Journal of Health Ethics

Volume 18 | Issue 1 Article 2

8-2022

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Recommended Citation

Jain, A., & Arora, L. (2022). Ethical implications of COVID-19 surveillance in Karnataka using Nancy Kass Framework. *Journal of Health Ethics, 18*(1). http://dx.doi.org/10.18785/jhe.1801.02

Ethical Implications of COVID-19 Surveillance in Karnataka Using the Nancy Kass Framework

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INTRODUCTION

In 1920, Sir Winslow defined Public Health as "the art and science of preventing disease, prolonging life and promoting physical and mental health and well-being through organised efforts and informed choices of society, organizations, public and private communities and individuals." Even after a century, the definition has been undisputed and enjoys a wide consensus. Public health initiatives are proposed in appreciation of the fact that health is a basic good that states must promote and protect (Institute of Medicine, 1988).

It is not unknown that public health programs and policies should be based on empirical data and evidence. However, just like the definition highlights, the policies must also be backed by public support. Public acceptance of public health interventions does not merely rely on scientific findings but also on social, cultural, moral and political beliefs. This certainly makes public health decision-making challenging as what may be scientifically pragmatic for the health of the population at large may rather be questionable from the perspective of individual rights.

The willingness of local Low and Middle Income Countries (LMIC) to become actively engaged in conversations around ethics and related strategies to strengthen health systems (WHO, 2000; Macfarlane et al., 2000) and safeguard regional interests is rising (CIOMS & WHO, 2002; Bhutta, 2002; Benatar, 2002) as the amount of health research performed in LMIC settings is expanding (Gwatkin, 2000; GFHR, 2000). Bioethics supports health care providers and policymakers in identifying moral dilemmas in health care and research, as well as offering standards or ethical principles for navigating these conundrums (Scott, 2018). The moral imperative of enhancing public health benefits and promoting social justice thereby reducing hazards to liberty, privacy, as well as social and physical impacts has been illustrated throughout literature, with frameworks generally stressing the moral importance of fostering public health benefits (Childress et al., 2002; Kass, 2001; Lee, 2012; University of Toronto, 2005).

Public health ethics involves "a systematic process to clarify, prioritize and justify possible courses of public health-action based on ethical principles, values, and beliefs of stakeholders and scientific and other information" (CDC, 2017). There is no universal public health ethics. They are subjective, and in totality with evidence, make decision making complex. While no strict code or guidelines exist to evaluate the ethical implications of public health programs, various ethical frameworks are used to study and conclude a solution for these dilemmas.

In the wake of the COVID-19 pandemic, select world governments adopted various methods of surveillance. Collecting blood samples of high-risk people for testing, monitoring call detail records of affected people or tracking high-risk people through drones or GPS technologies are some of them. While many have appreciated the government attempts, others have criticized it on basis of invasion of individual's privacy.

PUBLIC HEALTH GOALS OF THE PROGRAM

The World Health Organization (WHO) defines Surveillance as "an ongoing, systematic collection, analysis and interpretation of health-related data essential to the planning, implementation, and

evaluation of public health practice" (WHO). Public health uses of surveillance are multiple and include determining the distribution and magnitude of an outbreak or disease, identifying the population at risk, testing etiologic-related hypothesis, evaluating strategies, identifying patterns, monitoring isolation activities and help in planning. Thus, it is quite clear that the importance of surveillance as a public health tool cannot be emphasized enough. It is hence rightly felt to be 'the eyes of public health' and 'the pulse of the health of the community.'

The COVID pandemic has been declared as a public health emergency. Our fragile health system is burdened and all spheres of life have been affected. The disease spreads rapidly from person to person and hence quarantine of suspected and isolation of infected cases highly contributes to controlling the spread of the disease in the community.

Karnataka government mandated home quarantine of domestic and international travelers and launched the 'Quarantine Watch' mobile application as a surveillance on the same (Agrawal, 2020). The home quarantined are mandated to upload their selfie hourly on the app from their own phone numbers. The app uses coordinates through GPS system to track their location and assure their adherence to home quarantine norms. The ones who are found violating the home quarantine, would be shifted to mass quarantine centers.

