus can live on surfaces up to 72 hours (14). Time from exposure to onset of symptoms is generally between two and fourteen days, with an average of five days (15).

There’s currently no vaccine to prevent COVID-19. The key to health and remaining safe from COVID-19 lies in precaution and prevention- the practices advised by the health professionals. Washing of hands with an alcohol-based hand rub or soap and water, respiratory hygiene and social distancing-Maintaining at least 1 metre (3 feet) distance between yourself and anyone who is coughing or sneezing are propagated measures to keep self and others safe(16, 17) This meant staying home and reducing the contacts to minimum.

***Issue***

First case of COVID-19 was reported in India in Kerala on January 30, 2020 and since then; the country observed increase in number of cases tested positive for the disease. Fearing the repeat of the trajectory of the disease witnessed by developed European countries like Italy, Germany, Spain, Iran and others in India, the government of India (GoI) attempted to implement measures to contain this highly contagious disease. The first of those measures were related to awareness and sensitization of the community for the dangerous nature of the disease and to prevent its spread among community.

GoI embarked on measures to inform and educate people on the ways to keep themselves and others safe. Almost all communication channels were employed to inform people but the most significant which ensured coverage and reach to almost all was an audio message on every mobile phone as a ring-tone. Department of Telecommunications (DoT) ordered superseding of the phone ringing tone that one hears on dialing a number, with the 30-second information clip on the request from Ministry of Health and Family Welfare from March 8, 2020.

On 11 March 2020, WHO declared COVID-19 outbreak as a pandemic and reiterated the call for countries to take immediate actions and scale up response to treat, detect and reduce transmission to save people’s lives.

On March 19, 2020, PM of India addressed the nation on the menace of COVID-19 and requested support from the community to contain the diseases. The message cautioned the countrymen to be vigilant for the diseases, alerted to take extra care of the elderly and included advisory on (18):

* Minimizing the movement and to leave home only when necessary.
* Staying home by 60-65-year-old
* Following 'Janta curfew' on March 22, 20220 which meant staying in the homes from 7 AM to 9 PM.
* Saluting those who are serving the country to control the spread of the novel coronavirus, at 5 PM on March 22, 2020
* Avoiding routine medical check-ups and scheduled surgeries, unless of emergency nature
* Not deducting the salaries of the employees.
* Not engaging in 'panic-buying' and refrain from stocking essential goods.
* Staying away from false information and rumours.

While the 14-hour long voluntary curfew (*Janta* curfew) on March 22, 2020 was successful as people remained in-doors and also showed great solidarity in applauding those serving the country with claps and ringing bells and *shankhs*. It was the behaviour of the people before and after this day that pushed the authors to think about the reasons of non-compliance to public health advisory and role of ethics in it.

**Public health, compliance and ethics**

Public health deals with preventing disease and promoting health at the population level. The earliest of its definition, defines it as the science and the art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts … and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health (19). Endeavour of public health professionals to prevent the population from getting sick essentially seek ‘compliance’ from the community. **Compliance** refers to a particular kind of response – acquiescence - to a particular kind of communication-a request. It is a change in behaviour that is requested by another person or group and could be refused or declined (20).

Ethics involves [concepts](https://en.wikipedia.org/wiki/Concepts) of right and wrong [conduc](https://en.wikipedia.org/wiki/Action_(philosophy))t. People strive to be ‘good’, to do the ‘right’ thing and to lead a ‘good life’, in short lead an ethical life depending on the understanding that largely originate in religion and interact with morals and values of family and social conventions. Ethics determine decision-making and human actions (21) Public health science helps establish what is considered good for the health of populations and communities (22)

Three questions emerged amid COVID-19 management in India:

1. Were efforts of public health professionals successful in establishing what is considered ‘good’ (ethical) in the minds of the community?
2. Was community’s own definition of ‘good’ (ethical) in alignment to the ‘good’ promulgated by health professionals?
3. Are compliance requests, centering on ‘good’ (ethical) behaviour from the community advisable in situations of health emergency?

**Compliance from Community to the Health Advisory: An analysis**

Psychologists provide various theories of compliance agreeing on the difficulty of obtaining compliance- be it patients in specific, be it population, in general. Research on compliance has investigated how targets of various influence techniques process information and respond to requests as they attempt to gain an accurate construal of the situation and respond accordingly. (23).The need to correctly interpret and react to incoming information is of paramount importance, particularly to targets of compliance-gaining attempts (24). Further, person’s desire to respond appropriately to a situation demands an accurate perception of reality (25).

