

Ethical Dimensions of COVID-19

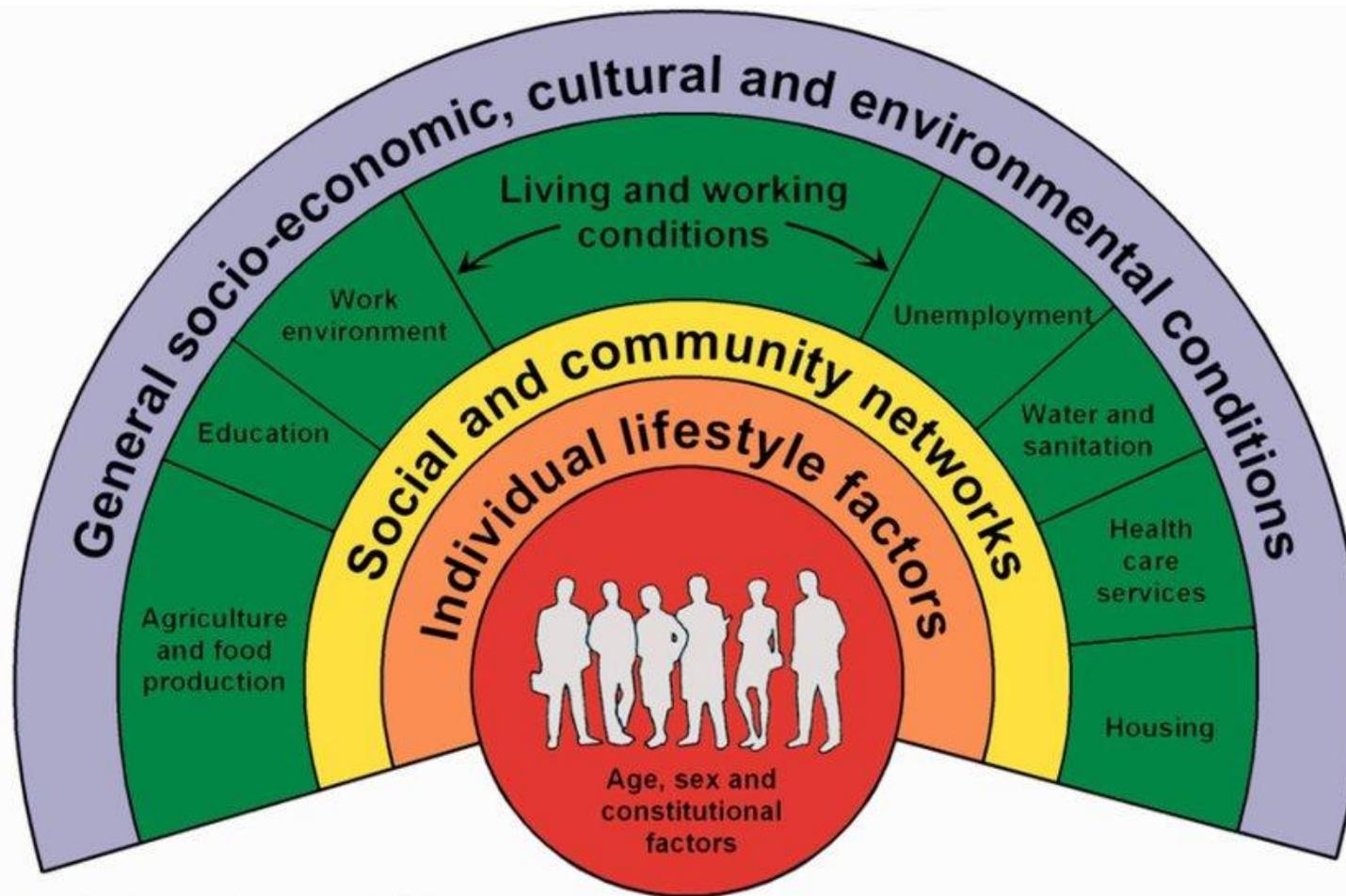
Dr Alexis Paton

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COVID-19: A social pandemic?





Source: Dahlgren and Whitehead, 1991

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*Anyone can get
coronavirus – but how you
fare depends a lot on who
and where you are*

Many of the measures being taken to stymie the pandemic will intensify existing health inequalities, putting parts of the population at demonstrably greater risk



*Alexis Paton,
Agomoni Ganguli-Mitra*

| @GanguliMitra

| Wednesday 08 April 2020



Discussion

Why do social determinants matter for ethical practice in a pandemic?

