The Worldwide Pandemic and Some Emerging Ethical Issues

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Statement of competing interests and funding support:

Funding: There is no funding sources for this work.

Conflicts of Interest: The corresponding author states that there is no conflict of interest.

Availability of data and material: Mentioned all the sources distinctly in my full reference list.

1. Introduction

Currently world is facing a ruthless immense crisis caused by the unprecedented coronavirus disease 2019 (COVID-19) worldwide pandemic. Every worldwide pandemic is able to change blatantly all aspects of life where panic becomes the prime motivator for every human action. Rational decision making gets suppressed under the primal fear of death in this scenario. The health care system reaches towards a devastating break point throughout the world. Along with health care services all other major significant services such as education, tourism, retail, hospitality, auto sales, entertainment, and sports have collapsed during this locked down phase. It is hard to abruptly grasp and adopt the sudden ruthless change of worldwide social, political, and economic aspects. No one is ever ready for a sudden highly contagious global pandemic outbreak. However, when the unprecedented situation arises, public health authorities and policy makers must take quick decisions to respond to and prevent any worsening of this emergency scenario.

The dreadfulness of infectious diseases with its highly contagious nature becomes a threat for the whole human race with its high morbidity and mortality rates. The annual morbidity and mortality rate of infectious diseases have been often compared with military action, such as a war where innocent people are often collateral damage. In this global pandemic scenario, we can definitely say that the severe acute respiratory syndrome coronavirus (COVID-19) is currently world’s largest killer. By seeing the devastating consequences in an emergency situation, public health authorities have made some quick decisions and put in place some preventive measures out of panic, deep anxiety and fear (Smith et al. 2005). However, these quickly developed mandatory rules for protecting public health have been executed without taking informed consent into consideration due to lack of time along with the high demands of our emergency and scarcity in resource allocation, and thus this crisis has raised many ethical dilemmas between various bioethical principles, such as autonomy, beneficence, nonmaleficence and justice (Selgelid 2005).

Due to the high morbidity and mortality rates of infectious diseases there is a lot at stake when diagnosing, treating, and preventing them and pressing ethical concerns are bound to emerge whenever large numbers of human lives are in the balance (Smith et al. 2005, p. 3).

Decisions are made out of fear in the crisis period. And

when fear of these diseases becomes a principal force in clinical and public health decision-making, serious ethical issues concerning just distribution of resources and human rights can arise (Smith et al. 2005, p. 3-4).

These decisions are solely taken from consequentialist view to prevent the pandemic or pandemic. Decisions such as forceful quarantine and isolation have been taken ignoring informed consent due to the lack of time and rapid growth of the disease. The ongoing global crisis, including the massive loss of human lives and high contamination risk caused by novel COVID-19, forces the public health authorities to be confronted with the deeply valued moral obligation such as one’s self interest of freedom of the free movement, the social obligation such as community gathering, and also the relative value of economic and social rationales for particular policy actions. The economic crisis will occur due to the policy of social isolation which will have consequences for millions of jobless individuals from various industries, and eventually some small and medium businesses will completely collapse. Hence, this isolation will definitely harm people socially and economically. However, the immense pressure of this emergency leads public health authorities to implement measures quickly which first and foremost protect and preserve human life. Protection of human life currently becomes the universal moral principle that transcends cultures, times, national boundaries, and religious beliefs.

1. The Novel Infectious Features of COVID-19

Each pandemic with its unique features raises unique ethical issues and the whole scenario alters according to its pressing novel features. So, before coming to the newly ethical dilemmas which have arisen in this scenario, we first need to analyze the novel features of COVID-19.

* 1. *Highly contagious*:

It is evident that COVID-19 is one of the most contagious infectious diseases till now. Currently the confirmed cases of infected persons are approximately above five million around the world (COVID-19 Corona Virus Pandemic, *Worldometer*. Last updated on May 26, 2020). Although the mortality rate caused by this disease is lower than SARS (2003) or Ebola (2014-16), however its fatality comes from its highly contagious nature. The infection of COVID-19 is spread more easily and more quickly than any other infectious diseases till now. The virus can be spread through hand contact, as well as through coughing and sneezing. So, it is important to clean your hands regularly and thoroughly with an alcohol-based hand rub or to wash them with soap and water since thorough washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands (WHO 31 March 2020). Again, we should maintain at least 1 metre (3 feet) distance between yourself and anyone who is coughing or sneezing since when someone coughs or sneezes they spray small liquid droplets from their nose or mouth which may contain virus and if you are too close, you can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease (WHO 31 March 2020). A new study of Chinese data from the Center of Disease Control shows that a single infected person with COVID-19 may be more likely to infect up to 5 or 6 other people, rather than previously known 2 or 3 (Haelle April 7, 2020). The COVID-19 and SARS both are originated from China before spreading worldwide and both have come from animals. SARS has the higher mortality rate with its deadly pathogens; however, the two outbreaks have progressed very differently, especially in the speed and extent of spread. Although the COVID-19 virus is not as deadly as SARS, it is much more pervasive. This virus only took less than two months from its first detection of the infected case to its worldwide spread for the number of confirmed cases which passes the total that SARS caused over several months (Callaway et al. March 19,2020). Accordingly, within three months, COVID-19 has killed more than five times as many people as SARS has caused (Callaway et al March 19,2020).

