



## Challenges and Decisions in the Face of Coronavirus Pandemic

-My father was to be admitted to the ICU today. But he's not going to be treated in it.

A woman explains that her father, affected by the coronavirus and with serious respiratory problems, was scheduled to enter the ICU (Intensive Care Unit) that day for treating his condition. That same morning, a 44 years old seriously affected man came to hospital and the doctors decided that the bed in the ICU should be occupied by that person and her father would have to wait. The doctors were applying a decision scheme like the White scale<sup>1</sup>, which defines reasonable criteria for situations like this, but it is difficult to assume for someone who must remain outside the ICU.

### ETHICAL DILEMMAS AT STAKE

This kind of situations, dramatic indeed, will repeat in the upcoming weeks. We must understand that these criteria for the discriminative use of limited health resources are to be defined not only by doctors, but by society as a whole too (in fact, that is what the White scale advocates), and ethical values necessarily come into play. In any case, **any scale of priorities of this type must be solidly founded, with humanizing, scientific and politically rational criteria; moreover, it must be clearly explained, without any reservations, involving the population in the decisions.**

At the same time, the pandemic presents us another ethical crossroads: we decided in the past

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to provide universal and free access to health care, and that meant establishing a hierarchy of values, in which the equality of all and the very value of human life prevails. But it has not been enough: the pandemic shows us that we have not invested enough, for example, in ICU beds; economic resources are limited and, if we decide now to recover the ratio of ICU beds/100,000 inhabitants, we will have to take money from elsewhere in the state's general budget or increase taxes; are we willing to pay that price? In our perspective as Evangelicals, we should, but everything depends again on the value we concede to human life, both young and old persons' life.

On the other hand, we **Evangelicals are alarmed by the economic worldview of life that several global policy makers are demonstrating in their public statements, in which they quantify the possible death toll only in terms of economic balance between the cost of resources for medical treatment of people and the rollback effects on the sacrosanct**

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<sup>1</sup> WHITE DB, KATZ MH, LUCE JM and BERNARD L. *Who should receive life support during a Public Health Emergency? Using Ethical principles to improve allocation decisions.* Ann Intern Med. 2009; 150 (2): 132-8. This scale, useful for deciding who to admit to the ICU in public health emergencies, weighs the severity of the process and its chances of recovery, the patient's pre-admission life expectancy, etc. It also proposes involving the general population in the definition of ethical decision criteria related to this.



**deity of GDP** and its growth. Persons have an immense, non-quantifiable, intrinsic value that must be above those calculations.

This disease is challenging in many ways, it returns questions that we thought had been solved and will force us to rethink priorities and behaviours. And it's not going to be easy.

## SECURITY AND FREEDOM

The Korean philosopher Byung-Chul Han poses another challenge<sup>2</sup>: it seems that some Asian countries are dealing more effectively with the spread of the pandemic by using computing and big data tools that involve extensive government control over citizens, to an extent that we Western people find unacceptable; this control is now being effective in tracking potentially infected persons, their mobility and traceability, but it can also be used –as it has been for decades in the P. R. China– for the control of what each citizen does, reads, communicates, etc., which supposes a serious liquidation of personal liberties.

The dilemma that arose in the 1930's, which was reopened with the threat of Islamic terrorism, is once again being reawakened with the fight against the pandemic: **Will we hand over more control of our lives to the State if in return the State guarantees us greater effectiveness against collective threats such as the present one? Is it worth giving up some personal freedom in exchange for greater security?**

Part of the answer lies in the fact that it is not always a question of all or nothing, so the solution may be to replicate “how far, until when and under what circumstances?” And here we must be very clear, because political power always tends to monopolise more and more control and never returns willingly any domain sphere even if it had been conditionally and temporarily handed over to it.

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It is possible that the Asian example will lead many to think that the Chinese model, which combines capitalist development with an Orwellian police state, has had results in handling this general emergency and that it will effectively overcome the health and economic crisis. It is possible that many understand that the price paid for personal liberties is not so heavy and they may be inclined to think that efficiency is the most important and, consequently, we must change the foundations of our Western democratic system and convert into habitual and permanent the State's control over the activities of the individual; this tendency to cede more competencies to the State is becoming palpable here among us in other areas of public life – over which Spanish Evangelical Alliance has made statements–, such as the area of the family's responsibility in front of the state<sup>3</sup>. This drift goes beyond the left/right axis and threatens the healthy limitations on the exercise of power, limitations that are characteristic of a democratic State. From our Protestant perspective, political power must always be restricted and controlled by counter-powers and must rigorously respect inalienable individual liberties. **It is a fallacy to sell us security in exchange for renouncing to freedom.**

But we cannot stop there: In a biblical perspective, individual freedom is inseparable from personal responsibility, and the latter includes a clear commitment to others, a serious awareness and exercise of our own personal social responsibility for others; the Bible is full of

<sup>2</sup> <https://elpais.com/ideas/2020-03-21/la-emergencia-viral-y-el-mundo-de-manana-byung-chul-han-el-filosofo-surcoreano-que-piensa-desde-berlin.html> (in Spanish, consulted on 25th/march/2020).

