FROM THE EDITOR

All People

In early March 2020, the March-April Hastings Center Report was very nearly assembled and out the door, and it contained nothing about Covid-19, which was still just beginning to make itself publicly known and felt in the United States. Two weeks later, the editorial line-up was undergoing a remix, and essays that lay out sweeping agendas for the response to the worldwide crisis were in preparation.

The central theme in the agenda that Lawrence O. Gostin, Eric A. Friedman, and Sarah A. Wetter develop, in my reading, is that the pandemic requires a sharp break from usual ethical norms yet simultaneously demands a return to core ethical commitments. Gostin and colleagues walk the reader through several dimensions of the response to the crisis, having to do, respectively, with the operation of health care facilities, access to health care, the need for physical distancing, and the criteria for government-imposed quarantines and lockdowns. Some recommendations are deeply disruptive. Hospitals must be prepared to switch from familiar clinical ethical guidelines to crisis standards of care, and governments may have to sharply curtail the usual individual freedoms. But what drives the recommendations is a deeper understanding of the commitment to care—of ourselves, of others, of us. A “pandemic” is a disease affecting “all people.” Our response must keep all people in mind. “We are all only as safe as the most vulnerable among us,” write Gostin, Friedman, and Wetter. “Equity and public health go hand in hand.”

A similar theme is sounded in the Perspective column, where Mildred Z. Solomon, Matthew Wynia, and Gostin call for federal actions to keep the health care system functioning. “Our plans must reflect our commitment to justice—and our global interdependence—in this time of crisis,” write Solomon and colleagues.

Other essays in the March-April issue take up an assortment of topical issues that were simmering along prior to the pandemic and will still be with us once the crisis has passed: state efforts to limit access to abortion by limiting medical practice, hospital decisions to transfer immigrant patients to other nations if the patients are unable to pay for their care, health care surrogate decision-making laws and their applicability in pediatric care, and the clash of values and beliefs that make organ transplantation morally puzzling.

The two articles take up foundational questions about the nature of moral reasoning. In the lead article, John Banja asks about the usefulness in clinical and research ethics of the “reasonable person” standard—the idea, that is, that we can find guidance for making or evaluating a decision by asking what a reasonable person would do or would have done in those circumstances. Banja is deeply skeptical that the reasonable person construct is anything other than a Platonic mirage—an ideal that has never existed and provides no actual insight. The only possible guidance, he argues, is from an autonomy standard, which merely asks what actual people do want.

In the second article, Nancy S. Jecker asks about moral standing and its relationship to age. A recent World Health Organization study found that discrimination against the elderly is common in wealthy countries, but that in poor nations, older people are frequently accorded more respect than younger. Jecker examines the ethical justification of different views, using sub-Saharan African accounts of personhood to illustrate the old age-favoring perspective. She aims to show the thinking and the sophistication behind contrasting views rather than to adjudicate among them. She concludes, in fact, by suggesting that different views may be appropriate in different sociocultural settings. To my mind, by challenging the going accounts of moral standing, the paper underscores the need to think seriously about the moral standing of all people—a helpful reminder during a pandemic. —GEK

On The Hastings Center’s Website

Ethical Framework for Health Care Institutions & Guidelines for Institutional Ethics Services Responding to the Coronavirus Pandemic
By Nancy Berlinger et al., https://www.thehastingscenter.org/ethicalframeworkcovid19/.


Flattening the Curve, Then What?
By Mark A. Rothstein
Unfortunately, too narrow a focus on flattening the curve may obscure larger gaps and deficiencies in our public health system that we have long ignored and must address.

False Hope about Coronavirus Treatments
By Kelly McBride Folkers and Arthur Caplan
While patients can and do recover from coronavirus infections, there are currently no approved treatments that are known to work against Covid-19. President Trump believes otherwise.

Immigrant Health in the Public Charge Era: 15 Essential Articles
By Ben Wills and Nancy Berlinger
Anticipation of the rule has had chilling effects on the behavior of immigrants, who have avoided or withdrawn from health-related programs for which they are eligible.