* 1. *Only microscopic visibility and two weeks incubation period*:

The virus moves silently and deadly. It hides itself in tiny respiratory droplets and is visible only under microscope. So, it is very uncertain how the virus will spread and affect others. Moreover, a coronavirus infected person may remain normal without any sign of infection and consequently the person becomes the silent carrier of this infection and will infect more people without being aware of this infection. Victims may include your family as well as strangers. Let me illustrate these points with the infamous single super spreading case of coronavirus caused by patient number thirty-one in South Korea (Kasulis Mar 3, 2020). In South Korea a patient who admitted with the hospital tag number of thirty-one, by herself singlehandedly infected more than half of the inhabitants of the country without knowing that she was the bearer of this deadly virus. She attended social gatherings, travelled to crowded metropolitan cities, went to church, and had lunch in restaurant, and thus the was virus has spread all over the country and the infected cases of coronavirus abruptly increased in South Korea. The health care system is now struggling with the immense pressure of patient and scarcity of proper medical equipment. Before this incident South Korea had only thirty infected cases which is fewer than any country. After this community infection occurred due to social gatherings, and the infected cases rose abruptly. This scenario can justify the compulsion of implementing measures like social distancing and self-isolation despite any infringement of individual’s free movements and also economic losses (Perry Mar 16, 2020). The pressure of this emergency has compelled the public health authorities to concentrate their priority on preventing loss of human lives.

* 1. *Continuous mutation of its nature*:

The novel coronavirus rapidly changes its nature which consequently changes the way of transmission of the infection, and the medication also gradually becomes ineffective. This uncertain nature of this virus has created fear and panic all over the world.

1. Analysis of Ethical Dilemmas Emerges from Different Sectors of Society

Now I will differentiate and analyze the unprecedented ethical dilemmas in this scenario from three aspects. First, there are ethical issues come from the imposition of preventive measures. Secondly, there are moral dilemmas which occur when physicians and health care workers try to maintain just allocation of the limited medical equipment to treat large number of patients. Finally, there are ethical dilemmas emerged when administrative policy makers choose effective implementation of the policies to gain trust from people.

* 1. Ethical Issues Emerge from the imposition of preventive measures
     + 1. *Social distancing (WHO March 31, 2020), travel restriction and covering face with masks* have been implemented along with the previous implementation of ‘isolation for the sick ones’ and ‘quarantine’ by public health authorities in this scenario to slow down the community spread of COVID-19 (WHO February 29, 2020). Since a SARS-COV-2 infected patient is able to spread the virus among two to three people at a time, the spread will be devastating and beyond control if the infected person joins in large social gathering or visits any crowded places. Although the measures have been taken here by anticipating the common good for the sake of community welfare, it needs to be balanced with appropriate concern for the autonomous free will and liberty of individuals. Since humans are social species, it is indeed socially, physically, and mentally disturbing to lockdown and maintain social distance. Again, it is problematic to suddenly adopt the ‘new normal’ of greeting friends from distance. These quick mandatory rules for public health have been executed without taking informed consent into consideration due to lack of time and the severity of the emergency. The common good ethical approach (Aristotle 1925) emphasizes the common conditions that are important to the welfare for everyone. This approach evokes the interconnected social relations of a community and one member’s moral obligation to others for the common good. From this standpoint every individual despite their autonomous free will should consider restrictions of their public movements as reasonable and fair if these free autonomous movements pose serious significant threat to the whole community. Here we can analyze it from two different ethical approaches. Firstly, according to Kant (Kant 1975), self-preservation is a universal duty for every rational being. From an egoistic approach, it is one’s duty to protect oneself and adopt whatever measures are required to promote the interest of self-protection. Another approach is altruistic in nature which evokes one’s benevolent duty towards others. From an altruistic approach, everyone in a society has a duty to others. This duty has two aspects firstly by avoiding harm (Nonmaleficence) to others and secondly by promoting good for others (Beneficence). From this approach one should maintain social distancing to avoid harm to others, and in this way one can promote the good for all by stopping the virus transmission. We should sacrifice our limited pleasure to organize or attend social gatherings or visit crowded places not only to protect our own self but also to protect others. Since we are social species, there is a social as well as moral duty to adopt these measures which protect all of us in this crisis and this moral obligation comes from our core essence of humanity. Hence, it is not only one’s choice, but it is our moral humanitarian obligation to adopt the required measures which can prevent and control the deadly virus and protect the whole human race. It will be easier to adopt if we use the term ‘physical distancing’ rather than ‘social distancing’ (Brakman Apr 9, 2020) since the goal is not to separate one from society. Physical distancing actually promotes the virtue of solidarity. The virtue of solidarity holds a deeper sense of unity while promoting the commitment to something which is bigger and beyond. By cultivating the virtue of solidarity one can reorient one’s individual free will and commit oneself unto something which will promote the common good, and, in this way, everyone despite their mere individual differences fights unitedly against the deadly virus. We need to be aware of our intrinsic benevolent disposition which comes from our core essence of humanity where our existence is related to one another through our natural benevolent disposition for others when we see them suffering despite mere individual differences. This scenario appeals to our core essence of humanity since currently the whole human race is at stake and our benevolent moral obligation compels us to voluntarily restrict our free movements and to maintain social distancing. It is also an individual’s obligation to herself and to her family, friends and to those whom one cares and loves the most to be safe, protected and not to be infected. Moreover, it is not only to protect one’s own self or her family members, but we owe this moral obligation to the other people of our community since the infected coronavirus person, being the silent carrier of the virus, can infect others within the two weeks of the incubation period without knowing that she is already infected! Again, COVID-19 makes a situation which compels us to cover our face by masks to avoid the transmission of the virus. However, this measure will go against one’s individual’s right. Now, the problem is the virus transmits through the droplets by some involuntary reflexive activities such as coughing or sneezing where we are not often ready to cover our face with hands or tissues. This practice is always involuntarily harmful to others. So, when the right to life confronts with the right of free choices such as uncover the faces or attends social gathering, the right to life subordinates other rights. Moreover, some people are not aware of this social hygiene while interacting with others. The lack of awareness and less education makes this scenario more dreadful.