COVID-19: The great divider



Submission of evidence
on the disproportionate
impact of COVID 19, and
the UK government
response, on ethnic
minorities and women in the UK



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Where you work...

The UK:

- Over 50% of frontline or key workers are from ethnic minority backgrounds
- 40% of all healthcare staff are from ethnic minority backgrounds

The US:

- 28% of doctors are from ethnic minority backgrounds
- Black Americans are disproportionately represented in the top 9 essential occupations
- Only 19.7% of Black and 16.2% of Hispanic workers are able to work from home

Both Countries:

- People from ethnic minorities backgrounds are disproportionately represented in all person-facing roles at risk of infection

...where you live...

Both countries:

- Ethnic minorities are more likely to live in deprived, urban and overcrowded areas than the white population

The UK:

- Ex. Black (98.1%) and Asian (97.4%) minority groups are more likely to live in urban locations than the white population (79.1%)
- The rate of overcrowding for all BAME groups (range 3%-30%) is higher than in equivalent White British households (2%).
- 50% of the Pakistani population, 54% of the Bangladeshi population, 45% of the Black African population and 46% of the Other Black population lived in areas falling within the two most deprived deciles

The US:

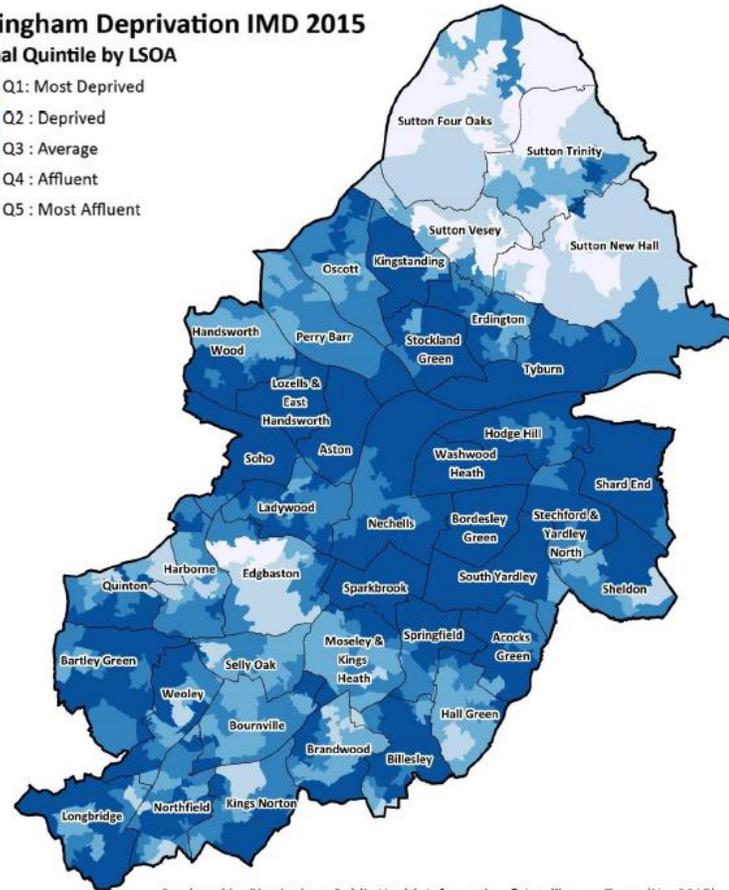
- 39% of Black Americans and 33% percent of Hispanic Americans live in poverty, compared to 14% for non-Latino, White, and Asian Americans

Deprivation and COVID-19



Birmingham Deprivation IMD 2015

National Quintile by LSOA



Produced by Birmingham Public Health Information & Intelligence Team (Nov2015).
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Category	Group	Brooklyn	Bronx	Manhattan	Queens	Staten Island
Boroughwide	Boroughwide	6,494	8,082	4,872	7,457	9,629
Age	0-4	1,868	2,265	1,714	2,053	3,279
Age	5-12	2,938	3,192	2,475	3,227	4,699
Age	13-17	4,246	4,029	3,411	4,455	6,727
Age	18-24	7,024	6,778	5,164	7,908	12,036
Age	25-34	6,548	8,787	4,820	8,205	12,046
Age	35-44	7,215	10,045	5,035	9,008	11,921
Age	45-54	7,963	10,840	5,486	9,397	11,528
Age	55-64	8,340	11,155	5,841	8,922	10,419
Age	65-74	8,122	10,221	5,105	7,581	8,217
Age	75+	8,676	10,000	6,088	7,676	9,289
Race/ethnicity	Asian/Pacific-Islander	3,432	4,944	2,241	3,828	3,938
Race/ethnicity	Black/African-American	4,062	5,204	4,224	4,693	6,373
Race/ethnicity	Hispanic/Latino	5,222	6,863	4,801	6,622	7,762
Race/ethnicity	White	4,542	5,914	2,642	4,644	7,423
Sex	Female	6,388	8,129	4,660	7,257	9,399
Sex	Male	6,575	7,982	5,077	7,629	9,834

