

SCARCITY AND IMPUNITY IN FIGHTING AN INVISIBLE ENEMY
(Bioethical Issues on COVID-19 in the Philippines)

- Rev. Fr. Eugene S. Elivera, MA, SThD

Early on the outbreak of coronavirus, several posts on social media are apparently pleased that the Philippines is not part of the top countries with the high cases of the COVID-19.¹ However, numbers do not show the entirety of a situation, there could be more unsaid by the ranking. The forthcoming is rather bleak. Everyday cases are flashed on our screens increasing by the thousands, while the highest number of deaths recorded was more than 1000 (in Italy) in just 24 hours.² Later on, incidents have reached 1.2 million (According to WHO, World Health Organization, as of April 17, 2020, the number of reported confirmed cases exceeded 2 million all over the world³), though there is hope in Italy and Spain that seems to indicate a slowing down, but other countries, especially in Africa⁴ and South East Asia⁵ are bracing yet for the worst. In the Southeast Asian region, Malaysia, as of this writing has 3,400 cases with 915 recoveries; a ratio of 1 every 9. The Philippines is trailing behind Malaysia in its number of cases and its deaths is nearly 1000.⁶ Given that we still await massive testing in the coming days, a spike of cases is apparent, and this could extremely be unbearable to the country, especially to the healthcare sector.⁷

It has been well-established that the approach to any crisis must be interdisciplinary. Long before the onset of the coronavirus in our country, the Philippines, ethical concerns have been coming up to the fore, albeit unnoticed. Chances are it must have been choked off by the concerns in politics. Too much of politics, ipso facto, turns an issue dead right unethical. The role of ethics is to strike the balance of various disciplines involved. For instance, to reduce politics when the influence is already overbearing, or to remind healthcare when it tilts excessively to science alone to the detriment of traditional values, social customs or religious beliefs of the people. Further, what is the best medicine and sure cure when people's pockets and stomachs are empty? Health management is also financial management, no less. Indeed, when various disciplines converge and consent as one, only then could well-being be achieved. This leads me to look at two angles of our current healthcare system – that of the privileged and of the burn-out (robbed).

¹ The data is based yet on March, 20, 2020 report. Unfortunately, the number is relatively less for lack of testing kits. As of this posting, Philippines has been conducting only around 12 tests for every million people. Accessed, March 30, 2020. <https://www.rappler.com/newsbreak/in-depth/255483-covid-19-global-data-overview-massive-testing>.

² Accessed, March 30, 2020, <https://www.dw.com/en/coronavirus-latest-italy-registers-nearly-1000-new-deaths-in-single-day/a-52934034>.

³ Accessed, April, 20, 2020, https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200417-sitrep-88-covid-191b6cccd94f8b4f219377bff55719a6ed.pdf?sfvrsn=ebe78315_6.

⁴ Accessed, April 20, 2020, <https://africanbusinessmagazine.com/sectors/health-sectors/covid-19/covid-19-uneca-report-highlights-devastating-results-in-a-worst-case-scenario/>.

⁵ Accessed, March 30, 2020, <https://time.com/5792180/southeast-asia-undetected-coronavirus/>.

⁶ Philippines has already overtaken Malaysia in infected cases. Number of recoveries still trails number of deaths. Accessed, April 16, 2020. <https://www.aa.com.tr/en/asia-pacific/philippines-tops-covid-19-cases-in-southeast-asia/1805656>.

⁷ As of April 22, 2020, the number of COVID-19 cases in the country increased to 6,710, with 446 deaths and 693 recoveries). Accessed, April 23, 23, 2020, <https://newsinfo.inquirer.net/1263403/fwd-doh-ph-yet-to-flatten-covid-19-curve-but-indications-show-virus-spread-slowing-down>.

Healthcare System: Who Gets the Test First?

With this current pandemic, the Philippines started with 1,000 COVID-19 testing kits available for the entire country. Recently, the Chinese government donated 100,000 testing kits and businessman Jack Ma donated 50,000.⁸ Meanwhile, the Department of Health (DOH) alongside the Research Institute for Tropical Medicine has announced that there are five (5) laboratories in the country that are able to process tests on coronavirus. The DOH has also assured that more laboratories will be assessed across the nation. In fact, scientists from the University of the Philippines-National Institute of Health were able to develop home-grown testing kits will be distributed in a few days for mass testing and more testing kits that will be ready according to the authorities of the Department of Health. The testing kits costs approximately Php1,320 per test, while kits from abroad costs Php8, 500 per test.⁹