* + - 1. *Nonsense panicking vs common sense awareness:*

The unique and uncertain features of the novel corona virus with its high contagion rates creates enormous panic among individuals in general. People drive recklessly and engage in a rush panic (DeCosse Mar 20, 2020) buying to acquire foods, grocery items, hand soaps, hand sanitizers, toilet papers in huge portion so much more than one requires with a resulting the scarcity of food, grocery items, hand soaps, sanitizers, face masks in so many stores. People need to understand that this is a community disease and other people also need the same basic requirements of food and hygiene equipment. During this situation, it is not sufficient to maintain a hygienic lifestyle by one’s own rather the situation requires to adopt the hygienic lifestyle by all. If other people cannot maintain the hygiene due to the scarcity of the items, the virus will not stop spreading from the less hygienic person to another hygienic individual. So, we should think socially and benevolently for others rather than selfishly buying items more than are required. Moreover, people are waiting in long queue for hours to buy needed items, unfortunately ignoring the maintenance of three feet distance as prescribed by the World Health Organization (WHO March 31, 2020). Thus, the unwise panic leads people into situations where they are prone to be more infected, leading to a huge scarcity of social goods. During this situation, we need to act more virtuously. Here we should develop the Aristotelian virtue theory where he argues that virtue represents neither excess nor deficiency but the right amount. Aristotle introduces the concept of Golden Mean which directs the intermediate condition of two extremes between excess and deficiency. Being virtuous means practicing virtue by maintaining that golden mean between two extreme states. Aristotle accepts the moral worth for any virtue lies in the exercise of the proper mean which is the intermediate condition between two extremes of excess and deficiency. The virtuous person knows what is virtuous and she acts accordingly. Virtues are intrinsically worth being exercised within this mean, and such continuous virtuous exercise is the mean for the ultimate end of good living. According to Aristotle, the person with practical wisdom who has the proper understanding of virtue can efficiently choose the right intermediate of virtue for one’s own self (Aristotle 1925). Following Aristotle, *the virtue of prudence or practical wisdom* emphasizes on proper understanding of the situation and develops the required common sense to act wisely in this scenario. A prudent person develops the proper understanding of the situation and common sense by being well aware of the scientific details of the virus and its features of transmission and avoids any unreasonable panic. It is also the ethical duty of media not to encourage panic among people by publishing ineffective, baseless, biased, and superstitious data solely for the promotion of the media company rather making people aware by providing the important and adequate data rather than increase the confusion and fear (Raicu Mar 23, 2020). The prudent individual develops the ability to choose and acquire the proper scientific data and to be guided by the scientific facts of the contagious nature of the virus. The prudent person also adopts the required measures such as isolation, quarantine and social distancing and obtains required necessary things in balanced way. Precisely, a prudent person will choose one’s decision wisely and act in a balanced significance impact of the condition. Moreover, we should cultivate the community virtue such as compassion and benevolence to struggle against the community disease rather acting selfishly, since it is not sufficient to be safe alone in this crisis rather we should act benevolently and compassionately to others by keeping social distancing, avoiding unnecessary panic buying and posing threat to others.

* + - 1. *Social discrimination towards the infected persons by treating them as ‘others’*:

