
Editorial

Reducing COVID-19 Infection Exposures: Autonomy versus Non-Malificence

Professor Costello has been a member of the University of Scranton faculty for 47 years. He is a retired health system executive and currently serves as Assistant Program Director for the University's Online MHA degree program.

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Abstract:

As COVID-19 rates increased in the autumn months of 2020, infectious disease and public health experts worldwide have promulgated professional advice as to mitigation strategies. Mask wearing, social distancing and hand hygiene have been part of the guidance intended to slow the spread of the infection. However, many in the population have chosen not to follow the guidance because they believe it to be too restrictive and violative of their individual rights. The ethical principle of non-malificence would argue in favor of following the professional advice on mitigation measures.

Introduction

The COVID-19 pandemic has impacted 190 countries and territories, representing every region on Earth (Time.com). Some public health experts have opined that the world is beginning to experience a „second wave“ of infections after rampant spread began in the Spring of 2020.

Nations are growing concerned that increasing numbers of infections might jeopardize a country's ability to care for infected patients requiring hospitalizations, and potentially the use of ventilators which remain in short supply in some regions. Undoubtedly, increased testing for the virus has led to more people being identified as infectious, a prerequisite for specifying the incidence of infection.

Beginning in late October, Slovakia began an effort in the northern part of the country to test every adult under age 65 over a two-week period (Wall Street Journal, page A7). The plan was to test the target population twice by the end of the first week of November with the assistance of military personnel. Residents of the northern part of the country were to be prohibited from leaving their homes „for almost any reason (ibid)“.

Mitigation

As the COVID-19 pandemic engulfed much of the world, public health officials began to publish advice as to how the public could best deal with the virus. Although the advice was sometimes contradictory and needed to be revised, certain recommendations remained fairly consistent. The World Health Organization (2020) stated:

- Maintain at least a 1- metre distance between yourself and others to reduce your risk of infection when they cough, sneeze or speak. Maintain an even greater distance between yourself and others when indoors. The further away, the better.
- Make wearing a mask a normal part of being around other people.

Somewhat inevitably, the public health guidance began to conflict with popular sentiment to reopen national economies, some of which were subjected to governmental restrictions in Spring 2020. Businesses feared financial ruin and millions of workers feared loss of income from governmental actions intended to „flatten the curve“ of increasing infections.

With the gradual resumption of certain activities, many began to question the need for wearing masks and engaging in social distancing. Younger people resumed socializing in bars and larger parties and infection rates began to increase in the summer months. After declining somewhat, in late summer the onset of autumn weather and a corresponding increase in indoor activity lead to an increase in infections, hospitalization and deaths in the northern hemisphere. In early September, the Institute for Health Metrics and Evaluation at the University of Washington Medical School in the US wrote „nearly 700,000 lives worldwide could be saved between now and January 1 (2021) through proven measures such as mask-wearing and social distancing“ (IHME, September 3, 2020).

With the seeming relaxation of personal protective measures over time, combined with the scientific recommendations for curtailing the spread of the virus, the question arises why are some people ignoring the scientific advice from public health experts?

Many and varied explanations have been advanced as reasons for non-adherence to the mitigation advice. In October 2020, the incumbent President of the United States opined that national populations were suffering from „pandemic fatigue“ and were tiring of following public health recommendations for dealing with the virus. Other commentators suggested that personal and institutional economic pressures were leading some people to push for a return to a sense of normality which meant a relaxation of personal mitigation efforts.

An early theme advanced by some was that adherence to mask wearing and social distancing routines amounted to an assault on civil liberties and rights of privacy. Many who advocated these positions attempted to claim that requiring the wearing of masks and the maintaining of social distancing, as advocated by public health officials, constituted an improper intrusion of governmental authority, in some instances even involving constitutional protections.

Personal resistance to expert public health guidance suggests an over-reliance on the ethical principle of autonomy, at the expense of the principle of non-maleficence. Sometimes cited as the first principle of medical ethics, adherents to au-

tonomy would argue that individuals have the ability and authority to determine whether or not they will comply with specific governmental regulation and public health guidance. Such adherence to autonomy becomes more problematic when one considers that the personal mitigation measures are designed to keep the individual from infecting other persons with whom they come in contact and are necessarily intended to protect the individual using the protective measures.

Costello (2019) wrote that „most commentators would recognize some limitations to individual autonomy“ he cited Munson and Lague (2017) who wrote of the harm principle which may restrict the freedom of people to act if the restriction is necessary to prevent harm to others.’

Non-maleficence would seem to limit individuals who would take it upon themselves to act in ways that might harm other persons. Personal mitigation efforts including mask wearing and social distancing would demonstrate non-maleficence in the effort to protect others from infection during this pandemic.

Conclusion

The COVID-19 pandemic appears to have upended much of everyday life as individuals work from home rather than in more traditional settings, students at all levels adapt to virtual technologies to avoid congregating in traditional learning sites, and businesses suffer from reduced patronage as customers seek to avoid some forms of these interactions.

Public health experts continue to advise the public to engage in rudimentary infection control measures including hand sanitation, mask wearing and social distancing to slow the speed of the virus. Unfortunately, many choose to ignore the guidance as too restrictive and a violation of their perceived autonomous rights to ignore public health experts.

The ethical principle of non-maleficence argues that all persons have an obligation not to engage in behaviors likely to cause harm to others. Hand sanitizing, mask wearing and social distancing are protective measures intended to keep those who engage in them from passing potential viral infection to others whom they come in con-

tact with. The primary intention is not to keep the adherent from becoming infected. As such, arguments for avoiding personal protection measures must be balanced against an obligation not to infect other people.

Michael M. Costello, JD., MA
Department of Health Administration and
Human Resources
University of Scranton, PA, USA

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