

## The Corona Pandemic and Disaster Ethics

Dr. theol. Dr. habil. J. Charles Davis  
 Member Academician, Pontifical Academy for Life, Vatican City  
 Associate Professor, Albert Ludwigs University of Freiburg, Germany

The corona pandemic is upon us. The Severe Acute Respiratory Syndrome Corona Virus 2 (SARS-CoV-2) virus that causes the Corona Virus Disease 2019 (COVID-19) has threatened the entire humanity, locked down the whole world and brought them to a standstill. Daniel Sulmasy, Acting Director of the Kennedy Institute of Ethics, says that the novel coronavirus has not only disrupted lives, killed people and wreaked havoc with our economy, but COVID-19 has also raised novel ethical questions and generated ethical duties for the public, health professionals and the government. As Pope Francis says: “The pandemic reminds us there are no differences or borders between those who suffer. We are all frail, all equal, all precious. May we be profoundly shaken: Now is the time to eliminate inequalities and heal the injustice undermining the health of the entire human family!”

This article briefly presents disaster ethics in matters of allocation of scarce medical resources in crisis conditions and presents a few lessons for humanity from the corona pandemic. Disaster ethics deals with situations in which a large number of people need medical care. It deals with the realities of resource scarcity and how we are to make decisions regarding who lives and who dies. Such decisions on who should receive medical care during disasters are ethically vital to avoid ethical disaster. Scarce medicines and equipments are to be respectively distributed to patients who would recover and to medical workers that they are not infected.

1. Priority of medical treatment should be given (i) to those who are at imminent risk of death with greater possibility of recovery, (ii) to those on whom others’ lives depend (i.e., treating a doctor first so that he or she can in turn save others), and (iii) then the available resources be distributed through a lottery system to ensure impartiality and justice. (cf. John Kilner, *Life on the Line: Ethics, Aging, Ending Patients' Lives, and Allocating Vital Resources*, Chapter 11, “Determining Who Lives”).
2. Every patient is a person. Every human life has the same dignity and the equal right to medical treatment. Every person should be treated equally on the basis of their humanity alone. There shall not be social evaluations of those seeking limited medical treatments based on age, marital status, dependents, income, community service, etc. Only a random lottery or a first-come, first-served system are well suited for allocating scarce medical resources with an exception in very specific instances that caring for a doctor is to be first after a natural disaster so that he or she in turn can care for more patients. (cf. Paul Ramsey, *The Patient as Person: Exploration in Medical Ethics*, Chapter 7, “Choosing How to Choose: Patients and Sparse Medical Resources”).
3. Daniel Sulmasy gives insights on corona pandemic in a video conference: Circumstances do not dictate our ethical principles, but we apply our ethical principles to whatever circumstances we encounter. In ordinary situations, there is a duty to benefit patients with two corollaries: do not harm them and do not do what does not benefit them and a duty to respect patients as persons and moral agents. In extraordinary situations of overwhelming need and scarce resources, the principles of solidarity and justice come to the foreground. States must try to increase the supply, hope for the best and plan for the

worst. Physicians must act as normally as possible and be competent, courageous, compassionate and temperate. Ethical rationing should be based on equal individual dignity and social solidarity and not on age, disability or social worth. Rationing decisions should be based upon whether the treatment is worthwhile, not on whether the patient is worth treating. Starting treatment constitutes a prima facie right to continue. Patients should not be asked if they would give up their treatment to benefit others. Everything reasonable and possible may be done to benefit patients. Ventilator care should not be withdrawn unilaterally based solely on the judgement that another patient has a better chance of recovery. COVID-19 patients must be treated as patients of any other illness. Alarmism and exceptionalism must be avoided. However, there is no moral obligation to do what cannot be done. Ventilator care can be withdrawn unilaterally discontinued if it becomes futile. Informed refusal to forgo life-sustaining treatments such as intensive care should be respected. A living will can be encouraged. Specific attention should be given to psycho-social and spiritual needs of those patients who are not expected to survive through alternative palliative care and to the needs of their loved ones through pastoral care (cf. Bioethics in the Time of Coronavirus, <https://kenedyinstitute.georgetown.edu/resources/#covid-19>, [https://www.youtube.com/watch?time\\_continue=1&v=okk6K0neDew&feature=emb\\_logo](https://www.youtube.com/watch?time_continue=1&v=okk6K0neDew&feature=emb_logo)).

