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## **COVID Remains 2023**

**Sheila P. Davis**  
*Editor-in-Chief*

On May 11, 2023, it was announced by the Biden Administration that the end of both the national and public health emergency declarations related to COVID-19 were over. According to the World Health Organization, estimates of COVID deaths are nearly 3 million internationally. While deaths have slowed to the lowest level since March 2020, it is reported that COVID still takes the lives of a thousand people every week. Hence, COVID remains.

Submissions in this issue relate to COVID and its aftermath of ethical imperatives. George Gellert, a passionate and frequent contributor to the *Journal of Health Ethics*, implores the West to freely engage in efforts to aid China in preventing deaths through enhanced vaccination, treatment, and epidemiological assistance. Although the West shares a complicated, interdependent, and what Gellert describes as a difficult and/or conflictual relationship with China, it is contended that the West has an ethical, moral imperative to render assistance on a humanitarian basis. Gellert concludes by suggesting that the West should partner with China by way of the World Health Organization to deliver supplies of COVID-19 vaccines and antiviral drugs in addition to the use of enhanced epidemiological surveillance and mortality attribution capabilities. He writes: "To do otherwise is to tacitly accept not only moral-ethical failure from inaction, but a substantial risk of compromising global public health." Should the West come to the perceived aid of the Chinese people? Read the commentary and submit your comments on our Facebook page.

Syed Arsalan and colleagues, from the University of Pittsburgh Medical Center and Bronxcare Hospital Center, respectively, present a challenging article replete with ethical considerations surrounding the COVID vaccine. While Gellert is adamant that the US developed COVID vaccines should be shared with China, Arsalan and Zaidi contend that we should strongly consider the ethical implications that surrounded the development of the vaccine. Given the universal nature of the virus and the need to halt the spread, did this justify omission of usual and cursory processes to ensure its safety to the public? Once one vaccine was approved by the FDA for public distribution, should work on the subsequent vaccines have been halted? They counter that all those enrolled in clinical studies for the subsequent vaccines had to be excluded from the benefits of the approved vaccine developed by Pfizer. Was there an overreach of the Emergency Use Authorization Act? If researchers had been tied to previously established rules for vaccine/medicine development, would the announcement made on May 11 by the Biden Administration have been made? These are just a few of the ethical issues that are sure to surface from years to come as we seek to do the greatest good for all. Please read the article and contribute to the COVID Vaccine debate. This debate is sure to rage and develop for years to come.

With statements from officials such as Andrew Cuomo, who commented, "you don't have a right to infect me," to individuals who refused to wear masks during the COVID-19 pandemic, the pressure was on to force face mask wearing on the public. Ian Goddard's article, "A Framework for Personal Respiratory Ethics" presents a guide for personal decision-making as it relates to respiratory hygiene efforts. The Respiratory Ethics Framework includes illustrated decision models inclusive of levels of risk and ethical duty across domains. Goddard attempts to answer the question of when we should practice measures of respiratory hygiene. In as much as pandemics are projected to increase in both frequency and intensity, use of Goddard's framework may prove beneficial as we trudge through the murky waters related to personal respiratory ethics.

To conclude, although COVID-19 is no longer headline news and masks are not mandatory, ethical issues surrounding COVID remain unresolved. How can informed consent be assured to the public when shortcuts are taken to rush treatments to market? What are your rights and privileges if you are

not convinced of the efficacy or safety of a treatment? Can these be mandated? And finally, to what extent do we offer or force other countries to accept and use treatments for which no long-term data exist of its efficacy? Addressed is just the tip of a myriad of ethical questions surrounding COVID which have arisen. We affirm that ethical issues will persist as long as population threats persist. You are asked to continue to make your scholarly contributions to this debate.

Thank you kindly for sharing your scholarship with the *Journal of Health Ethics*. We have learned many valuable lessons from COVID-19. May these prove beneficial as we march into the unknowns of the future. For right now, COVID remains.