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Public Health Ethics and Covid-19 The ethical dimensions of public health decision-making during a pandemic

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Working Group Ethics / AG Ethik

Public Health Ethics and Covid-19

The ethical dimensions of public health decision-making during a pandemic

Context

The Covid-19 pandemic forces policy makers and public health authorities to make ethically challenging decisions, often under conditions of uncertainty and under time pressure. In times of pandemics, ethical accountability is more important, not less. Understanding and handling of ethical problems require grounding in ethical theory and decision models, in combination with relevant facts from medicine, public health, law, economics, politics, etc. The perspective of public health ethics includes considerations from all ethical domains of relevance in a pandemic situation (1).

Goals

This foundational policy brief provides an overview of the fundamental ethical dimensions of public health decision-making in the face of the Covid-19 pandemic. It references important existing ethical frameworks, some of which are based on extensive stakeholder vetting and public consultation.

Its goal is to support decision-making that is justified and communicated as required by basic democratic principles and in the light of diverse values and norms present in democratic societies. These, however, may conflict with one another, making difficult trade-offs inevitable.

Further policy briefs on specific topics will be consecutively developed by this ethics working group, including on ethical decision-making in policy and practice under conditions of uncertainty, ethics of vaccination, ethics of Covid-19-related contact-tracing apps, ethics of Covid-19 and age, ethics of experimental treatment, refugee health ethics and Covid-19.

PANDEMIC ETHICS ON THE POPULATION LEVEL

Key ethics lessons learned from previous outbreaks

A. The indispensable role of public health ethics

Public health ethics focuses on important ethical issues regarding the health of populations, where the relevant population unit can be understood regionally, nationally, and globally, and/or by specific group-defining features (such as gender, age, disease, class, race, country of origin). Public health

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ethics thereby complements medical or clinical ethics which focus primarily on individual interactions in health care and biomedical research. This does not mean that individual rights, interests and interactions are disregarded in public health ethics, but rather that the individual-society relationship is integrated into the population perspective.

Public health ethics covers broader social and structural dimensions extending beyond a biomedical focus on health and disease, such as the conditions of social justice, the political importance of public trust, public order and public as well as civic duties, the recognition and reflection of social vulnerabilities, or the conditions of a flourishing life. In public health ethics, collective, pluralistic values such as the common good, population health, (health) justice, freedom, reciprocity, solidarity and the like are central (2–14). In focusing on social determinants of disease and social and health disparities, public health ethics can also inform the clinical setting; for example, by highlighting equity and potential patterns of discrimination in triage guidance, or policies of fair resource allocation in health care settings.

B. The acute and the structural dimension of pandemics

Pandemics are social and political as much as they are biological (15). Ethically appropriate responses to pandemics have to reflect both dimensions. This applies to the phase of acute responses as well as to wider, structural interventions before, during and after a pandemic.

Acute measures (such as imposing travel bans, contact tracing, closing schools and kindergartens, physical distancing or the compulsory wearing of face masks) always have to be assessed and evaluated in the light of basic social, political and economic dimensions of society. These factors shape—positively or negatively—the acute crisis, the available options for action, and the chances for a successful response. Structural factors that influence the impact of a pandemic include not only the quality and funding of the health care system and social services, but also the existing democratic institutions more generally, the political culture, the degree of trust in political leadership and public health in a society, the (un-)equal distribution of opportunities, levels of education, both at the national and the global level (16).

A structural perspective will reveal that disadvantaged population groups tend to be disproportionately burdened not only by the pandemic itself, but also by negative consequences of the infection control measures taken (16–18). Existing social vulnerabilities and disparities can be reproduced and exacerbated by a pandemic and by the infection control measures taken that puts further pressure on existing social fault lines. For pandemic planning and interventions, decision makers must be aware of these structural factors and seek to maintain and stabilise social justice in responding to a pandemic.

C. Ethical principles and values in the event of pandemics

A variety of values pertain in the event of a pandemic, but they will often enter in vivid conflict with each other. Ethical guidance can help to identify and balance goods and values and to improve decision-making both substantively and procedurally (19–22). The resulting policies will then respect the fundamental normative commitments of democratic societies. Relevant values and principles for decision-making in the case of pandemics include the duty to provide care, health, non-discrimination,

security, equity, individual liberty, privacy, proportionality, protection of the public from harm, reciprocity, solidarity, stewardship and public trust. Procedural principles for decision making and mediation include accountability, inclusiveness, openness and transparency, reasonableness, responsiveness (21–27). Ethical guidance—in the form of public health ethical frameworks, but also considering clinical medical ethics and normative and political theories—will help to create consistency, avoid arbitrariness and make accountability more transparent in the way in which dilemmas are addressed and resolved. Public information, participatory debate and engagement about the ethical challenges at hand will foster public trust and cooperation.

