

# **Ethical issues in the COVID-19 pandemic: Are lessons ever learned?**

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Sinai Health  
Professor, Department of Family and Community Medicine and DLSPH  
University of Toronto

# Albert Camus: The Plague

- Everybody knows that pestilences have a way of recurring in the world; yet somehow we find it hard to believe in one's that crash down on our heads from the blue sky.
- There have been as many plagues as wars in history; yet always plagues and wars take people equally by surprise.



# COVID-19: Make it the Last Pandemic

The  
Independent  
Panel

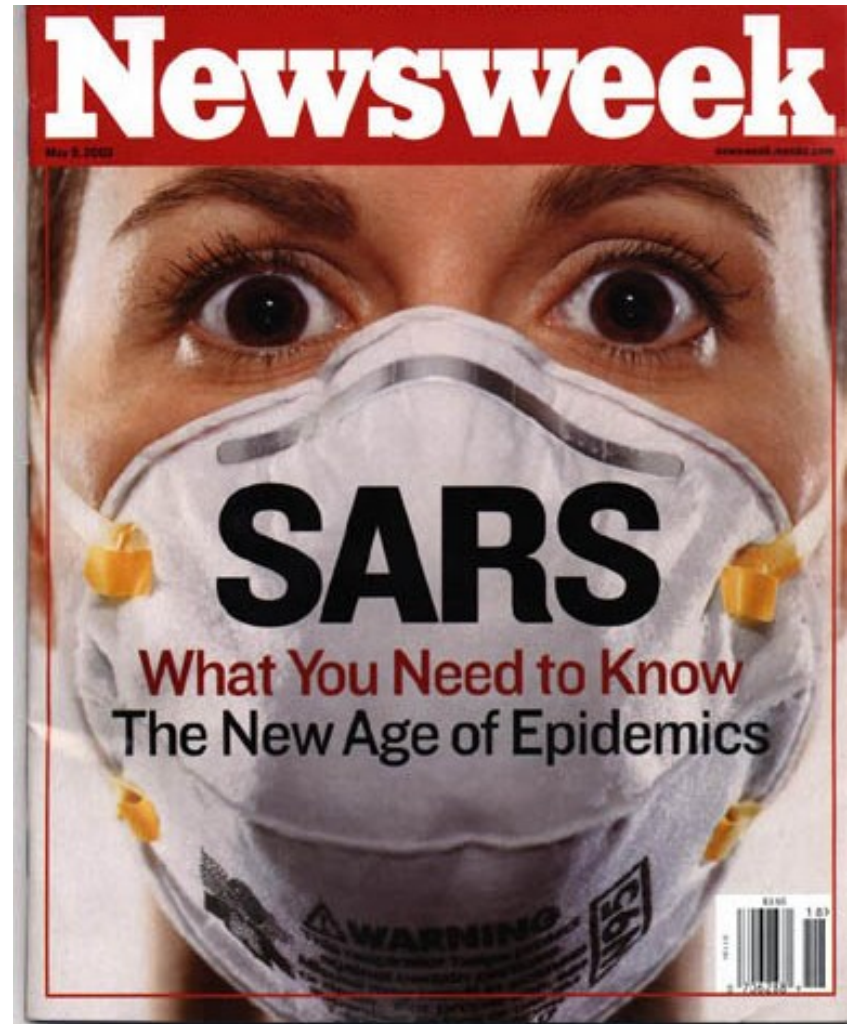
FOR PANDEMIC  
PREPAREDNESS  
& RESPONSE

- But the world cannot afford to focus only on COVID-19. It must learn from this crisis, and plan for the next one. Otherwise, precious time and momentum will be lost. That is why our recommendations focus on the future. **COVID-19 has been a terrible wake-up call.** So now the world needs to wake up and commit to clear targets, additional resources, new measures and strong leadership to prepare for the future.
- We have been warned

- Sirleaf said: “ The situation we find ourselves in today could have been prevented. An outbreak of a new pathogen, SARS-CoV-2 became a catastrophic pandemic that has now killed more than 3.25 million people, and continues to threaten lives and livelihoods all over the world. It s due to a myriad of failures, gaps, and delays in preparedness and response. **This was partly due to failure to learn from the past.**”

**SARS !**















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## Swine flu fears spur Canada to stock up on ventilators



Warnings that youth are hit hardest by virus point to shortfalls in strategy for pandemic