According to continental philosophy, the phrase ‘the other or constitutive other’ denotes that which opposes the same. The other and ‘otherness’ indicate an extraterrestrial and different view from which is one is habituated, such as a norm, identity, or the self. This is an asymmetrical economic and cultural relation generally between territories based on domination and subordination relationship. According to Edward Said, othering is a term that refers to the act of emphasizing the perceived weaknesses of marginalized groups as a way of stressing the alleged strength of those in positions of power. So, othering also includes any racial, ethnic, religious, or geographically defined category of people. Selgelid (Selgelid 2005) argues that the problems of infectious diseases are regarded as the problems of ‘the other’- to whom we are not socially, culturally, mentally related, and so this discussion has been neglected in western bioethics. For example, Indians are ‘the other’ to European with different socioeconomic cultural background. The diseases like cholera, malaria, dengue, etc. which are very acute in developing countries like India and have been considered as the problem of ‘the other’ to the western bioethicists until these have affected the western world. For a long time, AIDS has been regarded as the problem of only homosexuals and the poor African black people. Before a pandemic, infectious disease has been downgraded as the problem of exclusively developing countries and has received very few discussions in western bioethics. Even in pandemic situation ethicists concentrate their discussion mostly on local problems rather than international justice. During this worldwide coronavirus pandemic, general people, bioethicists, public health authorities and any administrative policy makers initially ignore the fatality of its high contagion nature by bracketing it as ‘Chinese Virus’ since it originated in China. Now when the situation is out of control people start panicking and treating the infected persons everywhere indiscriminately out of fear and hatred. Some people are boycotting Chinese and Asian people, marketplaces and restaurants run by them without any reasonable ground for such discrimination. We need to understand that infectious diseases were and never will be confined into one territory or one specific group of people. Moreover, infected individuals are the innocent victim of this deadly virus as well and they also deserve proper treatment and care. Hatred and social discrimination only serve to make this disease more fatal by creating unreasonable panic and also by initiating harm to others.

3.2. Moral Dilemmas of the Physicians and Health Care Workers

The health care professionals start their noble vocation of protecting others’ lives by taking the Hippocratic Oath. Beauchamp and Childress illustrate four principles of health care based on the Hippocratic Oath, i.e., autonomy, beneficence, nonmaleficence, and justice (Beauchamp and Childress 2012).

1. The principle of Autonomy regards the autonomous and rational dignity of a person and respects and protects the autonomous person’s rights and decisions. Physicians should respect a patient’s choice of treatment and requires informed consent before any treatment or implication in health care. Informed consent presupposes the competence of a patient. Competency means the capability of understanding consequences of the consent and capability of making a free choice that is free from coercion or undue influence. Here, medical decisions require that the patient should know that he or she is authorizing the medical treatment and is able to understand effects of treatment, options in terms of health, life, lifestyle, religious beliefs, values, family friends, and all other factors bearing on treatment decision. Physicians should provide the required information of the required medical treatment. So, the health care system initially holds a patient-centered approach in order to respect the autonomy of the individual.
2. Among the four keystone principles in biomedical ethics beneficence and non-maleficence are the two most significant ones, derived from the Hippocratic work in Pandemics: “As to disease, make a habit of two things – to help or at least not to do harm” (Beauchamp and Childress 2012). These two principles possess obligations to not to do harm as well as to promote welfare. The principle of beneficence promotes such activities which produce good for all. It identifies with the basic tenets of utilitarian thoughts as it aims to produce the good for the community. The term ‘nonmaleficence’ derives from the ancient maxim 'Primum non nocere', which means “First, do no harm” (Beauchamp and Childress 2012). This basic notion of nonmaleficence is attributed with the utilitarian notion which rejects such actions which lead to unnecessary costs or pain, suffering or displeasure. Following Hippocratic tradition in medical ethics the duty of a physician is to ‘use treatment to help the sick according to physician’s ability and judgment, but physician will never use it to injure or wrong them’(Beauchamp and Childress 2012). The principle of nonmaleficence stands for all kinds of abstentions of doing harm where harm is defined as an adverse effect upon another person’s interest. A physician’s primary goal is to promote the welfare of the patients but if it is not possible to do so, “at least, do no harm” (Beauchamp and Childress 2012). The nonmaleficence principle seems to stand against active euthanasia where the physician frees a severely ill non-curable patient from her unbearable pain by ending her life through some immediate medications on the patient's own request or on the request of the patient's near ones. Euthanasia is still a controversial issue. However, when a severely ill patient with least chance of recovery makes the decision to withhold medications to free himself from the intolerable pain by passive euthanasia, a physician also silently respect the person’s decision as physician and patient both want patient’s welfare i.e., to free from the unbearable pain and illness.

1. The principle of justice requires that we should fairly distribute goods and service, including medical goods and services. Injustice occurs when someone does not get the goods without any defensible reason. For example, two patients with same medical condition deserve equal treatment and care. Now after the initial treatment if one of them deteriorates more, the needy person deserves advanced medical treatment and care.

Summarily, health care practice is appropriately integrated with ethics since physicians are protecting others’ lives. However, physicians who often face dilemmas when they face life-threatening illness or make the appropriate ethical decisions have to act accordingly to avoid harm, benefit patients, and act fairly while maintaining professional integrity. The health care scenario is initially and usually patient centered. However, during this situation, of a public health crisis with the potential for infection to spread widely and unnecessarily, the individualistic patient-oriented approach must be altered in the public-care based approach. The universal emergency situation of this coronavirus infection disrupts normal processes of healthcare service and raises moral dilemmas.

