

## Bioethics in the face of the COVID-19 pandemic

### La Bioética ante la pandemia del COVID-19

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#### Abstract:

The year 2020 has marked a major change in our daily lives. The COVID-19 pandemic has presented challenges for governments, professionals, and society in general, mainly in health care. In this context, the presence of bioethical dilemmas has been inevitable, for this reason we analyse some of the dilemmas that have arisen in healthcare and biomedical research.

#### Keywords:

*Bioethics, pandemic, COVID-19, Research Ethics, Health care, Biomedical research, National Commission of Bioethics*

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#### Resumen:

El año 2020 ha marcado un cambio importante en nuestra vida cotidiana. La pandemia de COVID-19 ha presentado desafíos para los gobiernos, los profesionales y la sociedad en general, principalmente en la atención de la salud. En este contexto ha sido inevitable la presencia de dilemas bioéticos, por ello analizamos algunos de los dilemas que se han presentado en la atención de la salud y la investigación biomédica.

#### Palabras Clave:

*Bioética, pandemia, COVID-19, Ética de la Investigación, Atención a la salud, Investigación Biomédica, Comisión Nacional de Bioética*

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#### INTRODUCTION

On January 30th, 2020, the World Health Organization declared that the SARS-COV 2 coronavirus was a public health emergency at the international level, so countries were asked to prepare for containment, early detection, isolation, and case management. All of these were done to prevent the spread of COVID-19 infection (World Health Organization [WHO], 2020). However, even when there were guidelines and recommendations for the management of infectious diseases and/or pandemics of respiratory diseases, the one caused by COVID-19 generated unsuspected challenges for health systems at the international level, mainly related to the capacity and resources to care the number of sick people who increased exponentially (WHO, 2014; Sprung et al., 2010).

#### ETHICAL DILEMMAS

Some of the most important challenges that have emerged are those ethical dilemmas in health care due to the scarcity of resources, existing or probable. The current situation has a common denominator: the right to health, established in Article 25 of the Declaration of Human Rights:

"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services..." (United Nations [UN], 1948).

We are talking about a principle of justice, which in itself causes dilemmas because it refers to all members of a society and also because resources are always limited, especially in a health emergency. The fair allocation of resources for medical care is a complex process in which there are varied expressions that depend on the point of view of each of the various factors that determine it, which cover a wide spectrum ranging from the course of care taken by governments to the individuals, families

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and community that may be affected by catching the disease mentioned and seeking access to health services, either in public or private institutions, through the medical module and care represented by health professionals (Garduño-Espinosa, Rosas-Vargas & Reynés-Manzur, 2013).

To confront the pandemic, the authorities must implement measures to ration medical resources and allocate them with technical and ethical criteria, while at the same time they must have sufficient clarity and transparency in the information they provide to the general population, generating mechanisms that allow for the broad and orderly participation of society as a whole. This is part of an exercise of legitimacy in decision making that should characterize contemporary democracies.

In this sense, at the beginning of the pandemic, the big question was: In case it is not possible to attend all those sick people, due to the lack of resources, who will be admitted to the intensive care wards for therapeutic care?

The triage process is a methodology widely used in health systems to catalog the levels of urgency to attend patients; however, in the current situation it found itself under the spotlight due to the large number of guidelines and proposals made. In these guidelines, the main determinant to attend patients is the probability of survival and life perspective of the patient, if he/she was a member of health professionals and/or researchers dealing with COVID-19, as well as comorbidities (Coordination Center for Health Alerts and Emergencies, General Directorate of Public Health, Quality and Innovation, 2020; Bazzyar, Farrokhi & Khankeh, 2019; Halpern & Tan, 2020).

This type of guidelines was the subject of debate because many members of vulnerable groups, mainly the elderly, were left unprotected in the event of being affected by the coronavirus. In these situations, it is important to resume the bioethical principles of beneficence, non-maleficence, autonomy and justice as guiding postulates, with the inherent complexity and taking into account that in an extraordinary situation such as the current one, conflict may arise between the application of the same principles, making decision making more difficult, which would fall to the medical team and, if necessary, to the triage team.

Nevertheless, before reaching this scenario, the incorporation of bioethics in the care of this situation is fundamental and, consequently, the role to be played by Hospital Bioethics Committees becomes transcendental, since their intervention provides dialogic tools based on scientific evidence that seeks objectivity in the recommendations they issue, guiding both health personnel and patients and their families to analyze the dilemmas that may arise and to reach an informed and well communicated decision. Due to the urgency with which these decisions must be made, the committees must have established procedures regarding the dilemmas they face most frequently in this situation. In addition to, they must have a multidisciplinary group and modifications to their normal protocols of action to

avoid contagions (Comité Consultatif National d'Éthique, 2020; SEMICYUC Bioethics Working Group, 2020).

