COVID-19 Response in Switzerland

Samia Hurst-Majno
Institute for Ethics, History, and the Humanities
samia.hurst@unige.ch
https://ncs-tf.ch/fr/policy-briefs

UNIVERSITÉ DE GENÈVE

SWISS NATIONAL COVID-19 SCIENCE TASK FORCE

HUG Hôpitaux Universitaires Genève

Disclaimer

(though this audience probably does not need it)

The pandemic is not over yet

Not in the world, not even in Switzerland

Anything we can say at this point is tentative and may require revision later on

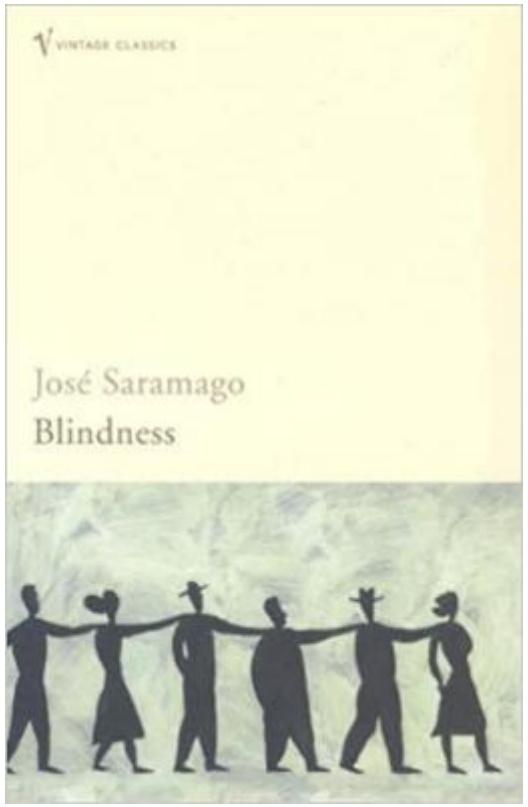
A stress test for societies

Epidemics threaten our lives

- Our physical and mental health
- Our biographies
- Our connections
- Our identities
- Our communities

It is entirely possible to emerge from a pandemic physically unscathed, but having lost irreparably in these other areas

And these risks are not evenly distributed



Settersten, R. A., Bernardi, L., Härkönen, J., Antonucci, T. C., Dykstra, P. A., Heckhausen, J., Kuh, D., Mayer, K. U., Moen, P., Mortimer, J. T., Mulder, C. H., Smeeding, T. M., van der Lippe, T., Hagestad, G. O., Kohli, M., Levy, R., Schoon, I., & Thomson, E. (2020, in press). Understanding the Effects of COVID-19 Through a Life Course Lens. Advances in Life Course Research, 100360. https://doi.org/10.1016/j.alcr.2020.100360

Lorenza Mondada, julia Bänninger, Sofian A. Bouaouina, Guillaume Gauthier, Philipp Hänggi, Mizuki Koda, Hanna Svensson, Burak S. Tekin (2020). **Changing social practices. Covid-19 and new forms of sociality**, *Etnografia e ricerca qualitativa* 2, pp. 217-232, doi: 10.3240/97807

- The remote
- The essentials
- The unpaid
- The forgotten

- Men and women
- Young and old

We are divided on what to do about this

- Pandemic as an « act of god »
- Duty of the state to limit unequal damage
- Harmfulness of inequality for social cohesion
- Unequal consequences as healthy market mechanisms