Rates by race/ethnicity are age-adjusted.

[About the data for this chart.](#) [Get the data.](#)

Due to the small number of cases among transgender and gender-nonconforming people, data on those cases are not included in this table at this time.



Overview of the key metrics - Birmingham compared with All English metropolitan boroughs and all English councils, latest available non-provisional day



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Covid-19 deaths pass 1,000 in Birmingham hospitals

🕒 28 September 2020



Coronavirus pandemic



...all matter when it comes to COVID

- Pandemic measures to stay at home are only safe if:
 - You can actually stay at home to work
 - Home is safe:
 - Able to ventilate rooms
 - Isolate from sick people
 - Good air quality
 - Sufficient heat and food to stay healthy
 - Neighbourhood safe to exercise in
- Different populations have different health needs
- Not everyone “started” the pandemic in good health
- Pandemic is widening health inequalities

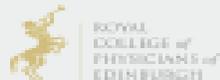
Is “Fair” Really Ethical?



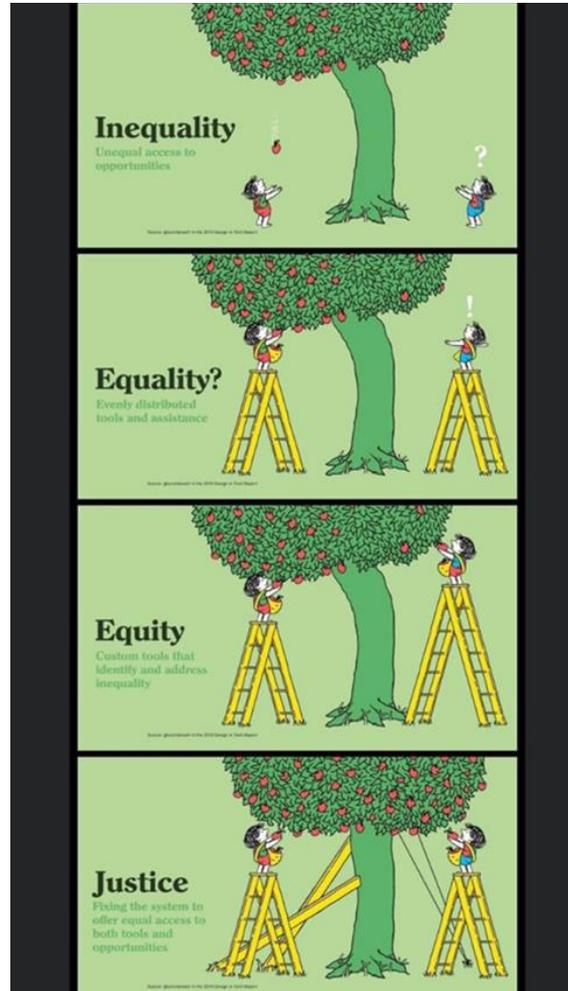
Ethical dimensions of COVID-19 for front-line staff

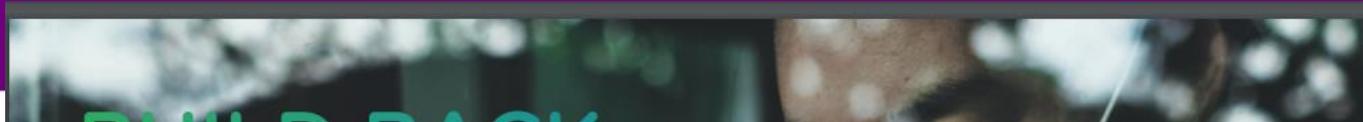
31 March 2020

Supported by:



Equity





The COVID-19 vaccine: who gets it first?