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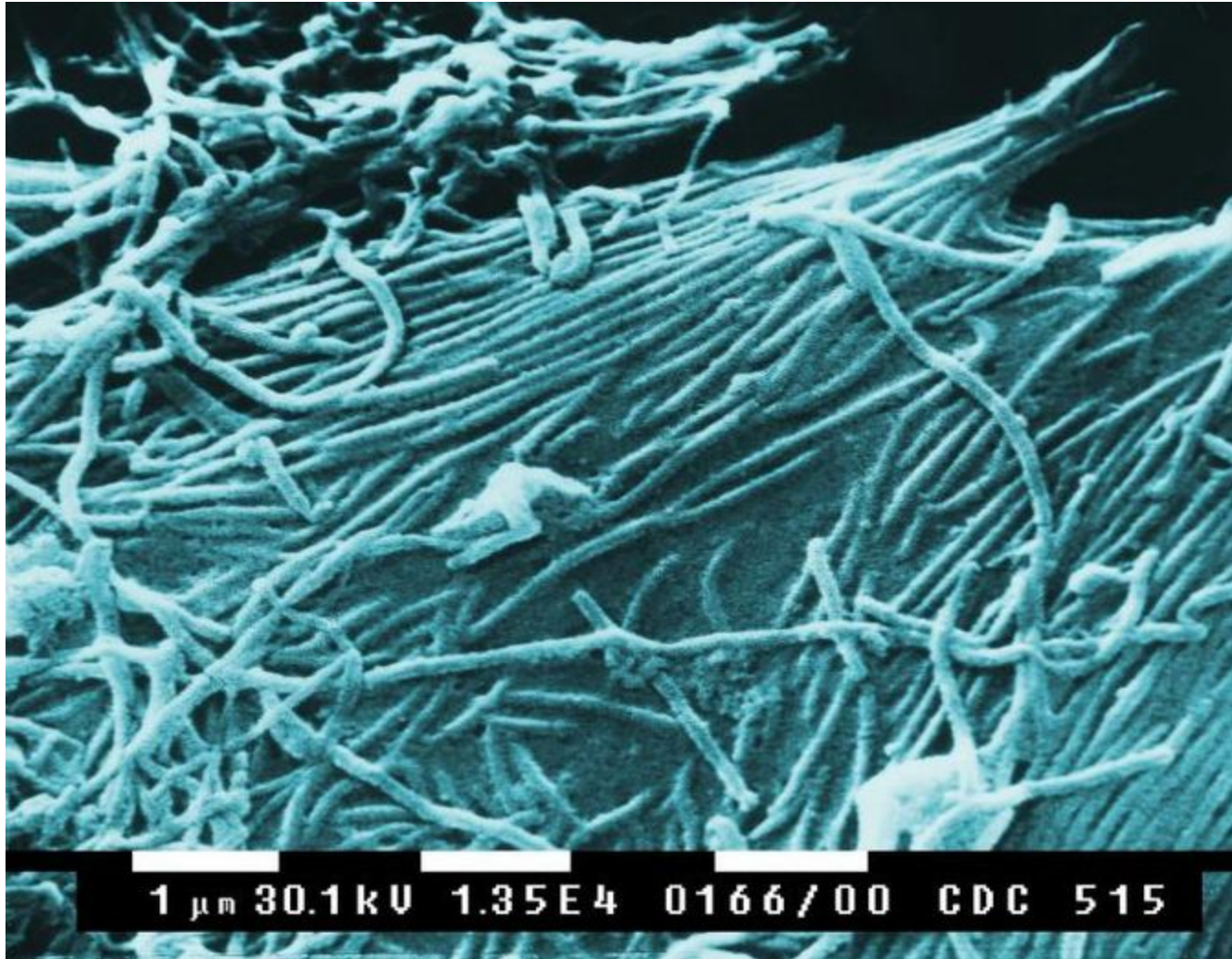
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# Ebola



IN THE NEWS

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# Ebola declared threat to peace and security by UN

Urgent resources and assistance needed to help tackle crisis, UN Security Council says

CBC News Posted: Sep 18, 2014 3:49 PM ET | Last Updated: Sep 18, 2014 4:47 PM ET



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# We urgently need major cooperation on global security in the COVID-19 era





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## Ebola crisis: Sierra Leone begins three-day lockdown





