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|  | **Lutheran Church of Australia and New Zealand Commission on Social and Bioethical Questions** |

# Briefing paper for LCA leadership

# COVID-19 Ethical Issues – COVID-19 and the SARS-CoV-2 Virus – What is it and why are we concerned?

## Introduction

COVID-19 is a respiratory disease that is caused by the SARS-CoV-2 virus. It is a ‘novel’ virus which means that it has only recently been discovered and epidemiologically measured in the human community.

## Origin

This particular virus is a “zoonotic” pathogen which means that it has crossed species from the animal world. This particular kind of coronavirus has been observed in bat populations, but the means of transmission from animals to humans is not certain and has been the subject of much speculation[[1]](#endnote-1).

## What do we know about Coronaviruses?

Although COVID-19 is new, coronaviruses are not. In 2003-4, Severe Acute Respiratory Syndrome (SARS-CoV) Coronavirus spread by local transmission in countries including China, Vietnam, Singapore, Taiwan, Japan as well as Canada.[[2]](#endnote-2) Spread was particularly problematic among close contacts and healthcare workers who became exposed to the virus while treating patients presenting with this new disease. Since 2012, Middle East Respiratory Syndrome (MERS-CoV) infections have been locally acquired in that region due to direct or indirect contact with dromedary camels or camel-related products.[[3]](#endnote-3) There have been infections between humans but these have mostly been due to breaches in infection control among healthcare workers.

Knowledge about previous SARS-CoV viruses has informed the highly cautious initial response to COVID-19, however as this is a new virus and its effects are still being explored, it is reasonable to expect that a more tailored and measured response will develop over time.

## What are some of the medico-scientific and public health issues related to COVID-19?

*(This is an overview: further discussion on the highlighted issues can be made available on request)*

1. **Limited scientific/medical knowledge**: It is a new pathogen and therefore there are many ‘unknowns’ about the ***nature of the virus*** and the way it interacts with the human body and how it spreads between humans. This is the subject of much discussion, study and speculation in all the major medical journals at this time. While patients present primarily with symptoms of an acute respiratory disease, ranging in severity from mild to life-threatening, in rare instances inflammatory diseases have developed in children with COVID-19.[[4]](#endnote-4)
2. **Public Health role and response**:
   1. As this is a new virus, epidemiologists are developing understanding about the virus’s ***modes* of** ***transmissibility****,* its ***reproductive rate****,* andthe associated ***mortality*** and ***morbidity rates*** in various community contexts. Such data informs the construction of ***epidemiological models*** which are used in the development of public policy. An Australian government report on modelling used in our community context is available to the public via the Department of Health website.[[5]](#endnote-5)
   2. The ethics of varying degrees of ***lockdown measures*** that have been implemented in Australia and around the world have been the subject of scrutiny, particularly when the economic consequences and costs associated are considered.
   3. Public policy goals: Australia has adopted and implemented a ***suppression strategy***[[6]](#endnote-6), while other countries such as New Zealand have taken an elimination approach. Opinion writers and others have various concerns about these and other more liberal approaches such as the strategy taken in Sweden. For many poorer nations, strict physical distancing and economic shutdowns cannot be maintained without rendering much of the population destitute.
   4. Rules around ***quarantine and self-isolation for those with or without COVID-19.*** Although it is understandable that those with COVID-19 must self-isolate, some sections of the community have extended these rules to contacts, of vary degrees, as well as those who display any symptom of illness, such as a cough or a runny nose. The reasonableness of these strategies is likely to be tested with time.
   5. ***Testing*** and ***contact tracing,*** while both necessary, can prove costly when not clearly justified. Also, problematic consequences have resulted from testing errors. There has also been concern in some quarters about COVIDSafe App’s implications for privacy.
3. **Impact on Healthcare resources**: Healthcare systems around the world have been strained and at risk of ***resource limitations***, including the provision of personal protective equipment. Fortunately, this has not occurred in Australia, however, concern about limited healthcare resources partially motivated the lockdown - by slowing the demand on the system so satisfactory preparations can be made.
4. ***Treatment Plans***: Treatment protocols and hospital procedures have been developed ‘on the fly’ in some countries due to the sharp rise in cases. In Australia, time has allowed medical communities to discuss best options and treatment plans. There have been ethical issues surrounding the ***just distribution of limited medical resources*** in this context, but it seems at this stage Australian hospitals have been able to receive and support all patients who have presented with COVID-19.
5. **No ‘cure’ as yet**: There remains no vaccine or universal antiviral treatment for this particular disease. Some treatments are showing improvements in recovery.[[7]](#endnote-7) Researchers are racing to develop, trial, publish and peer review possible treatments, the time pressure on this research can risk poor research quality and ethics, furthermore there are many biomedical companies invested in the hope of profiting from patenting a vaccine that is sure to be in high demand.
6. **The ‘end’ is uncertain and there may be some bumps in the road to recovery:** This outbreak has become a pandemic, and although Australia has ***shut its borders***, it continues to be serious for ***countries abroad***. In Australia, a **second wave** outbreak is a realistic probability.[[8]](#endnote-8) Victoria recently increased restrictions due to a rapid spike in cases, while other Australian states and territories are concurrently easing them.
7. **Anxiety about navigating risk and fear**:
8. For some individuals, the **disease itself** has become the source of anxiety, they are fearful about getting sick and the possibility of dying. Some are voluntarily self-isolating as a cautious response to protect themselves and their loved ones.
9. For others, anxiety centres around their **responsibility** regarding how to ‘***stay safe***’ and ‘***save lives***’. Campaigns that use fear as motivation are often effective when the actual risk is high. However, when disease prevalence is low in communities, such strategies may foster resentment particularly when individuals are required to continue to sacrifice employment, livelihoods, relationships and other important facets of life for seemingly unseen benefits.
10. **Neglected medical care for those with serious illness:** Part of the lockdown strategy involved changes to medical consultation practices, surgical procedure and the availability of treatments. Many people with serious mental or physical illnesses failed to attend appointments out of fear of contracting COVID-19. Health advisers have been urging those with chronic medical conditions not to neglect their healthcare regime or health concerns during this time.[[9]](#endnote-9)
11. **Social Dysfunction**: Social and relationship problems may have both short-term and long-term consequences due to the restrictions as well as a result of the associated economic downturn. There has been evidence to support a rise in ***domestic violence***, ***substance abuse***, ***depression*** and ***suicide***. Some of these may not be realised in the short term. Another group of concern is young people who have had their studies disrupted or ***lost employment*** at crucial stages of their early careers – these ramifications may not be fully realised for some time.