*Balance the scarcity of treatment and testing kits against the huge demand:*

The huge demand leads to high scarcity of medical equipment and resources during emergency. This situation raises the question of justice and pushes physicians into the moral dilemma on how to share limited goods equally and fairly. The basic moral tension here is in the usual situation health care workers can provide the required treatments and can save the lives, but this approach is eventually impossible during the pandemic outbreak due to the scarcity of medical treatment kits and lack of time. Firstly, we need to realize that due to this scarcity it is impossible to share the treatment equipment and testing kits equally to all. In this situation, public health authorities prescribe adopting a triage method to maintain the fair allocation of the limited equipment as much as possible. Triage method is initially used in war front to determine the impact and urgency of the wounds of the soldiers and make a quick decision regarding to whom to treat first in the warfront where there is large number of patients. *The triage method* identifies the three classes of patients and prescribes to treat accordingly: 1. set aside those who will die despite any efforts to save them but probably need quick palliative care, 2. select those who will survive but do not need immediate care so much and 3. select those who can be saved with immediate care by providing treatment as soon as possible. The worldwide coronavirus pandemic has been already created such a significant global situation which can be compared to the two preceding World Wars. Although the impact of a pandemic outbreak is similar to a war, a pandemic outbreak is different because it is primarily a clinical emergency situation.

Now, following this triage method, first we need to identify the most *vulnerable group* of this situation based on the clinical relevance. To maintain justice, in this health care emergency, we should make prioritization based on *clinical relevance* but not based on Utilitarian assessments since the ethical and medical boards have no authority to decide the value of life years based on the Utilitarian assessments on who will give a greater contribution to society when the pandemic is over. Following clinical relevance, the health care workers including the physicians, nurses, cleaners are fall into the most vulnerable group. Health care workers should be given the priority to use available testing kits and treatment equipment since these persons are risking their lives to save the infected patients who pose enormous threats to them. Moreover, they have to treat other patients also who are not already infected and without proper preventable measures health care workers will pose threat to other patients. Hence, they are the most vulnerable group who need to be tested and provided the available treatment to them first if they get infected. Following the argument, we should say that the persons who are connected with other public emergency services such as law enforcement officers, food and essential goods providers, fire fighters also come in the vulnerable group. They need priority treatment and testing to maintain harmony in society. The priority should be ensured following the same argument for the allocation of vaccination of corona virus when it will be invented. Again, priority should be given to someone who comes into contact with a large population and eventually pose greater threat to society. Such person may be a public figure or may be a poor one who lives in most crowded area and hence, creates larger threat to society, if gets infected. Pregnant women should be included in the vulnerable group since they are carrying another life within themselves and if they get infected, it will create severe life-risking impact on their own body along with the baby they are carrying in their wombs.

Again, the coronavirus infection causes severe respiratory illness that requires ventilator or extracorporeal membrane oxygenation (ECMO pumps to circulate blood through an artificial lung) support for critically ill patients in an intensive care unit, with ongoing monitoring by respiratory technicians and critical-care nurses (Berlinger et al March 16, 2020). Now, during normal situation patients have been treated as first come, first served basis with the assurance of providing required medication. However, during the outbreak, health care workers realize the limitation of ventilation, life-support systems, ICU beds and even the scarcity of medical resources. The first come, first served approach is ineffective in this scenario when too many severely ill patients are waiting for ICU beds and ventilators. Physicians have to take the crucial decision by determining the life expectancy of the patients and thereby choose whom they should provide the treatment to by removing it from a patient who is not at all improving or has the very minimal chance to response. The decision goes against the principle of nonmaleficence which prescribes even if cannot do any better, do not do worse. The physicians can also realize the significance and impact of their decision that the patient will eventually die and there is no time to get informed consent from the dying patients’ families. However, to maintain fair allocation they have to make this crucial decision based on clinical relevance to cure other patients who might have the chance to recover. Here physicians are torn between the moral dilemma within principle of nonmaleficence and principle of justice. During this crisis period, justice requires that the medical judgment for prioritization should be solely based on the clinical life expectancy regardless of the patient’s age, wealth, power or any other less determining clinical factors. Since everyone has a right to pursue a good life, the people who are currently infected with COVID-19, as well as older people and those with serious health conditions such as cancer, heart diseases or diabetes or the person with low immunity, are not the few whose rights need to be balanced against the greater good following a Utilitarian calculus. Each of these individuals is an equal member of our society whose ability to live a good life is at risk. If there are decisions to be made about whose lives are to be saved first, or what other socially valued goods need to be protected, justice demands that there be public deliberation (Venkatapuram March 19, 2020). However, time is another scarcity in this situation and so to maintain justice during this distressed situation, every health care unit requires to form a quick medical and ethical board where the group of expertise from both sectors may discuss and decide how to manage the emergency more justly and fairly.

*Unfair service to other patients’ treatment:*

Every patient has the equal right to be treated properly. However, when medical resources, including medication, ventilation, ICU beds and physicians are primarily concentrating on controlling the pandemic outbreak, question of unfair distribution evolves as *deprivation* occurs in other medical units in this very situation. Consequently, the quality of the treatment will fall since most of the doctors who are not expert in the infectious disease field are also needed to support those specialized doctors in this area to manage the scarcity of resources and to control the emergency. Moreover, the extreme pressure of the emergency patients leads to the breaking point for some resources. To improve this situation policy makers should think about providing telemedicine to provide remote primary care services and delivering medical training over video conference to health care professional who are at remote places. Moreover, it would be beneficial to contact with retired and willing physicians and health care workers in order to treat general patients who are not infected by COVID-19. Thus*, justice can be fairly allocated* in all medical units.