## FEATURE - Liberia Ebola survivors face health problems and fears the virus could return

Source: Thomson Reuters Foundation - Mon, 25 Jan 2016 00:01 GMT



Author: Kieran Guilbert

More news from our correspondents

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## Fear, dread, and panic: Some Covid-19 survivors feel stalked by possibility of reinfection

By GABRIELLE GLASER / AUGUST 28, 2020

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Health officials are urging people to go about their normal daily activities, saying the rate of new cases is slowing, but in South Korea's capital the fear is still palpable

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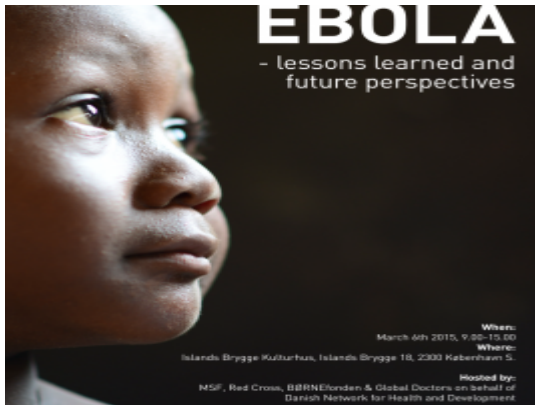
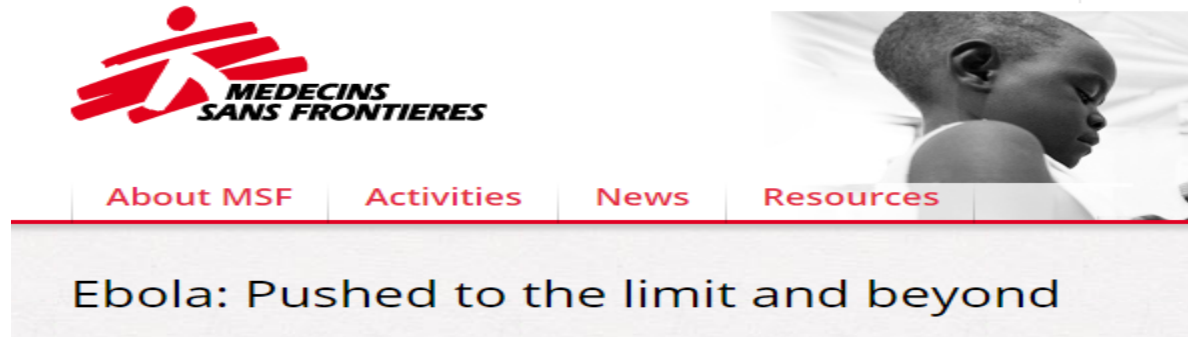
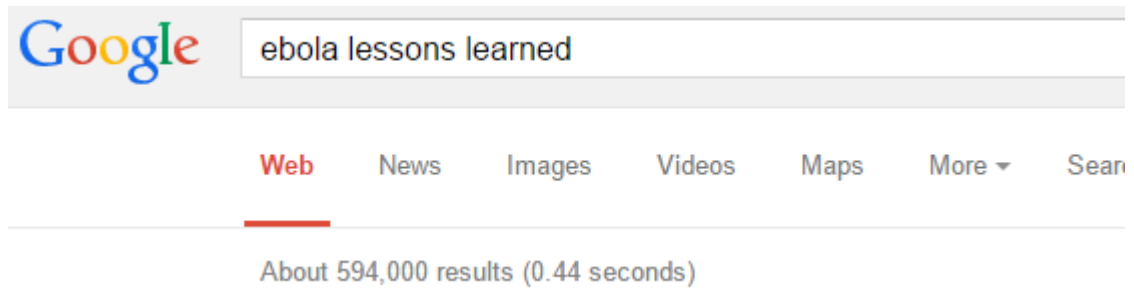
AMERICAS