Thus, said goal of this surveillance program is the supervision of home quarantined to assure and ascertain their abidance with the aim of reducing COVID- induced morbidity and possible mortality in the community.

EFFECTIVENESS OF THE PROGRAM

Reports have stated that 41 percent of the total cases in the state have spread through domestic and international travelers who have migrated from largely affected places (Madhavan, 2020). When the app was launched in the end of March 2020, a total of 14,910 travelers were quarantined in Karnataka (Swami, 2020). The government feared that many of them could be potential carriers. Keeping a check on a large number like this was challenging. Digital tracking proved an effective solution. It allowed tracking a large number of people with limited input of resources. The results are trustable with minimal errors.

Digital surveillance of suspected COVID-19 patients can thus be quite effective in the process of restricting their contact with the healthy community.

POTENTIAL BURDEN AND QUESTIONS OF ETHICS

It is the opinion of the author that collection of personal data and 24-7 tracking of people's whereabout interferes with an individual's fundamental right to privacy. Democracies like India are however expected to safeguard personal rights of its citizens and not violate them. Confidentiality concerns too exist due to lack of trust on government mechanisms to secure citizen data. The fear of *function creep and user creep* are major reasons for hesitation among the potential users. The state enforcement to comply to unacceptable programs with no weightage given to individual consent impinges on the principles of autonomy. Restricting an individual's movement and taking away their chance to make decisions for themselves is violation of their liberties.

Apprehensions exist that these surveillance mechanisms that have otherwise been developed in the name of disease control may further expand and dwell as 'state surveillance' mechanisms even in non-emergency times. Mandating the requirement of these applications for entry into public spaces like malls could be more subtle ways of integrating surveillance in our normal day-to-day life. Gradual escalation of such compulsory surveillance for unlawful monitoring of suspected criminals or keeping an eye on the activities of the political dissidents with the intension of oppressing them is feared. Uncertainties exist around reestablishment of status quo to the pre-COVID condition even after the pandemic recedes.

Ethics of Implementation and Alternate Approaches

Alternatives to a surveillance requires individuals to have a feeling of comfort and contentment towards the fellows in the community and voluntarily limit their movement. However, as they have no incentive to do so, expecting such compliance from them is rather impractical. Another alternative to state surveillance involves notifying the surrounding community by publishing the names and address of the suspected in public domain or by posters outside their residence, shifting the onus on the community to protect themselves. This is highly uncalled for as it leads to stigmatization in the society and also violates privacy.

Hence, in such situations, state surveillance might be the preferred option.

Balancing Benefits and Burdens

The burden of loss of individual liberties and privacy of some people is balanced by the overall well-being of the entire community. Due to surveillance, the citizens of the state feel protected and can carry their day to day movement.

Some of the burdens can be addressed. Firstly, it is the duty of the government to protect the data of every individual received during the surveillance process. Second, the data should be utilized by the government only for the said reasons and the same has to be deleted after the need suffices. Third, the retraction of the surveillance mechanism has to be assured after the said duration. A third-party audit to validate the security of the data may increase the trust that people have on the program. In addition, compensation mechanisms can be in place in return of any damage, distress and detriment caused by surveillance mechanism.

Conclusion

The rising penetration of health systems work in low and middle-income countries (LMICs) hasn't been balanced by efforts to explain the program's ethical implications.

On the one hand, the state has a moral obligation to protect the individual rights of its citizens, while on the other hand it is also entrusted with responsibility to protect the health of its people. At such times, when choosing the one would mean the trade-off of the other, the harm principle and utilitarian approach guides us. Liberties of a person can be restrained to prevent harm to the other.

The individuals too have a moral duty to protect the health of the community, as he too is a part of the same. However, such restrictions of liberty are only and only justified as long as the threat exists and have to be retracted when the threat recedes.

Although frameworks, such as that given by Nancy Kass, have undoubtedly assisted in the creation of ethical thought relevant to public health, concerns are there about possible stiffness in addressing a range of ethical issues in various contexts and settings.

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