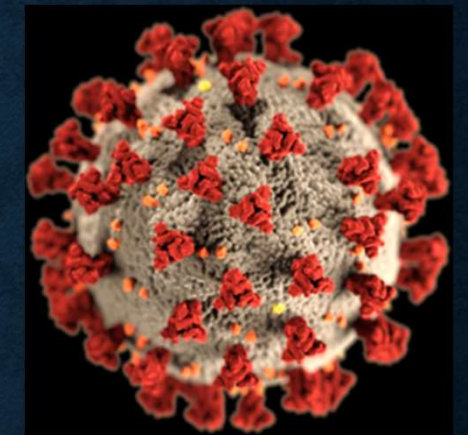


# COVID 19: PUBLIC HEALTH, INDIVIDUAL FREEDOM, SOCIAL SOLIDARITY



- Lisbon, May 19 2021 -



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Presidency of the Council Of Ministers  
*Italian Committee for Bioethics*



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# THE OUTBREAK OF THE PANDEMIC

- In March 2020, Italy was suddenly and hardly struck by the pandemic. The National Health System was soon under stress, with hospitals, intensive care units in particular, overcrowded with Covid patients.
- In order to tackle this special threat to public health, extraordinary measures were adopted such as a strict lockdown with mandatory home confinement.

# HEALTH AS AN ETHICAL PRINCIPLE

- Health is a fundamental value, established as a principle in the Italian Constitution. While citizens have the right to Health, public authorities are committed to protect the health of citizens by implementing an effective health care system both in the fields of prevention and of treatment, in full respect of individual autonomy. *Autonomy and Solidarity are the overarching principles involved in the protection of health.*
- The COVID epidemic, showing the interconnection between individual and collective health, emphasizes the principle of solidarity. Everybody is required to adopt prevention measures (such as wearing masks, respecting social distancing etc.) in his/her own interest as well as in the interest of others. Again, in the name of solidarity, people at minor risk of contracting the disease – such as the youth- are ethically required to comply with all the preventive measures in order to protect people at major risk.

# REBUILDING A PUBLIC HEALTH SYSTEM, A PUBLIC COMMITMENT FROM THE EMERGENCY EXPERIENCE

- In spite of WHO (and other international bodies) warnings after SARS and MERS about the risks of new epidemics likely to evolve into a pandemic, the Italian National Epidemiological Plan has not been updated since 2010. Flaws in “preparedness” and in the community health care system have shown as the main shortcomings in the fight against the virus. Community services have not been able to implement contact tracing at the necessary scale, provide large scale testing, treat less seriously affected patients at home so as to avoid the overburdening of hospitals and intensive care units.
- A lesson learnt from the pandemic: 1) provide adequate funding to the NHS, weakened by financial cuts to Welfare in the last decade 2) rebalance the system, shifting the focus from hospitals and specialized medical services to prevention and community care services.

# THE MAIN CHALLENGES

- The harm of the pandemic as well as the impact of emergency public health measures 1) on the civil rights of citizens 2) on social inequalities: pre-existing inequalities have increased, while new inequalities and discriminations have developed.
- The impact both of the pandemic and of the emergency measures has been particularly tough on vulnerable groups, such as children, people with physical or mental disabilities, the elderly, prisoners.

# PUBLIC HEALTH POLICIES IN THE EMERGENCY

- Many different measures have been adopted, ranging from information to citizens about how to behave to prevent the contagion (respecting social distancing, using masks, hygiene precautions) to prohibiting economic activities, closing public spaces and mandatory home confinement for every citizen.
- While some of these activities are in full compliance with standard public health policies, aimed at empowering citizens in the protection of their own health, other unprecedented measures, such as lockdown with mandatory home confinement, are to be considered exceptional because they interfere with personal liberties.

# EXCEPTIONAL PUBLIC HEALTH MEASURES AND THEIR ETHICAL JUSTIFICATION

- Public health measures involving limitation in personal liberties (such as home confinement or prohibition to leave the municipality or the Region of residence) have been implemented since March 2020 (though not continuously). They can be justified by the outstanding threat posed by Covid 19 as exceptional emergency measures.
- While individuals may be asked to make sacrifices, even of their own liberties, for the public good, public authorities are required to minimize as far as possible the degree of coercion in citizens private lives and choices.
- To be ethically viable, interventions should meet the criteria of effectiveness and proportionality and *should be limited in time.*

# MEETING THE PRINCIPLES OF PROPORTIONALITY, EFFECTIVENESS AND TIME LIMIT

- *To be proportionate, interventions should be planned having clearly in mind the effect which they are intended to achieve and their consequences.*
- *To be effective, interventions should rely on existing evidence.*
- *As exceptional, emergency interventions should be time limited.*
- *To prevent the risk that intrusive and coercive interventions may represent a precedent in planning public health policies for the future, the exceptional nature of such interventions should be stressed by authorities in the public discourse.*



# THE ROLE OF SCIENTISTS AND OF POLICY MAKERS

- Because of the lack of knowledge about the virus, the cooperation between researchers and policy makers is necessary and evidence based decisions are welcome.
- Nevertheless, policy choices cannot be legitimised by science only, on account of epidemiological data. Taking decisions after attentively examining the costs/benefits of the measures and balancing different public interests and different aspects of public health is up to policy makers not to scientists.
- Two more lessons learnt: “Science” should not be reduced to epidemiology, while health is to be seen in the comprehensive concept of “physical, psycho-social well being” . Health as “well being” also means to be positive looking at the future, to have a well established job and acceptable economic conditions, to see the beloved.

