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COVID-19: Impetus and Catalyst for an Ethical Imperative for Global Collaboration

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Abstract

COVID-19 vividly illustrates the critical need to commit steadfastly to global biomedical ethics as an ethical imperative for the prevention and treatment of disease. We confront the pandemic against a rising tide of political and cultural nationalist sentiment that impede collaboration and multilateralism. But our integrity and indeed our very self-preservation depend upon a moral obligation to the global community. While the virus ubiquity highlights this ethical imperative, the practice of medicine generally demands this commitment.

Keywords: Biomedical; Self-Preservation; Multilateralism

Introduction

Biosketch

Madeleine Schachter is Assistant Professor in the Department of Medicine, Division of Medical Ethics at Weill Cornell Medicine and on faculty at the Albert Einstein College of Medicine, where she teaches courses in medical ethics or advanced clinical ethics. She is a member of the Ethics Committee of the New York Presbyterian Hospital and serves on an Institutional Review Board at Weill Cornell Medicine. She is the author of six published books and many articles in legal and medical journals. Previously, she practiced law for thirty years, most recently working exclusively on pro bono matters for a large international law firm. She graduated Phi Beta Kappa, Summa Cum Laude from the University of Pennsylvania, where she designed the country's first individualized major in Medical Ethics, and she received her JD degree from the New York University School of Law, where she was a Root Tilden Scholar [1].

Resistance to exclusionary and discriminatory nationalist tendencies may best be achieved by incorporating global biomedical ethics into medical pedagogy; committing to non-homogenized, ethical analyses founded on fundamental humanitarian principles; collaborating to ensure efficient and equitable access to evidence-based healthcare services; and cooperating in interdisciplinary, cross-cultural innovation. Amidst the challenges and uncertainty surrounding COVID-19 are profound opportunities to center ourselves as a matter of social ontology within our international community, and to radically foment a normative ethos of global community whose benefits may extend even beyond the practice of medicine.

Disease's transnationalism

Although no disease respects geographical boundaries, the formidable COVID-19 contagion is one of our era's most conspicuous transnational peril. We now are inexorably humbled to concede that if we are to be prepared now and in the future, there has to be an absolutely fundamental change in our mind-set. We have to think that we have to work together as a human species to be organized to care for one another, to realize that the health of the most vulnerable people among us is a determining factor for the health of all of us, and, if we aren't prepared to do that, we'll never, ever be prepared to confront these devastating challenges to our humanity.

Thus, "the way that we respond very much depends on our values, our commitments, and our sense of being part of the human race and not smaller units". Acuity is high, and as mortality and morbidity continue to surge and confound testing, immunization, and treatment, the need to respond is urgent. A commitment to ethical preparedness helps deter compromised informed consent practices, inappropriately premature administration of experimental drugs, and undue relaxation of inclusion and exclusion criteria in investigations. We must be vigilant to distinguish between insidious racial and ethnic discrimination, and exclusion and prudent self-isolation and social distancing measures, to contain viral transmission; thus, we must endeavor to insulate ourselves from an infectious agent, not from a sect of humanity. Saving ourselves is a matter of self-interest; it is possible only if we save one another. We can thrive only by understanding that we are both fortunately and inexorably interconnected, and by recognizing that we must support one another within durable global biomedical ethical constructs as a matter of self-preservation. Survival, then, depends on our social propioperception of ourselves in the global community [2].

Global biomedical ethics in medical pedagogy

Such notions should be explicitly incorporated into medical training, no less so than, say, human anatomy is part of medical curricula. This precipitates definitional challenges of global biomedical ethics. The field should not be misapprehended as a sub-specialization of medical ethics applied to cross-border or non-domestic contexts, or as a mere taxonomy of diverse ethical

approaches across cultures, religions, ethnicities, or regions. Pedagogical global biomedical ethics is more appropriately envisaged as the study of the ethical investigation into and the provision of healthcare, consistent with fundamental humanitarian principles that do not disrupt individual values. While medical ethics is patient-focused, global biomedical ethics is community-focused, with the scope and nature of the community delineated as warranted by the ethical query.

Literature Review

Global biomedical ethics encompasses diverse analytical approaches to resolve dilemmas in patients' best interests within society, while eschewing reflexive efforts to harmonize others' beliefs and normative conventions that contravene one's own. Openness to diverse approaches accords the ancillary benefit of diffusing a proclivity toward "righteousness by rote," demanding instead deliberation about conventional modalities and receptivity to novel therapies. The practitioner and investigator operate within the broad international community, recognizing that resources are scarce, that knowledge evolves, and that neither institution nor nation holds a monopoly on innovative solutions. Accordingly, ethical constructs must share common interests and humanitarian predicates while retaining adequate malleability to account for emergent circumstances and disparate values [3].

