

## Bioethics and COVID-19

### Bioética y COVID-19

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#### Abstract:

The term bioethics can be defined as a discipline that studies the dimensions of moral, decisions, behavior and policies of the life sciences and health care. Its objective is auxiliary, to guide the implications of phenomena, where endless dilemmas arise. The crisis of the current pandemic the whole world is living is a public health crisis. The priority in this crisis should be to reinforce the health system and its professionals. To overcome this crisis, it is not only a matter of public authorities and powers. It is essential that the entire population implements the bioethics exercise, complying with the isolation and hygiene measures, which have been proven to be effective wherever they have been adopted.

#### Keywords:

*Bioethics, pandemic*

#### Resumen:

La bioética, se puede definir como la disciplina que estudia las dimensiones de la moral, las decisiones, la conducta, las políticas de las ciencias de la vida y del cuidado de la salud. Su objetivo es auxiliar, orientar sobre las implicaciones de fenómenos, donde surgen infinidad de situaciones dilemáticas. La crisis que se afronta actualmente frente a la reciente pandemia que se vive en el mundo, es una crisis de salud pública. La prioridad ante esta crisis debería ser, reforzar el sistema de salud y a sus profesionales; sin embargo, hay diferentes actores de quienes se requiere su participación para superarla, ya que no solo es cuestión de autoridades y poderes públicos. Es imprescindible que toda la población implemente el ejercicio de bioética, cumpliendo con las medidas de aislamiento e higiene, las cuales han demostrado efectividad en donde se han adoptado.

#### Palabras Clave:

*Bioética, pandemia*

### INTRODUCTION

At a global scope, bioethics has been identified as an inter and multidisciplinary task that promotes a comprehensive approach about health in order to face the tensions and conflicts derived from the clash between cultures, weighing the individual and collective interests, highlighting the protection of vulnerable groups.

In the case of infectious outbreaks we find particular complexities since decisions in this type of cases should be made immediately, frequently in a context of scientific

uncertainty and with a general climate of fear and mistrust. That is why, specific criteria must be established in advance to determine the priorities and take actions, considering short periods of time as well as scarce resources, and also, the measures to guarantee the access to treatments to those who need them.

Bioethics is defined as the discipline that studies the dimensions of moral, decisions, conduct, the policies of life sciences, and health care.

It is a field that refers to the morality of new ways of being born, healing, taking care, and dying.

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This discipline guides decisions based on principles of welfare and justice such as:

*Respect for the autonomy.* The need to respect not only the actions, but the attitudes as well. They are decisions regarding your body and health, both in terms of intervention and research.

*Welfare.* It evaluates the advantages and disadvantages, risks and benefits of the treatments and procedures, with the objective of maximizing the benefits and diminish the risks.

*Non maleficence.* To avoid physical and emotional harm when applying the procedures and treatments.

*Justice.* It aims at equally distribute the benefits, risks and costs of health care services. (Hernández, y otros, 2011)

The objective of bioethics is to help, to guide about the implications of phenomena where endless dilemmas arise, mainly to make decisions. According to Doctor Netza “when bioethics is not present, an emergency is tackled through decisions based on technical – scientific knowledge on hand, a normal reaction of the human brain; but if bioethics is present, it becomes a great help to face situations with better results”.

The current crisis the world is living these days with this pandemic, is a true public health crisis. That is why it is understood that every effort of the public authorities and the population is focused on retraining the spread of the pandemic. Before a crisis that compromises the population’s life, as it is the case of COVID-19 around the world, the governments must make important decisions with the responsibility and bioethics the process implies.

Considering that people’s lives come first, the economic, social and health contexts in the country must also be taken into account for decision making. It is clear that before a health emergency like the one we are living today, the most important action should be to reinforce the health care system and its personnel; however, such intervention would not have immediate results since it depends and implies a higher number of processes to manage and distribute the resources, mainly the economic ones. The strategies must respond to the objective of protecting the life of those positive cases, but with a health care system so fragile and with a stuck economic situation like the one in our country, it is not possible to have an intervention with good results.

Today, which endangers the population the most is the high rates of spreading and mortality of the virus, mainly in vulnerable population. This makes even more difficult the decision making in this topic since the national economic context, together with the deterioration of the health care system and the weak health of our population, cause the pandemic to have effects on other dimensions.

Like in any other crisis, it is important to identify the roles of each actor in the process, and it is evident that to overcome

this crisis it is not only about the authorities and public powers, it is crucial that the whole population implements bioethics, complying with the isolation and hygiene measures, which have proven to be effective where applied (Committee of Bioethics of Spain, 2020).

