

COVID-19: Bioethical issues raised by the pandemic

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Mark Aulisio, the Susan E. Watson Professor and chair of the Department of Bioethics at Case Western Reserve University School of Medicine, weighed in on bioethical issues that have arisen as a result of

the COVID-19 pandemic in this Q&A.

What are the most prominent bioethics issues raised by vaccine allocation—and how should health care leaders address them?

Vaccine allocation and deployment challenges are underscoring three critical areas of need. First, as we have seen throughout the pandemic, coordinated national (and international) efforts are needed to effectively respond to the pandemic, and this includes a coordinated national infrastructure for vaccine deployment. Patchwork efforts inevitably leave massive access and coverage gaps that inhibit vaccination efforts, thus lengthening the pandemic.

Second, the distribution of vaccine supplies needs to be made more efficient, with careful targeting for high-preventive impact.

Third, intensive public education efforts must be undertaken to increase [public trust](#) that the vaccines are safe and effective. Fears that vaccine development was rushed due to overt political pressure have undermined [public confidence](#) in the vaccine when anti-[vaccine](#) disinformation is already rampant.

What other new bioethics issues have arisen as a result of the pandemic and why?

I am not sure that any truly new bioethics issues have emerged, but perhaps brighter light has been shone on several of them. For example, resource-allocation questions have been brought to the fore as hospitals face deciding who gets ICU beds and ventilators.

The pandemic has also underscored structural inequality and systemic

racism. Because of the nature of some of their jobs in [health care](#), members of racial minorities have been disproportionately exposed to and infected by SARS-CoV-2. In addition, COVID-19 has underscored the inadequacy of health care access for people living in rural and/or resource-poor settings

In the end, no matter where one stands, there is no "them," only "us" (lifted from U2's Invisible), and the most basic lesson of the [pandemic](#) is that it is time to accept that reality.

How does bioethics play into the need for contact tracing vs. personal privacy?

Concerns about [personal privacy](#) are fundamentally concerns about the potentially negative impacts breaches of privacy might have on an individual's ability to live their life as they see fit.

What has been largely lost in the public discussion in some corners, however, is that the fundamental limit on liberty in a free society is the risk of harm to others. This is called the "harm principle," and it is central to a liberty-centered society. To the extent to which my exercise of liberty puts others at risk of harm, my liberty may be curtailed.

What does this have to do with contact tracing? Anyone who has been diagnosed with COVID-19 has not only themselves been exposed to it, but may have exposed others as well. If we as a society are to limit the harm of these exposures, which can ripple out exponentially, we need to do contact tracing. We can do it in a way that minimizes disclosure of the source of the exposure, but we still need to do it.

Provided by Case Western Reserve University

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