

In the Time of the Pandemic

Dehonians Worldwide Reflect
on Their Experience



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CHAPTER 8

COVID-19 Outbreak Indonesia's Perspective

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Abstract

This article makes an ethical exploration into the issue of confidentiality during the evolution of the coronavirus' outbreak. During a pandemic, the application of confidentiality is not an absolute value. The author explores situations where the breach of confidentiality may be beneficial for the good of others.

Introduction

AS A TERMINOLOGY, COVID-19 IS AN ABBREVIATION OF ‘CO’ (FOR CORONA), ‘VI’ for virus, ‘D’ for disease, and 19 for the year 2019. So, COVID-19 is the acronym derived from “coronavirus disease 2019.”¹²⁰ COVID-19 is an infectious disease caused by a newly discovered coronavirus called SARS-CoV-2. It is a new type of respiratory illness. This virus is derived from the same family of viruses as Severe Acute Respiratory Syndrome (SARS) and some types of the common cold. Complications leading to death may include respiratory failure, acute respiratory distress syndrome (ARDS), and multi organ failure (injury of the heart, liver, and kidneys).

COVID-19 is believed to have originated in Wuhan, China. Although according to the South China Morning Post (April 23, 2020), the first case was traced back to November 17, 2019, it was only on December 27, 2019 that China realized that the disease was caused by a new coronavirus. On January 30, 2020, WHO declared a global emergency and within a few days, new cases were confirmed in India, Philippines, Russia, Spain, Sweden and in many other countries. No country really was equipped to conquer the COVID-19 pandemic so that the victims of this pandemic have been soaring every day. This pandemic is the first global pandemic in human history in which almost no country is excluded. The impact of the pandemic is immense in most sectors of human life.

Because it is a new virus and new pandemic, it creates also unprecedented ethical and moral dilemmas in all sectors of life. In healthcare services the pandemic created many ethical dilemmas relating to limited medical resources such as hazmat suits (hazardous materials suit) to protect healthcare workers, ICU availability, drugs to cure the patients, and the allocation of scarce resources. There were also many ethical dilemmas for the healthcare workers such as limited competent medical doctors and healthcare workers to treat Covid patients and the high level of infections among them. Also, for civil society, the pandemic created ethical dilemmas because of the limitations of movement and socializing of the citizens and the lowering of productivity in society. The

¹²⁰ UNICEF, WHO, CIFRC, 2020: 2: *Key Messages and Actions for COVID-19 Prevention and Control in Schools*.

impacts of this pandemic have been immense in a great number of spheres: economic and social life, spiritual life, Government finances, unemployment, and others. In this article, we will discuss mainly the ethical issues around confidentiality.

1. ■ Confidentiality

In early January 2020, many Indonesians were becoming anxious about COVID-19 on the basis of social media reports from these other countries and from internal reports as well. In spite of this, the Government claimed that not a single case existed. This was widely questioned and many became increasingly concerned to find out the truth. It was not until two months of uncertainty had passed when on March 2, 2020 the Indonesian President Joko Widodo officially acknowledged the first case of COVID-19: “Now we’ve found these two women—a 64-year-old woman and her 31-year-old daughter—positive with the virus.” This announcement created great curiosity: who, how, why, and when had it happened? Although the government did not disclose the identity of the patient, reporters and ordinary people, curious to know the case, swarmed to the patients’ house. Less than twenty-four hours later, the names of these two persons were widely published on social media along with their addresses and even photos of their houses¹²¹.

This breach of patient confidentiality stimulated a vigorous discussion with views expressed both for and against the disclosure. This situation was aggravated when the two patients held a joint open press conference during which they expressed their anger and dismay. They complained about the negative labels they had been given. As a result, they received messages on their cell phones accusing them of improper attitudes and behaviour¹²². This is because some Indonesians regard COVID-19 as God’s punishment for sinful activities, making the disease a matter of shame. For this reason, the discussion about the breach of confidentiality related not just to the underlying principles guiding healthcare but also to deep personal, private convictions and social attitudes.