In the current Covid-19-pandemic difficult ethical choices are inevitable. Rights and interests of individuals and groups have to be balanced against rights and interests of other individuals and groups or against what is considered the public good in a particular context such as intensive care, biomedical research, social isolation, closing of infrastructure etc. This can refer to the prioritisation of some over others for instance in the distribution of a vaccine once it will become available. It also might mean that some groups are excluded from intensive care to maximize overall benefits if resources are scarce, that is, to save the most lives. Among other problems, such decisions might disadvantage those who are already worse off in terms of health inequalities. Overall, the measures taken to prevent the pandemic from spreading further may unequally distribute the resulting benefits and burdens. The respective value conflicts and unequal impact of measures taken on existing health inequities have to be carefully assessed in each relevant context and in an overarching ethical evaluation of their full scope.

D. Epistemic uncertainty and the need for transparent and inclusive debates

Political decisions about responses to the current Covid-19-pandemic often have to be made not only under conditions of time pressure, but also under conditions of incomplete or imperfect knowledge about the specific properties of SARS-CoV-2, the exact course of Covid-19 and the effects of different public health interventions under consideration. This requires decision-makers to be attentive and responsive to emerging data, and to continuously revise public health measures in its light (27). This also creates an ethical imperative to generate and share new knowledge openly and in a timely manner, even if the generation of data in itself requires careful ethical decision-making and potential trade-offs (28–31).

Well-justified, transparent and accountable decision-making and communication from public health authorities and political decision makers about the responses to the Covid-19-pandemic to the public is paramount (23,32–34).

There also need to be transparent, accountable and accessible mechanisms for all groups of society, including marginalized groups, to provide feedback on how the infection control measures, and clinical protocols for allocation of testing, and scarce resources might negatively impact these groups¹ (17,27,34–36). The absence of such mechanisms can result in the systematic discrimination against

¹ For example, in groups where trust in the healthcare system is low, they are less likely to seek medical attention until they are very ill. By then, they may not meet the triage criteria for ventilated beds because their disease is too advanced and the likelihood of benefitting from ventilators is low.

some groups, for example, if a strict maximization of benefit approach to triage is used. Here, public health ethics and clinical ethics need to intersect.

E. Need for transnational and global coordination and cooperation

A pandemic exposes the de facto interconnectedness of humanity as a whole in different ways, creating potential tensions between the securitisation of health in the name of national security and the necessity of enforcing international cooperation for global governance and health justice. The quick spread of the current pandemic is the result of a globalised world, and clearly indicates that the health of any population is only as safe as it is in its least safe sub-population: Ensuring the health of the most vulnerable population groups and countries thus becomes an essential element of lastingly ensuring the health of all. This insight applies at the local, national and global level, even intergenerationally, so that the values of solidarity, justice and fair cooperation should underpin interventions at all levels. No single country alone is able to orchestrate a response sufficient to lastingly contain a pandemic. WHO also emphasises the need for countries to work together in the prevention of and response to outbreaks of international significance. This can, for example, prevent countries from acting unilaterally in imposing drastic measures like trade and travel bans, that can have serious economic consequences while having less clear consequences for epidemic control, and that can cripple the overall ability to respond to an outbreak (17,35–37).

HIGH-LEVEL RECOMMENDATIONS

- Public health ethics expertise in decision making is indispensable, on the one hand to ensure that measures are in line with the plurality of values and norms of democratic societies, and, on the other hand, to reflect on and refine these values and norms further.
- Employing existing pandemic ethics frameworks as heuristic and guidance will help to identify and address the relevant ethical issues and support justified and ethical decision-making.
- The ethics of infection control measures in the context of the current pandemic need to be discussed in a multi-sectoral way (including social, legal, political and economic dimensions), because interventions always take place within existing social structures and generate structural effects. Existing inequities can be perpetuated and exacerbated by pandemics.
- Research on Covid-19 should be rapidly implemented, of high ethical and scientific standard, coordinated also on an international level, and published open access. It should support, not impede public health and clinical responses. Support and funding should be secured so that valid knowledge becomes quickly available. Data should be routinely collected that can help to assess the equity of interventions, care and public health measures ideally in real time but also retrospectively.

