**ETHICAL DILEMMA DURING COVID-19: “THE ME VS US DEBATE”**

**Abstract:**

The ongoing coronavirus pandemic has forced countries across the world to take stringent measures, thus pushing the government, policy makers, stakeholders and medical professionals to make choices that are difficult that too, within a short period. The choices thus made, needed to be balanced, weighing in equally all the aspects concerning ethical principles like individual liberty against the high virulence nature of the disease, equity against the demand-side supply of resources, best value against opportunity cost, autonomy against paternalism, economic losses against partial or complete lockdown and containment of deadly disease against personal safety of frontline workers. Such decisions are often made keeping in mind background information from sufficient scientific evidence, but due to the novel nature of the disease, decisions were made on basis of past information of a similar kind. This leads to prejudice, wherein ethical considerations are not fully taken into account. Hence dilemmas around principles of ethics are faced not only by the decision-maker but also by frontline workers handling patients in real-time and managing crises on day to day basis along with patients who struggle to choose between their own benefits over society’s benefit at large. In our paper, we try to highlight many such ethical dilemmas occurring at various levels in context to India and its future implications. We have also tried to provide solutions to such dilemmas as we move forward to adapt to the “new normal” while preparing for a future wherein outbreaks will be not so uncommon.

*Keywords:* Covid, Ethics, Bioethics, infectious diseases, pandemic, dilemmas, ethical principles.

**Introduction:**

The unprecedented coronavirus outbreak has served as a wake-up call for countries around the globe, to self-evaluate their health systems, readiness, preparedness and mitigation efforts in handling a crisis. It has created a ripple effect around the health systems exposing the deficits that were harboured and nurtured by countries for centuries across the globe. Not only the developing countries but the developed nations are also facing problems in dealing with issues that were earlier shrugged. In dealing with an infectious disease pandemic, the health resources are always going to be scarce, and decisions regarding its distribution are seldom defined.

It becomes essential to illustrate ethical issues that are necessary to consider owing to the infectious nature of the disease. Unlike ethical principles for general medical practices, one needs to re-consider ethics and its principles when it comes to handling a crisis, let alone a pandemic. Since different infectious diseases have different characteristics in terms of its virulence, incubation period, clinical manifestations and existing ethical guidelines may not serve the purpose due to their obsolete nature when it comes to dealing Covid-19 pandemic.

When ethical frameworks are included in pandemic plans, references to ethical values or principles like reciprocity, trust, or distributive justice often go without much discussion of how they ought to guide pandemic response activities, like when implementing quarantine measures, imposing a lockdown, prioritization of health workforce, allocation of resources at cost of other diseases, sharing of data and it’s transparency, the obligation of doctors to handle the crisis without considering about their own self and family, disclosure of infection to authorities by individuals and rights to see one’s own relatives. Since the countries most affected by outbreaks have limited resources we must reflect upon novel ethical issues that prevail following responses to outbreaks upon the emergence of measures taken for preparedness, prevention and mitigation.

Decisions during the Covid-19 outbreak were made on an urgent basis, in the context of scientific uncertainty due to its unknown nature. The challenge was to decide, thus posing the frontline workers, policymakers and also individuals affected by the disease in dilemmas related to various aspects.

In this article, we try to present some of the ethical dilemmas arising specifically concerning Covid-19, highlighting the ethical issues faced by the providers, consumers and other stakeholders involved in handling the crisis. We conclude the paper with several suggestions that we think should be incorporated to mitigate such dilemmas anticipating a second wave of infection if and when it hits the country.

**Major Ethical Dilemmas**

**1) Dilemma around Resource allocation-**

Resource allocation decisions necessarily involve ethical considerations. Given the scarcity of resources, be it the human resources like doctors, nurses/paramedics or essential commodities like ventilator, beds, or PPE, choices are to be made, that will impact on, and may even end, people’s lives. Persad et al suggested four ethical principles to guide the distribution of the available scarce medical resources, namely (1) treating people equally, (2) giving priority to the worst off, (3) maximising benefits and (4) promoting and rewarding social usefulness (1). Now the dilemma that faces the policymakers along with those on front lines is how to decide for resource allocation as the risk is equal across all the strata of society, whom to include and exclude? Most importantly for a Doctor who is at the front line dealing live with patients, the challenge is to decide as to how the resource use will be to its “best value”, that is, is the opportunity cost of saving one’s life, keeping the other person’s life at stake. A cost-benefit analysis based on high priority and low priority needs to be done and to decide for the same varies from case to case, and for a front line worker a decision needs to be made in real-time given all the time and resource constraint. In a country like India, with already scarce resources, high population and increasing burden of the spread of infection, the gun of decision making is on a Doctor’s shoulder, who if they fail to make a correct decision, have to witness the wrath of common people.