About 8 mins to read

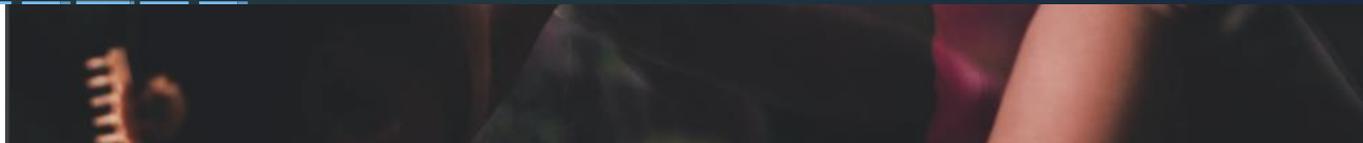
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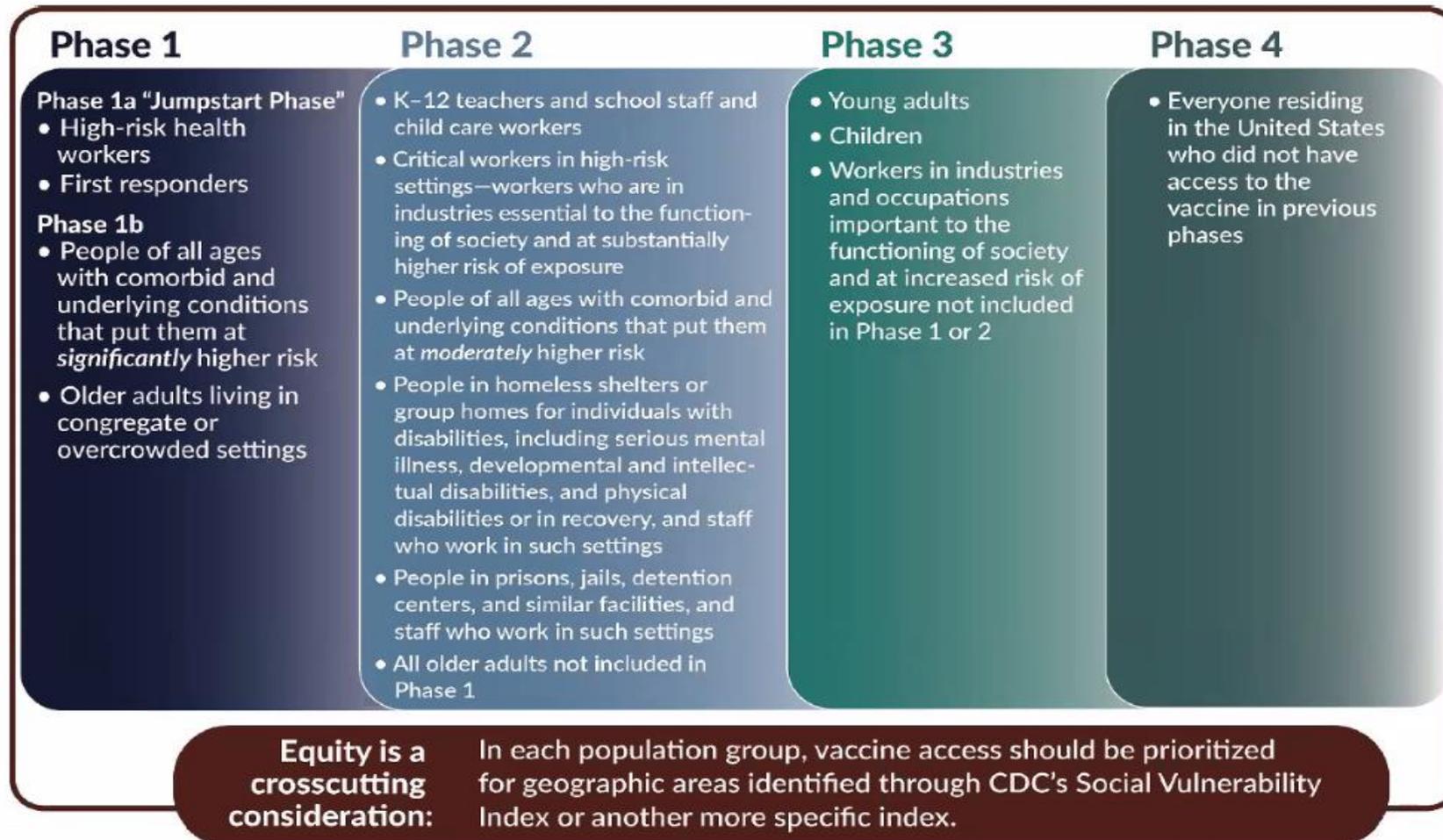
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Contents

1. How does the NHS usually prioritise care?
2. Preventing mortality or transmission?
3. To reduce mortality, who should be prioritised first?
4. Conclusion: who should get the vaccine first?