## *El Salvador's Advice on Zika Virus: Don't Have Babies*

By AZAM AHMED JAN. 25, 2016



# Lessons Learned?



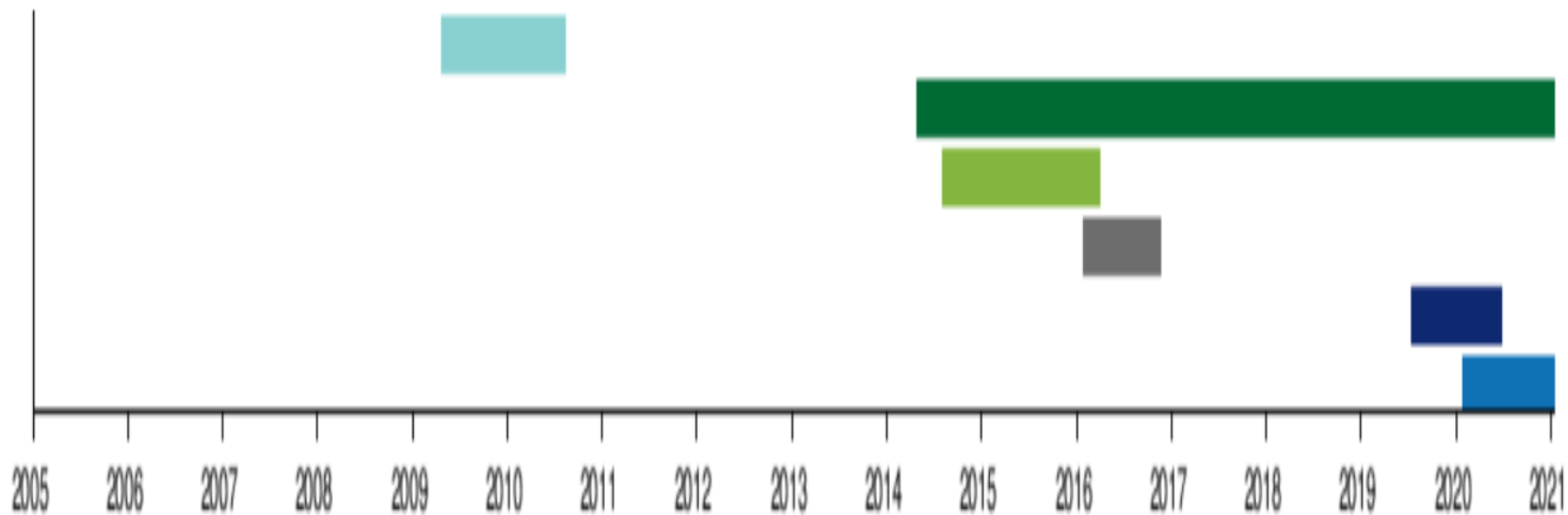
## Perspective

### The Next Epidemic — Lessons from Ebola

Bill Gates

N Engl J Med 2015; 372:1381-1384 | April 9, 2015 | DOI: 10.1056/NEJMp1502918

# Summary of PHEIC declarations



Swine flu  
Polio

Ebola (Western Africa)  
Zika

Ebola (Kivu)  
COVID-19


COVID-19  
Ebola (Western Africa)  
Ebola (Kivu)


## The lesson of SARS : A wake-up call for global health


By Ilona Kickbusch  
Published: April 29, 2003

**NEW HAVEN, Connecticut**— The outbreak of severe acute respiratory syndrome might prove to be the needed wake-up call to strengthen the World Health Organization and other international institutions to ensure global health security.

Just a few weeks after SARS was identified, WHO is calculating that the cost of the disease is already close to \$30 billion — roughly the amount of annual donor spending that the WHO says is required to significantly reduce the global infectious disease burden in the

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### THE BLOG

## H1N1 "Swine" Flu: A Global Wake-Up Call

05/12/2009 01:47 pm ET | Updated Nov 17, 2011



Susan Blumenthal, M.D.  
Public Health Editor, The Huffington Post; Former U.S. Assistant Surgeon General

By Susan Blumenthal, MD, Former US Assistant Surgeon General, Bowen Jiang and Yi-an Ko





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## COVID-19 Must Be Global Wake-Up Call, Secretary-General ...

May 18, 2020 - **COVID-19** Must Be Global **Wake-Up Call**, Secretary-General Tells World Health Assembly, Saying Virus Has 'Brought Us to Our Knees'.

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## Surge in COVID-19 cases is 'wake-up call' for Albertan: Dr ...

Jul 24, 2020 - Alberta's top doctor says the continued spike in **COVID-19** cases should be a "**wake-up call**" for Albertans as the province nears the highest ...

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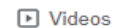
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## Fundamental Lessons from the COVID-19 Pandemic - Global ...

Fundamental **Lessons from** the **COVID-19** Pandemic. By Dennis J. Snower. Opening Address of the Global Solutions Summit 2020. This is a transcript of the ...

