

# **From Triage to Treatment: Shifting Principle-Based Bioethics at a Time of Pandemic**

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## **Abstract**

This paper assesses the fundamental principles of biomedical ethics in the context of the government and clinical response to the SARS CoV2 or Covid-19 pandemic. Using the lenses of Beauchamp and Childress, it discusses the relevance of these principles and the health providers' dilemma in practice, given the limited resources and the novel nature of the disease. It presents the author's reflection on the principle in the light of the Catholic Social Teachings (CST), showing the poor as the most disenfranchised and marginalized in the fight against Covid-19. Thus, it invokes the CST's principles of solidarity, justice, and the preferential option for the poor as it challenging all sectors to stand united in upholding these principles in resolving the Covid-19 contagion and in preparing for the next global pandemic.

## **Introduction**

Early in the year 2020, a previously unknown enemy confronted the medical community and the rest of the world – a respiratory infection that is highly contagious and potentially lethal. More than several months have passed since the pandemic started, but there is no real indication of its eradication. The new corona virus disease or COVID-19 affected every person from every sector of society. This viral infection is caused by the SARS CoV 2. Because stopping the virus's spread was critical, doctors and governments appealed for the general population to practice hand washing, wearing masks, and physical distancing. However, the medical community members are among those gravely affected; they got infected with the virus after getting exposed to positive patients. Despite the risks to their health and lives, doctors, like other front-liners, are committed to their profession's fundamental ethical principles.

In March 2020, when COVID-19 spread across Europe to the US, the pandemic was still forthcoming here in the Philippines. However, when it finally hit the country, I got exposed to a colleague here in Cebu who later developed severe COVID. At that time, protocols were just getting set up, and testing was uncommon. I isolated myself for two weeks, even as I had to go for hemodialysis. I became so paranoid that I checked my temperature and oxygen saturation every half hour, thinking that the chill, or headache, or throat irritation were signs of COVID.

The thought of getting the virus was disconcerting. I did not develop the symptoms, but unfortunately, the doctor I was in contact with died of COVID. Somehow, that experience made COVID-19 real to me. Looking back to this experience, I noticed many problems and lapses committed by the government in its response to COVID. Not only were they inadequate, but they also relied so much on the private sector like hospitals. More than that, the medical problems got politicized, which even further hampered the delivery of services. Then there was the economic consequence of imposing a lockdown, which was met with skepticism if the community quarantine succeeded in flattening the curve.

Despite the overall effects of COVID, our lecture today shall be limited to the ethics underlying the clinical response to COVID-19. To do this, we go back to the foundations of present day medical practice: the principles that ground every skill, knowledge, and clinical judgment of every physician. In this lecture, we shall review, assess, and critique the role of bioethical principles in clinical practice and appraise their application in these changing times.