<sup>3</sup> [http://www.aeesp.net/2020/01/21/aee\\_pin\\_parental/](http://www.aeesp.net/2020/01/21/aee_pin_parental/)



requirements of care and dedication to one another<sup>4</sup>. Therefore, State control becomes less necessary if each citizen exercises his social responsibility. This is absolutely relevant in present pandemic.

This pandemic shakes up our health system, our security, our economy, but it may also shake up our shared worldview, the consensus on democratic principles, the balance of powers, the sovereignty of each sphere of competence and personal freedoms. **Spanish Evangelical Alliance calls on demanding effectiveness from the State as much as the development of each one's social responsibility and the defence of personal liberties.**

#### THE RESPONSIBILITY OF THOSE IN GOVERNMENT

It is our civic duty to support the measures taken by the authorities, both the current ones and those that will come later, but it is also our duty to demand from the rulers the corresponding responsibility and foresight; some will say that this is not the time to look for guilts, but it is certainly the time to evaluate what is being done because the epidemic does not leave us any margin, and if something has to be corrected, it has to be immediately corrected.

**We can no longer have the feeling that decisions are being taken “as we go along”.** Undoubtedly, the measures must be proportionate, but as far as possible they must not be improvised; we have already scenarios that are ahead of us, such as those in the P. R. China and Italy, and from them we must learn and react in time. In this the Government has failed and

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must correct the strategy: there was no responsible anticipation when at the beginning of March it was already known what was coming to us and the Government irresponsibly allowed –and promoted– in many towns the massive demonstrations on International Women's Day; it was neither responsible the celebration of the Vox event in Vista Alegre on those dates<sup>5</sup>. **It is not acceptable that ideology prevails over caring for citizens.** The same thing happened with mass sport competitions and other events,

the maintenance of which was based on the economic and populist criteria, rather than on responsible and transparent management of the general interest.

There was neither responsible anticipation when the necessary health material was not imported in advance and no measures were taken to promote their national manufacture; it had to be the private initiative or that of the autonomous Governments that came into action; it must be pointed out too that in this the autonomous Governments had competences in health public care and they did not exercise them with full responsibility.

In short, we support the necessary Government decisions, but not as a blank cheque: **we, as responsible citizens, demand a review of these decisions to improve them and correct them if necessary.**

We will have to re-evaluate public health policy and change what is needed; the health workers have shown exceptional commitment and they have all the moral and professional authority to make themselves heard now, because they know the reality and the needs better than anyone else and because their commitment makes them worthy of respect and of being listened to.

<sup>4</sup> Jn 13.34, Ro 12.10, 13.8 and 14.19, Eph 4.32, Fil 2.3, 1Thes 5.11, among other texts.

<sup>5</sup> A huge political meeting of an extreme-rightist political party.



**Public health policy must be liberated to some degree from ideology and it must pay more attention to professional knowledge and criteria.**

And in foreign policy the Government cannot be so naïve: it allowed the Chinese Government to carry off all our stocks of protective masks at the beginning of the crisis and now we must buy them back from China at a higher cost.

#### **GETTING AHEAD OF THE CURVE**

Dramatic situations like the one described at the beginning of this document—which will multiply in the coming weeks—were foreseeable, since we had the first news from China. We are not going to present here forecasts of numbers of infected people and ICU admissions that will occur, because this could generate alarm, but right now we have the possibility of reviewing the natural history of this infection and observing what has happened and is happening in various countries in order to make our own decisions. So we can clearly foresee that the number of diagnoses will increase both because of the evolution of the curve of spreading and because with the rapid PCR tests we will detect more undiagnosed cases with mild symptoms; the relevant question is how many people will need admission in hospitals and, above all, how many will require intensive care. **And then we will discover that we have a real risk of being overwhelmed.**

Germany is having a lower mortality rate. Although there are many reasons for this, one of the most important is that it has 24.6 ICU beds per 100,000 inhabitants and Spain has 8.2<sup>6</sup>. And the reason is not that Germany has more economic resources: if we compare the GDP with ICU beds, we see that the budgetary effort is almost 50% higher in Germany<sup>7</sup>; it is no longer a question of having more money, but of our priorities in spending everyone's money. We knew this before the pandemic, and it was in line with a specific set of budgetary priorities that we have been maintaining for decades, with rightist and leftist governments, and that has led us to where we are today. And what now? The incidence of severe respiratory complications from the coronavirus will exceed our health resources. We will now have to implement war medicine measures, such as that of IFEMA<sup>8</sup>, which is a good and necessary initiative, but it should have been preceded by more robust stable health care policies.

We cannot immediately reverse all this, but we are now at least in time to anticipate what will come after the pandemic, especially in two areas: health and economy.