*Health care worker’s duty to their families and to their patients:*

The health care workers have the duty towards their family and also, they have a major social duty towards the dying patients. They have the moral obligation to save the patients as well as they have the right to choose to be not infected and pose threat to their beloved families. The duty of serving the infected patients may result in maintaining distance from their family members. This is not at all a just situation for any individual even though they are working for saving others’ lives. However, the harsh reality of a pandemic outbreak compels them to serve for the patients when the public life is at stake and they have to give priority to their professional role above the personal duty they have for their families. Health care workers have a prima facie duty to work because of everything that has been invested in them by society, and due to their unique irreplaceable position into the society (Cheney March 24, 2020). Every social individual has their distinct role in the society, and it is *everyone’s social duty to perform their role to maintain the just balance of the society* (Plato. E. Cairns and Huntington 1961). According to McIver and Page (MacIver and Page 1949) it is an interchangeable connection between an individual with her society. As the person serves the society, society also protect the requirements of the individual in exchange of her service. Society will lose its usual just harmony if individuals will stop playing their distinct role since *every role bounds with some special duty within a society*. Now, a pandemic outbreak disrupts the normal balance of a just society by causing a huge human loss and eventually by restricting some services. An emergency creates immense pressure upon some of the role-players to restore the balance of the society. For example, as soldiers are required to play their role in war to protect the country, health care workers have to play their essential role in a pandemic outbreak to protect the public health. During this devastating situation, society needs them to perform their role by which they make their own living and can take care for their family members. Their families also need to be supportive to and understanding of them in this situation. Moreover, every health care unit requires a mandatory counseling board in this situation who can understand how much enormous mental and physical pressure the heath care workers are bearing continuously by overworking and by making the crucial decision of letting a patient die so that others may have a better chance to survive. Again, by refusing to give the infected dead body to the patient’s family members despite realizing the emotional significance of the situation from the perspective of the patient’s family members, they have to make this decision for family members’ own good and to continuously work by maintaining distance for a long time from their own family’s care and support.

* 1. Ethical Confrontation from the Administrative Public Workers and Policy Makers

The administrative public workers, of course, should always formulate the policies which serve the common good and welfare of a society. Public administrations need to focus on developing a just and balanced society which serves the common good in every sector of life. However, since a pandemic disrupts this just balance, or, perhaps, makes an existing imbalance even worse, public administration faces ethical confrontation while formulating the policies which serve common welfare. One of the most difficult challenges of public health ethics and policy makers is to define the role of paternalism and its role in which some restrictions upon free choice will be justified (Bayer, Ronald and Amy L. Fairchild 2004). The effort to implement public health policies in a liberal society requires leaders in a country to articulate the appropriate set of values and to guide people in accepting restrictions upon various individuals’ privacy, choice, and liberty. The role of public health ethics and policy makers is to recognize the moral values in decision-making within the ethically challenging situations when the usually approved behaviors dangerous to others.