The length of waiting time for the result to validate if a person is positive, negative or asymptomatic (a carrier without obvious symptoms) results vary from 12-72 hours, and because of the virus' unpredictable behavior and effect, there are incidents that a person under investigation (PUI) dies while waiting for the result, which happened in Palawan¹⁰. If an ordinary citizen waits to be tested, several politicians (and some high-ranking government officials have discreetly been offered a test) claimed to have been tested together with immediate family and working staffs with the guarantee to receive the results within 24 hours. This is a deplorable occurrence, where politicians (and high-rank government officials) are charged with entitlement, favoritism, elitism, being abusive, and all other overtones that drew the ire and the displeasure of the entire Philippine populace. A senator, Aquilino 'Koko' Pimentel III, broke the protocols of quarantine is a specimen to everyone guilty of the wrong and unethical notion of prioritizing. Who gets the test first, the privileged or the healthcare frontliners? With a population of over 100 million, setting priorities is indispensable. But what (or whose) criteria must be followed? Perhaps, prioritization sounds off a criterion that could throw light upon transparency, reasonableness and a sense of sacrifice for those at an end of the priority lane.

Further, Ethics has to answer difficult questions - How will resources be fairly distributed? In this time of stark scarcity, who will be in the priority lane? Certainly, it will not be a "first come, first served" basis, or will it? Whom to serve first? Are we to draw the lots (lottery) to decide whom to prioritize? It will surely be unfortunate and undeniably unjust circumstance when the process of elimination would be applied in a dire situation. But who gets eliminated in this process? Often, patients who are eliminated are those from the poverty-line, simply because they cannot afford testing fees and disenfranchised from the National Healthcare system, - Philippine Health Insurance Corporation (PhilHealth). Another factor considered in the 'survival lottery' is age. The elders are assumed to be with the least chances of survival are taken out of the equation. This difficult decision of 'who will be treated and who is to let go' happens (and it did) when necessary medical equipment is scarce. But who could really tell about the time of death and the chance of recovery? When it comes to a choice between a devil and the deep blue sea, ethics demands that moral decisions must be open and transparent.

⁸ There had already been several donations made. Our data is only representative of the availability (or, scarcity) of testing kits in the country.

⁹ Accessed, March 19, 2020. <https://www.interaksyon.com/politics-issues/2020/03/11/163998/covid-tests-cheaper-university-philippines/>.

¹⁰ Palawan has no testing laboratory. Samples have to be flown to Manila. Accessed, March 21, 2020, <https://newsinfo.inquirer.net/1244333/pui-in-palawan-dies-while-waiting-for-covid-19-test-result>.

Hence, to conduct mass testing is ideal for this will identify all the positive and asymptomatic virus carriers and have them under quarantine to prevent the spread of the virus. Regrettably, the DOH contends that mass testing is not yet an option¹¹, due to the limited supply of testing kits and constrained capacity of the designated laboratories. Whatever the case, mass testing is in essence priority-setting, for it makes clear who must be given immediate attention, in this case, the most vulnerable, such as the elders, those presenting with symptoms, the frontliners, and the list can go on. Decisions taken must be achieved wisely and judiciously. Surely, in Ethics behooves, the priority outrightly excludes those who think they are entitled, such as the politicians and high-rank government officials (not flagrantly, in other words not “garapalan” or thick-faced).

All things being considered (scarcity of testing kits, depleted healthcare personnel, lack of hospitals and laboratories, etc.) in this time of a health crisis, utmost ethical demand that healthcare services must be made accessible (affordable) to the general public. Thereupon, PhilHealth must ensure adequate healthcare service to all. Expressly, to defray the expenses, like the abovementioned amount as testing fee, regardless whether it is locally made or foreign brand for as long as the result is accurate and made free especially to the least in our society. Christian morality informs us that priority must be afforded to those who have less in life, which means that the preferential option for the poor (and the powerless) must come to the fore particularly in this time of health crisis – a necessity and rights. An action called for in these dire times must be reasonable, inclusive and responsive, and with the clearest lines of accountability on the part of all stakeholders involved. Fundamental justice requires to treat all human beings as moral equals, and this means we are also to protect those who put their lives on the line to protect and treat patients – medical frontliners.

The Frontliners and Patients’ Info Disclosure: Battle Ahead against Unseen Enemy

Other than the issue of priority testing, is the concern about the lack of personal protective equipment (PPE) and scarcity of medical supplies for the medical frontliners. As of this writing, there are 17 of them who have died because they were infected by the COVID-19 in the line of duty.¹² The medical frontliners unselfishly attended and cared for COVID-19 patients even they are under-gearred with PPE. This is horrendous, and Filipinos are very dismayed and angered by this unfortunate incidents. On a private level, because of scarcity and the urgency, some supplies for first line of defense such as masks are sewed in homes, while DIY concoctions of sanitizers and/or alcohols are video-ready in YouTube. There are just some of ways that shows the industrious side of peoples in time of scarcity and emergency.