In relation to health care, we know that in the coming months and years cases of chronic respiratory disease and even of lung transplants will increase, and we must start to prepare for this. Above all, however, we must learn from the pandemic in order to anticipate similar situations in the future and make budgetary decisions; **health is more than an expense: it is an investment and a basic right.** On the other hand, the correct and coordinated

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<sup>6</sup> ADHIKARI N, FOWLER R, BHAGWANJEE S, RUBENFELD S. *Critical care and the global burden of critical illness in adults*. Lancet 2010; 375: 1339–46.

<sup>7</sup> RODES A, FERDINANDE P, FLAATEN H, GUIDEN B, METNITZ P G, MORENO R P. *The variability of critical care numbers in Europe*. Intensive Care Med 2012; 38: 1647–1653.

<sup>8</sup> A huge convention centre in Madrid which was urgently converted into a hospital.



articulation with the autonomous Governments will be essential, avoiding the bargaining of resources from the central government with the autonomies.

As for the economy, we will have to pay special attention to the re-floating of companies and the rescue of families' economy; **the post-pandemic period will not be a time for ideological dogmas, but for effective measures.** At the level of the European Union, the mutualisation of debt (the "corona bonds") is a measure of solidarity, but it should not lead to the promotion of

irresponsibility and relaxation of the countries that most benefit, such as Spain.

We must anticipate post-pandemic needs, making use of the solidarity that has always been present in the Evangelical churches as mutual aid communities

But as Evangelicals we have additional responsibilities: some of our brothers and sisters will come out of the crisis with serious economic difficulties and we have a responsibility towards them that goes beyond that of the government; we must not leave everything in the hands of public initiatives. We foresee a situation of hardship and **we must anticipate it, making use of the solidarity that has always been present in the Evangelical churches as mutual aid communities,** following the example of the church of Antioch: "*And there stood up one of them named Agabus, and signified by the Spirit that there should be great dearth throughout all the*

*world: which came to pass in the days of Claudius Caesar. Then the disciples, every man according to his ability, determined to send relief unto the brethren which dwelt in Judea.*"<sup>9</sup>

#### OTHER LESSONS FROM THE PANDEMIC

Lying and concealment kill. A Chinese doctor, Dr Li Wenliang<sup>10</sup>, announced on December 30<sup>th</sup> that a SARS-like pandemic was coming; the police threatened him and actively suppressed his voice, in an unacceptable interference of political power over medical-scientific activity, so characteristic of dictatorships. The doctor died from his patients' illness and his government has not acknowledged its own mistake and the doctor's heroism. Should they had not concealed his voice, the pandemic would have been smaller and more controllable. **Concealment kills.**<sup>11</sup>

We will come out of this crisis with another lesson: **what I do inevitably impacts on others**, we are each other's caretakers and it is unrealistic to get rid of this responsibility by saying "*Am I my brother's keeper?*"<sup>12</sup>

<sup>9</sup> Acts 11.28-29.

<sup>10</sup> Given the opacity of information in China, It is not completely sure, but there are indications that he could be an Evangelical Christian: <https://www.evangelicodigital.com/sociedad/11767/la-muerte-del-medico-cristiano-li-wen-liang-impacta-china> (in Spanish)

<sup>11</sup> On the other hand, a study by two Chinese scientists, Drs Botao Xiao and Lei Xiao, has been published. They reported that 280 metres from the Huanan fish market in Wuhan, the zero kilometre of the pandemic, there is a laboratory researching viruses; they did not suggest that there was a premeditated plan to spread a coronavirus, but that it could be an uncontrolled escape. The Chinese government has remained silent. It can be consulted at:

[https://web.archive.org/web/20200214144447/https://www.researchgate.net/publication/339070128\\_The\\_possible\\_origins\\_of\\_2019-nCoV\\_coronavirus](https://web.archive.org/web/20200214144447/https://www.researchgate.net/publication/339070128_The_possible_origins_of_2019-nCoV_coronavirus) (consulted on 26/march/2020).

<sup>12</sup> Gen 4.9.



**This disease, like all diseases, overcomes social and economic differences, strips away all false securities and places us all, poor and rich, powerful and ordinary people, in our awareness of vulnerability. Suddenly, the words of Deuteronomy become present: "And thy life shall hang in doubt before thee; and thou shalt fear day and night, and shalt have none assurance of thy life"<sup>13</sup>. It forces us to re-think what and who is worth of our trust and security.**

*"We will not fear,  
though the earth be  
removed"*

It is an adequate moment to value what we really believe, in which person we affirm ourselves with confidence, so that we will not fall even if everything is being shaken: "*We will not fear, though the earth be removed.*"<sup>14</sup> We Evangelicals are not immune to the coronavirus, we are very clear about this, but when we see all the things that are happening, we are sure that no one of them escapes the care of our Father God.

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<sup>13</sup> Dt 28.66.

<sup>14</sup> Psalm 46.2.