Tackling the Social, Professional, and Political Challenges of COVID-19: The Crucial Role of Public Health Ethics

This paper, written by members of the UK Faculty of Public Health's ethics committee, outlines what contributions may be brought from public health ethics perspectives to public debates on responses to Covid-19. It explains some of the questions about values that must be asked, and aims to promote a sustained discourse on how they should be answered. This is for the benefit of engaged public discourse, the public health, and wider health, workforce, and to help support and provide scrutiny in relation to ongoing decision-making.

Background: COVID-19 and Public Health Ethics

The extraordinary measures that we, as a society, have been, are, and will be implementing in response to the outbreak and global spread of SARS-CoV-2 are rooted in public health rationales. These rationales have ethical dimensions that need careful attention, both in relation to the goals of policy and practice, and to the methods of achieving these goals proportionately, fairly, and in accordance with the rule of law.

The field of public health ethics contains multiple and diverse voices and principled concerns. Nevertheless, expertise in public health ethics is united around a commitment to examining and explaining the legitimate mandates for, and limits and constraints on, governmental and professional efforts to protect and promote health and well-being. It does so recognising that the term 'health' embraces many different aspects of well-being, and with keen attention to problems of unfair and avoidable health, and other, inequalities. It asks how, in a society committed to fairness, we should understand the obligations that we hold towards one another. Public health ethics therefore brings crucial contributions to the wider public and policy debates that need to take place as we collectively move through the challenges of responding to the Covid-19 pandemic.

Beyond Clinical Ethics

The UK government, devolved administrations, and multiple public and professional organisations and agencies are acting under emergency powers the nature and extent of which have never been seen before in peacetime. Although, to many, this situation might previously have seemed inconceivable in a liberal democracy, it is now represented as the advent of a 'new normal'. Without emergency measures, the healthcare system—and many other crucial aspects of our social infrastructures—would have collapsed. And even with the measures of containment that we have so far had in place, concerns have abounded about health and social care. Prominence has (rightly) been given to key questions concerning the situations of people who are suffering and dying from (confirmed or probable) Covid-19, and the safety and resources of frontline healthcare practitioners. Wider questions need equivalent levels of focused public deliberation: for example, the relatively much lesser attention given to social and community-based care; the unequal, and unfair, distribution of the direct and indirect burdens and impacts of Covid-19 on members of different socio-cultural groups and different segments of society, nationally and globally; the methods of resource allocation decisions, including in triaging of care in the face of limited resources and the cutting of some services to provide more resource for others; and complexities around the use of technologies in efforts to respond to the virus.

These sorts of questions require open, public scrutiny. Justification for the institution of emergency measures is not justification for corrosion of fundamental democratic rights and responsibilities, or the disregard for public discourses on social ethics. As public scrutiny and analysis are made, ethical challenges might be framed as tensions between population health and individual rights; or as tensions between public health ethics and clinical ethics. Yet such apparent distinctions must allow for nuance. Clinical and other individual-level decisions must be taken in their social and system-level contexts; and population-level decisions must be taken with full account of their impacts on individuals and groups, and their rights.

As is widely recognised, whatever coordinated measures are taken, harms are bound to follow. Strikingly these include harms following 'health-health trade-offs': prioritising one area of health over another (say by cutting one health service to shore up another) or prioritising one aspect of well-being over another (for example through creating greater risks to mental health; limiting access to other forms of preventive care). They also include trade-offs between health and other social values (such as sustainable economic security). We move far beyond clinical/medical ethical considerations, with profound questions of social as well as professional ethics needing to be addressed. Systemic effects of political decisions will be inevitable, and thus demand particular attention to unfair outcomes: be these, for example, between members of different socio-economic groups, manifested in terms of intergenerational injustice, or coming in the form of injustice between nations.

Within public bioethics, a brighter light is generally shone on narrower questions of medical or clinical ethics than on questions about public health. But public health ethics has developed as a field that speaks to healthcare practice as well as the broader ethical issues concerning socially coordinated measures to assure conditions in which people can be healthy: for example, through how we regulate our natural and built environments or ensure healthy childhood development. And public health ethics assesses the constraints that may be put on such measures: looking critically, for instance, at how these relate to basic democratic principles, commitments to promoting social justice, or respect for the rule of law.

3. What a Public Health Ethics Perspective Brings

Following the decision to institute 'lockdown', the UK has been planning for the next stages of pandemic response. Ongoing decision-making needs to account for concerns given proper attention to social ethics and basic democrat norms. It needs to avoid causing the devastation that the emergency measures are designed to prevent, while also recognising that restrictive measures, even as they become relatively less restraining, may themselves have devastating consequences across many important dimensions. A public health ethics approach brings contributions to these discussions, including the following:

- Public health ethics is sometimes problematically represented as being reducible to a 'utilitarian' morality that simply focuses on overall health outcomes without concern for individual rights or how health benefits are distributed across society. However, a key ethical focus for the public health workforce is not just general health protection and improvement, but also amelioration of unfair health inequalities (and associated areas of compounded disadvantage). Although public health agendas may aim to optimise good health outcomes, social equity is a further cardinal consideration. A central concern of the current crisis is the disproportionate impact of measures on, for example, people with disabilities, different disadvantageous impacts on people of different generations, and for people who work in different sectors. Public health ethics explores these matters.

- Public health is a science as well as an art. Decision-making in the current crisis is emphatically described as being led by the science, but even in the abstract such a claim does not and cannot account for all of the complexities of planning and practice, or the value judgments involved. Public health measures of course build on the best possible evidence bases, but public health ethics aims openly to explore the values that are explicitly or

implicitly assumed in different research designs and policy options, accounting for limitations, uncertainties, and disagreements. Public health ethics also explains how values and principles come into play when decisions are made "to act on the science". Political decision-making is never just about scientific assessment; it requires the best ethically-attainable scientific understanding, and then *value judgments* must be made for a policy to be instituted (remembering that a government's decision to do nothing is itself a policy decision). Biomedical science is only one part of the 'exit strategy', recovery, and resilience. Paying attention only to the science of the coronavirus itself masks the enormous impacts on economy, education, social cohesion, and other vitally important areas.

- Finally, public health ethics looks not just to the health and well-being of people and groups. It also looks to the roles and responsibilities of institutions. At a national level, this includes the UK and devolved governments, local authorities, the NHS, professional regulators, and private and commercial enterprises. At a global level it includes the WHO, international organisations, NGOs, and charitable and private organisations. Sound social ethics entails an analysis of all actors involved, looking sub-nationally, nationally, internationally, and globally. This is essential if we are to find the best, fairest, clearest way through.

As governments respond to this global crisis, engagement with people and organisations across society is essential. Insights and representations need to be heard and explored publicly, as part of ongoing planning and scrutiny. Within public discourses, public health ethics has a crucial role in representing the perspectives on which it can shine a light, and in ensuring that those working in public health are engaged in constructive dialogue with other sectors and groups.