Not every action oriented towards health improvement is ethically acceptable. Moreover, the activity of public health is not ethically neutral, it implies value judgements about what is right and fair. To incorporate ethics in the field of health, the ethical principles and criteria involved must be identified and analyzed, these can be a few and even be opposite to one another. It is not possible to simply suppose that the different activities and policies aimed at improving health are acceptable from an ethical point of view without a bioethical analysis. It is also impossible to suppose that the legal frameworks are enough to solve every ethical conflict. Law is crucial to determine the minimal standards that must be respected.

However, the law is only one of the dimensions of the ethical approach. Ethics frequently mandates actions that go beyond the law.

In fact, it is not possible nor desirable that the law covers every aspect of the moral life of individuals or societies.

History has shown that the law may require actions that are not ethical, and it is possible that some ethical actions are illegal.

Although in general, this is not the case, we must take into account that the mere fact that the law demands something it does not mean it is ethical. Ethics, as a discipline, allows the analysis and continuous reflection about the law and what the law should require. Besides, ethics should be a legal support.

Human rights have been established through binding legal instruments that protect the individuals and groups from those actions that interfere with basic rights and human dignity. Therefore, these instruments and guides, are ideal to deal with cases where the governments do not comply with concrete legal obligations. Certainly, human rights are ethically justified and encode some basic values of bioethics such as respect for people and justice.

In strict relation with the problem of prioritization, the pandemic presents serious problems related to justice at a social level. In the first place, there is the importance of the right to health care in its collective dimension. Indeed, before the trend of considering health as a subjective topic based on autonomy, the need of considering health collectively, is evident, mainly related to guaranteeing the most basic services for all the society. In some countries like Argentina, it emerges the need of investing in intensive care beds, distributing beds between regions, and even basic things like the need of personal protective equipment for the health care personnel. In this sense, the care of the most vulnerable people is a crucial criterion, especially for people in Street situation and in conditions of extreme poverty and overcrowding.

In compared law, important differences are noticed regarding the way in which health services are covered and the scope of

that coverage. The topic of the health care system, its public and private ways, the Access to some basic general services, are underlying matters that become decisive for some people. In this sense, guaranteeing health care for decisive matters in this pandemic is a justice demand.

This social problem is also open in an international perspective if we consider the need of cooperation between countries, both in transparency and information sharing about the pandemic and about the mechanisms to avoid it, as well order of personal and material resources. Harari has talked about this global dimension of the problem and the need of cooperation regarding information sharing, favoring the circulation of health care personnel and the search of agreements in the economic field and international trips.

### Bioethical considerations during Covid-19

This sanitary crisis represents not only an individual but also a public health risk. When all the available resources become scarce and are not enough for all the affected people, it turns inevitable to prioritize the access to them, becoming a dilemma to decide who to benefit and who must wait.

Of course that for decision making, ethical criteria must be considered, some of them have already been considered in other countries to face the crisis. This is why, in Mexico, after the declaration of the pandemic caused by SARS-CoV2 last March, the Scientific Advisory Commission, through the Ethics Committee, generate the Bioethical Guide of the General Health Council, which aims at establishing criteria that allow making decisions in the triage, this is, from the reception and identification of the Covid-19 patient.

When the resources are surpassed and it is considered a medical emergency hard to tackle, taking into account that it is a disease with severe clinical manifestations, with no prophylactic nor healing treatment for this virus.

The main criteria the Guide establishes and that are also considered by other countries to fight this health crisis are:

- Previous functional condition of the patient, it is important to take into account the previous health condition of the patient, since it has an impact on the response to the treatment.
- Comorbidity and the age of the patient, it has been seen that those who have a non-communicable disease and are also of an old age, their response to the treatment decreases, based on the theory that in a chronic inflammatory state the SARS-CoV-2 gets worse, leading to a bad recovering prognosis.
- Maximization of the benefit, in serious cases, in which the patient requires intensive care, where the presence of important comorbidities, but mainly their lack of control, do not lead to a justified physical

wear out, and some might define as “extending the process of death.”

- Prioritize the less favored, referring to those in precarious economic and social conditions.
- Treat people equally (Govind & Ezekiel, 2020).

All the criteria directly fall into the bioethical principles already mentioned: **autonomy, welfare, non-maleficence, and justice**. In the practice, the application of values must be equally important; however, reflecting about which is more important to apply in public health for decision making, it would be social justice since it leads to the respect of human rights, allowing an equal treatment with no preferences towards one population and no discrimination based on gender, age, race, or social condition.

