

Refocusing on Equity: Bioethics, Vulnerability, and Access in the Time of COVID-19

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Throughout the course of training as a helping professional, one has likely encountered some variation of the hypothetical “lifeboat dilemma”: Ten people stranded on a sinking ship, one 6-person lifeboat remains—who do you save? While a poignant example for classroom debate on ethics and values, the arrival of COVID-19 has quickly shifted the dilemma from a hypothetical to reality—though the lifeboat is recontextualized to the intensive care unit:

“With medical supplies taxed beyond capacity, the doctor must make his final decision. There are six patients in critical condition: an 83-year-old grandmother of six with no previous medical complications; a 42-year-old state prison inmate, five years into a 20-year manslaughter sentence; a 17-year-old high school student with cystic fibrosis; a 62-year-old beloved pastor who defied recommendations to avoid public gatherings; a 53-year-old migrant worker with an expired visa; and a 22-year-old college student who would not be denied a final spring break. Who gets the ventilator?”

As the apex of the pandemic approaches, bioethical decisions around rationing and medical triage, mobilizing effective testing, and accessing adequate health care are at the forefront of discussions among policymakers and healthcare professionals. During a crisis, decisions need to be made quickly, and it is imperative our ethics are not compromised in the process. Decisions about who should have access to assistance and at what level have quickly shifted from the ICU to the virtual classroom, the unemployment lines, and institutionalized settings, such as prisons, nursing homes, and group homes. When the economy reopens, these “lifeboat” decisions will shift to human resources departments, social service and benefits offices, and the chambers where our laws are constructed. These dilemmas can and will be argued through the lenses of morals, virtues, or benefits; but no matter what the lens, the conversations must be proactively shaped toward addressing their roots—inequity.

The United States is over three months into what will likely be a several-year post-COVID-19 recovery process. As U.S. citizens recover from the social and economic fallout from the pandemic, other pressing issues will arise. This is the nature of a “wicked” problem (Biggs & Helms, 2014)—like a hydra, as one concern is addressed, several others pop up to take its place. Needs on the horizon include the impact of domestic violence, child abuse, and sexual assault during isolation; exacerbation of existing mental health disorders; emergent mental health and substance use disorders; and the cumulative traumatic effect of medical triage decisions and loss

of life on healthcare professionals. Many essential non-medical workers, including grocery/delivery workers, funeral directors, and first responders, will also be at increased risk for mental health conditions stemming from stress and trauma.

Because the pandemic cuts deeply into the core of our socioeconomic structure, the recovery process threatens to erase a half century of gains for marginalized populations in the areas of civil rights, and access to education, health care, and employment. The public programs and services providing support and equal opportunity to people with disabilities are at risk for cuts or elimination due to economic fallout. Surviving a natural disaster, war, or other catastrophic event requires resilience, and the ability to adapt and accommodate to a new reality—attributes individuals with disabilities and their allies possess in abundance. The pandemic and its aftermath will shape public policies and benefits for people with disabilities and other marginalized populations for years to come. Advocacy efforts ensure people with disabilities have a voice at the table in any discussions about life after COVID-19. Targeted and sustained advocacy efforts are required at four levels: client, counselor, community, and professional.

Client Advocacy

- Partner with local Centers for Independent Living to provide virtual psychoeducation groups and virtual spaces to connect with socially-isolated consumers
- Establish interprofessional and stakeholder coalitions at the local level to exchange ideas and identify gaps in services

Counselor Advocacy

- Compile up-to-date information on local and national resources to disseminate to providers, counselors, students, families, and people with disabilities
- Connect with rehabilitation professionals, educators, and students across the country to share ideas for advocacy, service delivery, and learning through virtual discussion forums
- Increase the capacity of current counselors and pre-service students to incorporate trauma-informed techniques into practice

Community Advocacy

- Consult with local social service agencies (e.g., homeless shelters, domestic violence shelters) on outreaching to and accommodating the needs of people with disabilities
- Provide guidance and expertise to local school systems and families of students with disabilities to reframe and structure online learning to be conducive to personal strengths and family resources
- Offer demand-side consultation and training with businesses, human resources professionals, and employers to create inclusive workplaces, assist in staffing needs, and prepare for the changing economy and employment marketplace

- Reassess and establish disaster relief and emergency preparedness protocols to account for sustained crises, inclusive of populations who might not be able to access or use advanced technology

Professional Advocacy

- Study the effects of COVID-19 through the lens of equity and social justice in relation to emerging disabilities due to the virus, health care, social service benefits, communication, and employment
- Collaborate across professional rehabilitation organizations to facilitate communication, discussion, knowledge translation, and resource dissemination
- Coordinate policy and legislative advocacy to include the needs of people with disabilities in stimulus aid, health care reform, and education and employment policy directives

The ideas detailed here represent a mere fraction of the possibilities for response from the rehabilitation community. Advocacy requires immediate community engagement, continued thoughtful discourse, and stretching our traditional paradigms to assert our expertise and value. This is a call to action for rehabilitation counselors, educators, and researchers. The challenge is for you to lend your voice, your energy, and your commitment. Quality of life for those we serve is our moral imperative. Equity is the goal; redoubling our efforts is a path to it. Please join the discussion.

References

Biggs, S., & Helms, L. B. (2014). *The practice of American public policymaking*. Routledge

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