At the same time, primary health care becomes relevant for the prevention of disease and the promotion of health in all aspects, in order to reduce the burden on the higher levels of health care and the existing contagions. In this way, an integral vision of the work of health professionals at different levels is added in which bioethics has an impact on the improvement and generation of public policies associated with Primary Health Care as a model of prevention, containment and referral, when necessary (National Bioethics Commission, 2019; Feltrer & González, 2020; Pan American Health Organization, 2020).

In this sense, it is important to promote social cooperation, since, although it may seem that some of the measures may be drastic, they are intended to avoid saturation of the health systems. Individual responsibility and self-care play an important role in keeping contagion and mortality at the lowest possible levels, and thus obtaining a benefit in individual and collective health. It is at this time that collective health plays the role of preventing the increase of inequalities in health care and providing the maximum possible wellbeing in the current circumstances.

Finally, at the individual level, it is necessary to talk about confinement and the consequences that will appear. Although this has been the most widespread measure to avoid contagion, in some cases it has become another example of inequality, since there are marked economic and social differences: it is not the same to be confined in a middle or upper class home than in situations of overcrowding, violence or poverty, not to mention those who live on the streets.

In this regard, it is necessary to maintain adequate and effective communication, not only with the government, but also among individuals, informing them of the needs of the people around us, avoiding the stigmatization of those who need to leave for economic reasons and, above all, showing solidarity as a society to prevent and to mitigate the negative effects of confinement and, also, of the pandemic.

## **RESEARCH ETHICS**

It is important to mention the need for ethical criteria that ensure respect for human rights in current research on possible vaccines and treatments against coronavirus. In no case is it acceptable to conduct research that threatens the safety and rights of individuals participating in the research protocols, likewise these should ensure the reduction of the inherent risks of the same and the potentiation of the benefits, especially for those in vulnerable conditions.

In this context, Research Ethics Committees must adapt their times and forms of analysis and approval of the protocols presented to them, as well as, ensure that the vulnerability of individuals is not exploited, even with their informed consent, since there is a possibility that some individuals accept driven by the needs and vulnerabilities generated by the current social

state, for example, the economic situation, fear or uncertainty (Pan American Health Organization, 2019).

Likewise, the right to privacy of those patients who consent to participate in COVID-19 research must be protected, since the current situation has increased the use of information technologies to share data, even internationally, which can be violated if they do not have adequate security mechanisms.

It should not be overlooked that the benefits to research participants should outweigh the potential risks to which they may be subjected, considering that these benefits should be extended to the largest possible population, without privileging economic, geographic, political or cultural issues of nations, and that the search for monetary profits should not be the driving force behind research.

### **OUTLOOK IN MEXICO**

On March 12th, 2020, when the impact that COVID-19 would cause in Mexico was totally uncertain and in view of the eventual saturation of the country's health services, the National Bioethics Commission (Conbioethics) emitted the institutional pronouncement: Bioethics before the COVID-19 Pandemic, a document that indicates bioethics as a framework for action before a pandemic and proposes five categories to face the health emergency, declared as such by the WHO since January:

- 1) Planning in the face of uncertainty.
- 2) Respect for individuals and protection of groups in vulnerable conditions.
- 3) Standards of care in the face of contingencies and epidemiological crises.
- 4) Innovation and research in health for the timely production of required inputs.
- 5) Solidarity and coordination of actions with civil society.

This pronouncement highlights as a bioethical imperative to take all necessary measures to avoid preventable harm to the population, especially considering the needs of people in vulnerable conditions, based on the available scientific evidence and with the participation of all sectors of our society (National Bioethics Committee, 2020a).

In the case of infectious outbreaks, there are particular complexities, since decisions in these cases must be taken urgently, often in a context of scientific uncertainty and a general climate of fear and mistrust. Therefore, specific criteria must be established in advance to determine priorities and take action, taking into account tight timeframes and scarce resources. Moreover, measures must be taken to ensure access to treatment for those who need it most.

With the purpose of offering a more pragmatic expression to the pronouncement, Conbioethics, on March 31, published the Bioethical Recommendations before the COVID-19, in which, through 26 recommendations that have as a common thread the protection of the common good, proposes four axes of approach: Health care process;

- 1) Solidarity towards groups in conditions of vulnerability.