**2) Ethical dilemmas concerning Liberty-**

The use of quarantine and isolation as public health tools to prevent the spread of infectious diseases is not new. These measures were adopted earlier in 2002 also when there was a worldwide threat of SARS (Severe Acute Respiratory Syndrome) (2). Talking particularly about the COVID-19 pandemic, it is estimated that the Maximum- Likelihood (ML) value of the Reproductive Number (R0) of the COVID-19 outbreak at its early stage is 2.28 (3). This all the more validates the use of quarantine to curb the further transmission. Before we proceed further, we would differentiate between the two terms- Isolation and Quarantine. Isolation separates sick people with a contagious disease from people who are not sick and Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick(4). Now, the underlying ethical dilemma for adopting quarantine during COVID-19 is that whether in the name of public health, can we restrict an individual’s liberty and if yes, then to what extent? Can these public health strategies adopted for public good completely command individual liberty? The dilemma further adds up when we consider the proposition that potential large scale benefits of quarantine outweigh the adverse consequences, which is a priori (5).

**3)**  **Ethical Dilemmas concerning patient Autonomy**-

Starting from the point when a person has tested positive for COVID-19, his/her autonomy starts compromising and poses a serious ethical dilemma. The paternalism is visible when the patient is in no position to decide whether he/she should go for the new treatment being made available or the established options. Further, the application of stringent isolation measures due to which the relatives of the patients are completely denied to meet the patient exaggerates the dilemma. The mere absence of the family support of the patient during general routine as well as when it comes to taking important life alternating important decisions like intensive care and ventilator support deteriorates the psychological condition of the patient and impacts the patient’s autonomy (6). Thus the prioritization of utilitarian ethics over libertarian ethics and the justification of paternalism for the public good are the dilemmas we need to reconsider.

**4)** **Ethical Dilemmas concerning Triage-**

The uncertain COVID-19 pandemic has brought havoc globally especially in terms of triage. Ideally speaking, all the patients who are critically ill and require intensive care, should be admitted to the Intensive Care Unit (ICU) and should be given ventilator support if required. However, considering the aggravated burden on the already scarce healthcare resources, the ethical dilemma of who should be given the priority has emerged. Should those critical patients who have the best prognosis be prioritized over those who have the worst prognosis or vice versa? In both the scenarios, the prioritization strategy is violating the basis of public health intervention ie social justice. Also, during this juggling of who should be given the priority, the fact that whatever secondary mode is adopted for the patient who has been denied admission, be it delayed admission or referring to a distant hospital is not justified ethically. Adding fuel to it are the laws governing passive euthanasia in India, which state that a medical board constituted for the purpose by the hospital should first discuss the issue with family members and only after obtaining their written consent, proceed with the withdrawal of ventilatory support. Obviously, asking the family of the patient in this turbulent time to sacrifice the ventilator provided to their loved one for another patient is onerous (7). Taking such decisions is extremely mystifying for the family.

**5)** **Ethical Dilemmas in regards to Surveillance Strategies-**

WHO’s guidance for Managing Ethical Issues in Infectious Disease Outbreaks mentions about the role of government during a pandemic (8). The guideline talks about responses of the country in regards to global surveillance and preparedness wherein all countries must thoroughly report the data, ensuring transparency in tracking the spread of infection. Now in India, surveillance possess its own ethical dilemmas. In India, with the start of the pandemic, initially, the names of those infected were made public as a part of a surveillance strategy to ensure easy contact tracing. This led to a major violation of the ethical principle of “Confidentiality” of personal information, exposing the patients to face stigmatization and/or discrimination in one’s community. The dilemma that policymakers face is that though contact tracing has time and again proven to be a useful tool in mitigating the risk of transmission, concerns over privacy and confidentiality have raised questions on how safe is the data? Should the information be made public so that the contacts of patients know about a potential infection or should the information be just private and contact tracing be done by methods not involving a public disclosure of personnel information?

**6) Ethical issues concerning the care of Non-Covid patients**

One of the major ethical dilemmas faced by healthcare providers is regarding the delivery of healthcare services to non-COVID-19 patients. While COVID-19 has become a “famous” disease gathering all the attention, the accessibility of healthcare services for other conditions has been severely hampered. For the ease of understanding, we will look at the ethical dilemmas from the perspective of non-emergency conditions and emergency conditions.

* Non-Emergency conditions- As there is a surge of COVID-19 patients, many hospitals at the district and medical college levels have been converted into dedicated COVID-19 hospitals. Here, basic clinical services that are considered “non-emergency” have been suspended by a government advisory (6). The option of deferring the treatment as advised by the service providers vs taking the risk of contracting the infection is the major ethical dilemma here. Won't the deferring of treatment lead to worsening of the condition? Or is it the other way round that undertaking the treatment for a chronic condition that has already compromised the immunity of an individual will worsen the condition if he/she gets the infection? Another ethical dilemma observed here is the allocation of resources keeping in mind the lack of supply chain of medicines and unavailability to go for follow-up services. Patients with low Socio-Economic Status (SES) will be the most vulnerable to this. Not only the problem of non-adherence of medication will arise, but they might have to lose their jobs due to ill health which will increase their out of pocket expenditure.
* Emergency Conditions- Though emergency services are operational in many hospitals, but we need to look at the ground reality of the feasibility of these services. Lack of transport facility, the necessity to show the vehicle pass to the police, unavailability of trained healthcare staff at the hospitals are all the ethical dilemmas we need to consider before justifying the available services.