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2. <https://www.who.int/csr/sars/en/> [↑](#endnote-ref-2)
3. <https://www.who.int/emergencies/mers-cov/en/> [↑](#endnote-ref-3)
4. www1.racgp.org.au. 2020. *RACGP - ‘Important’ Link Between Paediatric Inflammatory Syndromes And COVID-19*. [online] Available at: <https://www1.racgp.org.au/newsgp/clinical/important-link-between-paediatric-inflammatory-syn> [Accessed 22 June 2020]. [↑](#endnote-ref-4)
5. Health.gov.au. 2020. [online] Available at: <https://www.health.gov.au/sites/default/files/documents/2020/05/1-may-2020-update-modelling-the-current-impact-of-covid-19-in-australia.pdf> [Accessed 22 June 2020]. [↑](#endnote-ref-5)
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7. Who.int. 2020. *WHO Welcomes Preliminary Results About Dexamethasone Use In Treating Critically Ill COVID-19 Patients*. [online] Available at: <https://www.who.int/news-room/detail/16-06-2020-who-welcomes-preliminary-results-about-dexamethasone-use-in-treating-critically-ill-covid-19-patients> [Accessed 22 June 2020]. [↑](#endnote-ref-7)
8. The Conversation. 2020. *Coronavirus: What Causes A 'Second Wave' Of Disease Outbreak, And Could We See This In Australia?* [online] Available at: <https://theconversation.com/coronavirus-what-causes-a-second-wave-of-disease-outbreak-and-could-we-see-this-in-australia-134125> [Accessed 22 June 2020]. [↑](#endnote-ref-8)
9. Australian Government Department of Health. 2020. *Looking After People With Existing Health Conditions During COVID-19*. [online] Available at: <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/looking-after-people-with-existing-health-conditions-during-covid-19> [Accessed 22 June 2020]. [↑](#endnote-ref-9)