- Additional research, monitoring the side-effects and consequences of infection control measures (social isolation, social inequalities, unmet medical needs that are not Covid-19-related, etc.) has to be pursued.
- Political deliberation and decision making must take into account the best available, even though incomplete knowledge. It must meet the criteria of accountability, inclusiveness, transparency, reasonableness and responsiveness.
- Trustworthiness of authorities, transparent communication, information of the public about the processes of political deliberation and decision-making, and engagement with all social groups is crucial for a successful implementation of measures and for maintaining trust of the population. Being transparent about what is *not* known is as important as what is known.
- Once the acute crisis has passed, structural reforms should be implemented to ensure that ethically informed options for action are incorporated into future emergency preparedness planning.
- A sustainable response to the current crisis needs to be developed and coordinated on a regional, national and global scale simultaneously. The German government should support coordination and cooperation at all levels.

CONCLUSION

The current Covid-19 pandemic requires difficult political and social decisions of high ethical importance and complexity. Public health ethics provides tools for an ethical assessment and evaluation of different possible public health interventions to address Covid-19; most immediately regarding the far-reaching infection control measures and their complex short and long-term consequences. In doing so, public health ethical reasoning helps support informed and justified decision-making by policy makers and public authorities, and helps contribute to transparent communication of the difficult decisions and subsequent interventions to the public. Such communication is required by basic democratic principles and of a good society.

In a comprehensive approach, public health ethics reflects not only on the (biomedical) health of populations, but considers health and the acute challenges in the broader context of social, political, legal and economic structures of societies. Furthermore, it points out the importance of addressing the pandemic in an internationally coordinated global response.

The ethics working group is available to assist with specific questions or concrete advice.

References

1. Singer PA. Ethics and SARS: lessons from Toronto. *BMJ*. 2003 Dec 6;327(7427):1342–4.
2. Anand S, Peter F, Sen A, editors. *Public health, ethics, and equity*. 1. publ. paperback; repr. Oxford: Oxford Univ. Press; 2009. 316 p.
3. Dawson A, Jennings B. The Place of Solidarity in Public Health Ethics. *Public Health Rev*. 2012 Jun;34(1):4.
4. Dawson A, editor. *Public Health Ethics: Key Concepts and Issues in Policy and Practice*. Cambridge: Cambridge University Press; 2011.
5. Childress JF, Faden RR, Gaare RD, Gostin LO, Kahn J, Bonnie RJ, et al. *Public Health Ethics: Mapping the Terrain*. *J Law Med Ethics*. 2002 Jun;30(2):170–8.
6. Ruger JP. *Health and social justice*. Oxford ; New York: Oxford University Press; 2010. 276 p.
7. Powers M, Faden R. *Social Justice: the Moral Foundations of Public Health and Health Policy*. [Internet]. 2nd ed. Oxford: Oxford University Press, USA; 2008. 248 p.
8. O’Neill O. Public Health or Clinical Ethics: Thinking beyond Borders. *Ethics Int Aff*. 2002 Sep;16(2):35–45.
9. Bayer R, Fairchild AL. The Genesis of Public Health Ethics. *Bioethics*. 2004 Nov;18(6):473–92.
10. Schröder-Bäck P. *Ethische Prinzipien für die Public-Health-Praxis: Grundlagen und Anwendungen*. Frankfurt: Campus Verlag; 2014. 274 p.
11. Wikler D, Brock DW. Population Level Bioethics: Mapping a New Agenda. In: Dawson A, Verweij M, editors. *Ethics, Prevention, and Public Health*. Oxford University Press; 2009. p. 234.
12. Daniels N. *Just health: meeting health needs fairly*. Cambridge ; New York: Cambridge University Press; 2008. 397 p.
13. Segall S. *Health, luck, and justice*. Princeton: Princeton University Press; 2010. 239 p.
14. Venkatapuram S. *Health justice: an argument from the capabilities approach*. Cambridge, UK ; Malden, MA: Polity; 2011. 270 p.
15. Kipiriri L, Ross A. The Politics of Disease Epidemics: a Comparative Analysis of the SARS, Zika, and Ebola Outbreaks. *Glob Soc Welf*. 2020 Mar;7(1):33–45.
16. Farmer P. *Infections and inequalities: the modern plagues*. [Updated ed. with a new preface], 9. print. Berkeley: Univ. of California Press; 2009. 375 p.
17. Uscher-Pines Lori, Duggan PS, Garoon JP, Karron RA, Faden RR. Planning for an Influenza Pandemic: Social Justice and Disadvantaged Groups. *Hastings Cent Rep*. 2007;37(4):32–9.
18. DeBruin D, Liaschenko J, Marshall MF. Social Justice in Pandemic Preparedness. *Am J Public Health*. 2012 Apr;102(4):586–91.
19. Kenny N, Giacomini M. Wanted: A New Ethics Field for Health Policy Analysis. *Health Care Anal*. 2005 Dec;13(4):247–60.
20. Caturay A, O’Sullivan T, Gibson J, Thompson A, Khan Y. Exploring the Ethical Dimensions of All-Hazards Public Health Emergency Preparedness in Canada. *Prehospital Disaster Med*. 2019 May;34(s1):s20–s20.