¹²¹ <https://www.thejakartapost.com/news/2020/03/04/COVID-19-patients-become-victims-of-indonesias-lack-of-privacy-protection.html>

¹²² <https://www.thejakartapost.com/news/2020/03/04/privacy-breach-fake-news-takes-mental-toll-on-indonesias-first-COVID-19-cases.html>

In a further development, when the disclosing of patient's identity went viral, President Joko Widodo reminded all parties to protect the identity of the patient, "We must respect the code of ethics. The personal rights of corona sufferers must be protected, they must not be released to the public. This is our ethics in communicating. The media must also respect their privacy so that they are not psychologically depressed so that they can recover quickly"¹²³.

Privacy and confidentiality in healthcare is an ancient ethical duty which has been in force until now. It has been included in the Hippocratic Oath,

"What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of people, which on no account one must spread abroad, I will keep to myself, holding such things shameful to be spoken about".

Confidentiality is considered a critical value which is vitally important to the patient-physician relationship. In fact, the importance of protecting patient confidentiality is included in the Indonesian legal system. By law, patient identity, medical records, and health information must be kept safe and private by doctors and other healthcare professionals, and by all healthcare facilities, such as hospital and clinics.

Why should we protect the confidentiality of our patients? The first reason is related to the so-called common good. Protection of confidentiality has a beneficial effect for both the patients and society. We live in a complex society in which there is both good and evil. Exposing the evil that exists and making it widely known does not necessarily support the well-being of the community. Rather, concealing facts about improper practices may help to create the condition in which the overwhelming majority of people will be able live in serenity and peace. In this sense, maintaining confidentiality may actually constitute a form of respect and love for our neighbours.

Second, because the "inner mind" of a person – what s/he thinks and desires – cannot be fully read or understood by other people, it remains secret unless the owner decides to reveal it. It is not uncommon for individuals to hold secrets and confidential matter. These cannot be exposed externally except with that person's consent. Much information collected for medical purposes

¹²³ <https://voi.id/en/news/3327/do-not-disclose-the-identity-of-COVID-19-patients>

is very personal and sensitive, or is related to personal habits, and so fall under this category of private knowledge.

Third, the protection of confidentiality is required by the need to respect the dignity of a patient, who has a right to decide whether personal information should be kept confidential or disclosed. Those who receive the information (medical professional) are required to respect patients' wishes: to keep information safe and private.

Finally, protecting patients' confidentiality is a prerequisite of the trust which lies at the foundation of any doctor-patient relationship. Without trust, the therapeutic process between patient and doctor will be ruined and may even end up in a conflict and a refusal of the patient to visit any doctor again.

Breaking confidentiality is a violation of the respect and love of others. It complicates the process of healing and may be a reason for a patient to refuse to come again to that physician. That is why ethical (and legal) regulations were set up since antiquity so that there will be no abuse of confidentiality. In our time, the temptation to break confidentiality is even more challenging since, in this information era, personal information is valuable economically.

In 2018, the United States Conference of Catholic Bishops issued a document on healthcare, *Ethical and Religious Directives for Catholic Health Care Services*. To make a professional-patient relationship, the document said,

"Health care providers are to respect each person's privacy and confidentiality regarding information related to the person's diagnosis, treatment, and care." (no. 34)

In Indonesia, breaking confidentiality is a violation of Indonesian Law on Health (2009) article 36, Indonesian Law on Hospital (2009) article 32.1, and Indonesian Code of Medical Ethics (2012) article 16.

2. ■ Duty to protect confidentiality in the time of the outbreak

In the time of the COVID-19 pandemic confidentiality became a serious question. Is it an absolute ethical and legal duty? Can we break confidentiality for some reasons? If we can, on what basis? It is clear that in the ordinary time, the breaking of confidentiality is forbidden and even a crime. Since the infor-

mation in medical records belongs to the patients, the passing on of confidential information from medical records to other people requires the permission of the patients. COVID patients have the right of confidentiality in order not to be stigmatized by society.

