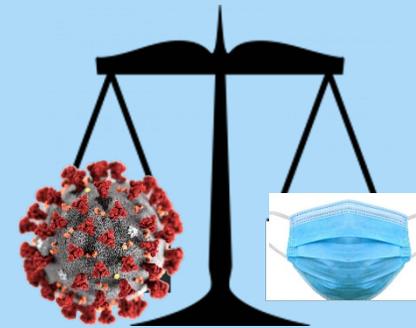


JUSTICE AT STAKE IN COVID-19



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JUSTICE AT STAKE



- scarcity of available healthcare resources
- the COVID-19 pandemic makes the existence of the problem of distribution evident in a dramatic and urgent way
- the ethical question is: what criterion should be used for distribution?

«justice»: to give each his/her own

theories of justice/implications in bioethics – Covid 19

LIBERAL-LIBERTARIAN THEORY



justice: assigning to every free individual resources according to merit

- minimal State/maximum market: society is not obliged to compensate for the differences

- patient selection: self-determination; the ability to pay, social worth

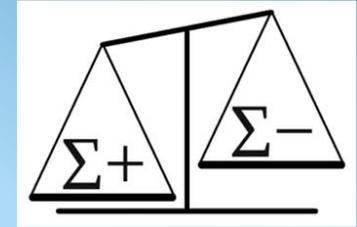
(herd immunity: no restriction of freedom)

DOCUMENTS



- The German Ethics Council, *Solidarity and Responsibility during the Coronavirus Crisis, Ad Hoc Recommendation* (2020): "the laissez-faire strategy seems irresponsible"
- The UNESCO IBC-COMEST, *Statement on Covid-19: Ethical Considerations from a Global Perspective*: «policies based on this notion (herd immunity) "unethical practices" because they act in an individualistic direction, against the effort to build a common global response to the pandemic”
- WHO declared “the free circulation of the virus is immoral” (October, 2020)

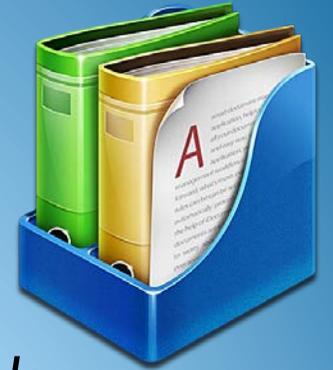
UTILITARIAN THEORY



justice: avoidance of suffering/ increase of quality of life - for the greatest number of people

- social convenience, efficiency, productivity
- patient selection: QALY, 'quality adjusted life years' (number of years to live; quality of life/costs): age, ability/disability

DOCUMENTS



- Guidelines of Scientific Societies of Anesthesiologists and Intensivists

Spain, *Plan de Contingencia para los Servicios de Medicina Intensiva frente a la pandemia COVID-19*: no access for the elderly and people with disabilities

Italy (SIAARTI), *Recommendations of clinical ethics for admission to intensive treatments*: possibility to place «an age limit on entry into intensive care»

Switzerland, *Kovid-19 pandemic: triage von intensivmedizinischen Behandlungen bei Ressourcen Knappheit*

CONVERGENCE IN BIOETHICS



- libertarian and utilitarian theories are incompatible with the shared fundamental value of *equality* among all human beings
- justice as equality is the only one ethical meaning compatible with human rights – fundamental right to health (declarations, constitutions, deontological codes)
- the minimum common value/the maximum shareable value
access to healthcare for all (without any discrimination)

JUSTICE



equality: giving to each his/her own; equity: giving according to the need

- natural and social inequalities are not tolerable

equal opportunity of access: dignity, responsibility, solidarity

- criteria for patient selection: *objective medical criteria* - evaluation of the clinical situation of the patients (case by case): **urgency**, severity, prognostic efficacy (proportional), information



- fear, discomfort can compromise the understanding of information by patients
- time constraints can reduce the opportunity for physicians to inform patients
- *transparent information to vulnerable patients* remains a fundamental requirement in emergency conditions

Website: <https://i-consentproject.eu/>

TWITTER: @ICONSENTEU



DOCUMENTS



- Comité Consultative National d'Etique, *Enjeux éthiques face à une pandémie*
- Nuffield Council on Bioethics, *Ethical considerations in responding to the COVID-19 pandemic*
- Deutscher Ethikrat, *Solidarität und Verantwortung in der Corona Krise*
- Comité de Bioética de la Espana, *Informe sobre los aspectos bioéticos de la priorización de recursos sanitarios en él contexto de la crisis del coronavirus*
- Kommission Bioethik, *Zum Umgang mit Knappen Ressourcen in der Gesundheitsversorgung im Kontext del Covid-19 Pandemie*
- Conselho Nacional de Ética para as Ciências da Vida, *Situation de emergencia de saude publica pela pandemia Covid-19*
- Commission Nationale d'Ethique, *Repères éthiques essentiels lors de l'orientation des patients dans un contexte de limitation des ressources thérapeutiques disponibles due à la crise pandémique du COVID-19*
- Comitato sammarinese di Bioetica, *Aspetti etici legati all'uso della ventilazione assistita in pazienti di ogni età con gravi disabilità in relazione alla pandemia da Covid-19*
- The Swedish National Council on Medical Ethics, *Ethical choices in a pandemic*



ITALIAN COMMITTEE

The Clinical Decision in Conditions of Lack of Resources and the Criterion of "Triage in Pandemic Emergency:

- “the principles of justice, fairness and solidarity, to offer all people equal opportunities”
- “any other selection criterion, such as for example age, sex, condition and social role, ethnicity, disability, responsibility for behaviours contributing to the pathology, costs, is deemed ethically unacceptable by the Committee”

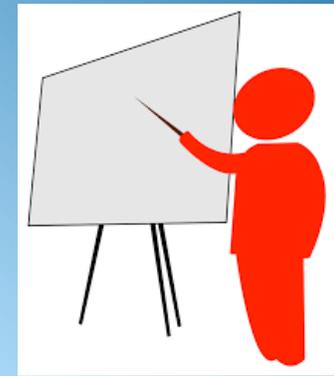
(SIAARTI, changed their position)

DOCUMENTS



- *DH-BIO, Statement in the Context of the Covid-19 Crisis*
- *EGE, Statement on European Solidarity and the Protection of Fundamental Rights in the Covid-19 Pandemic*
- *UNESCO IBC-COMEST, Statement on Covid-19: Ethical Considerations from a Global Perspective*

LESSONS TO LEARN IN THE PANDEMIC



relatedness: need for common values in bioethics in the framework of human rights

- the need for inclusivity: no one should be left behind-excluded/affordable access for everyone
- cooperation (beyond private competition)/benefit sharing of knowledge
- health as 'common good' beyond pluralism and territorial borders