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## Lessons learned so far from COVID 19 | Canadian ...

# As The Pandemic Spreads, Will There Be Enough Ventilators?

March 14, 2020 · 7:00 AM ET

Heard on [Weekend Edition Saturday](#)

PATTI NEIGHMOND



## Ottawa can make quarantines mandatory – here's why it likely won't



Quarantine Act's more severe measures raise Charter of Rights questions

**Viewpoint** | COVID-19: Beyond Tomorrow

May 6, 2020

## The Ethics of COVID-19 Immunity-Based Licenses ("Immunity Passports")

Govind Persad, JD, PhD<sup>1</sup>; Ezekiel J. Emanuel, MD, PhD<sup>2</sup>

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JAMA. Published online May 6, 2020. doi:10.1001/jama.2020.8102

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## Coronavirus contact-tracing apps: can they slow the spread of COVID-19?

Google, Apple and researchers partner to build more secure and effective tools, but poor adoption could blunt efficacy.

NEWS · 22 APRIL 2020

## Hundreds of people volunteer to be infected with coronavirus

Support grows for a controversial 'human challenge' vaccine study – but no trial is yet planned.

The most important lesson we must learn from this Ebola outbreak regards our inability to learn lessons from past outbreaks. We have hit the snooze button repeatedly and ‘learn’ the lessons all over again when the next outbreak emerges. **We either have collective amnesia or collective narcolepsy.**

## Most powerful lesson from Ebola: We do not learn our lessons

BY MAXWELL J. SMITH AND ROSS E.G. UPSHUR

DECEMBER 11TH 2015

‘E bola is a wake-up call.’

This is a common [sentiment](#) expressed by those who have reflected on the ongoing Ebola outbreak in

Symposium: COVID-19 | Published: 25 August 2020

## Learning Lessons from COVID-19 Requires Recognizing Moral Failures

Maxwell J. Smith & Ross E. G. Upshur 

[Journal of Bioethical Inquiry](#) (2020) | [Cite this article](#)

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## Ebola and Learning Lessons from Moral Failures: Who Cares about Ethics?

Maxwell J. Smith\*, University of Toronto

Ross E.G. Upshur, University of Toronto

\*Corresponding author: Maxwell J. Smith, Dalla Lana School of Public Health and Joint Centre for Bioethics, University of Toronto, 155 College Street, Toronto, Ontario M5T 3M7, Canada. Email: max.smith@utoronto.ca

The exercise of identifying lessons in the aftermath of a major public health emergency is of immense importance for the improvement of global public health emergency preparedness and response. Despite the persistence of the Ebola Virus Disease (EVD) outbreak in West Africa, it seems that the Ebola 'lessons learned' exercise is now in full swing. On our assessment, a significant shortcoming plagues recent articulations of lessons learned, particularly among those emerging from organizational reflections. In this article we argue that, despite not being recognized as such, the vast majority of lessons proffered in this literature should be understood as *ethical* lessons stemming from *moral* failures, and that any improvements in future global public health emergency preparedness and response are in large part dependent on acknowledging this fact and adjusting priorities, policies and practices accordingly such that they align with values that better ensure these moral failures are not repeated and that new moral failures do not arise. We cannot continue to fiddle at the margins without critically reflecting on our repeated moral failings and committing ourselves to a set of values that engenders an approach to global public health emergencies that embodies a sense of solidarity and global justice.