1. A common good in a balanced society needs to be based on a just and healthy economy. However, a pandemic outbreak causes huge economic disruption. During a pandemic situation of infectious diseases government resources concentrate only on the prevention and control of pandemic. In this emergency situation, the excessive requirement of public health and medical funding to control and prevent the infectious diseases submerges other major significant services such as education, tourism, retail, hospitality, auto sales, entertainment, and sports. Education and tourism are affected mostly due to implementation of isolation, quarantine, and social distancing to protect the health of children and public life in general. Other economic developments are also paused during this time. However, to balance between the economic loss against the huge human loss caused by the deadly virus it is obviously ethical and effective to protect human lives primarily since with a tremendous loss of life, we may not have a society at all and consequently there will be no value of economy (DeCosse Mar 20, 2020). Protecting life first and foremost can set a healthy stage upon which a vibrant economy can flourish since a healthy human society can only produce a healthy economy. The ultimate goal of a healthy economy is to make people’s life better. So, when the large portion of human lives are at stake, it is the prime moral duty to save human lives before anything.
2. For the effective implementation of prevention measures and other health care policies the administration should promote such policies which are accountable, transparent, and trustworthy (University of Virginia Health System Ethics Committee March 26, 2020). For example, the prevention measures like social distancing, self-isolation and quarantine should be implemented for all without any favoring of power, wealth, and social status. Only the persons who are related to emergency service providers such as health care workers, policemen, food and essential goods providers, firefighters have to maintain their critical services. Again, to maintain the fair allocation by following triage method in this emergency, it is important that the decision should not be made by one single physician, rather by the medical and clinically expert ethical board. The complexity of sharing the problems (Selgelid 2005) occurs as there are very few expert researchers in both ethics and science. There is a need of expert researchers in both ethics and science for theoretically complicated discussion about international justice and distribution of resources in health care. Here, it does not only require expertise in science and ethics for an ethical explanation, but also demands the efficiency on complex social, political, historic, and economic dynamics in order to explain and comment on international justice in the global health care context. Equally expanded perception is required by the base of morality and policy prescription to measure pragmatically the predictions of the impact of the pandemic. The issue regarding international justice entails the complicated question of just resource allocation in all over the world which turns the theoretical discussion into a complex one. The discussion of infectious disease is necessarily and inherently an international topic because its characteristics cross over international borders.
3. Moreover, an expert board should take care to provide the required psychological counseling for the health care workers to manage their ongoing stress and promote better quality health care service.
4. Administration should provide the required preventive equipment to health care workers who are facing the threats by treating and curing the infected patients otherwise the situation will become worse since the health care workers will come into contact with a huge number of patients who are not yet infected.
5. The credibility of any preventive measures such as social distancing, isolation, and quarantine depends upon mutual trust and transparent communication between administration and people in general. A transparent communication includes the use of evidence-based interventions and fact-based communication (Lewnard, Joseph A. and Nathan C Lo. March 23, 2020). The transparent, publicly informed, well-communicated measures can develop public trust, reduce the panic, and result in the acceptance of individual restrictions for the interest of the common good. Moreover, it is important to maintain fair allocation so far as possible for social stability and the ultimate success of public health measures. Since it is critical to serve the required needs of every individual, their rights and respect for autonomy can be maintained by giving attention to the dignity of all persons and by comforting them with proper care. For example, even if it is not possible to provide everyone the emergency support of ICU, following the effective fairness of triage method, those patients will be treated with proper care that comfort their needs according to the best possible available capabilities from the health care workers (University of Virginia Health System Ethics Committee March 26, 2020). Moreover, special attention should be paid to ensure the availability of supportive and palliative care to all. Thus, the policy makers gain the trust of the public by the transparent, trustworthy evidence-based policies which primarily focuses on avoiding harm and promoting beneficence for public health.
6. The allocation of scarce medical equipment may differ according to the different environmental and socio-economical factors. Usually, public health authorities will need to focus on different environmental and socioeconomical conditions that might harm the fair distribution of resources. The preventive measures such as social distancing and lock down are need to be implemented with a focus on the common welfare and social justice. However, it is quite difficult to maintain social distancing and lock down policy for a long time in developing countries like India which has almost the largest poor population since most of these people live on their daily basic wages. Here, most of the inhabitants are susceptible to infection due to poor nutrition, polluted water, crowded living conditions, poor education, lack of awareness, lack of access to basic medicines. This pandemic has exposed the deeper injustice of the global social structure since it brings into surface the huge deprivation and unfair distribution of basic needs specially to the poor people of the developing countries. These factors lead the poor people of the developing countries to be more prone to the infection. There is an interchangeable relation between poverty and infectious diseases since the significant decline in life expectancy of some countries occurs due to poverty, lack of awareness, malnutrition, and lack of hygiene, and it is not merely unfortunate but it is social and political injustice (Selgelid 2005). For an effective implementation of lock down and social distancing in the countries like India administration of each state should determine the population of each area which falls under below poverty level (BPL), and an emergency fund should be invested to provide the basic nutrition of this group. Again, some countries are applying random testing policy to determine the most affected areas of corona virus infection and allocate the medical treatment based on the virus impact. However, it may not be possible to implement the random test screening and to continue the lockdown for long time for countries like India. India has limited funding and testing kits against its huge population approx. 1.3 million. In this scenario some policy makers are anticipating for applying the controversial herd immunity policy to control coronavirus in India which has the largest youth population of the world (Altstedter April 23, 2020). The herd immunity policy allows majority of the population specially the young ones to develop resistance to the virus by becoming infected and recovering by their own immune systems and allocate limited fund to cure the old ones and critically ill patients since it is impossible to treat that large number infected population with the least available medical equipment and funding. The outbreak can be controlled when the herd immunity evolves. However, the policy is ethically controversial since it intends to put a large amount of the population into danger and eventually promotes the high risk of deaths. This policy based on utilitarian assessment which justifies the sacrifice of some people to promote overall good. Similarly, it is not morally justified to kill the virus infected innocent victims to maximize the overall good of a country.
7. For an effective implementation of preventive measures, it is necessary to spread reasonable awareness and act against spreading unreasonable panic. The transparent evidence-based reliable information should be provided through different media to raise public awareness. Again, the information should be delivered in a manner which is understandable to all levels within a mass of people and explaining precisely why the measures are indispensable to adopt. On the contrary, the growing surge of misinformation breaks the trust between public health authorities and people, and it worsen the situation by creating unreasonable panic. So, it is required for the policy makers to take effective steps to stop the production and spread of misinformation.
8. It is essential to introduce and promote the use of telecommunication to reach out to the retired and willing health care workers who can provide their experienced and skilled support in this situation. It will be effective to reach out and include the willing and capable unemployed resources of the society in different sectors to support the emergency services. Promoting the usage of remote education will be an effective means for avoiding the potential disturbance of the education system as much as possible. Again, application of the tele and net based remote working system in every possible sector may lessen the huge amount of economic loss.
9. Some of the industries particularly tourism, hospitality and related sectors will be hugely affected by the implementing of the measures of travel restriction. Again, to maintain the Government fund for the emergency service might pose risks of reduced income and even job loss. However, often travel restriction will disproportionately and unfairly affect the most disadvantaged populations of the society who work in service industries, and effective fair policies should be taken to lessen such risk. Again, companies also can act philanthropically and liberally to their workers within this crisis by lessening the wages of all employees rather than sacking few employees in this crisis. Since every one of the society is now already in crisis and fear while struggling for survival, unemployment for so many will make the whole situation even worse. The companies should apply social justice by treating each of their members equally rather than securing most of them by sacrificing a few and in this way, companies can maintain their sustainability their gaining trust among its employees.
10. Finally, during this situation Government can appeal to all people to donate in their emergency fund to manage the scarcity. Again, to execute this plan effectively Government should undertake a honest and transparent policy by showing how the donated fund is distributed in medical sector or in BPL (Below Poverty Level) sector. Transparent work builds the trust between the administration and general people, and willing people can donate freely according to their own generosity.

