

Coronavirus Pandemic

Ethical conflicts in COVID-19 times

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Abstract

The COVID-19 pandemic has created new challenges on multiple fronts including a few ethical concerns. Timely and appropriate access to health services and the need to protect vulnerable people are some of them. An important aspect to consider, at the global level, is the frailty of health systems in many developing countries and the constant threat of these collapsing due to shortage of resources and medical supply. Special attention should be placed towards protecting the health of care workers who are highly exposed to SARS-CoV-2 infection. Research and clinical trials involving COVID-19 patients and healthy human volunteers must be done in strict adherence to the fundamental principles of bioethics, even if finding a solution is an urgent need. Shared responsibility must be assumed as we collectively face a common problem and ethical conflicts must be resolved using, as reference, the guidelines developed by the World Health Organization and other relevant international and national organizations. This would allow responsible action in the face of the pandemic without harming human rights, the individual and collective well-being.

Key words: COVID-19; ethics; conflicts.

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Epidemiology and public health

This pandemic and its consequences will last for years [1]. Public health efforts in epidemiological control and surveillance should start by applying transparency in information. Failing to do it would jeopardize the early and effective implementation of measures to contain or mitigate the epidemic. Moreover, the rapid and accurate information in health emergencies results on research with high pertinence and social value [2]. In the absence of a vaccine or effective therapeutic interventions, the best control measures are isolation and quarantine decided and implemented by multiple stakeholders. However, that decision could affect fundamental individual rights and freedoms. In such a case, one must act under the principle of “the least restrictive alternative” based on the ethical principles of beneficence, prioritization of the most vulnerable, and equity in therapeutic measures.

The suggestion of an “immune passport” could be, in principle, beneficial for the objective of preventing infections but counterproductive as it would create discrimination for the non-immune [3]. Another ethical conflict arises when some countries promote voluntary

exposure to the virus in young people with the expectation of achieving herd immunity in an attempt to mitigate the spread of infection but by risking high mortality among vulnerable groups.

Global ethics and the North-South gap

One of the factors that favors the spread of the pandemic is the uncontrolled migration of people in search of better livelihoods, many of whom are asymptomatic or pre-symptomatic [4]. This situation mainly affects vulnerable groups in densely populated areas and living in extreme poverty, lacking access to adequate means of survival and where injustice, inequity and discrimination interfere with their human right of access to health. Of major concern are the vulnerable groups represented by indigenous natives, people living in extreme poverty, individuals in prison or those in temporary establishments for migrants. All of this implies severe ethical conflicts that affect human rights such as timely and adequate access to health services and the guarantee of protection for vulnerable groups, concerns that have been highlighted by the Inter-American Commission on Human Rights.

A pandemic brings together multiple ethical considerations emphasizing the need to use scientific evidence for public health decisions, truthful information and communication to the public, restricting coercive and intrusive measures, controlling equity and respect for individuals, and considering solidarity as an important principle. An important aspect in this global bioethics is the frailty of the health systems in low and middle income countries with the constant threat of collapsing due to shortage of resources and medical supply [5].

Ethics, triage and vulnerable groups

COVID-19 has significantly affected the elderly, those with comorbidities such as diabetes, cancer or hypertension, the disabled and those who are impeded to access health services for a variety of reasons. Assignments or triage of these individuals to medical care should comply with the basic ethical principles of beneficence, non-maleficence, justice and equity [6]. The situation is exacerbated in critically ill cases and when the triage could become a lottery due to the shortages of medical resources. One way to triage patients would be to maximize the numbers of lives saved, or years-of-life saved, criteria that are frequently cited as the highest priorities during natural disasters. Practically, this generally means to allocate scarce resources to patients who are sick enough to benefit, but who also have the best chance of survival [7]. More controversial is the objective of maximizing the number of years-of-life saved, prioritizing younger people over older people, or depriving from medical care people with serious illnesses [8]. One way to address this dilemma is to carry out the triage conformed by well qualified medical specialists not involved or not in charge of the future treatment of the given patient [9].

Ethics and health care professionals

One of the populations with the highest risk of infection is that of health workers. Their inadequate protection raises professional and ethical questions about the extent of these workers' duty to care for patients [10]. The ethical conflict is aggravated when the doctor's responsibility is questioned regarding whether a patient should be treated or not. The key question here is whether a health professional's "obligation to treat" is sufficient to support a requirement to fulfill their duty which may represent a high risk of infection or death [11]. Would there be a sanction for the health professional refusing to treat a patient when biosecurity conditions do not exist? This question contains not only ethical implications, such as the fulfillment of the

Hippocratic Oath, but also important legal questions. Although the 2015 revised American Nurses Association Code of Ethics states that their primary duty is to the recipient of nursing care, it also stipulates that nurses have a duty to promote their own health and safety. The mental health of sanitary workers is also threatened, including anxiety and the fear of contagion which is always present. Moreover, hospital based health care workers have been discriminated because the population think they could be transmitters of the infection.

Ethics, research, clinical trials of drugs and vaccines

Three basic premises must be met in all human research: "*Primum non nocere*", "ethics applies to all phases of research", and "a good research design must answer important questions". Research on human volunteers must be done in accordance with four fundamental principles which can be summarized as respect for people. Those principles (beneficence, non-maleficence, autonomy and justice) were discussed by Beauchamp and Childress in 1979 [12]. One of the weaknesses of recent clinical trials related to COVID-19 is that, in the urgency of finding treatments, many of these trials are very small and conducted without controls, and with no statistically significant results [13]. Vaccine trials should also consider ethical concerns about social value, risk/benefit balance, stakeholder engagement, and the selection of suitable testing sites [14].

The WHO has exhorted that "Given the ethical principles of fairness and justice that should prevail in all research, it should advocate so that every individual can have access to vaccine, tests and treatment for the COVID-19 infection".

As has been the case with other pandemics, COVID-19 has revealed the interdependence of a globalized world. Shared responsibility must be assumed as we collectively face the common problem. Adherence to bioethical standards will ensure the conduct of responsible actions while maximizing respect for human rights, the individual, and social well-being of the population.

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