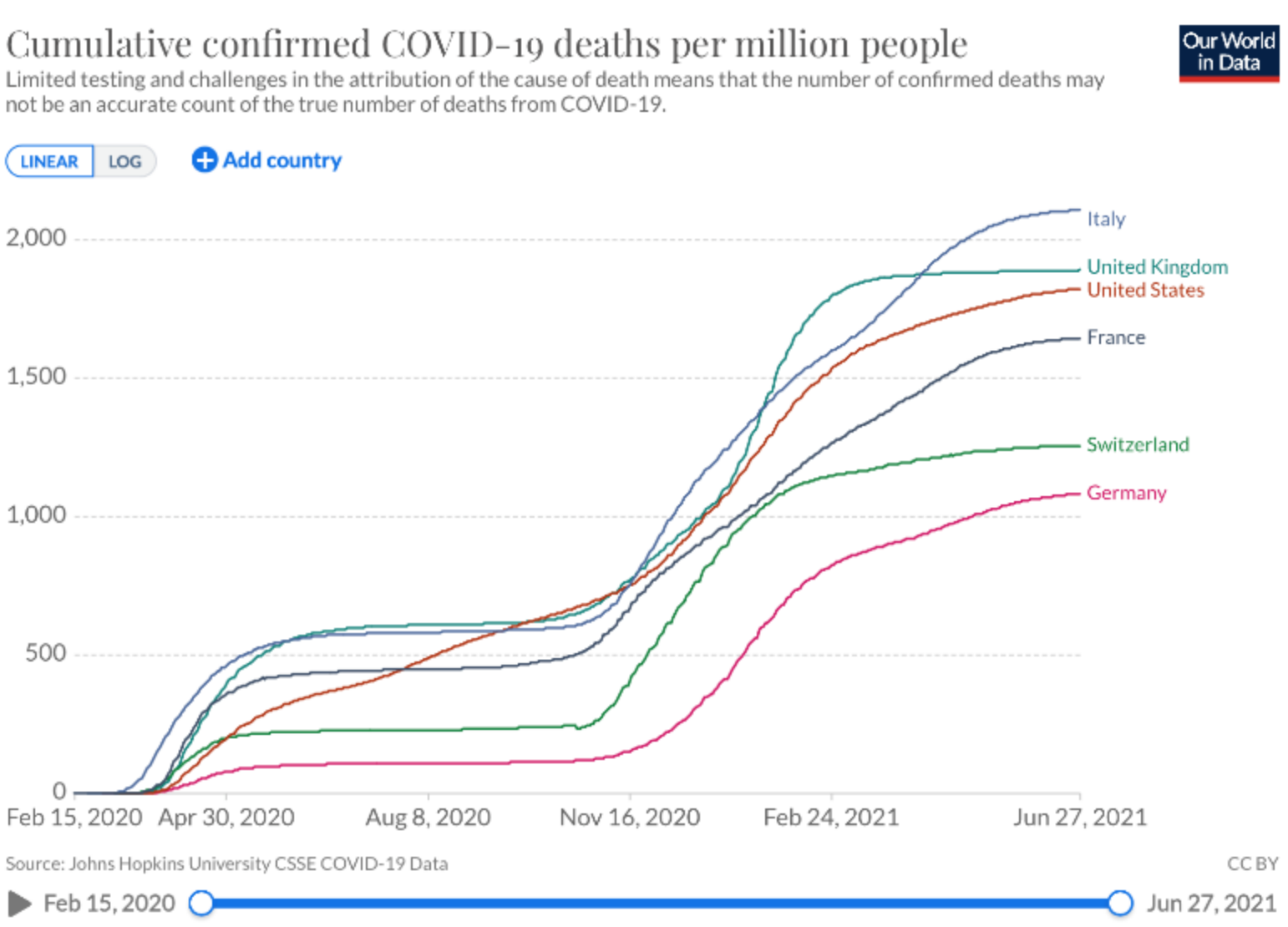
Dealing with inequality is a traditional object of political divisions

Seeing them is not a Swiss speciality and on many of these issues data are lacking

