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Letter to editor

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RESPONDING TO THE COVID-19 PANDEMIC: LIMITATIONS OF UTILITARIANISM

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To the Editor,

The corona virus disease 2019 (COVID-19), a novel infection with serious immediate and delayed clinical complications, was initially detected in the wet markets in Wuhan, China, in late 2019.[1] COVID-19 was declared a pandemic by the World Health Organization on 11 March 2020. COVID-19 infected more than 648 million people worldwide and caused nearly 6.65 million fatalities by December 2022.[2] The COVID-19 pandemic stretched the public health and health systems across the globe to their limits. The extraordinary and sustained demands for healthcare resources had created a need for the rationing of medical equipment and interventions. Doctors in many parts of the world faced horrifying choices about which patients should get a ventilator, a life-saving treatment in the context of COVID-19 infection. Utilitarian principles were employed by various countries and organizations to allocate their scarce health resources during the COVID-19 pandemic. The most common principles employed were maximizing the benefits produced by scarce resources, promoting, and rewarding instrumental value, and giving priority to the worst off.[3]

Maximization of benefits during the COVID-19 pandemic suggests that scarce medical resources should be allocated to saving the most individual lives or saving those patients who are likely to survive the longest after treatment.[3] In practice, it demands that medical practitioners sacrifice the most vulnerable patients for other patients with

better prognoses. In busy hospitals with a massive influx of patients and extreme scarcity of intensive care unit(ICU) beds, many clinicians had to take traumatic decisions to withdraw ventilators or ICU support from patients who arrived earlier to save those with a better chance of surviving longest after treatment. Such a controversial utilitarian policy regarding life-or-death decisions in favor of the young over the old shakes many ethical convictions. However, many recent intensive care guidelines during the COVID-19 pandemic support such decision- making. According to many guidelines, withdrawing a scarce resource to save others during a pandemic is not killing and does not require the patient's consent. However, empirical research suggests that there is a relationship between age and the perception of the ethicality of preferring the young over the old in emergency clinical situations with respect to scarce medical resources. A recent study showed that such an act was viewed as ethical by 66% of people between 18-30 years of age, whereas only 33% of people 60 or older agreed with the ethicality of such an act.[4] Moreover, such a utilitarian policy decision categorizing people based on age with respect to medical treatment might go against the right to health of each human being as enshrined in the universal human rights frameworks. Furthermore, vulnerable groups such as the elderly have become more vulnerable during the COVID-19 pandemic and need more protection and care rather than stigmatization and discrimination. Every effort should be made to protect and promote the human dignity of vulnerable groups during such a crisis. However, a utilitarian worldview might not appreciate such human dignity violations while focusing on the maximization of benefits during the COVID-19 pandemic.

Most countries across the world took extreme decisions to control the spread of COVID-19 infection in the form of travel restrictions and lockdowns. Such extreme measures were justified based on the utilitarian idea of maximizing the benefit and minimizing the harm at the population level.[5] However, such actions significantly affected the vulnerable sections of society. Many individuals with vulnerabilities such as poverty, illnesses, disability, etc, had suffered disproportionately worse. Millions of migrant workers in Indian cities became homeless during the lockdown period and had to walk hundreds of kilometers to reach their homes, and many died during theirjourney.

Though many developed countries took extremely good social security measures to protect the vulnerable sections of society during the lockdown period, such actions were absent in most of the underdeveloped countries.[5] Moreover, most of the hospitals stopped their regular outpatient services and switched to online patient care, which was not accessible to a significant section of the vulnerable population, especially in developing countries with limited internet connectivity.

Another important utilitarian idea promoted during the COVID-19 pandemic was to categorize individuals based on their instrumental value and prioritize them over others in getting medical treatment and COVID-19 vaccination.[3] Based on this principle, healthcare workers were given priority in testing, ventilators, treatments, and vaccines across the world. Many also supported such an initiative as a reward for their selfless activities during the COVID-19 pandemic. However, there are many other groups of people who are also doing similar jobs during the COVID-19 pandemic, such as essential workers, policemen, supermarket workers, drivers, etc., who also need to get proper priorities in treatment and vaccination. Developing rules of thumb for assessing instrumental value and social worth is ethically complex, liable to abuse, and difficult to enforcefairly.

COVID-19 vaccination campaigns across the globe also raised many ethical challenges.[5] Since many vaccine candidates came to the market, we have seen that high-income countries obtained and used the bulk of vaccines when lower-income countries were in far greater need. A just or fair distribution of COVID-19 vaccination may not be feasible in a utilitarian society because the outcome that generates the greatest good overall in a society may be very different from the outcome whose distribution of goodness comes closest to being just or fair. A COVID-19 vaccination strategy ensuring equal access at the population level is a challenging task. The utilitarian ideas demand that equal priority should be given to all individuals for vaccination, respecting each person's inherent moral equality. However, such policies fail to address many background structural inequalities that impact certain groups' abilities to even access the queue for COVID-19 vaccination. Rather than equal access as proposed by utilitariantheory, what theworld needed

was equitable access to COVID-19 vaccination to effectively prevent the spread of the COVID-19 pandemic. Many of the vulnerable sections of society who might miss COVID-19 vaccination in a system promoting equal access might also be the riskiest group with respect to COVID-19 spread, considering their biological and sociodemographic characteristics. Hence, vaccinating significant sections of society by excluding the most vulnerable group will not prevent the COVID-19pandemic.

In conclusion, utilitarian principles were employed across the world while solving ethical challenges associated with the COVID-19 pandemic. However, many more ethical problems also resulted from their applications during this pandemic, highlighting the limitations of utilitarian ideas.

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REFERENCES

1. Mackenzie JS, Smith DW. COVID-19: a novel zoonoticdisease caused by a corona virus from China: what we know and what we don't. Microbiol Aust 2020:MA20013.

2. Worldometer. Corona virus Updates. Available at:https://www.worldometers.info/. Accessed January 18,2021.

3.Emanuel EJ, Persad G, Upshur R, Thome B, Parker M, Glickman A, et al. Fair Allocation of Scarce Medical Resources in the Time of Covid-19. N Engl J Med2020;382(21):2049-55.

4. Bazerman MH, Bernhard R, Greene J, Huang K, Barak-Corren N. How Should We Allocate Scarce Medical Resources? Harvard Business Review. 2020. Available at:https://hbr.org/2020/04/how-should-we-allocate- scarce- medical-resources. Accessed January 18, 2021.

5. Jesline J, Romate J, Rajkumar E.George AJ. The plight of migrants during COVID-19 and the impact of circular migration in India:a systematic review. Humanit Soc Sci Commun 2021;8:231.

6. Gupta R, Morain SR. Ethical allocation of future COVID-19 vaccines. J Med Ethics 2020.