Epidemiology, as a branch of public health, is a tool that becomes more important in the process of the pandemic development, since its objective is to study the determinants, but mainly monitor the phenomenon. By understanding this, there could be a clearer view that allow the reorganization of the health care system and with this, the necessary context to make decisions.

The prioritization of actions must be done according to the context and social justice, “Every person has the same value and the same rights”. There are some conditions “hard” to respect when we are fighting a health crisis.

The Guide also considers and suggests a maximum diffusion of the guide, but mainly a Deep reflection of the document among the health care personnel, forbidding any individual interpretation or using their personal values and interest in their decision when attending a patient. That is why the health care personnel should have experience in the care of seriously ill patients, but above all, know the content of the document herein referred to.

A first and decisive presence of bioethical matters is given by the preventive measures to avoid the spreading of the virus. These measures can be individual (wash your hands, avoid handshakes or any contact with people, disinfect places, etc.) or collective (social isolation). The justification of preventive measures is within the protection of the life and health rights.

Social isolation has a preventive character. From a bioethical point of view, the discussion was around the voluntary or compulsive support of this social isolation. In this sense, the voluntary can be promoted with different type of measures, either information of communication measures, as economic or other type of incentives. However, at a certain point, cultural factors end up being determinant at the moment of evaluating the efficiency of such voluntary decision. When the voluntary or recommended isolation is not enough to prevent contagion, coercive measures are imposed, always respecting the basic principles and the reasonability of people obligations

and the exceptions to isolation, making sure that these is applied at every level.

The COVID pandemic, generates estimations given by biological sciences on the lethality of the virus, its way of transmission and its capacity of contagion, the ways to avoid contagion, the period of incubation and the development of the disease, the characteristics of the virus, among others. That way, if a coercive measure must be imposed, it is required a bioethical and legal consideration in a specific context.

### HEALTH CARE PERSONNEL

The health care personnel is an important part of the attention and solution of the sanitary emergency, since they are directly in touch with the patients, so they should be a priority in the Access to critical medical resources. Doing this is a way to partially pay them back for being at risk (Federal Official Journal, 2020).

One of the most important ethical problems against the current COVID-19 pandemic in our country is the scarcity of medical supplies; in some cases, not only a reduced number of protection equipment, but also the delivery of bad quality supplies to the health care personnel, increasing the risk of getting the virus. This forces the medical professionals to consider which are their true ethical responsibilities (Angelos , 2020).

The health care professionals know first-hand which are the situations that can menace their own safety and protection, so they must make accurate decisions to tackle this situation (International Association of Social Workers, 2020), and it should be recognized the professional ethics that have prevailed in the physicians of our country, since in spite of the limited protection equipment and the disagreement that this might generate among the health care personnel, ethics has prevailed in the majority of them, knowing which is their job in this crisis, purchasing material with their own money in order to fulfill their professional objective, serving everyone who needs their knowledge and attention. However, before a situation like this sanitary crisis, the roles and obligations of the staff seem to be confused, so it is worthy to define them:

**Moral obligations:** are based on the understanding the society has of “good” and “bad” behaviors, and they consider universal values.

**Professional obligations:** are based on how the professional must behave in their work surroundings, influenced by their moral values, but not letting these interfere with their professional values.

**Contractual obligations:** are the obligations that people has voluntarily assumed as part of an agreement with someone else.

**Non-contractual legal obligations:** many laws create binding obligations, the violation of these laws can lead to civil or criminal penalties. Some legal obligations are also moral or professional obligations (World Health Organization, 2007).

Individual ethics is reflected directly in their professional performance, that is why we should have personnel with disciplinary skills, but also with solid professional ethics that reflects on the **health care attention** during this sanitary emergency.

The governments and health care providers have the ethical duty to provide the best attention they can in equal conditions. With this pandemic, this condition gets tested, since this situation demands satisfying the health needs generated by COVID-19, plus the previous health care needs of people.

There must be an ethical duty of doing research during the outbreak with the purpose of improving prevention and attention. For this, it is necessary to be clear to what extend the intervention can get and the available resources, the magnitude of the reality is part of the ethics the institutions must have; as well as providing a fair treatment to those who participate in the research, and not treating those who intervene as “subjects of study”, but as people.

It is well known that the main objective of public health is to take care and improve people’s health. Its objective during this pandemic is: to treat as many patients as possible and safe as many lives as possible, by observing and following the phenomenon very closely. Of course, without forgetting the rest of the health conditions that affect the population.