21. Schröder P, Brand H, Schröter M, Brand A. Ethische Kriterienberatung für Entscheidungsträger in Institutionen der öffentlichen Gesundheit zur Vorsorge einer Pandemie mit einem neuartigen Influenza A Virus. *Gesundheitswesen*. 2007 Jun;69(6):371–6.
22. Schröder-Bäck P, Sass H-M, Brand H, Winter SF. Ethische Aspekte eines Influenzapandemiemanagements und Schlussfolgerungen für die Gesundheitspolitik: Ein Überblick. *Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz*. 2008 Feb;51(2):191–9.
23. Thompson AK, Faith K, Gibson JL, Upshur RE. Pandemic influenza preparedness: an ethical framework to guide decision-making. *BMC Med Ethics*. 2006;7(1):12.
24. World Health Organisation. Guidance for managing ethical issues in infectious disease outbreaks. 2016. <https://apps.who.int/iris/bitstream/handle/10665/250580/9789241549837-eng.pdf?sequence=1&isAllowed=y>
25. Smith M, Upshur R. Pandemic Disease, Public Health, and Ethics. In: Mastroianni AC, Kahn JP, Kass NE, editors. *The Oxford handbook of public health ethics*. New York, NY, United States of America: Oxford University Press; 2019. p. 797–811.
26. Deutscher Ethikrat. Solidarität und Verantwortung in der Corona-Krise-Ad Hoc Empfehlung. 2020.
27. Upshur RE et al. Ethics in an epidemic: Ethical considerations in preparedness planning for pandemic influenza.
28. Siebert U, Rochau U, Claxton K. When is enough evidence enough? – Using systematic decision analysis and value-of-information analysis to determine the need for further evidence. *Z Für Evidenz Fortbild Qual Im Gesundheitswesen*. 2013 Jan;107(9–10):575–84.
29. Willison DJ, Ondrusek N, Dawson A, Emerson C, Ferris LE, Saginur R, et al. What makes public health studies ethical? Dissolving the boundary between research and practice. *BMC Med Ethics*. 2014 Dec;15(1):61.
30. CIOMS. International Ethical Guidelines for Biomedical Research Involving Human Subjects. Prepared by the Council for International Organizations of Medical Sciences (CIOMS) in collaboration with the World Health Organization (WHO); 2002. Available from: <https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf>
31. UNESCO. Ethics in research in times of pandemic COVID-19. 2020 [cited 2020 Apr 22]. Available from: <https://en.unesco.org/news/ethics-research-times-pandemic-covid-19>
32. Daniels N. Accountability for reasonableness. *BMJ*. 2000 Nov 25;321(7272):1300–1.
33. Daniels N, Sabin JE. *Setting limits fairly: learning to share resources for health*. 2nd ed. Oxford ; New York: Oxford University Press; 2008. 256 p.
34. O’Malley P, Rainford J, Thompson A. Transparency during public health emergencies: from rhetoric to reality. *Bull World Health Organ*. 2009 Aug 1;87(8):614–8.
35. The Lancet. Global solidarity needed in preparing for pandemic influenza. *The Lancet*. 2007 Feb;369(9561):532.
36. McDougall C. Emerging norms for the control of emerging epidemics. *Bull World Health Organ*. 2008 Aug 1;86(8):643–5.

37. World Health Organisation. Resolution WHA. 58.3. Revision of the International Health Regulations. In: Fifty-eighth World Health Assembly Geneva 2005 May Resolutions and decisions annex Geneva: WHA58/2005/REC/1 [Available from: <http://www.who.int/csr/ihr/en/>]

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