4. The global lockdown has not only opened space for animals and birds to reclaim their rightful places, but it has levelled humanity beyond human effort. The coronavirus attacks everyone. It attacks the fragile, vulnerable and poor. It attacks the strong, powerful and rich as well. Marginalization of all forms is seemingly crumbling under the attack of this minute virus. Humanity is left with a simple option: It is social solidarity. Stand-alone is not the option. To save itself it has to save the poor. If the poor are left in lurk to suffer the onslaught coronavirus without adequate food and medicine, it will be suicidal for the rich and the powerful. (cf. Victor Ferrao, “Lessons from the Corona Moment of Humanity,” Special Issue on Christian Reflections and Responses, Asian Journal of Religious Studies 65/2-4 (2020) 22-33.

### **Need for Universal Brotherhood and Social Solidarity:**

The Vatican Pontifical Academy for Life, in her note on the COVID-19 emergency titled “Global Pandemic and Universal Brotherhood” says, “We are living painfully a paradox that we would have never imagined: to survive the disease we must isolate ourselves from each other, but if we were ever to learn to live isolated from one another, we would quickly realize how essential for our lives is life with others.” The Academy points out many lessons for the entire human society:

- (i) We recognize our vulnerability in the face of the phenomenon. We need a humanism that promotes the alliance between science and ethics, and harmonious bonds between peoples. The interconnectedness of humans is felt everywhere. What happens to one person becomes decisive for everyone. There are no individual acts without social consequences. We learn here how everyone’s safety depends on everyone else’s.
- (ii) The dramatic, unexcepted, unprecedented and unprepared corona pandemic has put humanity, particularly those people who already suffer due to poverty, in perilous conditions. We need to save the poor, if we want to save the humanity. The rich and

powerful can no longer ignore the poor. If they do, it would create a suicidal tragedy. A generous sharing of world's wealth, social solidarity and special care of the poor are no more mere matters of social justice but indispensable acts. Jesus identifies with the most vulnerable (Mt 25:40-45). Particular attention must be paid to those who are most fragile: the elderly, people with special needs, refugees, immigrants and those people who continue to be plagued by conflict, war and hunger.

- (iii) At a time, when scientists, researchers and technologists wanted to design humans and projected technical solutions for everything, the corona pandemic reveals the fact that humans are not masters of their own fate and science has its limitations as well. The conclusions of science are always partial yet necessary. The coexistence of humans who are free and equal is an exquisitely ethical question, not a technical one.
- (iv) We have known two crude ways of thinking: "My freedom ends where the other's begins," and "My life depends solely on me." No, it does not. The precarious situation teaches us that our freedoms are always intertwined, overlapped and collaborative for the common good. The other is neither an infectious threat from which to distance oneself nor an enemy from which to protect oneself, rather my welfare depends on the welfare the other and vice versa. We are part of humanity and humanity is part of us. The interdependency calls us to mutual responsibility as we are entrusted to each other.
- (v) De facto interdependence must transform us to chosen solidarity. Health care personnel are already generously engaging themselves, even at the risk of their own life, to alleviating the suffering of the sick. Service can never be an outcome of mere contractual obligations, but is a commitment to save lives anyone and everyone. We must salute and honour those medical heroes, religious and political leaders, men and women who continue to serve those entrusted to their care and who succumbed to COVID-19 while serving others. Everyone is expected to contribute to restrict the spread of the virus through social physical distancing and social solidarity. Chosen solidarity with the elderly and the vulnerable must be the attitude of a virtuous society.
- (vi) Viruses do not stop at borders. They have no barriers. We need a broader vision and not short-sighted responses that have boundaries of national interests. The global lockdown requires global cooperation. A global bioethical perspective and a global scope of cooperation are necessary to defeat the global epidemic of coronavirus. We need alliances between science and humanism, between nations and scientific communities. At this terrible juncture, humans should avoid the communication storms (infodemia) with their inexact data, fragmentary reports and alarming false news.

At the end but first we turn to God in prayer, in the face of fragility and vulnerability of human life. The helplessness has moved the doctors and nurses to turn to the transcendence for strength, consolation and intervention. Many physicians have acknowledged their limitations and literally cried out to God for help. Bishop Francesco Beschi of Bergamo, one of the most affected cities in Italy says: "Our prayers are not magic formulas. Faith in God does not magically solve our problems, rather it gives us an inner strength to exercise that commitment that one and all, in different ways, are called to live, especially those who are called to contain and overcome this evil."