"The Ethical Challenges of Coronavirus Disease (COVID-19)"

Conference Report

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On 19 to 20 September 2020, the Holy Spirit Seminary College of Theology and Philosophy held its 7th Catholic Bioethics Conference. Titled "The Ethical Challenges of Coronavirus Disease (COVID-19)", the conference featured a cast of speakers from a mostly medical background and touched on issues relating to four themes: Duty of Care, Resource Allocation, Collateral Damage, and Quarantine and Isolation.

Dr. Philip Beh, the Co-Director of the HKU Centre for Medical Ethics and Law, was invited to speak on the collateral damage of the coronavirus. While other speakers broadly touched on the financial, psychological and physical harm suffered as a result of the pandemic and the corresponding public health restrictions, Dr. Beh's presentation was finely focused on the contradictions in safeguarding elderly patients and the collateral damage inflicted upon them. As a group that is especially vulnerable to the virus, the elderly deserve careful protection. At first glance, this justifies strict measures to minimize their exposure to outside society, in the form of care homes lockdowns and social distancing measures. According to Dr. Beh, however, this should not—and does not—require needless sacrifices to the emotional needs of the elderly and their family members, and accommodations under existing rules should be made.

As a forensic pathologist, Dr. Beh approached the topic of collateral damage differently from his medical colleagues, such as the frontline primary care doctors and geriatricians who spoke on how important healthcare services are restricted for the sake of preventing nosocomial clusters. Rather, Dr. Beh highlighted the recent rise in elderly deaths that were reported to the coroner. Typically, these cases do not reach the forensic pathologist, since doctors would sign the death certificates and attribute the death to natural causes. But owing to the ongoing pandemic, hospitals have avoided admitting elderly patients, and only when their situation significantly worsens are they rushed into the hospital, where they may die within a few days. Under these circumstances, doctors may be unfamiliar with their patient's situation and are uncomfortable with signing the death certificates, and the cases often end up with the pathologist for investigation.

Focusing on these cases, Dr. Beh argued that elderly patients and their families suffer collateral damage under the current situation. For elderly patients, the pandemic has already extracted a heavy emotional toll: As the elderly may not fully comprehend the extent of the pandemic, they are easily confused by the changes around them and may feel abandoned by relatives who are no longer permitted to visit. The situation is worse for dying patients, whose relatives may not be allowed in the hospital, and they may even die clueless and alone. On the other side, to their relatives, death, although foreseeable, will still have come unexpectedly. Without the option of visiting their loved ones and meeting doctors in person, the relatives are sometimes kept out of the loop and are only notified of the hospital admission and the eventual death. As a result, they may be distressed by the lack of communication and information, as well as the lack of

[*] The opinions expressed in this report are the author's own and do not necessarily represent the views of CMEL and HKU.

closure that normally comes in the final moments. This distress can then transform into discontent and suspicion, as the deaths are sudden and unexplained, and ultimately result in complaints against medical staff due to perceived maltreatment.

These situations can be avoided, but it is understandable why many are unwilling to accommodate elderly patients and their relatives. Dr. Beh pointed out that the Hospital Authority operates based on protocol, such that many of its workers have adopted the mentality of mere compliance. Furthermore, the urgency and importance of handling COVID have dwarfed all other considerations, and with resources and attention diverted and lower nursing support for other patients, it may be all the more difficult to attend to the needs of elderly patients.

This still does not change the fact that these collateral damages are preventable. Dr. Beh argued that the pandemic is not ending soon, and as long as it lasts, this will remain an important issue. In closing, he urged healthcare workers to show more sympathy and hoped that his presentation can inspire change in the system. Additionally, during the subsequent Q&A session, attendees echoed his concerns, provided personal anecdotes of how discretion was used to allow compassionate exceptions, and suggested that the HA can partner with and enable NGOs to provide emotional support and spiritual care services for both patients and family members.

Outside of Dr. Beh's presentation, speakers probed into the other themes of the conference. On duty of care, the questions of professional, legal and moral obligations to treat, as well as the reciprocal duties owed to healthcare workers, were examined. Since most speakers were senior doctors with personal experience of the 2003 SARS outbreak, the heroic sacrifices of medical workers were often mentioned and praised—although with the concession that it may demand too much from healthcare personnel—and the rhetoric of "war" and, relatedly, "deserters" was used when discussing duty of care. As for resource allocation, concepts behind the ethics of fair distribution, such as maximization, equality and utility, were explicated and briefly discussed. Of particular emphasis was the discussion on the interface between the private and public health sectors, i.e. whether and how they should divide responsibilities and resources, and speakers and members of the audience agreed on the need for coordination among the private and public sectors and the government. Finally, after a technical summary of legal quarantine and social distancing measures, the last series of speakers discussed the ethical duty to comply with these measures and also provided a broader—and, in line with the religious character of the organisers, theological—reflection on the role of medicine in the midst of a pandemic. Overall, by laying out the ethical questions within public health and clinical decisions and examining how the context of the pandemic has created, altered or highlighted these ethical issues, the conference provided good groundwork for further discussions.