Thus, public administration should maintain a honest, trustworthy, accountable and transparent way of making the policies which build the mutual trust between administration and people. When people can realize that administration is trying to maintain justice and fair allocation even in a crisis period promote the welfare for all and not to impose any harm to the people by these policies, people will more likely accept such policies. So, to execute an effective policy with *honesty and transparency* are the two key which builds the bridge of trust between administration, public health authorities and people in general.

Conclusion

Finally, I would like to conclude that we, the whole human race, are now going through a most devastating crisis period that can be easily compared to any World War. Currently, the whole human race is at stake and the damage to health, wealth, and well-being has been enormous. People all over the world are being driven crazy out of fear and panic. Physicians and health care workers are being confronted with crucial moral dilemmas and are on the verge of their breaking point. Administration and policy makers are making policy in a rush and are facing serious ethical confrontations. In this critical emergency we first need to focus on how we can restore the just harmony of the society. Firstly, it is essential to prevent the ongoing spread of the deadly virus. We, the people in general, only can do this by our virtuous living. We need to cultivate our virtues of solidarity, prudent and benevolence. The virtues of solidarity and benevolence awaken our core essence of humanity that unites us despite our apparent differences and reorients our autonomous will that directs us to voluntarily restrict our free movement to avoid harm to others, protect ourselves and promote the welfare for all. Moreover, a virtuous and prudent person by practicing her practical wisdom always remains calm even in crisis period by staying in the intermediate state within two extremes and knows how to avoid excess and deficiency and act accordingly in a manner to ease the extremes panic and fear. Again, our virtue of benevolence stimulates in us the genuine desire to alleviate the suffering of others in our surroundings. We can donate according to our capabilities to the government relief fund or some trustworthy NGOs in this crisis. We can pack some food or grocery items and distribute it to local needy people maintaining the necessary distance prescribed by WHO. Also, we can raise the awareness by sharing our experience through writing or by spreading awareness through videos on social network. We should raise our humanitarian concern for others and should act benevolently in our own special ways for the need of others that indirectly deepen our self-knowledge, make our virtuous living flourish and fulfill our vocation to be benevolent. The virtuous people with profound self-knowledge and focused vocation make the world a better place around her by her choice of living. On the other hand, the physicians and health care workers should choose the prima facie duty for serving the public in this crisis period in ways that may harm their personal obligations. During this major clinical emergency, society needs these medical workers to play their clinically irreplaceable and unique role to control this infection. Moreover, they should follow the triage method based on clinical relevance to manage the scarcity and fair allocation. Policy makers should form a board of expert researchers in both ethics and science for theoretically complicated discussion and decision making about just and fair distribution of resources in health care. Again, the primary challenge of policy makers is to implement their prevention and control methods effectively in this crisis, and for the effective implementation administration and policy makers should made the bridge of trust by cultivating the virtue of honesty and care. Through the virtues of honesty and care policy makers are able to build accountable, trustworthy, transparent policies by aiming solely to prevent and control the crisis and promote benefit and welfare for all, and to build the trust policy makers should encourage the spread of reasonable awareness and benefit from the preventive measures and should also control the news that contains misinformation and produces panic. Finally, I want to add that the worldwide pandemic in one hand uncovers the huge injustice within global social structure and on the other hand makes us to realize ourselves again as a member of one single community. This is not one’s own single problem nor a particular group of individuals’ problem. Since the risk is common, we should practice and encourage the virtue of collaboration, benevolence and solidarity. This fatal situation teaches us that we need to move together, interconnectedly, collaboratively and benevolently by providing the kind access to the most needy and vulnerable ones. Thus, by our united effort and virtuous community teamwork we can defeat the common enemy of entire human race- the deadly corona virus.

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Abstract:

This paper aims to analyze the emerging ethical issues raised by the recent worldwide outbreak of coronavirus disease 2019. In this paper I have differentiated and analyzed the emerging ethical issues from three aspects and suggested some ethical solutions in this scenario. First, there are ethical issues which arise due to the sudden imposition of preventive measures such as isolation, quarantine, and social distancing by public health authorities. Secondly, there are moral dilemmas which occur when physicians and health care workers try to maintain just allocation of the limited medications to treat large number of patients. Finally, the challenge of policy makers on the effective implementation of the policies that gain trust from people. I analyze the importance of the virtue of solidarity, prudence, benevolence, honesty to deal with this crisis.

Keywords: Corona; COVID-19; Ethical Dilemmas; Preventive Measures; Effective policies; Solidarity; Prudence; Balance; Benevolence; Honesty; Trust; Transparency.