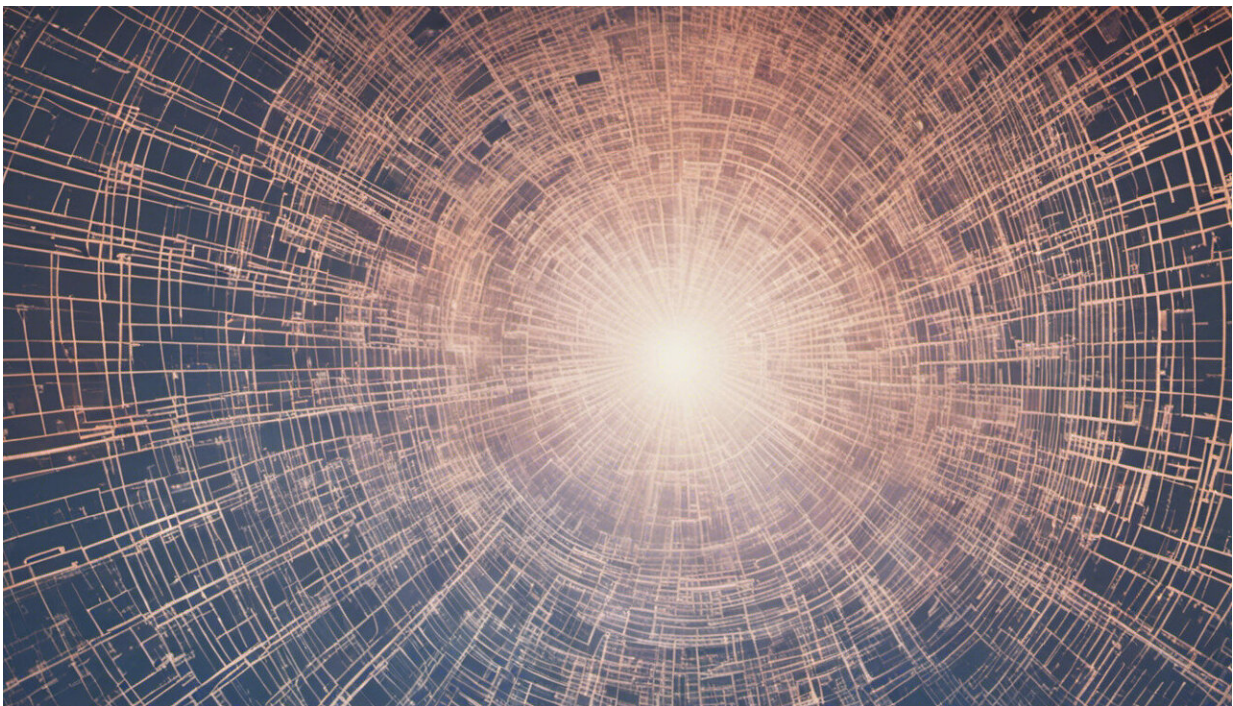


COVID has killed 5,600 Australians this year and the pandemic isn't over. Ethics can shape our response

May 19 2022, by Hugh Breakey



Credit: AI-generated image ([disclaimer](#))

It's difficult to ask, but how many fatalities should Australia accept from COVID in 2022?

The World Health Organization [says](#) worldwide there were almost 15

million excess deaths in 2020–21 due to the pandemic.

In Australia, [deaths have surged](#), with more than 5,600 so far this year and hundreds each week.

Some epidemiologists, including [Mike Toole](#) from the Burnet Institute and [other public figures](#), are critical that little attention is being paid to these fatalities.

More than 5000 people have lost their lives this year. Somehow, we have ourselves believing that almost unfettered COVID-19 spread is OK, that it's a price worth paying to have our freedom back to normal, write Brendan Crabb and Mike Toole. |

OPINION <https://t.co/P5CEndPNY3>

— The Age (@theage) [May 13, 2022](#)

Public health officials [are focused on hospitalizations](#), which remain relatively low, and the case fatality rate (the proportion of those with the illness who die), which is falling, in part due to the high vaccination rate. So governments are easing the remaining restrictions.

