



COVID-19 Cultural and Ethical Considerations

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Objectives

1. Describe Cultural and Ethnic complexities that influence Covid-19 Testing
2. Specify Cultural and Ethnic factors which contribute to Covid-19 vaccine hesitancy.
3. Identify Ethical components of the complexities of community-centered approaches to testing in under-resourced populations.

Social Determinants of Health



Testing in a Pandemic

- Success depends on tracking viral spread rapidly from its early stages to identify people who are infected and protect those who aren't.
- Most of the country is still not doing enough testing. When tests are performed, the organizations processing them often fail to achieve fast enough turnaround times (ideally, 1 to 2 days) to permit effective contact-tracing efforts. On average, Americans wait 4 days to receive a test result;
- 10% of Americans have waited 10 days or more. And testing is beset by racial disparities.
- Many people are now asking why these failures persist.

Testing in a Pandemic— Improving Access, Coordination, and Prioritization
Yolanda Botti-Lodovico, M.P.P., Eric Rosenberg, M.D., and Pardis C. Sabeti, D.Phil., M.D
N Engl J Med 2021; 384:197-199

Testing in a Pandemic

- First, we failed to build and scale up sufficient capacity for diagnostic tests in clinical laboratories
- Second, our leadership never created a coherent national prioritization strategy for the distribution of limited testing capacity.
- The more we delay prioritizing and creating the infrastructure needed for hypothesis-driven testing (e.g., symptomatic persons, contacts, high-risk groups) on a massive scale, the more we risk containment failure.
- By building distributed capacity and prioritizing resources in response to public health demands, the United States, too, can transform our trajectory in fighting this pandemic — and preempting future ones.

Testing in a Pandemic— Improving Access, Coordination, and Prioritization

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Cultural and Ethnic complexities of Covid-19 Testing

COVID-19 Community Testing in Historically Marginalized Populations

- Areas appear to be at high-risk to develop/potentially transmit COVID-19 for many reasons:
 - Densely populated areas with overcrowded housing and/or multi-generational homes
 - Non English speaking language
 - Challenges to practice social distancing
 - Occupational exposure with jobs that do not offer paid leave or the opportunity to work from home
 - Barriers in transportation
 - Historical obstacles to access health care: a concentration of unmet health needs and chronic disease burden.

Henry Akintobi T, Jacobs T, Sabbs D, Holden K, Braithwaite R, Johnson LN, Dawes D, Hoffman L. Community Engagement of African Americans in the Era of COVID-19: Considerations, Challenges, Implications, and Recommendations for Public Health. *Prev Chronic Dis.* 2020 Aug 13;17:E83

Stigmatization

- Infectious disease epidemics have been associated with stigmatization of specific ethnic groups
- Stigmatization is real and can negatively affect populations of people in seeking and accessing care and also in general public response.
- Patients who believe or perceive they are stigmatized against may delay seeking care, others become afraid of those believed to be sick, entire populations may be prejudiced against, and in some cases, stigmatization has led to violence against individuals and groups.
- Quarantined individuals are more likely to report stigmatization and social rejection including avoidance, withdrawing social invitations, and making critical comments, suggesting stigma may specifically be surrounding people who are quarantined

Bruns DP, Kraguljac NV, Bruns TR. COVID-19: Facts, Cultural Considerations, and Risk of Stigmatization. J Transcult Nurs. 2020 Jul;31(4):326-332

Cultural and Ethnic Factors of Vaccine Hesitancy

- **Key cultural perspectives on vaccination**

1. Individual rights and public health stances toward vaccination
2. Various religious standpoints and vaccine objections
3. Suspicion and mistrust of vaccines among different U.S. and global cultures and communities

<https://www.historyofvaccines.org/content/articles/cultural-perspectives-vaccination>

Cultural Perspectives on Vaccination

Individual versus Public Health Stances

- Controversies over the efficacy, safety, and morality of compulsory immunization stem from the longstanding tension between two, sometimes divergent, goals: protecting individual liberties and safeguarding the public's health
- Vaccination mandates sacrifice individual autonomy to protect communities from disease
 - Unvaccinated individuals pose risks to elderly and people with medical contraindications who can't be vaccinated, as well as vaccinated individuals (vaccines are not 100% effective)

<https://www.historyofvaccines.org/content/articles/cultural-perspectives-vaccination>
Cultural Perspectives on Vaccination

Religious Perspectives and Vaccine Objections

- Religious objections to vaccines are based generally on
- (1) the ethical dilemmas associated with using human tissue cells to create vaccines
- (2) beliefs that the body is sacred, should not receive certain chemicals or blood or tissues from animals, and should be healed by God or natural means.

<https://www.historyofvaccines.org/content/articles/cultural-perspectives-vaccination>

Cultural Perspectives on Vaccination

Suspicion and Mistrust of Vaccines

- Suspicion and apprehension about vaccination is fairly common, particularly among several specific disenfranchised communities in the United States and internationally. For these communities, the suspicion is best understood in a social and historical context of inequality and mistrust

<https://www.historyofvaccines.org/content/articles/cultural-perspectives-vaccination>

Cultural Perspectives on Vaccination

Suspicion and Mistrust of Vaccines

- Divergent cultural perspectives and opinions toward vaccination, including libertarian and religious objections, as well as vaccine suspicions, signal the need for continued communication and collaboration between medical and public health officials and the public regarding acceptable and effective immunization policies.