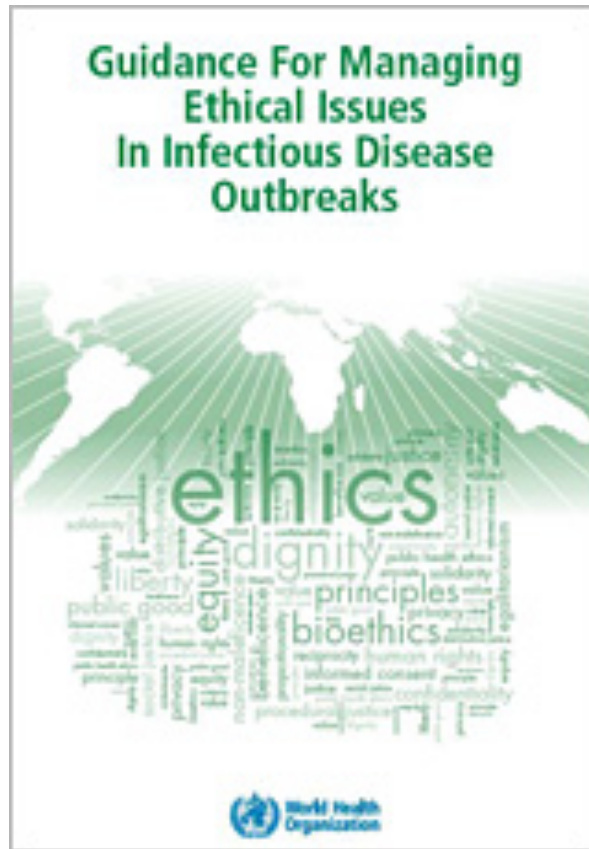
# Pandemic Playbook

## **Pandemic/Epidemic Event**

1. High early morbidity and mortality in HCP's and caregivers
2. High levels of uncertainty/lack of evidence
3. Need for public health measures to contain spread
4. Facing scarcity
5. Global issues

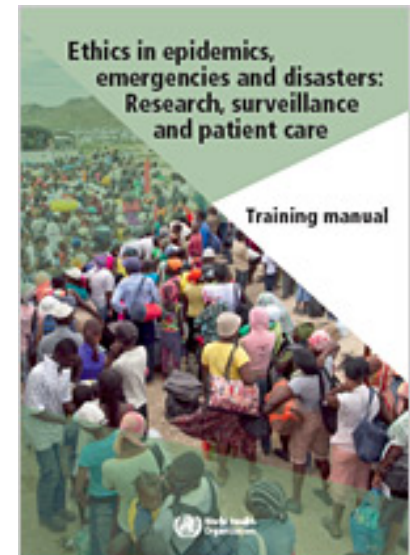
## **Associated Ethical Issues**

1. Duty to care/duty to protect
2. Research ethics, pandemic exceptionalism
3. Public health ethics/justification of restrictions
4. Resource allocation/priority setting
5. Global governance: solidarity



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## Evidence and Effectiveness in Decisionmaking for Quarantine

Cécile M. Bensimon, PhD, MA, and Ross E.G. Upshur, MD, MA, MSc, FRCPC

When public health decisionmakers turned to quarantine during the recent severe acute respiratory syndrome (SARS) epidemic, difficult questions were raised about the legitimacy and acceptability of restrictive measures to attain

them, systems of quarantine were quasi-institutions commonly erected at seaports as a means to control the infiltration of infectious diseases into local communities. Long before the notion of public health was formulated, both as a discipline and an insti-

restrictive n- nicable dise- eral democ- long after d- introduced, tl- unanimous- cates, practi- alike, that \*

## Vulnerability: A Contentious and Fluid Term

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Journal List > Bull World Health Organ > v.86(8); Aug 2008

Bull World Health Organ 2008 August; 86(8): 643-645. doi: 10.2471/BLT.08.051771

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**Emerging norms for the control of emerging epidemics**

Christopher W McDougall,<sup>1,2</sup> Ross EG Upshur,<sup>3</sup> and Kumanan Wilson<sup>2</sup>

<sup>1</sup>Joint Centre for Bioethics, University of Toronto, Toronto, ON, Canada.  
<sup>2</sup>Ottawa Health Research Institute, University of Ottawa, ON, Canada.  
<sup>3</sup>Corresponding author.  
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Received January 31, 2008; Revised April 23, 2008; Accepted May 27, 2008.

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Carol Levine continues a series of commentaries on the NFL's position on head injury and its link to dementia; and Ross White looks for the "beef" in bioethics.

## Ethics and SARS: lessons from Toronto

Peter A Singer, Solomon R Benatar, Mark Bernstein, Abdallah S Daar, Bernard M Dickens, Susan K MacRae, Ross E.G. Upshur, Linda Wright, Randi Zlotnik Shaul

The SARS epidemic showed how easy it is for infectious diseases to spread round the world. Ethical as well as clinical issues need to be resolved to improve the response to the next epidemic

The outbreak of severe acute respiratory syndrome (SARS) in the Toronto area earlier this year forced medical and government workers to make hard choices, often with limited information and short deadlines. Healthcare providers were on the firing line, and were the people most affected by the disease? balance individual freedoms of, fear for personal safety sick people, and economic to contain the spread of a isms have to be guided by : and ethical considerations, ed that Canadian society was with the ethical issues.



