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SYNOPSIS

Ethical principles in decision-making during the COVID-19 pandemic

Principes éthiques dans la prise de décision pendant la pandémie COVID-19

The COVID-19 pandemic has caused profound changes globally in the past three months, forcing governments to make quick decisions and abrupt policy U-turns, and to confront potentially catastrophic economic repercussions. Social isolation imposed to contain the disease will generate high levels of unemployment, incalculable internal and external debts, and financial disruption. Public health recommendations at their simplest are based on easy to understand information about handwashing and maintaining physical distance. But, contradictory discourse by political and other leaders can cause people to disregard rules and disrespect experts, depriving others of the right to health, degrading societal cohesion and ultimately endangering lives. True and false information is generated and disseminated in realtime, generating uncertainties about which behaviours to adopt. The COVID-19 pandemic has motivated us to reflect on the overruling of science by political and other pressures. In this viewpoint, we examine two responses to the pandemic according to the ethical principles of necessity, precaution, proportionality, and transparency [1].

Social separation and ethical principles

The characteristics of social separation (distancing and isolation) are determined empirically, based on the number of potential cases and hospital intensive care capacity, and by modelling based on parameters such as the reproduction number of the infection [2]. Thus, the logical basis for deciding social separation implementation is directly related to the structure of the public health system, critical care capacities, and the number of trained and available health care professionals, with the aim of avoiding the overload or collapse of critical care provision [3].

The fact that the agent was a virus whose infectious behaviour, as it came to be understood, clearly had potentially enormous consequences at the individual and collective level justified social distancing and isolation measures including 'lockdown'. Such measures, based on this singular fact, adhere to the principles of necessity and precaution. Yet, in some countries, early policies to combat the pandemic placed bets on the development of herd immunity against the virus. This strategy was based

on lower mortality rates in the first European countries to be affected but was also influenced by economic considerations. When new calculations predicted an alarming number of deaths if stricter measures were not implemented [2], the authorities were forced to protect the population over concerns about economic disruption. The principle of necessity had gained sufficient strength to prompt a reversal of the earlier policy, leaving questions of timeliness and adequacy to be judged by history.

The principle of proportionality, when invoked in relation to decisions to implement social separation, translates into the objectives to be achieved over a predetermined period. According to this principle, measures are to be avoided where the means may exceed, by their adverse effects, the intended benefits. An apparent dichotomy is the need to strike a balance between immediate loss of life, which can be prevented through social separation measures and the adverse health effects which might arise from long-term damage to the economy.

The fourth and final principle is transparency. The legal limits of social separation and lockdown require clarity of purpose and a scientific basis. Communication with the population must be continuous and conducted in a clear and honest way, transmitting to the population in a language accessible to all and seeking to align the messages of the different agencies involved. In many countries, decisions about social distancing are made by federal governments, but the rules and duration are defined by states, requiring further harmonization of messages to achieve clarity.

Drug treatments and conflicts of interest

The ideal basis of pharmaceutical development is the need to find safe new products to treat people, preventing or curing disease and improving health. A conflict of interest is a set of circumstances or conditions in which the professional judgment of a primary benefit, such as integrity and quality in research, is unduly influenced by a secondary benefit, such as personal financial gain. In the COVID-19 pandemic as in any context, Hippocrates's directive "As to diseases, make a habit of two things: to help, or at least to do no harm", encapsulated in the dictum primum non nocere, applies to treatments that are not based on adequate scientific evidence. Given the risk of doing great harm when so many people are affected by a life-threatening illness, awareness of self-interest where it conflicts with strength of scientific evidence is critical. Physicians and scientists can be tempted by the opportunity to promote their ideas in the moment of media limelight offered by the pandemic. Speed is of the essence if science is to

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counteract pressure from political actors whose conflict of interest is the need to protect their popularity. In an acute crisis, when there are immense political and public demands to try new treatments, normally cautious and protracted processes to test new treatments in randomised trials can be compressed from years to weeks, especially if drugs with known safety profiles are being repurposed.

Trust in science is built when scientists assume a declared social responsibility and is undermined by "unsustainable promise of miraculous cures, and here the media are guilty of fuelling an inconsequential euphoria" [4]. Poor health literacy related to COVID-19 among the general population is a global problem [5]. The responsibility to build trust and educate is not exclusive to scientists, but to society as a whole and in particular to its leaders and influencers. Today more than ever, we are confronted by tensions and violations which threaten to overwhelm this collective responsibility. Here, truly independent regulatory and representative bodies have a role in advocating for the public interest and for individual rights, especially of the most vulnerable, and in dealing with the challenges and dilemmas of secular and plural societies in which threats and violations can be multifaceted depending on the group or individual. The joint efforts of experts and governments are needed to manage polarization and political disputes. Above all, better health literacy is needed to combat conspiracy theories and pseudoscience and to reassure society that the ethos of science will always be respect for life and care for the vulnerable.

Conclusion

Ethical principles cannot be set aside during a pandemic and must instead be adhered to in making decisions, such as those about social separation, and to ensure critical and objective scrutiny, such as of conflicts of interest in promoting new treatments. Indeed, an ethical approach is even more important given the magnitude of harms that could be caused in a rapidly-developing epidemic that disproportionately affects the more vulnerable members of society. Pharmaceutical interventions may not be available for many months, therefore, decisions on social separation and other measures such as vaccinations will be necessary far beyond the peak of the pandemic, when the same ethical principles should still apply [6]. The pandemic will no doubt have a long tail of critical assessment, and governments and leaders whose decisions were not based on ethical principles may eventually be held accountable. More positively, opportunities for humankind to learn from COVID-19 should include lessons in how scientists and politicians can stay true to ethical principles when called upon to respond to unprecedented events.

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