In the clinical practice, for patients who need some life-support treatment, the health care institution is obliged to provide it, but it will be the patient’s and his/her family decision whether to accept it or not, depending on their usefulness for the patient according to scientific evidence and respecting bioethical principles.

The ethical principles taken into account for health care attention before a sanitary crisis like the one we are living today, according to the Bioethical Guide for the Allocation of Limited Critical Medicine Resources in an Emergency Situation are the following:

**Equality.** The standard protocols must be recognized as fair by all the affected parties and based on the clinical evidence.

**Duty of attention.** The professional duty of health care staff is to provide medical attention, even when it represents a risk for them.

**Duty of resource management.** The health care professionals must balance and manage the limited community resources. The level of scarcity during a disaster worsens the tension, so it is crucial to establish ethical

processes to make triage decisions, mainly because it will not be the only phenomenon requiring attention.

**Transparency.** The decisions ethically accurate reflect technical experience but also values. Public participation in the establishment of protocols is crucial, especially in the moment of justify the action or decision that was made in a specific moment and context.

**Consistency.** To treat equally all the patients, avoiding any type of discrimination.

**Proportionality.** The limitations in the provided services must be necessary and proportionate to the scale of the disaster.

**Responsibility.** Everyone involved must be aware at some level of the situation and include evidence of their decisions (Espinosa , Galan , Aldecoa , Ramasco , & Llamas , 2020).

All these paradigms come from one reality, **limited resources**, which makes prioritization necessary.

Even though each country is responsible for making reasonable efforts in order to cover the demands of this crisis, there are differences regarding the access to resources.

The current sanitary needs hamper the development and execution of plans that aim at reducing the results of this pandemic.

The limitation of resources must be informed to the public and clearly supported. In our country it seems that it is informed and spread by people who are not authorized to do so. This limitation of resources has led to make difficult decisions about the designation of limited therapeutic measures or even leave many patients without any attention. This, together with a deficient diagnosis, lead to investigate the phenomenon through epidemiological models, which in spite of being close to the behavior the pandemic is going to have, they are not what is needed to properly intervene, leading to ration and prioritize the health care assistance by applying ethical principles.

This world crisis generates experiences that teach something, but mainly allow identifying problematic areas, not only of the health care system, but of the population in general, starting with public policies on how to prioritize and promote equal Access to federal resources (World Health Organization, 2007).

It is complicated, in a crisis like this one, that made the world and even countries that had a better capacity of response, to **balance the rights, interests and values.**

In an emergency situation like the one we are living today, the civil and constitutional rights, mainly the individual ones

which were limited for the public interest sake, have proven to be also very limited in an emergency of this magnitude.

If we manage to balance the interest and conflictive values, those in charge of formulating the policies can take into account ethical values as tools to make better decisions. The principles of equality, utility/efficiency, liberty, reciprocity, and solidarity are especially useful to make this type of decisions.

Every ethical decision must be made in a context of human rights and the policies must be consistent with the applicable laws in human rights.

Until this moment, it would seem that the responsibility of attention entirely depends on the power entities, or the health care attention; however, the majority of the population is being left behind, who might be those responsible for the contention of the pandemic; therefore, it has been considered the public participation and the social mobilization as a fundamental part to fight the sanitary crisis. This will contribute to:

- Raise public awareness about the risks related to the disease, which will allow the population to take measures in the individual, family, work, and community fields.
- Increase public trust, facilitating the development of proper and efficient planning and preventive protocols, taking reasonable, sensitive and non-discriminatory measures.
- Use therapeutic measures for events derived from the same emergency process.
- Provide feedback about the information of plans for the population.
- Keep public trust.
- Mitigate any type of fear and any possibility of social and panic alteration (World Health Organization, 2007).

## CONCLUSIONS

Our country is not unrelated to this problem and has experience in dealing with pandemics, as it happened in 2009 with the AH1N1 virus, which was tackled through the coordination of all the sectors of our society. In this regard, the rol of the National Committees on Bioethics must not be forgotten in this process, as organizations and collegiate bodies that allow to analyze the challenges of health care and research with humans, with the purpose of guaranteeing the protection of the patients' and research subjects' rights; promoting innovation and technological development in health

with a social perspective; consolidate epidemiological and research systems to strengthen health preventive measures.