a second value—that of protecting the public from

University of Toronto Joint Centre for Bioethics, 88 College St, Toronto, Canada M5G 1L4  
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*Susan Liu* financial chair and director  
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*director programme in applied ethics and bioethology*  
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 Randi Zlotnik Shaul  
*bioethicist*

## The Role of Faith-Based Organizations in the Ethical Aspects of Pandemic Flu Planning—Lessons Learned from the Toronto SARS Experience

Halley S. Faust, University of New Mexico and University of Toronto  
 Cécile M. Bensimon, Sunnybrook Health Sciences Centre, Toronto and University of Toronto  
 Ross E. G. Upshur\*, Sunnybrook Health Sciences Centre, Joint Centre for Bioethics, University of Toronto, Toronto

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Are restrictive measures and duties to care ethically reasonably acceptable to faith-based

Open Peer Commentaries

## Public Engagement on Social Distancing in a Pandemic: A Canadian Perspective

Joint Centre for Bioethics Pandemic Ethics Working Group, University of Toronto

We concur with Baum and colleagues (2009) on the importance of pandemic planners taking explicit steps to employ public engagement methodologies. Thus far, as Baum and colleagues note, there have been few published reports of such engagement. Most public engagement has been carried out by academic researchers. Our group at the University of Toronto Joint Centre for Bioethics (JCB) is conducting similar research to Baum and colleagues, engaging the Cana-

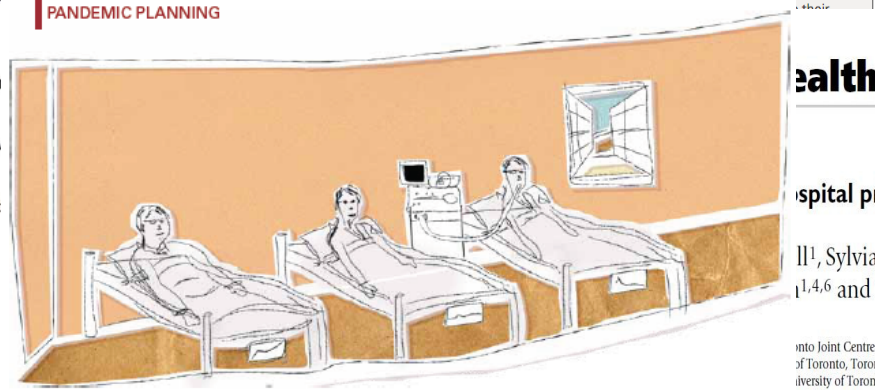
according to Trotter (2007), "results from a process in which proposed interventions and their rationale are pre-discussed, articulated, marketed, explained, or otherwise brought to life before the general public" (XX). The process of a pandemic presents significant ethical challenges for policy-makers, clinicians, and the public in Canada elsewhere. The values that underpin the decisions taken in preparing for and responding to a pandemic require:

## CMAJ ANALYSIS

### Physicians' legal duty of care and legal right to refuse to work during a pandemic

Cara E. Davies JD, Randi Zlotnik Shaul LL.M. PhD

Considerable literature exists on physicians' ethical



## Contextualizing Ethics: Ventilators, H1N1 and Marginalized Populations

Diego S. Silva, Jason X. Nie, Kate Rossiter, Sachin Sahni and Ross E.G. Upshur on behalf of the Canadian Program of Research on Ethics in a Pandemic

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### On the duty to care: whose duty? who cares?

John Tracy<sup>1,2</sup>, Cécile M Bensimon<sup>1,2</sup>, Mark Bernstein<sup>2,3</sup>, Laura Hawryluck<sup>2,4</sup>, and Ross EG Upshur<sup>1,2,5,6</sup>

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<sup>2</sup>Western Hospital, 299 Bathurst St., Toronto, ON M5T 2S8, Canada  
<sup>3</sup>Critical Care, University Health Network, 200 Elizabeth St., Toronto, ON M5G 2C4, Canada  
<sup>4</sup>Hospital for Sick Children, 555 University Ave., Toronto, ON M5G 1X8, Canada  
<sup>5</sup>Community Medicine, University of Toronto, 155 McCaul St., Toronto, ON M5S 1A8, Canada  
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## Health Services Research



