

# COVID-19 on cruise ships: preventive quarantine or abandonment of patients?

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The Diamond Princess, the Grand Princess, the A-Sara, we could continue the list of cruise ships with SARS-CoV-2 coronavirus patients on board. For several weeks, no country, despite having health care systems in place, agreed to receive them or to carry out a medical evacuation, to the point where a Frenchman declared: “*If no one comes to get us out of this impasse, we are facing something of a death sentence*” ([https://www.francetvinfo.fr/sante/maladie/coronavirus/coronavirus-des-francais-bloques-sur-un-paquebot-au-large-du-panama\\_3889157.html](https://www.francetvinfo.fr/sante/maladie/coronavirus/coronavirus-des-francais-bloques-sur-un-paquebot-au-large-du-panama_3889157.html)). Quarantine is defined as “*a period of time during which a person that might have a disease is kept away from other people so that the disease cannot spread*” (<https://dictionary.cambridge.org/fr/dictionnaire/anglais/quarantine>). Keeping others away from people who might have a disease is certainly the most obvious way to contain an epidemic. But should it be done without treating patients?

The historical experience of our port shows that it should not. The city of Brest has been a port since Roman times. Of strategic importance, this military port grew in importance during the reign of Louis XIV. It became a naval construction arsenal and the centre of a large military fleet. It still is today. Since the great explorations, Europe and the world have experienced great epidemics. The port of Brest therefore set up a system of quarantine and care for crews returning from abroad. The island of Trébéron, a short distance from Brest, was reserved for quarantine [1]. If sailors fell ill during this period, they received appropriate care. If, alas, they died, they were buried on the neighbouring island, which came to be known as *the island of the dead*.

In England and the Mediterranean, quarantine did not mean an absence of care either. Faced notably with the risk of cholera in the 19<sup>th</sup> century, the English preventive system was set up, and in 1872 the Public Health Act was passed. The aim was then to identify the sick on the ships and to isolate them during boarding and disembarking [2]. The sick, who were identified and then isolated, could receive care. In the Mediterranean, a network of hospitals was set up. The spread of the epidemic was due to the lack of respect of quarantine measures in certain countries, and not to the care of the sick themselves [3].

The COVID-19 pandemic raises a number of ethical questions [4]. In this situation, quarantine or containment should not slow down care. In this day and time, we have medical evacuation technologies, protections to care for patients while reducing risks for caregivers, and also the protocols needed to avoid the spreading of micro-organisms. Can we really still think that leaving patients on board ships meets the definition of quarantine? A clear distinction must be made here between preventive quarantine, for the screening and referral of patients, and the segregation of patients due to the fear of a biological agent. In a global context such as the COVID-19 pandemic, perhaps doctors, who have taken the Hippocratic Oath to treat all patients, should have a say in how to avoid wasting time in the care of certain patients [5].

## REFERENCES

1. Fichou JC. Les cités sardinières, portes ouvertes aux épidémies de choléra (1852-1914). *Annales de Bretagne et des pays de l'Ouest*. 2017(124-4): 133–153, doi: [10.4000/abpo.3727](https://doi.org/10.4000/abpo.3727).
2. Hardy A. Cholera, quarantine and the English preventive system, 1850-1895. *Med Hist*. 1993; 37(3): 250–269,



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- doi: [10.1017/s0025727300058440](https://doi.org/10.1017/s0025727300058440), indexed in Pubmed: [8377544](https://pubmed.ncbi.nlm.nih.gov/3377544/).
3. Pouget B. La marine de guerre française et les grandes épidémies en Méditerranée. Quarantaines, réseau hospitalier et proto-impérialisme sanitaire (années 1820-années 1830). *Histoire, Economie & Société*. 2019; 38anné(3): 69, doi: [10.3917/hes.193.0069](https://doi.org/10.3917/hes.193.0069).
  4. Nicoli F, Gasparetto A. Italy in a time of emergency and scarce resources: the need for embedding ethical reflection in social and clinical settings. *J Clin Ethics*. 2020; 31(1): 92–94.
  5. Manthous CA. Hippocrates as hospital employee: balancing beneficence and contractual duty. *Am J Crit Care*. 2012; 21(1): 60–66, doi: [10.4037/ajcc2012771](https://doi.org/10.4037/ajcc2012771), indexed in Pubmed: [22210701](https://pubmed.ncbi.nlm.nih.gov/22210701/).