International collaboration

Just as global biomedical ethics helps inoculate against provincialism and paternalism, an overt commitment to the global community helps perpetuate sound scientific and therapeutic endeavor. In order to retain our proprioperception within the world, we must collaborate across borders. For example, data-sharing and prompt, accurate incidence reporting facilitate transparency and rapid dissemination of information. This promotes accountability so that there is opportunity for the dissemination of countervailing data and the bases for discord. Likewise, transnational collaboration enables expedient supply chain sourcing, economies of scale in procurement, and expeditious transport. Voluntary, non-exclusionary coalitions can pool resources and create synergies to accelerate outcomes by leveraging talent and inspiring innovation. Now more than ever, collaboration amongst medical practitioners and investigators across borders is essential [4]. Duplicative investigational inquiry is curtailed, quizzical results are analyzed from multiple perspectives, and promising theories and therapies are incrementally advanced as part of a global architecture to mitigate and manage the virus. The inevitable result is that more credible scientific and medical advances are expedited and made available. To illustrate, when hydroxychloroquine was anecdotally touted as a possible treatment for COVID-19, The Lancet published findings of an observational study of a higher mortality rate and an increased frequency of ventricular arrhythmias. This swiftly led to suspension of use of the drug in the treatment of COVID-19. The Lancet issued a retraction after conducting an independent third-party review when concerns were raised about the veracity of the data and analysis [5].

Interdisciplinary and cross-cultural innovation

Innovation, fueled by "moral imagination", also transcends professions, industries, and disciplines. Reliable solutions transcend not only cultures and borders, but other disciplines as well. Interdisciplinary endeavors facilitate accessibility to increased knowledge by basic scientists, engineers, government health officials, lawyers, journalists, diplomats, humanitarian aid workers, and others by all who can contribute to the shared objective of preventing and curing, or at least treating, COVID-19. It's why, as but one example, the public benefited when a company that had pioneered coffee filters re-purposed equipment to produce one million masks each day [6].Harmonized baseline regulatory and ethical paradigms, in particular with respect to quality standardization, empirical analysis, and protocolized ethical guidance, reduces doubt and hesitancy in times of clinical urgency and promotes principled best practices. Conversely, tailoring protocols and practices with cultural competency to local populations helps induce participation and compliance with diagnostic, isolation, and treatment regimens. For instance, protocols regarding social distancing, isolation, and hand washing must, as a pragmatic matter, be adapted to refugee camps where people live in tight quarters with scant access to potable water [7].

Portents of Diplomacy

Because no region can be insulated from a disease unless it is eradicated from the entire world, a commitment to interdisciplinary, international collaboration and innovation "also reinforce[s] our health diplomacy". For example, China's provision of equipment, personnel, and scientific research, and its "much-needed willingness to engage in a transnational 'praxis' of cosmopolitan solidarity" may help diffuse xenophobic and scientifically unfounded references to COVID-19 as "the Chinese flu". Collaboration in the pursuit of cure unites people against disease, rather than against one another, as a common enemy. A shared therapeutic endeavor in compassionate care exposes our humanity [8].

Discussion

Ultimately, a sense of proprioperception within the world advances not only access to quality healthcare and prevention of pandemic disease transmission; it also becomes a portent for diplomacy and multinationalism. We are morally obliged to create systems to structurally implement and support global health and enable the equitable and expeditious sharing of supplies, data, and scientific, economic, and biomedical advancements. Fragmented competition impedes the scientific coherence and advancement upon which we all depend.

Conclusion

Pandemics' global ubiquity reminds us of our shared sense of interconnectedness. Thus, COVID-19 is both impetus and catalyst for an ethical imperative for global collaboration. Because "the health of the most vulnerable people among us is a determining factor for the health of all of us", 2 xenophobia is not only morally offensive, it is a formidable foe of containment and cure.But even absent a contagion of putatively pandemic proportions, a commitment to indoctrinated global biomedical

ethics orients the integrity of the medical profession within society. When the diverse, vast human condition is front of mind, integrated into clinical and research practice, the practice of medicine becomes contextualized within the world community. Global biomedical ethics is in the matrix, the indispensable condition of ministering to the ill, as we embark on scientific advances to prevent and cure disease. Our commitment to global biomedical ethics does not merely corroborate the doctor's practice; it propels its principled approach. More broadly, our very humanity, and our individual and collective dignity, depend upon ethical collaboration across borders.

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