

SHS/IBC-COMEST/COVID-19
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STATEMENT ON COVID-19: ETHICAL CONSIDERATIONS FROM A GLOBAL PERSPECTIVE

Statement of the UNESCO International Bioethics Committee (IBC) and the UNESCO World Commission on the Ethics of Scientific Knowledge and Technology (COMEST)

The COVID-19 coronavirus disease is an acute novel emerging infection that has rapidly reached grave pandemic proportions necessitating a global bioethics reflection and response. The many ethical issues that arise call for putting aside differences and collectively reflecting on ethically acceptable solutions. A bioethics and ethics of science and technology perspective, rooted in human rights, should play a key role in the context of this challenging pandemic.

The **IBC and COMEST**, as international advisory bodies in the field of bioethics and ethics of science and technology, recognize the urgency to go beyond political frontiers, geographical borders, and cultural differences, in order to focus on our common need and shared responsibility to engage in a dialogue to find measures to overcome the dramatic situation. In such emergencies, the role of bioethics and ethics committees, at national, regional and international levels, is to sustain a constructive dialogue, based on the conviction that political decisions need to be scientifically grounded and ethically inspired and guided.

The IBC and COMEST would like to highlight some vital ethical issues from a global perspective which urgently need to be recognized all over the world, and appeal for urgent actions to be taken by governments based on the following:

1. On both national and international levels, health and social policies should be based on solid scientific evidence, taking into account **the uncertainties** that exist during a pandemic, especially when caused by a novel pathogen, and should be guided by global ethical considerations. An international effort is recommended in order to adopt as far as possible uniform criteria of data collection about the pandemic spread and its impact. It is fundamental and necessary to institutionalize a political strategy which prioritizes the health and safety of individuals and the community, and to ensure it is effective by enacting **an interdisciplinary dialogue** among scientific, ethical, and political actors. Political decisions should be based on sound scientific knowledge, but never legitimized by science alone. During a crisis situation with many unknowns, an open dialogue between politics, science, ethics and law is especially necessary.
2. In this context, concerns have emerged that policies may be inspired by retrospective analysis of epidemiological data which may compromise the safety of the general population in an uncertain and evolving setting. For

example, the notion of 'herd immunity' needs very cautious ethical review, considering its impact on the number of life threatening cases and medically unsustainable conditions due to the lack of availability of intensive care facilities even in developed countries. This could result in negative consequences for the health and safety of individuals and communities. The IBC and COMEST stress that policies which are not based on **sound scientific knowledge and practices** are unethical as they work against the effort to build a common response to the pandemic.

3. Pandemics clearly expose the strength and **weaknesses of the healthcare systems** in different countries, as well as the obstacles and inequities of access to healthcare. The IBC and COMEST highlight that the manner in which resources are allocated in health and inadequate access to healthcare are central to many problems. The **allocation of resources** and a strong public health system need to be of paramount importance in governments' agenda. However, this may need international coordination. Political choices at macro-allocation levels have inevitable consequences on the micro-allocation of resources at the point-of-care level (e.g. patient triage). These choices become even more challenging and difficult in the pandemic context, where the demand for access to treatment increases exponentially and rapidly. Macro- and micro-allocation of healthcare resources are ethically justified only when they are based on the principle of justice, beneficence, and equity. In the case of patient selection when there is a shortage of resources, clinical need and effective treatment should be of prior consideration. Procedures need to be transparent and should respect human dignity. Ethical principles enshrined in the human rights framework recognize the protection of health as a right of each human being. Article 14 of the UNESCO [*Universal Declaration on Bioethics and Human Rights*](#) (2005) states that "the highest attainable standard of health" is a fundamental right of every human being, which means in the present context access to the highest available healthcare.
4. **Vulnerable individuals** become even more vulnerable in times of pandemic. It is particularly important to take note of vulnerability related to poverty, discrimination, gender, illness, loss of autonomy or functionality, elder age, disability, ethnicity, incarceration (prisoners), undocumented migration, and the status of refugees and stateless persons (see [*Report of the IBC on the Bioethical Response to the Situation of Refugees*](#) (2017)). The IBC and COMEST re-affirm the recognition of our collective responsibilities for the protection of vulnerable persons and the need to avoid any form of stigmatization and discrimination, both verbal and physical (see reports of the IBC on the [*Principle of Non-Discrimination and Non-Stigmatization*](#) (2014); on [*The Principle of Respect for Human Vulnerability and Personal Integrity*](#) (2013)). Measures such as isolation and quarantine impact heavily on vulnerable persons. Specific attention should be given to intra-familial violence, and to persons living in precarious economic situations, especially in developing countries. Strategies for support and for avoiding worsening their conditions should be taken into consideration. Further measures should also be taken to address the psychological stress triggered by pandemic anxiety and the impact of confinement.