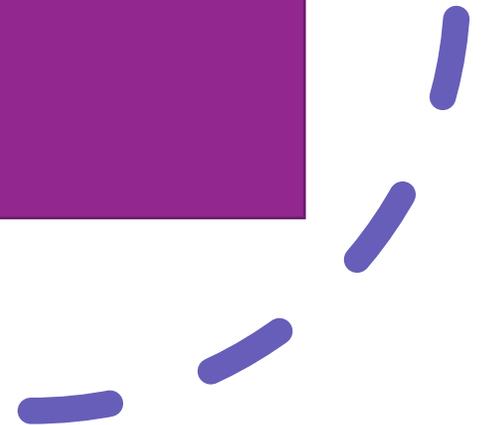
NASEM Framework for Equitable Vaccine Allocation



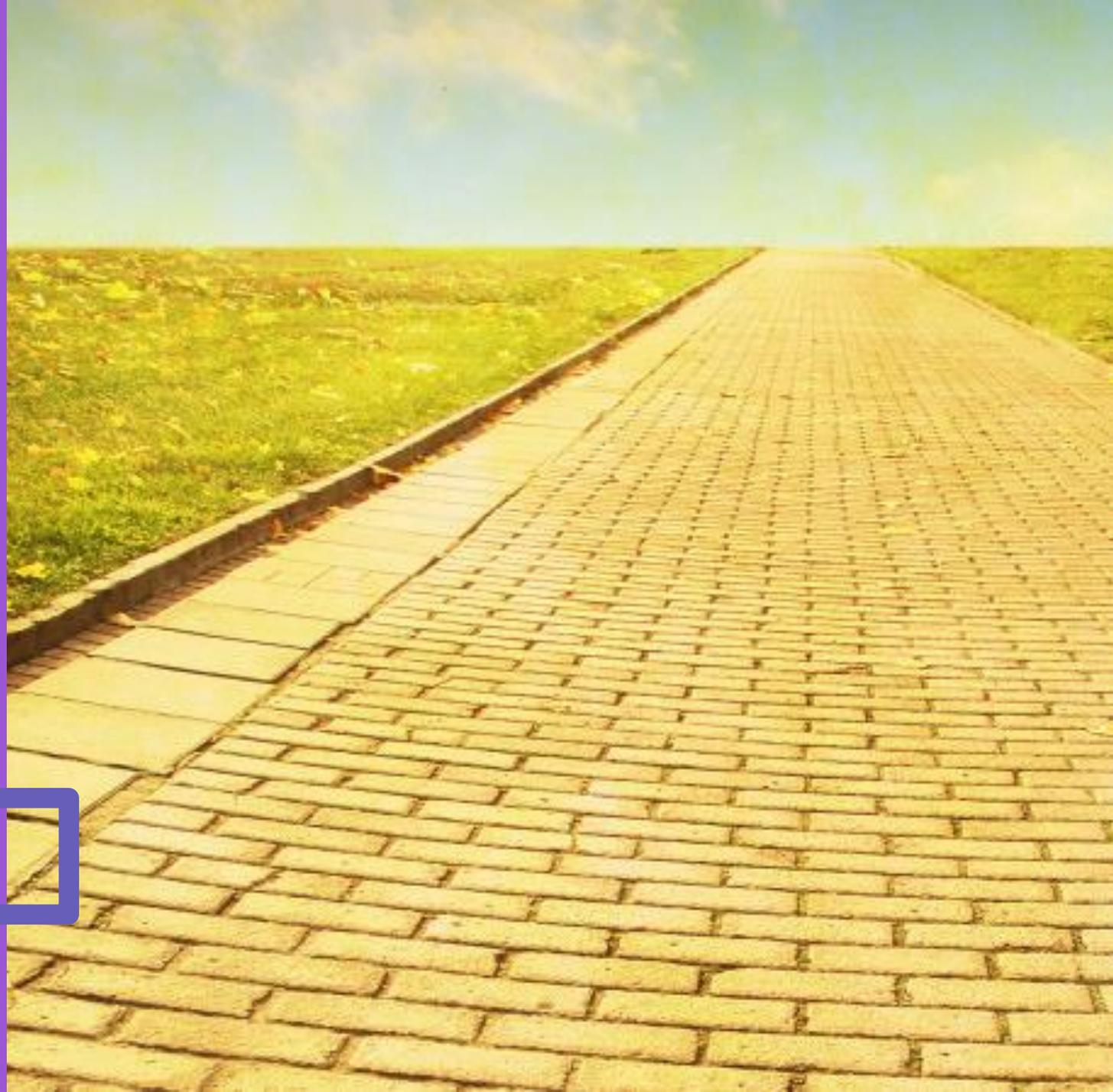
Global Vaccine Inequity



Where have
all the 'good'
leaders
gone?

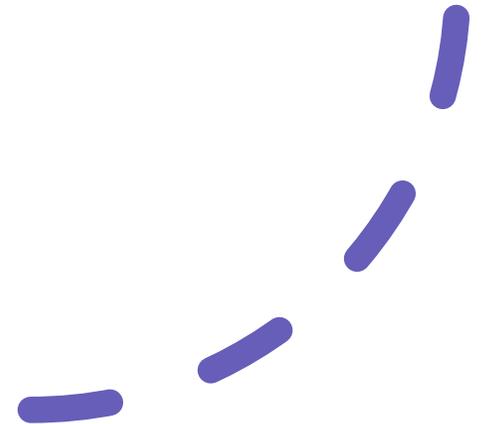


Follow the Ethics

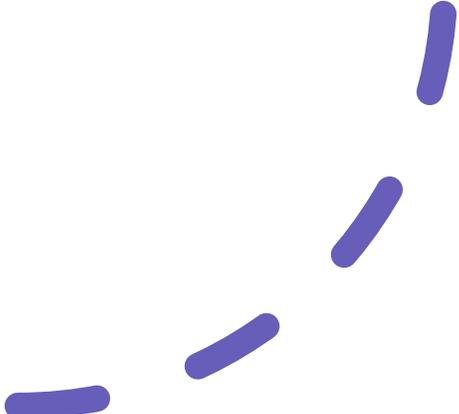


1. National Pandemic Ethics Guidance

- Developed transparently with stakeholders
- Publicly available
- Endorsed by government across the four nations, NHSE, PHE and N.I.C.E.

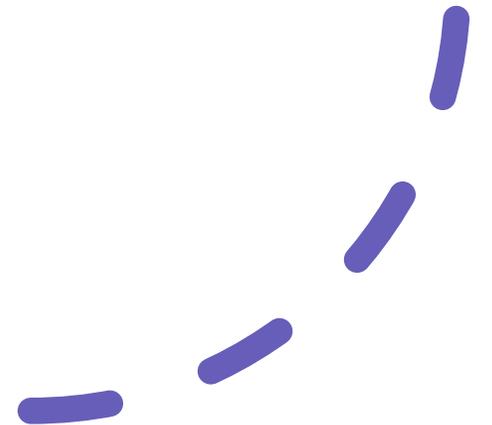


2. Formalised Ethics Support Structures

