**Ethical Dilemmas during COVID 19 Pandemic**

The article entitled “***Ethical Dilemmas during COVID 19 Pandemic***” submitted to the Indian Journal of Medical Ethics is original and has been co-authored by the undersigned.

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**Introduction**

Pandemics always leave the “think tanks” ponder upon how coherent we are in dealing the situation. In last four months, COVID 19 had already affected more than 3.7 million people with 0.25 million deaths across the world. (1) Countries have responded with aggressive containment and mitigation measures. Strategic responses in a pandemic cannot be framed with medical and logistic consideration alone but they are rife with ethical challenges too. (2) Response to COVID 19 is also confronted with similar ethical dilemmas of “dual loyalty” related to socio-economic and political context.

**Major ethical considerations in framing actions during a pandemic**

Since the advent of medical ethics, certain logical considerations are placed for guidance towards right action. The four ethical principles namely, beneficence, non-maleficence, autonomy and justice which were set forth by the Belmont report 1978, are widely in use. (3) Universal Declaration of Bioethics and Human Rights suggests rights-based ethics which attempts to ground its principles in human rights rather than philosophic or medical tradition. Principilism, where decisions are made based on certain sets of principles is another major approach for ethical consideration in framing policies. Another approach to ethical consideration is “Consequentialism and the greatest good” where actions are to be chosen based on the best possible outcome which maximizes human welfare. (4). However, there is no categorical stand on how to choose one over the other when different rights are in conflict or principles collide during a pandemic.

The ethical dilemmas which up surged in response to COVID-19 pandemic are deliberated here under 3 broad areas: Health care provision, Individual rights and International obligations.

**1) Health care provision amidst COVID 19 pandemic**

This area has seen many challenges pertaining to obligations on health care workers, equitable access to health care, development of vaccine and maintaining balance between medical services

* O*bligations on Health Care Workers (HCWs)*

As on April 8, 2020, 22073 HCWs have been hit by COVID which is abnormally high and could be out of the higher risk they are exposed to. As per a study from Wuhan, 41% of total COVID-19 cases are from hospital related transmission. (5) These workers go back home where they might have families with vulnerable members like old age and comorbid. They carry enormous fear as not to transmit the infection to their beloved ones. So, considering the high personal risk involved, is it ethically and professionally acceptable for HCW to refuse frontline duties which involve direct exposure to SARS-CoV-2? Or is it just as soldiers are obligated to serve during war, health workers should go in field knowing that the profession has some unavoidable risk factors. Since, Health workers comprise the prime workforce in fight against COVID pandemic, should they carry out the duty prioritizing the service to the community against individual interests? Does professional obligations dependent upon receiving or availability of maximum safety measures? HCWs across the globe are grappling with the shortages of Personal Protective Equipment (PPEs). German doctors expressed vulnerability by posing naked to protest shortages of PPEs. (6) HCWs are running short of both coveralls and N95 masks. (7) So would a natural inclination to minimize/prevent exposure be in conflict with the professional obligation to render the service unconditionally? On the flip side, doctor-patient relationship has been missing in the COVID 19 care. Doctors are hardly touching any patient either for examination or for providing that reassuring touch. Is it possible that patient would connect to a doctor wearing a full PPE? What may be the obligations of HCW in this difficult scenario? It seems both verbal and non-verbal communications, either with the patients or their kin, have taken a backseat in caring for the patient with COVID 19.

* *Equitable access to health care*

The rapid upsurge in number of cases has made us ponder as to how the scarce health care resources should be allotted. Though Italy’s health care system is highly regarded and has a ratio of 3.2 hospital beds per 1000 population, it was impossible to meet so many critically ill patients presenting simultaneously. But as the number of patients requiring care exceeded the capacity of health system in Italy, rationing was the only immediate solution. Thus, a difficult decision based on “distributive justice and appropriate allocation of limited health resources” was made. The doctors were advised to take age and presence of comorbidities into account while allotting resources like ventilators. (8) The issue of providing ventilator is not only restricted to COVID patients but also to other seriously ill patients requiring respiratory support admitted to the hospital. Should priority/rationing be given to most seriously ill? To those likely to survive? To those likely to spread the disease if untreated? Should all be treated equally or those most productive to society be preferred? i.e. young and middle age or the youngest one first? COVID pandemic has brought up ethically tough decision as to what is correct and more justified.

* *Development of vaccine/ drug/guidelines during pandemic*

The drug Controller General of India fast tracked approval of all companies which have drug or vaccine for COVID treatment by waiving animal study. (9) Animal studies are conducted in clinical trials to establish safety and efficacy of a drug/vaccine. Waiving of animal studies may render the human volunteers to adverse events or decreased immune response or deleterious effects. A normal clinical trial can be a long affair and waiting for such a longer period in a disease which spreads rapidly would already take its toll making us miss the opportunity to save numerous preventable or curable cases of COVID-19. This makes a tough ethical challenge to choose whether the trials during pandemic be conducted cautiously as per protocol or the phases be cut off in order to test and approve the drug/vaccine as quickly as possible despite of the risk it might possess to the study subjects/volunteers?

Dealing with COVID-19 pandemic required an immediate treatment option as the virus was new and information required was less. After studies conducted on fewer patients, HCQ seemed to decrease viral load, however, the results were not too conclusive. HCQ was the immediately cleared for treatment of COVID even with scare available literature. This led to mass panic buying and even incidences of adverse events and death. (10) Should we wait for conclusive evidence on effectiveness or act promptly on the bits of evidences sprouting through the course of pandemic.