- 2) Management of scarce resources.

- 3) Planning and prevention.

To face the COVID-19 pandemic, it is necessary to rethink public policies not only in the health sphere, but also in the labor, economic and social areas, considering groups in conditions of vulnerability. Therefore, it is necessary to retake the bioethical recommendations, whose application contributes to protect human rights and integrity of people, under a gender perspective, interculturality, equity and non-discrimination (National Bioethics Committee, 2020b).

The containment and mitigation of COVID-19 will have to count on the participation of society as a whole; it requires that integrity be a central component in the communication strategy to ensure that the population has scientific information on the symptomatology and preventive measures, in order to inform, to educate, to recommend, to prepare and to prevent. In addition, avoiding the dissemination of false information which only generates mistrust and fear among the population.

To the extent that clear guidelines are provided for action in the face of COVID-19, in which the articulating axis rests on ethics, pursuing the common good, guaranteeing respect for human rights and the dignity of all people, acting in solidarity, we will be able to come out of this contingency with less damage, as it has become one of the most painful events in our recent history.

The emergency is not exclusive to our nation; it is a global problem that requires incorporating bioethical reflection in the deliberation on the challenges that transcend the borders of nations and the gaps in our societies. It is an opportunity to build under a multidisciplinary, secular and, especially, global perspective, a common understanding and identify shared values to address technological, ethical, legal and social problems, as well as to present arguments that support or reject certain points of view, through deliberation and argumentation, within a framework of tolerance and respect.

In this regard, some of the aspects addressed in the Bioethical Recommendations before COVID-19 are the following:

- 1) Generating adequate strategies that guarantee the protection of human rights and the integrity of individuals in the care process.
- 2) Improving communication among those involved and making known the criteria for transparent decision-making, as well as guaranteeing the safeguarding of confidentiality and protection of personal data related to the state of health.
- 3) Providing the material and human resources and supplies that health personnel require to ensure quality and warmth in health care, in compliance with the principles of justice, solidarity and equity, considering respect for the autonomy and dignity of the person as the starting point for all medical decisions.
- 4) Ensuring continuity of health care for women, girls and boys, as well as sexual and reproductive health services, prenatal and postnatal care, can be a great challenge, however, these needs exist and must continue to be addressed as well as gender violence, which has worsened with confinement and

has put the finger on the sore spot in terms of pre-existing gender inequalities that must be addressed urgently.

The possible scenario of limited resources that the National Health System will face obliges us to foresee mechanisms to ensure resources for the prevention of contagion and, if necessary, medical care for people who are confined to institutions, as well as to generate strategies to guarantee the safety of medical personnel, nurses, medical students and those who assume risks in the care and containment of the pandemic. In this complex scenario, it is necessary to address domestic and gender violence, as well as suicides due to the loss of employment and personal and family livelihoods, offering the population the satisfaction of their basic needs.

With regard to the management of scarce resources, it is important to remember that the principles of justice, non-maleficence, beneficence, but also transparency, proportionality and responsibility should be privileged. The bodies in charge of administering resources are responsible for their adequate distribution, as well as for guaranteeing the availability of minimum resources that allow the operation of the health system and provide the personal protective equipment that health personnel require to work, otherwise the well-being and integrity of health personnel, their families, co-workers and finally the people who will require their current and future services will be put at risk.

It is important to communicate clearly and concisely through all available means the prevention measures that everyone should follow, such as the proper use of masks and maintaining the necessary distance between one person and another, as well as the necessary hygiene measures, as part of the strengthening of educational actions that emphasize the importance of individual and community health care.

It is necessary to communicate clearly and effectively to the patient and family members the possibility of a limitation of medical and human resources, emphasizing that care alternatives will be offered to the Intensive Care Units, in accordance with quality standards; without omitting that, if necessary, care will be adapted according to the patient's evolution in order to avoid therapeutic futility.

In this sense, and due to the fact that the population recognized to be at higher risk at that time, on April 15 of this year, the National Bioethics Commission together with the National Institute of Geriatrics issued the position paper Decision-making for hospitalization or intensive care of the elderly in the context of the COVID-19 pandemic. This document addresses the issue of the scarcity of medical resources and the critical and difficult decisions that should be made not only by doctors but also by the general population, focusing on the need for advance directives for geriatric patients and the administration of palliative care in the event that therapeutic treatments are unsuccessful, having as a common thread the statement of three questions, which are answered throughout the document (National Institute of Geriatrics & National Bioethics Committee, 2020):

- 1) Who should receive care when not everyone who needs it can be served?
- 2) How should decisions be made about who gets access to care?
- 3) Should the standard of care change based on the resources that can be mobilized in such circumstances?