5. The high risks for everyone in cases of pandemic highlights the fact that our **right to health can be guaranteed only by our duty to health** (as the IBC underlined in its report on [the Principle of Individual Responsibility as related to Health](#) (2019)), **both on an individual and collective levels**. As a priority, there is a need for our conceptual recognition and actual translation into action of our responsibilities. This includes responsibilities of the governments to ensure public safety and protect health, and raise awareness of the public and other actors on the methods required for this purpose; responsibilities of the public to abide by the rules that protect everyone not only as individuals but also, and above all, as a community; responsibilities of healthcare workers to treat and care for patients. As an example, the recognition of one's responsibilities is that of coping with restrictions of freedom (e.g. 'physical distancing'), which does not mean the 'social isolation' of an individual nor distancing from social relationship, but an expression of duty to maintain a proper physical distance in social activities in order to prevent the spread of a contagious disease.
6. **Information** issued by politicians, scientists, authorities, and the media need to be timely, accurate, clear, complete, and transparent. Different categories of information are needed so that everybody, regardless of age, life circumstances, or level of education, is able to appraise the situation. In the age of social media which accommodates misinformation and 'fake news', accurate public information, and more importantly scientific information, should play a central role in guiding the societal engagement of individuals. Concrete, practical and comprehensible information on the best ways to realize everyday life activities is critical for citizens to not only protect their own health but also contribute to securing of the public health. In essence, the message needs to be honest, precise, transparent and measured in order not to spread panic or downplay the severity of conditions, but to make citizens aware, in a critical way, of imminent or future risks.
7. There is already an explosion of research activities and clinical trials to find a cure and a vaccine for COVID-19. Most of these activities occur on a local level. However, at the same time, **there is a need for coordination of international efforts and the formulation of a common understanding of ethical review processes**. In the context of the COVID-19 pandemic, the World Health Organization (WHO) and partners have announced the organization of a study coined "SOLIDARITY" to compare untested treatments throughout several countries since multiple small trials of possible coronavirus therapeutics approaches with different methodologies may not provide the evidence needed. Accelerated review and approval of novel approaches may become necessary so as not to delay research during this public health emergency. An oversight committee for responsible research during this pandemic on a global level needs to be urgently created. Such a committee should gather the results obtained on local levels and coordinate/share the review procedures, which may be exceptional in pandemics and may not follow the regular rules. In this regard, guidance for the local ethics review boards is critical. It is understandable for new practices to be accommodated in the emergency context, considering the nature of the global threat. However, such decisions need ethical justification (see WHO [Guidance for managing ethical issues in infectious disease outbreaks](#) (2016)). Ethical

principles should not be transgressed but may be adjusted to exceptional circumstances. It is also important that research under these circumstances must not be carried out purely for financial gain. Transparency, sharing of data, and sharing of benefits of research for all humans need to be recognized as central values (see [Report of the IBC on the Principle of the Sharing of Benefits](#) (2015)). The IBC and COMEST applaud the rapidly growing number of funding agencies and scientific journals that have responded to the call by Wellcome Trust to commit to make COVID-19 related scientific publications available in Open Access in times of public health emergencies.

8. The urgency of finding a cure should not preclude **responsible research practices**. Researchers must comply with the ethical principles of research, and considering the nature of the epidemic, must be vigilant against the dual-use of research, which is of concern. All research activities are subject to scrutiny by competent ethics committees. Such independent committees must continue to function uninterrupted.
9. **Digital technologies** like mobile phones, social media, and artificial intelligence can play a substantial role in dealing with pandemics, by making it possible to monitor, anticipate and influence the spreading of the disease and the behavior of human beings. It is of crucial importance to make sure that the ethical, social and political issues related to the use of these technologies are adequately addressed. Human rights should always be respected, and values of privacy and autonomy should be carefully balanced with values of safety and security.
10. The rapid spread of the disease results in instituting barriers across borders between countries, communities, and individuals in an attempt to prevent transmission. Such extreme measures should not impair **international collaboration** in the fight against the pandemic nor instigate or perpetuate xenophobia and discrimination. It is an ethical duty to build solidarity and cooperation rather than find refuge in exclusivity and isolation. At this time when most societies are ruled by economical models that reward competition, we need to remember that as human beings we are a species that survived and progressed by cooperation. In this context of pandemic, cooperation is essential at all levels: governments, public and private sectors, civil society, and international and regional organizations.
11. Pandemics showcase the **dependency between states**, for example in terms of availability of reagents to be able to perform diagnostic tests, protective masks, ventilating machines, etc. The IBC and COMEST call for international cooperation and solidarity, instead of narrow national interest, underlining the responsibility of rich countries to help poor nations during this time of international public health emergency. We also call for measures against all forms of trafficking and/or corruption that might be associated with individuals or groups trying to undermine the needed solidarity.