The need to incorporate the bioethical reflection about the challenges beyond borders between nations, has to do with the opportunity to build, under a multidisciplinary, non-religious and global perspective, a common understanding and identify shared values to deal with problems of the technological, ethical, legal, and social fields; as well as presenting arguments that support or reject certain paradigms, through deliberation and arguing in a frame of tolerance and respect. In the case of this new pandemic, it results essential a synchronized approach for the success of any effort of response.

Every member of the global community must act with solidarity since all the countries share a common vulnerability in infectious diseases in relation with public health.

Even when the purposes of health care include the protection and promotion of health, in its positive sense, it goes beyond the mere absence of a disease, it does not only depend on the health care system. There are many particular aspects that make the cities more or less healthy, like the urban design, the demographic density, the pollution control, the public transportation, the social cohesion, etc., and the health of each inhabitant depends on all of them.

The bioethical infrastructure of our country has an innovative model that includes the local commissions on bioethics; as well as the bioethical hospital committees and research ethics committees as advisory bodies regarding the attention and research in health. They all have an important role in the context of this pandemic.

In this sense, the National Committee of Bioethics will search to form a collegiate permanent body to review the bioethical aspects of a pandemic, in order to consolidate the prevention mechanisms of our country. We reaffirm our commitment with health protection.

It must also be considered that the costs of controlling a pandemic are not minor; however, they do not affect the population groups in the same way, this demands solidarity from all the society. For those who are at a low risk level, the costs of controlling the pandemic might be too high; however, for those with a relatively high risk, the actions that impose additional risks (the risk of losing income or opportunities due to the impossibility to go to work or travel) might imply a too high cost. In this sense, the dialogue and consensus imply basic mechanisms to prevent and mitigate the negative effects of the pandemic.

As it was referred in the rest of the document, the bioethical considerations for the treatment of COVID-19 patients should be based on the improvement of these patients without making their situation worse, favoring a safe attention with a humane and equal treatment.

The crisis generated by COVID-19 represents a challenge for health care professionals, for the different governmental organisms, the health care system itself, and even for the

society; however, their performance under ethical principles might serve as a compass to guide and improve the population's health.

It is important to recognize that in Mexico, as a consequence of the lack of responsibility, ethics and social justice, for so many years, the resources have been distributed in a very unequal way; that is why, the health care system in our country has many deficiencies, from the lack of infrastructure and equipment in hospitals, specifically in the area of intensive care, essential service to tackle the COVID-19 crisis.

This sanitary crisis has also made evident that there is a deficiency in the supply of basic resources, from drugs to the hiring of medical staff, also considering a deficiency or a total lack of training and updating of human resources in the health field.

Another important factor in this process to improve and control contagions, is the action in the public health field, which is the prevention and promotion of health, where the Mexican people have made very clear that they not only have a culture that allows being aware of the risks and complications of the disease, but also are able of doing a critical and ethical analysis about the disrespect of other members of the population to the health right, since many do not comply with the basic requirements established to control the contagions.

It is important to reflect on so many levels that have been visible with this contingency.

## BIBLIOGRAPHY

- Comité de Bioética de España. (2020). *Informe del comité de bioética de España sobre los aspectos bioéticos de la priorización de los recursos sanitarios en el contexto de la crisis del coronavirus*. Madrid: Pers Bioet.
- Angelos, P. (2020). Surgeons, Ethics, and COVID-19: Early Lessons Learned. *J Am Coll Surg*, 1-14.
- Diario Oficial de Federación. (2020). *Acuerdo por el que se declara como emergencia sanitaria por causa de fuerza mayor, a la epidemia de enfermedad generada por en virus SARS-CoV2 (COVID-19)*.
- Espinosa, E., Galan, J., Aldecoa, C., Ramasco, F., & Llamas, E. (2020). *Marco ético pandemia COVID-19*. Madrid.
- Federación Internacional de trabajadores y trabajadoras sociales. (2020). *Decisiones éticas en el contexto COVID-19*.
- Govind, P., & Ezekiel, J. (2020). The Ethics of COVID-19 Immunity-Based Licenses. *JAMA*.
- Hernández, C., Oriol, S., Delgado, M., Valle, L., Verduzco, E., Tejeda, M., . . . Mejía, J. (2011). El papel del personal del Hospital Juárez de México en Bioética. Encuesta que explora los conocimientos bioéticos en

el personal médico, de enfermería, paramédico y administrativo. *Rev Hosp Jua Mex*, 78(2), 97-104.

Organizacion Mundial de la Salud. (2007). *Consideraciones éticas en el desarrollo de una respuesta de salud pública a la gripe pandémica*.