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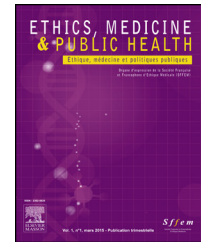


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## COMMENTARY

# Human health versus human rights: An emerging ethical dilemma arising from coronavirus disease pandemic



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The world is contending to contain the outbreak of coronavirus which has now resulted to 36,571 mortalities out of the 754,948 confirmed cases in 202 countries, areas or territories as at March 31, 2020 [1]. Pandemics are usually characterized by a sense of panic and uncertainties. Even though global preparedness and emergency procedures have been enacted [2], the uncertainties surrounding this pandemic raise considerable questions to their adherence. Widespread restrictions of varying degrees have been placed on individuals, groups, communities, cities or even whole regions. These restrictions *ab initio* are in contradiction to civil and human rights. These measures, which are now widely implemented in many regions and countries of the globe, have thrown up fresh ethical questions. Between human health and human rights, which takes primacy?

Notwithstanding that ethical considerations are at the core of planning and implementation in such public health emergencies [2–4], the adherence to these regulations and guidelines in reality is problematic. Abuse of individual's rights is known to occur when ethical principles are not strictly adhered to in pandemic situations [5,6]. On the contrary, adherence can elicit reasonable support from the general public thereby minimizing unpleasant consequences [7]. On this basis perhaps, the World Health Organization (WHO) advised against travel restrictions in the current coronavirus pandemic [8]. The WHO's International Health Regulations (IHR) stipulates how nations could address the global spread of disease and without interfering with human activities [2]. However, with no definite treatment or vaccine for COVID-19 treatment, many nations have enforced measures which seem to contravene the WHO guidelines.

The virus, which originated from China and was subsequently exported to other countries and territories before local transmission within those communities, has occasioned draconian measures. Given that humans are the vectors, as well as the victims, minimizing human interaction through social distancing, quarantine and isolation is the most appropriate action to take [9]. The use of these methods, though old fashioned [10], in dealing with pandemics appears to be the most immediate and feasible solution now. In the 2003 SARS outbreak, these same measures were useful in curbing the disease [11]. Hence, an increasing number of nations are restricting travels in and out of their territories, canceling

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public gatherings, enforcing quarantine and isolation on individuals as well as declaring partial or total lockdown of socio-economic activities.

Travel restrictions, quarantines, compulsory isolation and prohibitions of public gatherings impact individuals' freedom, amounting to deprivation of liberty and fundamental human rights. But since these may be the only measures to mitigate the spread of a disease, as is the case with the coronavirus pandemic, nations have put them in place. China and India are examples of how such measures have limited further spread of coronavirus within their territories. Even the countries with the best human rights records are not left out in this approach. As with all emergencies, imposing rules is inevitable for the best interest of individuals thereby promoting the overall health of the general population [9]. It is expected that emergency preparedness will impact on not only human health but civil and human rights as well [12]. Just as ethics are central to emergency preparedness, so is paternalism to emergency response.

Public health ethics differs from clinical ethics in that it requires giving priority to promoting the common good over protecting individual autonomy [13]. Paternalism involves restrictions on freedom for the sake of protecting or promoting that individual's best interest; giving priority to wider societal implications than individual rights. The right of individuals to health includes protecting and preventing them from contacting diseases. This helps to ensure that long-term interests take precedence over short-term interests. Public health policies, which focus primarily on population-level health outcomes, may therefore subordinate the interests and rights of individuals to the common good [14,15]. Going by this, there seem to be an unofficial consensus that human health takes primacy over human rights.

It is clear that no amount of planning and preparation can suffice in these circumstances. Often, health care systems are overwhelmed in public health emergencies, in decision-making, allocation of resources, prioritizing of patients, etc. Nonetheless, these measures must be justified and fully communicated. Public engagement and transparency in decision making are important factors to consider [16]. Provision of information is necessary for effectiveness, cooperation and compliance from the populace [17]. The implemented measures should be for a limited period and as necessary, in safe and humane manner [18]. While the need for human survival precedes individual rights, balancing individual rights against the community's public health needs cannot be overlooked.

## Human and animal rights

The authors declare that the work described has not involved experimentation on humans or animals.

## Informed consent and patient details

The authors declare that the work described does not involve patients or volunteers.

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## Disclosure of interest

The authors declare that they have no competing interest.

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