<https://www.historyofvaccines.org/content/articles/cultural-perspectives-vaccination>

Cultural Perspectives on Vaccination

Ethnic Factors of Vaccine Hesitancy

- Among the vaccine hesitant, members of different racial groups have somewhat different reasons for not wanting to get vaccinated.
- Black adults who are vaccine hesitant are more likely than White adults to cite concerns about side effects (71% vs. 56%) and the newness of the vaccine (71% vs. 48%) as major reasons for not wanting to get vaccinated.
- Importantly, about half of Black adults who say they probably or definitely won't get vaccinated cite as major reasons that they are worried they may get COVID-19 from the vaccine (50%) or that they don't trust vaccines in general (47%), suggesting that messages combatting particular types of misinformation may be especially important for increasing vaccine confidence among this group.

KFF COVID-19 Vaccine Monitor: December 2020

Ethnic Factors of Vaccine Hesitancy

- Still, concerns remain about whether the needs of people of color are being accounted for in the vaccine development process.
- About half (48%) of Black adults say they are not confident that the development of a COVID-19 vaccine is taking the needs of Black people into account, and over a third (36%) of Hispanic adults say the same about the needs of Hispanic people.
- Trust in personal doctors for vaccine information is universally high across partisan identification and race/ethnicity.

KFF COVID-19 Vaccine Monitor: December 2020

Ethical Components of the Complexities of Community-Centered Approaches to Testing in Under-Resourced Populations

CDC Ethical Guidelines in Influenza Pandemic

General Ethical Considerations

- **Clear overall goals for pandemic planning**
- Historically, the organizing principle for resource (antiviral and vaccine) distribution in inter-pandemic years has been the minimization of serious -associated complications, including hospitalization and death. Individuals most at risk of experiencing the serious negative health consequences of hospitalization or death if infected are given priority in receiving vaccinations
- In pandemic management a second principle – that of preserving the functioning of society – should receive greater priority in decision making than preventing serious complications
 - Those individuals who are essential to the provision of health care, public safety and the functioning of key aspects of society should receive priority in the distribution of vaccine, antivirals and other scarce resources

CDC Ethical Guidelines in Influenza Pandemic

General Ethical Considerations

- **Sound guidelines should be based on the best available scientific evidence**
 - There is no need to establish rules for the equitable distribution of goods that will not work or to implement public health interventions that are ineffective. This is equally true for vaccines and antivirals as it is for 'social distancing' measures. Because the scientific basis for efficacy of particular interventions continues to be studied and models projecting the course of a pandemic are being investigated, sound scientific evidence for proposed interventions may not currently exist. The current knowledge basis should serve as a foundation for ethical guidelines and a commitment to ongoing scientific and ethical evaluation of interventions should be made.

CDC Ethical Guidelines in Influenza Pandemic

General Ethical Considerations

- **Balancing of Individual Liberty and Community Interests**
- Suspensions of ordinary moral rules should be anticipated and the conditions calling for such suspensions should be specified.
- Guiding principles in determining these restrictions include:
 - Adopting the least restrictive practices that will allow the common good to be protected.
 - Ensuring that restrictions are necessary and proportional to the need for protection.
 - Attempting to ensure that those impacted by restrictions receive support from the community (e.g., job security, financial support for individuals and their families, provision of food and other necessities to those who are isolated or placed under quarantine, and/or protection against stigmatization or unwarranted disclosure of private information).

CDC Ethical Guidelines in Influenza Pandemic

General Ethical Considerations

- **Diversity in Ethical Decision Making**

- Given numerous historical examples of abuse of individuals, particularly those who are considered vulnerable, in the name of the public good (e.g., involuntary sterilization of the mentally retarded, the U.S. Public Health Service Syphilis Study at Tuskegee, the internment of Japanese-Americans during World War II), **public health officials must adequately acknowledge and respond to strong currents of suspicion and distrust of the healthcare system.**
- This acknowledgement is, of course, a part of a much larger healthcare dialogue.
- Addressing this distrust should be a strong and enduring commitment and not viewed as merely instrumental to inducing individuals to comply with recommendations.
- Diverse public voices should be involved in determining the need for restrictions and in articulating the ethical justification for these restrictions.

CDC Ethical Guidelines in Influenza Pandemic

General Ethical Considerations

- **Fair Process Approach (Procedural Justice)**

- Consistency in applying standards across people and time (treating like cases alike).
- Decision makers who are impartial and neutral.
- Ensuring that those affected by the decisions have a voice in decision making and agree in advance to the proposed process.
- Treating those affected with dignity and respect.
- Ensuring that decisions are adequately reasoned and based on accurate information.
- Communications and processes that are clear, transparent and without hidden agendas.
- Inclusion of processes to revise or correct approaches to address new information, including a process for appeals and procedures that are sustainable and enforceable.

CDC Ethical Guidelines in Influenza Pandemic

General Ethical Considerations

- **When are restrictions on personal freedom ethically justified?**
- Enactment of these measures should be based on the best available scientific evidence that:
 - The liberty-limiting measure will achieve its intended goal.
 - The limitation is proportional and no less restrictive measure is likely to be as effective. An exception to this criterion may be justified if the less restrictive measure would be unduly burdensome (e.g., either too expensive or the agency responsible for implementation lacks the resources or expertise to implement).
 - Failure to implement the measure is likely to result in grave harm to the functioning of society or to the well-being of the public. For example, if quarantine is enacted, the duration of the quarantine should be clearly informed by transmission characteristics and should be as short as is medically justifiable. Home quarantine should be honored where reasonable and desired, and monitoring/surveillance should be as non-intrusive as is reasonable. We should continually be asking what justifies one further restrictive step.