

**EDITORIAL**

Bioethics: bridge to a post-pandemic future

Tatiana Bragança de Azevedo Della Giustina¹, José Hiran da Silva Gallo¹, Rui Nunes²

1. Conselho Federal de Medicina, Brasília/DF, Brasil. 2. Universidade do Porto, Porto, Portugal

The year 2020 has been difficult for everyone. Since the first bimester, the world has been stricken by a new disease arisen in China, caused by the Sars-CoV-2 virus. The pathogen origins are not fully known, but we do know that the disease is highly contagious, having spread rapidly across continents, to the point of being declared a pandemic by the World Health Organization on March 11, 2020¹.

The high transmission and morbidity rate of Covid-19 makes it capable of overloading health systems, requiring the adoption of measures such as social distancing, use of masks, constant hand washing and disinfection with hand sanitizer. When these measures are insufficient, more severe government actions are needed, such as mandatory quarantine, lockdown, fines and curfews, which severely impact the economy of several countries.

According to Schmidt and Medeiros², the vertiginous populational increase in large cities and the current ease of displacement around the world favor the spread of contagious diseases and the establishment of public health emergencies. The difficulty in containing the advancement of the disease and the constant search for strategies to meet the demand of the health system imply the idea of a true “global health,” involving coordinated international efforts.

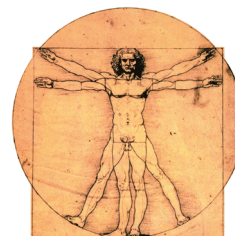
The response of the scientific community to the pandemic was intense, but not yet resolute. Epidemiological evidence for Covid-19 is being established from the point of view of treatment, diagnosis and even prevention, and the disease and its different manifestations are being researched worldwide. Even without a definitive basis of evidence, medical entities create protocols for care supported by available treatments, always respecting the bioethical principle of physician and patient autonomy. In addition, several vaccines are being developed and tested in an emergency basis, always aiming at the common good, but sometimes concealing conflicts of interest from large pharmaceutical groups.

Ethical dilemmas involving resource management and health demands are increasingly present, instilling the need and opportunity to reflect on the current situation and its bioethical implications³. In this scenario, the interface between human rights and the public interest awakened by the pandemic crisis has put to the test the solidity of contemporary societies’ bioethical principles.

One of these dilemmas refers to the Covid-19 vaccine. Once developed, how should governments act? Should they make it mandatory, following utilitarian bias, given the possibility of contagion and severe illness, leading to hospitalization and intensive care? Or they must respect the individuality and freedom of those who reject being vaccinated⁴?

In Brazil, a state of public calamity was declared in March, 2020⁵, allowing the release of an extra budget irrespective of the Fiscal Responsibility Law⁶, and in May it was declared a situation of Emergency in Public Health of National Importance⁷. This allowed public policies to be redirected to combat the pandemic, enabling the urgent use of measures to prevent, control and contain risks, damages and harm to public health. States of calamity and emergency in public health are established in epidemiological situations that present a risk of dissemination throughout the

REVISTA
Bioética



country and/or that surpass the Brazilian Unified Health System state management's response capacity⁷.

A few months after the onset of the pandemic, there has not yet been enough time to develop drugs and vaccines that comply with the usual strict protocol. The pressing need for such solutions should lead us to rethink the ethics of studies with human beings, especially clinical trials of new drugs, as well as the role of research ethics committees.

Although several drugs such as remdesivir, hydroxychloroquine, dexamethasone, ivermectin, nitazoxanide and convalescent plasma are being used in research, Covid-19, in its various manifestations, has not yet been fully understood⁸. Unfortunately, conflicts of interest have been observed in clinical research around the world, and many political views have also influenced scientific initiatives for possible treatments and vaccines. From a bioethical perspective, this implies that international mechanisms of control and regulation of science need to be reinforced, so that the concept of "evidence-based medicine" is not just a pale shadow of what it could be.

This year of 2020, almost at the end, brought significant changes to medicine, health, bioethics and human relations. *Revista Bioética* also underwent changes this year, enriching its editorial team with PhD Rui Nunes as honorary scientific editor, PhD Natália Teles as assistant editor and PhD José Hiran da Silva Gallo as scientific editor in Brazil. The journal has also sought new international indexing platforms, as to raise its impact factor.


In these times of pandemic, bioethics has been remembered for the possibilities of reflecting on the health crisis, ethical dilemmas and how to conduct clinical cases. Thus, this last issue of 2020 presents several topics of interest to all, including about Covid-19, but beyond it. Have a pleasant reading!

The editors


References

1. OMS afirma que covid-19 é agora caracterizada como pandemia. Opas Brasil [Internet]. Banco de Notícias; 11 mar 2020 [acesso 12 nov 2020]. Disponível: <https://bit.ly/3oe7oY5>
2. Schmidt AKI, Medeiros RVZ. Discussões bioéticas em tempos de pandemia. In: Farias RN, Mascarenhas IL, organizadores. Covid-19: saúde, judicialização e pandemia. Curitiba: Juruá; 2020. p. 197-213.
3. Correa LC. Utilitarismo e moralidade: considerações sobre o indivíduo e o Estado. *Rev Bras Ciênc Soc* [Internet]. 2012 [acesso 14 nov 2020];27(79):173-86. DOI: 10.1590/S0102-69092012000200011
4. Savulescu J. Good reasons to vaccinate: mandatory or payment for risk? *J Med Ethics* [Internet]. 2020 [acesso 14 nov 2020]. DOI: 10.1136/medethics 2020-106821
5. Brasil. Decreto Legislativo nº 6, de 2020. Reconhece, para os fins do art. 65 da Lei Complementar nº 101, de 4 de maio de 2000, a ocorrência do estado de calamidade pública, nos termos da solicitação do presidente da República encaminhada por meio da Mensagem nº 93, de 18 de março de 2020. *Diário Oficial da União* [Internet]. Brasília, nº 55-C, edição extra, p. 1, 20 mar 2020 [acesso 14 nov 2020]. Disponível: <https://bit.ly/36rDdXm>
6. Brasil. Lei Complementar nº 101, de 4 de maio de 2000. Estabelece normas de finanças públicas voltadas para a responsabilidade na gestão fiscal e dá outras providências. *Diário Oficial da União* [Internet]. Brasília, p. 1, 5 maio 2000 [acesso 14 nov 2020]. Disponível: <https://bit.ly/3muS1dd>
7. Brasil. Decreto nº 7.616, de 17 de novembro de 2011. Dispõe sobre a declaração de Emergência em Saúde Pública de Importância Nacional (Espin) e institui a Força Nacional do Sistema Único de Saúde (FN-SUS). *Diário Oficial da União* [Internet]. Brasília, p. 14, 18 nov 2011 [acesso 1º dez 2020]. Seção 1. Disponível: <https://bit.ly/2JvVr11>
8. Folha informativa covid-19: Escritório da OPAS e da OMS no Brasil. OPAS [Internet]. 2020 [acesso 12 nov 2020]. Disponível: <https://bit.ly/3odaj3b>


Tatiana Bragança de Azevedo Della Giustina – Doutora – tatiana.giustina@portalmedico.org.br

 0000-0001-5905-4722

José Hiran da Silva Gallo – Doutor – gallo@portalmedico.org.br

 0000-0002-1848-7270

Rui Nunes – Doutor – ruinunes@med.up.pt

 0000-0002-1377-9899