- Ethics committees embedded in the health and social care system
 - Coordinated and properly resourced
 - Provide support for interpretation and application of national guidance
- 

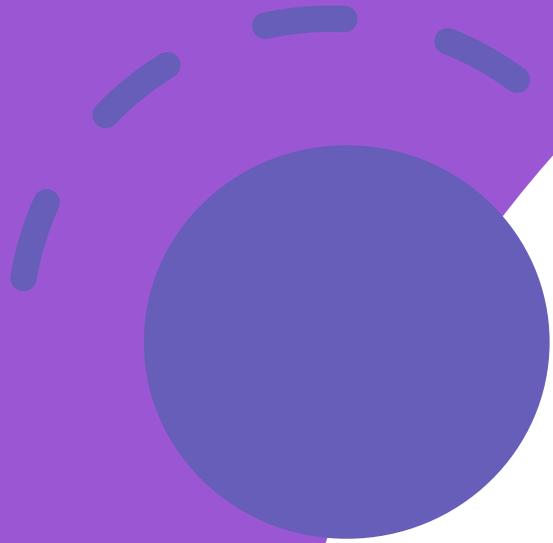
3. Research to inform and support

- Research is needed to develop robust ethics guidance
- Existing institutions are well placed to lead this work
- Developed in tandem with pandemic policy across disciplines



So where do we go from here?





Thank you.

Any Questions?

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