Prime Minister Scott Morrison [said yesterday](#) that every COVID death was a "terrible loss" but Australians wanted to "move on."

Do we have the balance right, from an ethics perspective?

Our ethical responsibilities

COVID policy-making and ethical decision-making are challenging, and there is room for a diversity of views. But there are three areas of responsibility we should focus on.

First, in the election run-up, voters deserve to know where each party stands, such as their intended [policy response](#) to any surge in fatalities (perhaps driven by a new virus variant). There also must be a review of lessons learned.

Second, we should each consider what we are personally willing to do for the wider community. Getting that booster, or vaccinating your children, can be both personally and socially worthwhile.

Third, our community has [vulnerable people](#), for whom infection might be a death sentence. If we see someone wearing a mask and carefully socially distancing, we should respect their efforts. Above all, if you have any indication you might be infected, take extra care not to risk exposing others.

Simply put, the pandemic isn't over yet, and we're going to have to continue relying on each other.

Questions of political and personal ethics

When we're thinking about how many COVID fatalities are acceptable, we need to distinguish the different ethical questions that face us.

One is the question of policy. What should our governments be doing in response to the high death toll? Should they employ some new mix of vaccine/booster mandates, lockdowns, contact-tracing, travel restrictions, mask mandates, and the like?

Then there's the question of our own personal behavior. We can all make efforts to limit the risk of spreading the virus to other, perhaps vulnerable, people.

Ethics is a higher standard than law, and not every [moral obligation](#)

should be compelled by government.

Guidance from ethical theory: Utilitarianism

It can seem commonsense that we should do all we can to prevent harm to vulnerable people. But mainstream ethical theories resist this intuitive idea.

The theory of [utilitarianism](#) focuses purely on consequences. Utilitarianism tells us to maximize the sum total happiness of all sentient beings. While this approach can be very demanding, it would resist a stringent response to COVID, for two reasons.

First, utilitarianism gives no special obligation to fellow citizens. Because we live in a wealthy country, our best strategic investment is usually to look further afield, and to [reduce global extreme poverty](#). This focus would be the same for COVID too, such as by directing our efforts to boost global vaccine efforts.

Second, utilitarianism will note that most COVID fatalities [are among the elderly](#). Utilitarianism values all happiness equally—whether of a child or a 90-year-old.

But saving the life of a 90-year-old is likely only to net a few more years of happy existence. Saving the life of a child would likely deliver more than 20 times that number. In technical terms (such as those used by the [World Health Organization](#)), saving the child yields an enormous net gain in "[disability-adjusted life-years](#)" (DALYs).

For both these reasons, with widespread vaccination limiting COVID's harm in Australia, the utilitarian would resist directing enormous efforts to constrain local fatalities.

Guidance from ethical theory: Duties and rights

Another common ethical approach is to focus on actions rather than outcomes. For these duty-based approaches (the technical term is "[deontological](#)"), the end does not justify the means.

Unlike utilitarianism, duty-based approaches would allow us to prioritize locals. They also would be wary about discriminating between young and old, as all life is equally valuable.

[Duty-based approaches](#) hold we should avoid risking harm to others, and should be generous to those in need.

However, because duty-based approaches value things like freedom, responsibility and integrity, they [limit these obligations](#).

Sweeping obligations to save others erodes the space for people to pursue their chosen callings, fashion their own diverse life plans, and nurture close relationships.

Consider a comparison

Both ethical theories align in treating COVID consistently with other threats to life and well-being. This makes sense.

Consider [one of the leading causes of death in Australia](#): cancer. Australia employs many policy responses to this ongoing threat. We ban asbestos and tax cigarettes. We publicly fund medical research and healthcare. We run campaigns to slip, slop, slap.

Yet we could do more. We could raise taxes and direct more resources into research and treatments. We could ban tobacco outright. We could

even ban going to the beach during high-UV periods!

Instead—and taking a leaf from the ethical theories considered above—we direct our efforts towards impactful policies, and avoid intruding too far into people's personal decision-making.

Sensible ethical responses to COVID will behave similarly. In terms of both public policy and personal decision-making, we need to remember the pandemic isn't over yet. Just as we do for other serious threats to our lives and well-being, we will all have a continuing role to play.

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