According to Beauchamp and Childress, protecting confidentiality is an important part of respecting the autonomy of the patient¹²⁴. It is a *prima facie* duty. According to them, “The principles of respect for autonomy and each of these rules has only *prima facie* standing, and in competing moral considerations sometimes override them.”¹²⁵ (Beauchamp and Childress, 2019, 105). With good reason, respect for autonomy and confidentiality can be overridden by competing stronger demands. It is clear that there are some competing stronger demands in the case of protecting confidentiality. We choose two opposite cases (a security guard and a medical professor) in order to demonstrate the advantages and disadvantages to disclose a patient’s confidentiality in certain situations.

In order to allow a good decision to be made, doctors may provide clinical information and patients may provide personal and sensitive information. The doctors who receive this information has the duty to keep information secret and not to disclose it to others. It is, however, widely acknowledged that the duty to protect patient confidentiality is not absolute. There are reasons to break the confidentiality in the time of an outbreak based on the cases bellow.

Just as in some countries the COVID-19 contagion brought out prejudices, stereotypes, and stigmas¹²⁶, this was also the case in Indonesia. Many Indonesians believe the contagion to be the manifestation of God’s wrathful punishment of a sinful world. Research by lecturers from Islamic State Institutions in Ciamis, Indonesia revealed that some Moslems “consider COVID-19 as God’s army, aiming to punish wrongdoers and evil in various parts of the world. For them, this virus will never attack believers and pious people, worshipers, people who diligently carry out congregational prayers, and people who have

¹²⁴ BEAUCHAMP, Tom L. Beauchamp and CHILDRESS, James F. Childress, 2019:105: *Principles of Biomedical Ethics*. Oxford: Oxford University Press.

¹²⁵ *Ibid.*

¹²⁶ RAMACI, Tiziana, BARATTUCCI, Massimiliano, LEDDA, Caterin, and RAPISARDA, Venerando, 2020: 12: “Social Stigma during COVID-19 and its Impact on HCWs Outcomes”, *Sustainability*, 3834; doi:10.3390/su12093834.

the same beliefs with them.”¹²⁷ The fact that COVID-19 started in Wuhan, China, became a justification for God to punish the Chinese because the Chinese government carried out repressive actions and intimidation against the Uighur Muslim community.

Taufikin¹²⁸, a lecturer at the Islamic State University, Kudus, Indonesia, explained why COVID-19 is God’s punishment. He argued that everything that happens in the world – both the good and the bad – will not happen without God’s will. COVID-19 pandemic is God’s will. COVID-19 happens because there is an accumulation of sins and faults that God cannot pardon anymore. Many believers forget to pray, do not respect God’s commandments, and transgress God’s precepts. COVID-19 pandemic is God’s punishment so that people will repent from all their sins and faults and return back to God.

In line with this way of thinking, a member of a security guard in Semarang was quarantined in a hospital because of COVID-19. He escaped from hospital and secretly returned to his kampong for personal, cultural, and religious reasons. Because he was afraid of being stigmatized for being punished God, he did not declare his condition. He played football with other young people and prayed in a worship house, as if there was nothing wrong with him. When it was found that he was infected, the local authorities undertook rapid tests and found that all the other young people in his kampong had also become infected. As a consequence, all the people in the village – old and young – had to be quarantined¹²⁹. In this case, the security guard lacked awareness of the consequences of his failure to tell the truth. His actions seriously endangered public health and harmed innocent people.

The other case is almost the opposite situation. A medical professor from a university in Indonesia was hospitalized because of COVID-19. From his hospital bed, he announced openly and voluntarily that he was infected with the virus. He wrote to everyone he could remember with whom he had been

¹²⁷ Husni Husni, Hasan Bisri, Tanto Aljauharie Tantowie, Soni Samsu Rizal, and Abdul Azis, “Religious Community Responses to COVID-19: Case Study on Muslim Small Community” in *International Journal of Psychosocial Rehabilitation*, Vol. 24, Issue 08, 2020, page 10439 – 10446.