Not only the formal channel of government, health and media functionaries were geared up in the task of informing the nation about pandemic but informal channels were ripe with information on COVID-19. There were rumors and fake information too but it perhaps ensured awareness of the disease to the majority of the people. However, non-compliance despite awareness of the situation indicates probably two things. First, communication failed in instilling the required perceived threat and susceptibility to disease (26) to effectively comply with the advice. Theories state that after receiving a request for compliance, feelings are referred as cues for effective responding and since community had no experience of this situation, it probably failed to conceptualize and imagine ramifications of non-compliance.

In general sense, compliance is important for the person who is tasked with the responsibility of ensuring compliance from others but in a health emergency, it should ideally become responsibility of everyone to act responsibly for keeping themselves and others safe.

Here the concern was that the compliance was sought for the health and safety of all and all were subjected to same strategies of compliance. Despite that, while most complied, others indulged in behaviors which threatened the safety of themselves and others and defeated the efforts of everyone.

It is reasonable to understand that people faced constraints in compliance both at the personal and external level. People with low socio-economic status faced greater challenges but that did not mean they were non-compliant. Compliance requires behaviour change and effort at both personal and external level is required. Those who were compliant, their ethical construct were different from those who were non-compliant, irrespective of the challenges.

Closely related to the concept of ethics is morality. Morality refers to a society’s shared, stable beliefs about what is good and bad, right and wrong. Through upbringing and socialization, each generation passes this common morality to the next. Common morality envelopes the individual like an ecosphere of shared customs, rules, and values. For most circumstances, people habitually rely on this common morality to guide their conduct, and it serves them well. The non-compliance perhaps happens when this morality reference is not in alignment to the ethics expected by public health. Though, we are still struggling with tuberculosis, somewhere the importance of isolation during infectious diseases is not very-well recognized. There could be two reasons behind it. Firstly, all the communication was made specifically for Tuberculosis as the battle for infectious diseases was long thought to have been already won. Further, highlighting the infectious nature could increase the felt and perceived stigma by the patients, so focus of the communication is that a TB patient ceases to be infections just after a month of medicines of the total period of 6 months.

Most importantly, most people have faced this type of epidemic of infectious disease first time in their life and have no memories to resort to which could instill conviction in them to be fearful and goad them to comply to the desired behaviours. Most could not see their vulnerability to the disease and their family members through them and themselves go infected and further contributed in spread of the virus.

Further, the concept of social distancing is being viewed as akin to emotional distancing. It is not hard to imagine inability of the community in India to comprehend the importance of isolation, self-quarantine and social-distancing. These fundamentals of keeping oneself safe are not in line with the collectivist society where social support is being promulgated from ages. There was mismatch between our customs of meeting / paying visits to the ill/ being together in times of disease for moral courage. The worst thing which went against the defense is that the infected person could be asymptomatic and keep infecting others. The result was that many people infected not only several others but also infected their own kin with contagious virus.

# This gets support from numerous incidents of negligence and irresponsible behaviour witnessed from all sections of the community irrespective of their socio-economic status. Suspected cases not following the advices of isolation, running away from the quarantine centers, hiding the travel history, accumulating in religious places contrary to the public health advices are all examples of irresponsible and unethical behaviour showing callousness towards self and others. While discussions of filing cases of homicide against all such people are doing rounds in India, Italy, heavily burdened with pandemic, already took stern measures of ‘intentional murder’ charges against careless COVID-19 spreaders with imprisonment of upto 21 years (27).

# Lessons for future

Domain of Public Health ethics need to consider importance of ethical compliance by the community in their execution of services. Public health professionals ought to train community about responsible and ethical behaviour lest a public health emergency strikes.

One known area which got impeatus through COVID-19 pandemic is about the difference between routine health communication and communication during epidemic/pandemic. Communication during epidemic need to focus on ‘Act’ rather than ‘talk’ which means community is to be told about the expected actions in clear terms and made responsible and accountable for their actions. With a new disease outbreak, new response strategies are required by the community, which might not align with the routine and regular practices of the community, compliance in such situations is difficult and poses problem. The public health professionals need to understand this mis-match and probable issues of non-compliance to the advisory. In such cases, external measures to ensure compliance like shut-down, lock-down, active surveillance is crucial as time does not permit usual ways of expecting people to understand and take a decision. A prior-preparedness could help.

While ethical behaviour from professionals is pertinent including consent and informed-choice to the people to indulge in the desired behaviour, this could work only when the desired behaviour is expected in routine times- in use of contraceptives for family planning but in a health epidemic and pandemic, there is a risk and risky behaviour of one could make others also diseased. People cannot be allowed to harm self and others. Recourse to rules, regulations and legal deterrents often play a supportive role in ensuring compliance.

Finally, community ought to be made equal partner by public health professionals in the efforts for containment and management of all public health diseases.

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