It is important to socialize principles such as solidarity, responsibility and subsidiarity. Although it is true that conditions and needs are different from one individual to another, from one population to another, individual and collective behaviors have the potential to add up to the containment of this pandemic, regardless of the context of each person. The social determinants of health are not alien to bioethics, which is why emphasis is placed on the application of the principle of justice to guarantee equitable strategies that take into account the needs of each population, especially the most disadvantaged, where the lack of access to basic services such as drinking water places them in a situation of greater vulnerability.

Similarly, the Bioethical Recommendations to COVID-19 highlight the following aspects in terms of planning and prevention:

To support research as a mechanism to strengthen public health measures, under standards of research ethics and scientific integrity. In research aimed at seeking vaccines or treatments, regardless of the extraordinary and urgent nature of the situation, the protocol must be reviewed and approved by a Research Ethics Committee, guaranteeing respect for the participants and adherence to international ethical standards.

In this area, it is essential to guarantee broad, timely and equitable access to the vaccine and the treatments developed, so that the common good is the prevailing principle and not the particular economic interest, as already pointed out in 2005 by UNESCO in the Universal Declaration on Bioethics and Human Rights in Article 15 on the sharing of benefits and in Article 13 on solidarity and cooperation.

In view of the above, it is essential to establish consensus on the technical criteria to be followed to contain the pandemic, based on the available scientific evidence.

It is in this context that the consolidation of the Hospital Bioethics and Research Ethics Committees is required, considering the participation of citizens, for the analysis of the challenges in the containment of pandemic outbreaks and the protection of health.

The figure of hospital bioethics committees plays a relevant role as an adjuvant in the analysis of dilemmas and the issuance of recommendations for decision making, supported by the different guidelines that have been generated specifically for the pandemic, an example of which is the Bioethics Guide for the Allocation of Limited Resources for Critical Medicine in Emergency Situations, presented by the General Health Council (The General Health Council). In our country, several academic and health institutions have generated materials for decision

making in extreme situations such as those we are currently experiencing (Medina. & Palacios-González, 2020).

Bioethics is the framework that allows dialogue between dissimilar positions and has highlighted the need for societies willing to accept diverse moral perspectives and make the best decisions in the face of scenarios full of uncertainty and limited by the scarcity of human, material and financial resources.

Lastly, it is important to recognize the role played by the palliative care team in the care of this health emergency, whose work guides all health professionals, the patient and his or her family to avoid suffering and anguish in situations with an unavoidable fatal outcome. Currently, multiple palliative care teams at the national level are working and have developed materials such as the Operational Guide for the palliative care of persons suspected or confirmed to be infected by SARS-CoV-2 (COVID-19) and their families, prepared on May 9 by a scientific technical group of the Institute of Security and Social Services for State Workers (ISSSTE, 2020).

### CONCLUSION

In this health emergency, bioethical orientation in the protection of the common good is fundamental, both for decision making and the actions of health professionals, but also to improve communication with the population and thus promote citizen participation and solidarity, especially with vulnerable groups. COVID-19 has radically transformed many aspects of human life, first and foremost in the area of health. Although tertiary care has been leading the treatment of critically ill COVID patients, it is important to emphasize primary care, which is an indispensable support to avoid unnecessary saturation of the following levels.

In this sense, bioethical guidelines should be different for health professionals who often have a closer relationship with their patients due to the regularity with which they care for them. In the same way, they are a pillar for collective health that not only cares for acute and chronic diseases, but also helps to improve the environmental health of communities, a goal shared with bioethics as a responsibility towards future generations.

In another sense, the use of information technologies has been extended in various areas such as education, health and interpersonal and labor relations. Thus, it is necessary to ensure strict respect for the privacy of those who use them and avoid the inappropriate use of personal information deposited in these technologies in order to maintain respect for human rights and the dignity of individuals by professionals in charge of this type of data and ensure the maximum benefit for society.

To conclude, it is necessary for the bioethics community in Mexico to complement itself with the disciplines that have been booming in this time of pandemic and to analyze the dilemmas that have emerged and will emerge in the new normality. This has the purpose of articulating means of communication between government, health professionals and the general public to adapt as a whole to the post-COVID world.

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