¹²⁸ TAUFIKIN, “Ramadhan Bersama Pandemi COVID-19, Ujian Atau Hukuman?” in <https://iainkudus.ac.id/berita-56817-ramadhan-bersama-pandemi-COVID-19-ujian-atau-hukuman.html>

¹²⁹ <https://www.ayojakarta.com/read/2020/04/17/15734/satpam-rsup-dr-kariadi-positif-COVID-19-nekat-pulang-kampung-hadiri-tahlilan-hingga-bermain-voli>

in contact in the days before his diagnosis asking them to approach all their contacts¹³⁰. It appears that some of the latter had in fact become infected and that his action in revealing his identity so openly may have saved many lives.

These two cases demonstrate some of the complexities associated with the value of confidentiality in a time of social crisis. On the one hand, there is no doubt about the foundational importance of confidentiality for the day-to-day operation of clinical medicine. On the other hand, where serious risk arises to others, possibly unknown individuals or to the system of public health in general, breaches of an assumed duty of confidentiality may be sufficiently justified. Indeed, we would suggest that in the extreme circumstances we are presently facing in many cases, an actual obligation exists to disregard confidentiality and take action to protect the well-being of wider society. In other words, the duty to protect the well-being of the wider society overrides the duty to protect confidentiality.

The other reason to disclose confidentiality in the time of COVID-19 outbreak is because the COVID-19 pandemic threatens human life. Life of human beings is the foundation for human rights and human dignity. All human rights belong only to those who are living. The dead do not have human rights anymore. So, human life is more than a fundamental right; it is the condition which makes any subsequent right possible. The fact of life is an entitlement to the right to life. Furthermore, from human life, there flows all kinds of other manifestations of this life such as spiritual life, academic life, political life, social life and so forth. Everything which is related to human experiences, human achievements, human responses even self-realizations has human life as its basis. Richard A. McCormick argued "*Life as a condition for other values and achievement.*"¹³¹ The right to life is the basic right of humanity, respect for this human life is the basis for all things and it has to be respected firmly. Human life is to be preserved precisely as a condition for other values insofar as these other values remain attainable.

The value of human life is the weight assigned to human beings and to their attitudes. Human life is attractive and all people (except those who want to commit suicide) are seeking to preserve their life (human survival). People

¹³⁰ <https://www.thejakartapost.com/news/2020/03/19/COVID-19-yogyakarta-announces-ugm-professor-as-second-confirmed-case.html>

¹³¹ MCCORMICK, Richard A. 1981.405: *How Brave A New World: Dilemmas in Bioethics*, Georgetown University Press, Washington D.C.

will struggle hard to preserve their life in case of dangers. Pursuing human survival assumes that human life has value. It is worthless to pursue something which is valueless. That is why, in the midst of the many things which are of value, human life must be considered as the most important and to be respected. It means that each life bears immeasurable value regardless of its external appearance.

The value of human life may sometimes need to be balanced against the value of confidentiality. The value of human life certainly surpasses the value of confidentiality, and even has the highest value among other things. We cannot sacrifice a higher value for the sake of a lower one. If protecting patient confidentiality would endanger public health or potentially harm innocent others, it can be overridden. COVID-19 is a highly contagious disease transmitted through droplets and aerosolization. Although the fatality rate is relatively low in comparison with other respiratory diseases like SARS, MERS, and swine flu, because there are so many cases, the total number of deaths is also high. It is more life threatening because it is a new pandemic which we don't know exactly how to conquer and for which there is no efficacious remedy. For this reason, special precautions and preventive measures are needed to limit the spread by disclosing information to those whose lives are threatened by certain COVID-19 patients and to prevent the spread of the pandemic. So, the duty to protect patient confidentiality is not absolute and can be loosened under certain conditions for limited purposes.

Even in cases, where the argument for the promotion of public health over protection of confidentiality is overwhelming, a significant cost may be incurred. A patient may personally suffer damage or injury, his or her privacy may be compromised, and some risk of discrimination on social or religious grounds may occur. As we have argued, the needs of society as a whole — what we have referred to above as the “common good”—may justify such a cost. This is a lesson that has now been well learned across Indonesia. However, the next time round we do hope that health authorities will operate with sufficient care to ensure that only the minimum needed information is disclosed and that steps will be taken to avoid the full public identification of particular patients to the entire nation.

November 29, 2021

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