# THE UNINTENDED CONSEQUENCES OF PUBLIC POLICIES

- The ICB, while observing that the extreme lockdown has been successful in contrasting the quick spread of the pandemic, nevertheless points out its unintended consequences in increased inequalities linked to gender, age, health state, disability, economic and social conditions.
- The stop to “unnecessary” economic activities, while protecting workers from the risk of the epidemic, is a harm to their economic condition. This is particularly true for the workers who cannot take advantage of unemployment benefits. Closing schools not only harms children’s education, it has a substantial impact on parents: on mothers in particular, unable to work because of childcare responsibilities, or overworked, having to assist children in distance learning, in addition to their own smart working.

NNew poverties and new loneliness have developed: for the elderly, disabled persons, people who have died and have been buried in the absence of their loved.

# A SPECIAL ATTENTION TO VULNERABLE GROUPS

- **Children and teenagers:** the pandemic has a substantial impact on their psychological health for the reduced contacts with peers; also, closing schools has particularly harmed children with disabilities and children from poorly educated families, exacerbating social and cultural inequalities (see the dedicated IBC document “[Covid-19 and children: from birth to school age](#)”)
- **Patients suffering from other serious pathologies than Covid:** for these patients hospital care, as well as opportunities for treatment and clinical testing, have been reduced in order to increase care for COVID patients. Also, most of these patients, for fear of being infected, keep away from hospitals and other care facilities.

# THE ELDERLY: LESSONS LEARNT FROM THE OUTSTANDING NUMBER OF DEATHS IN NURSING HOMES

- The elderly, particularly people in living residences and nursing homes, have paid the highest price to the pandemic in terms of deaths. In principle, they should have been especially protected as they live in sociosanitary facilities. Instead, they have been put at a major risk because of the lack of preparedness of the Health and Social system.
- The flaws in protecting the elderly has shown previous shortcomings. Though positive experiences of living residences for the elderly are reported, nevertheless a widespread social attitude of “neglect” for the elderly supports an authoritarian/coercive model in running care homes. This calls for a radical change in the model of care, shifting the focus from institutionalization to home caring.

# PRISONERS, A HIGHLY VULNERABLE GROUP

- The health of prisoners is a critical issue by principle, because of the lower health standards of incarcerated people than the general population and the critical conditions due to the loss of freedom and the everyday life in overcrowded prisons. Therefore prisoners have been identified as a “highly vulnerable group” (see ICB document *Health “within the walls”*, 2013)
- Following the principle of “equal opportunities” in health protection, the number of detainees should be substantially reduced by adopting alternative measures to incarceration and by reducing the number of people in preventive detention.
- The psychological stress from the stop of outside visitors as well as of educational programs should be considered in planning anti Covid measures in prisons. Information is essential as detainees may see the restrictions as an additional punishment instead of a life protection.

# GENDER INEQUALITIES

In 2020, *Donne in rete contro la violenza*, a network of Women's Aid centres and shelters, reported 2.850 calls for help , from March 2 to April 5, with an increase by 74.5 per cent compared to the calls registered in 2018 in the same period.

In 2020, rates of unemployed women are reported in sharper increase compared to unemployed men. Similarly the gender wage gap is expected to stay, if not to increase.

# RISK REDUCTION POLICIES: THE CHOICE FOR THE FUTURE

- One year ago, the peak of the epidemic was expected to be over and restrictions in economic activities and in the liberty of movement were supposed to be eliminated in a short time. These expectations have not been confirmed so far, though interventions have been relaxed from time to time, depending on the epidemiological data. The pandemic is still with us, though there is a new hope in vaccines.
- However there is a growing awareness in public opinion that exceptional measures cannot be adopted over an extended period as the unintended consequences cannot be tolerated for too long.
- A shift is necessary from policies aimed at eliminating social contacts by prohibition, to policies aimed at reducing the risks of social contacts.

# IN SUPPORT OF STANDARD PUBLIC HEALTH POLICIES

- Standard public health policies, far from limiting individual freedom, pursue the public health goals by empowering individuals and helping them to protect themselves as well as the health of other people.
- These policies comply with the values of an open society, which relies on individual's capacities, autonomy and responsibility. The role of public authorities is to offer full information and prevention services so as to raise citizens consciousness about the protection of their own health as well as of others.
- Looking at history, we can learn how standard public health policies have been successful in eradicating many infective diseases. Today, billions of people wash their hands not because they are afraid of soap police, but because they understand the facts (Yuval Noah Harari, Financial Times, 3/20/2020).



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*THANK YOU*



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