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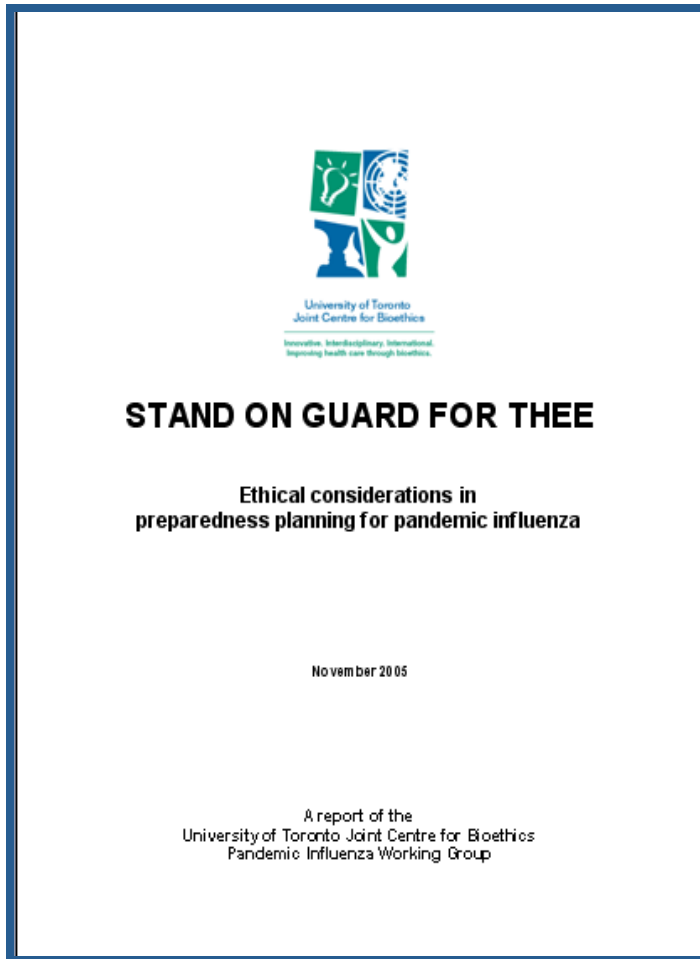
### Hospital priority setting: a qualitative case study and

Ilana S. Hyland<sup>1,2</sup>, Tania DePellegrin<sup>1</sup>, Ross EG Upshur<sup>1,3,5,8</sup>, Douglas K Martin<sup>4,6</sup>

<sup>1</sup>Joint Centre for Bioethics, University of Toronto, Toronto, Canada; <sup>2</sup>Department of Health Policy, Management and Evaluation, University of Toronto, Toronto, Canada; <sup>3</sup>Department of Public Health Sciences, University of Toronto, Toronto, Canada; <sup>4</sup>Department of Family and Community Medicine, University of Toronto, Toronto, Canada; <sup>5</sup>Department of Family and Community Medicine, University of Toronto, Toronto, Canada; <sup>6</sup>Department of Family and Community Medicine, University of Toronto, Toronto, Canada; <sup>7</sup>Pharmacy, Toronto Western Hospital, Toronto, Canada; <sup>8</sup>Research Unit, Sunnybrook and Women's College Health Sciences Centre, Toronto, Canada

ilbell@utoronto.ca; Sylvia Hyland - Sylvia.Hyland@uhn.on.ca; Tania DePellegrin - tanathome@hotmail.com; ur@swchsc.on.ca; Mark Bernstein - mark.bernstein@uhn.on.ca; Douglas K Martin - douglas.martin@utoronto.ca

# “Stand on Guard for Thee” Report



- 10 substantive values
  - Individual liberty
  - Public good
  - Reciprocity
  - **Solidarity**
  - **Trust**
  - **Equity**
  - **Stewardship**
  - Proportionality
  - Privacy
  - Duty to care
- 5 procedural values (“A4R”)

# Key Concepts

- Community Engagement
- Trust
- Reciprocity
- Solidarity
- Equity

# Conclusion

- Ethical issues constitutive to pandemic response but poorly integrated into response
- Abundant research and guidance on all elements of the pandemic playbook
- For the most part, ethical issues not recognized as such and therefore not addressed

# How can ethics be better engaged?

- Despite complaints, research ethics guidance well established
- Need better translation of ethics into pandemic response (topic absent in Independent Panel Report)
- Learn from knowledge translation and implementation science
- Better use of health communications
- Better preparation and training of health professionals and policy makers