* *Balancing COVID and Non-COVID Health care*

Challenges in delivering health care services in a pandemic which has greater transmission through hospital setting are enormous. As per guidelines by WHO, many countries are already practicing temporary caseation of non-essential services. (11) Even when essential and emergency services were to be continued, patients are denied care due to lack of COVID-19 test report as experienced by a media professional diagnosed as malaria with sudden spike of fever. Many hospitals in Mumbai are practicing a protocol of getting a proof of COVID status before initiating any treatment. (12) The delay in treatment might have significant consequences. Or is it justified to maintain a high level of suspicion regarding patient admission and initiation of treatment so as to safeguard the health of staff and other non-COVID patients admitted in the hospital? States should also strive to provide essential non COVID services in phased manner starting from maternal and child health services, routine health programs, cancer care, dialysis etc. Mortality associated with non-provision of routine care seems to be much humongous than COVID 19 deaths.

**2) Rights of an individual during pandemic**

* *Quarantine and individual rights*

COVID pandemic has shown up to curtail individual liberties by invoking laws such as Epidemic Disease Act, 1897 (India). Such legal resorts to forcefully impose laws may not be widely accepted by all. Though the step is towards curtailing pandemic, it might have results more deleterious than expected on vulnerable groups like old age, susceptible to mental illness, those with chronic illness etc. Isolation, quarantine and lockdown measures have evoked tension between interest of society and civil liberties of an individual. This tension can be witnessed from rallies and protests conducted in Arizona, Colorado, Montano, Washington and many other states demanding ease of lockdown orders with some protestors holding signs that read, “give me liberty or give me COVID”. (13) Country wide lockdown might result in loss of savings for poor and marginal families pushing them below poverty line. Past experiences have shown that large number (30%) of quarantined individuals during SARS outbreak suffered from Post-Traumatic Stress Disorder (PTSD) and depression. (14) So, does the benefit of quarantine to public at large outweighs the harms it may place on individuals and families?

* *Cross border restriction of movement*

Due to restrictions imposed on routine activities to prevent spread of disease, exodus of migrant workers tends to move back to their native places and many get stuck at borders. These are mostly marginalized sections depending on daily wages for living. The will to get back to native place resorted many to fleeing with battle against hunger, hardship, fatigue and even death. (15) Migrants are at higher risk of infectious diseases due to immense barriers like poor sanitation and handwashing practice. This risk is compounded in COVID pandemic which spreads through overcrowded confines and unsafe conditions typical of camps or settlements. Thus raising concern for contamination and circular spread of virus in places of transit and destination. This dilemma highlights the need for ethical solution over conflict between restriction of cross border movement and individual rights during pandemic.

* *Maintaining privacy of an individual*

COVID patients expect their clinicians to keep the vast majority of information confidential both legally and ethically. But the situation like COVID pandemic has a different legal provision in this regard. Disclosing the data can help to protect individuals and society from serious harm rendered from a communicable disease like COVID-19 which spreads rapidly and has no treatment at present. On the other hand, process of contact tracing can reveal a lot of personal information compromising individual’s privacy. Home quarantine posters on houses, stamps on hands of suspects might change community’s behavior and attitude towards them. Moreover, making the data public can lead the patient, frontline workers, quarantined contacts, suspects or even those recovered from COVID-19 to face discrimination in one or the other way from the community. (16)

**3) International obligations during pandemic**

COVID-19 pandemic has revived the question as to how different countries and Inter-Governmental Organizations should balance their duties and responsibilities to combat the crisis. How should government fulfill their roles towards their own people and towards other countries and populations? This may relate to how decisions are made to release certain portion of supplies under their control? As it was witnessed that India had provided stocks of Hydroxychloroquine (HCQ) to USA for its use as a prophylactic measure. India manufactures around 70% of worlds HCQ supply and so it is justified to export the surplus stock to USA as the latter is more severely hit by pandemic. (17) However, Should the power of better position be used to mobilize the help in such situations? Another aspect to this is whether it is appropriate for a country to release scarce supplies to another country? Or would it be justified to hold the surplus for its own population? Mark Roscow, Director, NHS Whales shared that, contracts signed for PPE in event of COVID-19 pandemic were rendered worthless after France and Germany prohibited their export in order to retain supply for their own population. (18) Thus, countries need to weigh their needs against the international obligations. Certainly, it should not be guided by power structure of countries but humanitarian need.

**Conclusion**

COVID pandemic has presented vivid challenges to the world and made us realize that individual rights are not absolute under every circumstance. The dilemmas mentioned here would help to plan and respond with more careful deliberations so that the rights and duties are balanced more ethically. Though we could see that many discourses on health care have moral dimensions and ethical values imbibed in it, programme managers across world should further acknowledge this dimension with specific regard to pandemic planning and response so that the outcomes are fair and in conformity with ethical values which would make them more appealing and widely acceptable.

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**Summary Box:**

* Response and mitigation strategies to contain the COVID-19 spread have posed enormous challenges in ethical considerations and the unprecedented crisis has impelled governments to take tough decisions keeping one ethical consideration over the other.
* The dilemmas aroused in the process are prominently witnessed in areas like obligations on Health Care Workers, equitable access to health care, development of vaccine/drug, balancing COVID and non-COVID health care, quarantine and individual rights, cross border restrictions, privacy of an individual and international obligations.
* The strategic responses to curb pandemic has made us realise that individual rights are not absolute but could be differed under varied circumstances.
* Policy makers need to closely acknowledge the moral and ethical dimensions in pandemic planning process to make it more widely acceptable and in conformity to human values.