Guide to the ethics of surveillance and quarantine for novel coronavirus

NUFFIELD COUNCIL ON BIOETHICS

The UK Government has declared the spread of the novel coronavirus (2019-nCoV) to be a serious and imminent threat to public health.

What does this declaration mean?

This step gives government authorities additional legal powers to control the disease, such as restricting people's movement. The Department of Health and Social Care has said that people infected with novel coronavirus could now be forcibly quarantined and not allowed to leave, and could be forcibly sent into isolation if they posed a threat to public health.

This does not change the risk level set by the UK's four Chief Medical Officers - the risk to the UK public remains 'moderate' at present.

This risk level permits the Government to plan for all eventualities, though the risk to individuals remains low. Below is a short guide to some of the main ethical questions around surveillance and quarantine for infectious diseases, based on the findings of our 2007 inquiry *public health: ethical issues*.

Overview

The state has a responsibility to promote and protect the health of its population, and in doing so may need to undertake public health interventions. Whilst many such interventions are about creating conditions which enable people to lead healthy lives and make healthy choices, some public health interventions can have an impact on people's privacy, liberty or freedom to make certain choices.

Public health programmes should therefore use means that are the least coercive necessary to meet important public health goals, and should be proportionate to the health risk being addressed. Where individual consent for restrictive or coercive measures is not possible, states should use transparent and accountable decision-making processes.

Surveillance

Collecting data from individuals

Information about rates of infection and the emergence of new diseases is crucial for planning public health interventions. Collecting information that does not reveal the identity of the person (anonymised data) is generally not regarded as very intrusive. Non-anonymised data interferes more with a person's privacy.

To assess and predict trends in infectious disease it is acceptable for anonymised data to be collected and used without consent, as long as any invasion of privacy is reduced as far as possible. It may be ethically justified to collect non-anonymised data about individuals without consent if this means that significant harm to others will be avoided.

Surveillance to detect cases of disease that require intervention

Medical practitioners must report cases of suspected coronavirus to authorities. Where medical professionals pass on details of cases of notifiable diseases for the purposes of control, consent from the affected individual is not required and the data passed on necessarily include information that identifies the individual.

The avoidance of significant harm to others who are at risk from a serious communicable disease may outweigh the consideration of personal privacy or confidentiality, and on this basis it can be ethically justified to collect non-anonymised data about individuals for the purpose of implementing control measures. However, any overriding of privacy or confidentiality must be to the minimum extent possible to achieve the desired aim.

Control

People infected with novel coronavirus can now be forcibly quarantined or sent into isolation if they posed a threat to public health. Isolation and quarantine can be an effective part of the control of a serious disease, but have costs in terms of individual liberty.

Liberty-infringing measures to control disease, such as quarantine and isolation, can be justified if the risk of harm to others can be significantly reduced.