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Addressing Ethical Dilemmas during COVID-19 response in humanitarian settings

Field Example: Cox's Bazar, Bangladesh-2020

Reference: The Global Health Cluster COVID-19 Task Team (2020)

Ethics Key questions to ask when facing dilemmas during COVID-19 response in humanitarian settings-during-COVID-19.

Weblink: https://healthcluster.who.int/publications/m/item/ethics-key-questions-to-ask-when-facing-dilemmas-during-covid-19response-in-humanitarian-settings

Dilemma

- **Individual** *versus* **population** health care?
- **Health care** when little or no guidance available?
- Lockdown? No lockdown? Mixed? Localized lockdown?
- **Masks**: Which type? *Extremely* limited availability: Who to prioritize?
- Where is patient's will/choice?
- **Prioritize**: Treatment? Spread of disease? Community's choice?
- What about other essential health services (*immunization, surgeries, deliveries*)?
- **Health** *or* **livelihood**?

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Is *this* an ethical dilemma?

- **Location:** Cox's Bazar Kutupalong and Ukhia refugee camps
- **Total population**: 745,000
- **Cluster**: Cox's Bazar Health Sector Working Group
- **# of partners**: 151 (58 INGOs, 61 NNGOs, 9 UN, 6 National authorities, 7 donors, 10 observers)
- **Situation:**
  - Projected COVID-19 caseload anticipated to **overwhelm existing capacity**
  - Existing national protocols require **inpatient care for all positive or suspected cases**
  - Densely populated, overcrowded camps → isolation of confirmed or suspected COVID-19 family members within the household poses risk of transmission to others
  - Community feedback → people unwilling to use community facilities
  - National protocols allowed home-based care (mild and moderate COVID-19 cases) for the **host population (and home isolation is possible)**

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This *is* an ethical dilemma

- High transmission scenario with overwhelmed health systems

  (*insufficient beds, health workers, supplies, etc.*)

  → **What is the best (or least harmful) way to manage patients?**

- Limited resources available + increased risk of household transmission

  in home-based care for mild and moderate COVID-19 cases

  → **What is the best (or least harmful) option?**

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Main ethical principles challenged

- **Beneficence = doing good for the patient:** facility-based care for mild, moderate, severe and critical patients is the **safest** setting for treatment and recovery of individual patients
- **Beneficence = doing good for the population:** facility-based care **mitigates** COVID-19 transmission in an environment where household isolation is challenging
- **Utility = doing good for the most amount of people, most efficiently:** where services are overwhelmed
  - Need for **efficient** use of (scarce) available resources to treat the largest number of people, with the least negative consequences
  - Risk of depriving access to inpatient care for severe and critical COVID-19 cases
  - Facility-based care to mitigate transmission in the community is **costly**
- **Liberty = respect for persons and their autonomy:** respecting populations' desire to choose their treatment option is not always feasible → *mandating* patients to have facility-based care is **not in line** with individuals' liberty / autonomy, especially where mild or moderate cases can be managed at home

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Possible response options

Option 1: admit all patients irrelevant of severity. When hospitals reach capacity, do **not** admit any additional patients whether mild or severe or critical case.

Option 2: prioritize home-base case for mild and moderate cases while admitting critical cases

Option 3: as with option 2 but also prioritize severe cases to have home-based care depending on risk factors and on level of support needed

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Appropriate ‘solution’ / best option identified

- **SOP** → **IF** treatment centers reach 75% bed occupancy *or* 1,500 suspected cases/day **THEN** home-based care for mild and moderate cases with best available medical care possible
- **Mitigation measures:**
  - Provision of supplies home-based care patients (*medical masks, soap, isolation tents, curtains as a barrier if sleeping in same room and isolation not possible*)
  - Daily monitoring by community health workers with patient and household
  - Training of home-based care health workers with supervision from health facilities’ staff
  - Anticipatory steps for community engagement → strengthen feedback mechanisms etc.

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Lessons learned

- **Recognize** the **Ethical dilemma** (*unconsciously or consciously*), particularly in humanitarian settings with limited resources
- Collect **evidence-based** options
- **Openly discuss** and agree options in existing fora (health sector/cluster)
- **Consult stakeholders** including feedback from affected communities
- Undertake **mitigating measures** with choice of options
- Continually **monitor and adjust** the response

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Is *this* an ethical dilemma?

- **Location**: South Sudan **Total population**: 13.5 million
- **Situation**:
  - Highest authority in the country for COVID-19 decision-making (*National Task Force or NTF*) constituted by high-level politicians
  - NTF issues policies *without* prior consultation and **not** in line with MOH/WHO guidance
  - Politically driven policies issued by NTF are directly
    - Outbound travelers can ONLY go to 'certified private laboratories' for PCR tests
    - Inbound, asymptomatic travelers with negative PCR test certificate are subjected to unnecessary testing upon arrival at elevated cost
  - MOH 'forced' to implement guidance
- **Dilemma**: WHO and health cluster partners to support???

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Thank You

Questions?