We have a health war in our midst and we send medical frontliners to the battle without a weapon or shield to protect/defend themselves. It is like sending a soldier to the battle without battle gears and with faulty ammunition. A physician aired their sentiments, “other than the death of our comrades, which we also expect to happen from among our ranks ever since we embraced this kind of profession, it is the sheer insensitivity and utter lack of support from our leaders that deeply anger us.” The incompetence and slow action of the national government (executive branch) to fund pertinent equipment to health worker led the latter find ways by asking donation from the public (such as face masks, gloves, goggles or

¹¹ Accessed, March 27, 2020. <https://www.philstar.com/headlines/2020/03/25/2003403/covid-19-mass-testing-still-not-option-says-doh>.

¹² According to the Philippine Medical Association, said these deaths could have been prevented had there been enough protective gear. Accessed, April 15, 2020, <https://www.cnnphilippines.com/news/2020/4/14/Roberto-Anastacio-frontliner-COVID-19.html>.

face shields, and medical gowns. At its worst, they utilize their resourcefulness to provide for themselves and their colleagues 'makeshift' medical equipment from available materials at hand. In addition, hazard pay¹³, which will not harm the government's coffers will be a significant boost and additional support for the healthcare-workers.

Aside from the lack of PPE, another risk factor that medical frontliners face is the non-disclosure of some patients of important information such as travel history or current contact. There are questions that could be raised such as, why would a patient not disclose needed information? What comes next after the disclosure? Will the patient be isolated pronto? But where? How about the family that would be left behind? How will work be coordinated? Surely, patients were not of the intention to harm those who help them recover. The problem lies in the lack of well-coordinated and disseminated down to the lowest echelon of our society about the COVID-19. It turned out that even the lawmakers were not aware of (or simply ignore) the protocols when they were tested as positive but had remained asymptomatic.¹⁴ The lack of information/education, possibly led to the very fear that has harmed not just the healthcare workers, but also those whom patients were in contact with, including their immediate family. On this matter, disclosure of truthful information is most crucial to public welfare and therefore must be ethically be accorded to. The failure to disclose information related to health would indeed put our medical frontliners susceptible to the virus and will delay in flattening the curve because it makes the contact-tracing difficult.

In addition, striking a balance is essential between patient's information disclosure and to private personal information in relation to health. All things considered, this issue is ably governed by some laws, namely, Data Privacy Act of 2012, the Health Privacy Code and the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act of 2013. Proper handling of information is crucial in stopping the spread of the coronavirus. Henceforth, careful and wise ethical balancing must be in place between the public health concern and the right to privacy of patients. According to the National Privacy Commission, health authorities and other stakeholders must weigh in on the following: 1) the potential harm or distress to the patient arising from the disclosure, and (2) the potential damage to trust in doctors and health institutions in general, versus (1) the potential harm to the public if the information is not disclosed and (2) the potential benefits to individuals and society arising from the release of information.¹⁵¹⁶

Finally, in this very challenging times, it must be incumbent, duty-bound, upon government leaders and related stakeholders to provide a safe work environment for each and every medical frontliners. On the other hand, self-disclosure on the part of patients must likewise be deemed as a moral obligation. While

¹³ Sen. Rissa Hontiveros bats for hazard pay citing Republic Act 7305 or the Magna Carta of Public Health Workers which entitles healthcare providers to 25% of tier monthly salary. Accessed, March 23, 2020. <https://www.gmanetwork.com/news/news/nation/729818/hazard-pay-for-health-and-service-workers-needed-amid-covid-19-situation-says-hontiveros/story/>.

¹⁴ Accessed, March, 27, 2020, <https://cnnphilippines.com/news/2020/3/26/Another-congressman-infected-with-COVID-19-says-lawmaker.html>.

¹⁵ Statement by Privacy Commissioner Raymund Enriquez Liboro on the Declaration of Public Health Emergency in Relation to COVID-19, March 10, 2020, accessed, March 19, 2020, <https://www.privacy.gov.ph/2020/03/statement-by-privacy-commissioner-raymund-enriquez-liboro-on-the-declaration-of-public-health-emergency-in-relation-to-covid-19/>.

¹⁶ Lawyer, Atty. Jamael Jacob, provides significant legal principles on this matter. Accessed, March 30, 2020, <https://www.gmanetwork.com/news/opinion/content/729091/privacy-during-public-health-emergencies/story/>.

those tested to be carriers of the virus yet asymptomatic (being asymptomatic is already contagious), proper information about this matter will deter any possible stigmatization towards the person. Similarly, the community must be unbiased in their treatment to people who are COVID-positives or even asymptomatic. The best defense against crisis and the most effective means to “flatten the curve” of this invisible war enemy – COVID-19 is the concerted and coordinated participative effort of the entire community, - the local, ecclesial, national and global.