**7) Ethical Dilemma in deciding Life vs Profit-**

The healthcare system in India is a complex one, with an uneven distribution seen in regards to utilization of services when it comes to the public and private sectors. With roughly 75% of the population accessing care from the private sector that essentially operates on for profit business model, unlike the public sector in India that considers health as a human right and provides for services that are either free of cost or at a subsided rates, Covid-19 pandemic essentially lifted the curtains off a highly unregulated private healthcare sector in India. The dilemma that is being currently faced is whether the law makers should cap all the procedures being carried out for the treatment of Covid or not. Now though large private sector hospitals are currently overcharging as high as INR 72,000 per day it is the small hospitals with less than 100 beds capacity that are suffering losses as a consequence of the ongoing pandemic. With strict lockdown and fear amongst the people, the revenues in the private sector have witnessed a drastic reduction in patient load, thus leading to heavy losses. Though the government has regulated the prices for covid tests for private labs, and also for a few essential drugs, the costs of other diagnostic tests for providing continuous care, medicines required in managing critically ill patients, remains unregulated, thus leading to hefty bills and empty pockets. The question is should the government put a curb and impose strict laws wherein all the costs are regulated, leaving the private sector exposed to losses or should the private sector run loose deciding for themselves? The dilemma around the responsibility of the state and centre in reimbursing these hospitals also poses a series of questions. Apart from this there also is a moral dilemma of doctors associated with big corporate hospitals, wherein they are asked specifically to provide care based on a profit basis.

**8) Ethical dilemmas concerning cremation-**

The cremation of dead bodies of COVID-19 patient embarks two serious ethical dilemmas. Firstly, it halts certain religious rituals and traditions to be performed by the relatives as a part of funeral rights. To what extent, the religious practices at the funeral can be avoided for the public good is what we need to consider here. Secondly, the relatives who have been at the crematorium face serious stigma and discrimination by the society. Many a time the society isolate the families of the dead patient in the fear of getting the infection which completely is a dehumanizing act and questions the fundamentals of ethics.

**Way Forward-**

Before proceeding forward, we need to understand that there is no panacea to solve these ethical dilemmas. What is required, is a trade-off between this “ME vs US” debate. Hence we need to intersect the public health ethics and bioethics to find ethical and equitable solutions. We have tried to put some recommendations which can reduce the burden of ethical dilemmas to a certain extent.

1) It is very clear that in the case of pandemics, we have to adopt public health strategies based on consequences rather than on basis of individual rights. But to make these strategies successful at the ground level, we need to take into consideration the individual patients, their beliefs and preferences and plan accordingly.

2) The presence of strong political will is a must to tackle the issue concerning the allocation of scarce resources. Policies framed for providing essential services should be made keeping in mind to include the ‘farthest of farthest population’ who tends to be the most vulnerable.

3) The institutions will also have to gear up on their work front. It can include specialized training of their healthcare staff to make rational decisions, providing sufficient equipment like PPE kits, psychological support services to the healthcare staff, providing accommodation for the patient’s family as well to the frontline staff who need it. A further change in the infrastructure of the organization to cater to the present needs is a must. It can include providing multiple entries and exit points in the organization, separate wards for patients having different health conditions, etc.

4) A decision-making tool should be established that is country-specific and in line with the principles of ethics. Indicators such as liberty, proportionality, transparency, equity and solidarity should be incorporated. This will act as a stencil for upcoming infectious disease outbreaks and save the time of frontline workers.

5) Using technologies like telemedicine can be one of the effective ways to reduce the patient influx in the OPD. Both international and local guidelines are available to implement teleconsultation and telemedicine.

References

1. Persad G, Wertheimer A, Emanuel EJ. Principles for allocation of scarce medical interventions. Lancet [Internet]. 2009;373(9661):423–31. Available from: http://www.sciencedirect.com/science/article/pii/S0140673609601379

2. Bayer R, Fairchild AL. The Genesis of Public Health Ethics. Bioethics [Internet]. 2004 Nov 1;18(6):473–92. Available from: https://doi.org/10.1111/j.1467-8519.2004.00412.x.

3. Zhang S, Diao M, Yu W, Pei L, Lin Z CD. Estimation of the reproductive number of novel coronavirus (COVID-19) and the probable outbreak size on the Diamond Princess cruise ship: A data-driven analysis. Int J Infect Dis. 2020;93(April 2020):201–4.

4. CDC. Quarantine and Isolation [Internet]. Center for Disease Control and Prevention. 2017. Available from: https://www.cdc.gov/quarantine/index.html

5. Upshur R. The Ethics of Quarantine. AMA J Ethics. 2003;5(11):393–5.

6. Gopichandran V. Clinical ethics during the Covid-19 pandemic: Missing the trees for the forest. Indian J Med Ethics. 2020;05(03):182–7.

7. Menon V, Padhy S. Ethical dilemmas faced by health care workers during COVID-19 pandemic: Issues, implications and suggestions. Asian J Psychiatry. 2020;Jun 51(102116).

8. Malik C, Laux T, Jain Y. Clinical ethics during Covid-19: Plan for the whole health ecosystem. Indian J Med Ethics. 2020;30(05(03)):187–8.