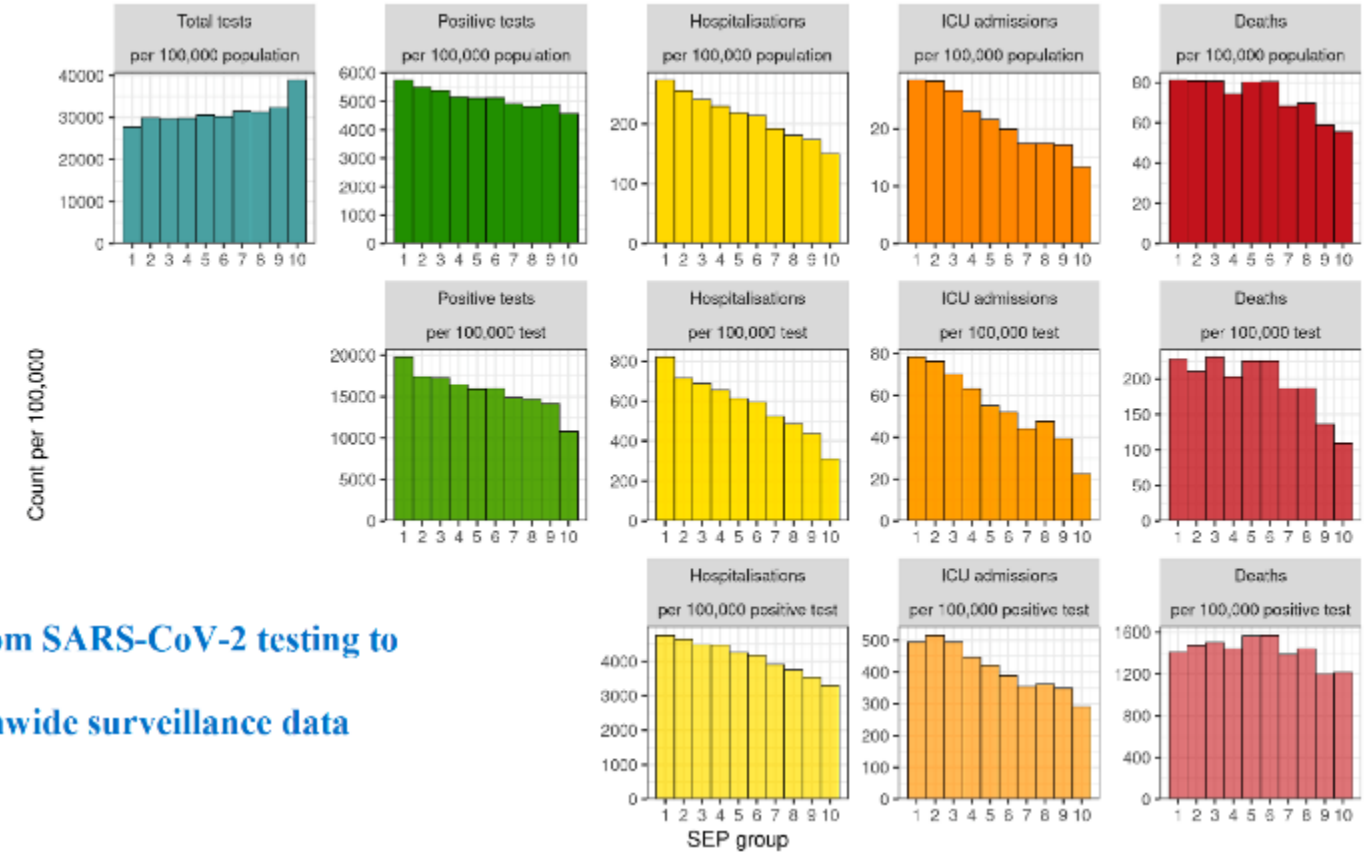
Reich R: Covid-19 pandemic shines a light on a new kind of class divide and its inequalities. The Guardian. April 26th 2020

- Governments all make a (often implicit) contract
  - They ask their citizens to make sacrifices
  - In return they commit themselves, as far as they can, to
    - Protect health
    - Protect rights
    - Provide a bridge to the other side

Protect health	Protect rights	Bring us to the other side



Protect health	Protect rights	Bring us to the other side



Socioeconomic position and the cascade from SARS-CoV-2 testing to COVID-19 mortality: Analysis of nationwide surveillance data

Julien Riou[1,2,†], Radoslaw Panczak[1,†], Christian L. Althaus[1], Christoph Junker[2], Damir Perisa[2], Katrin Schneider[2], Nicola G. Criscuolo[3], Nicola Low,[1] Matthias Egger[1,5,6*]

Protect health	Protect rights	Bring us to the other side

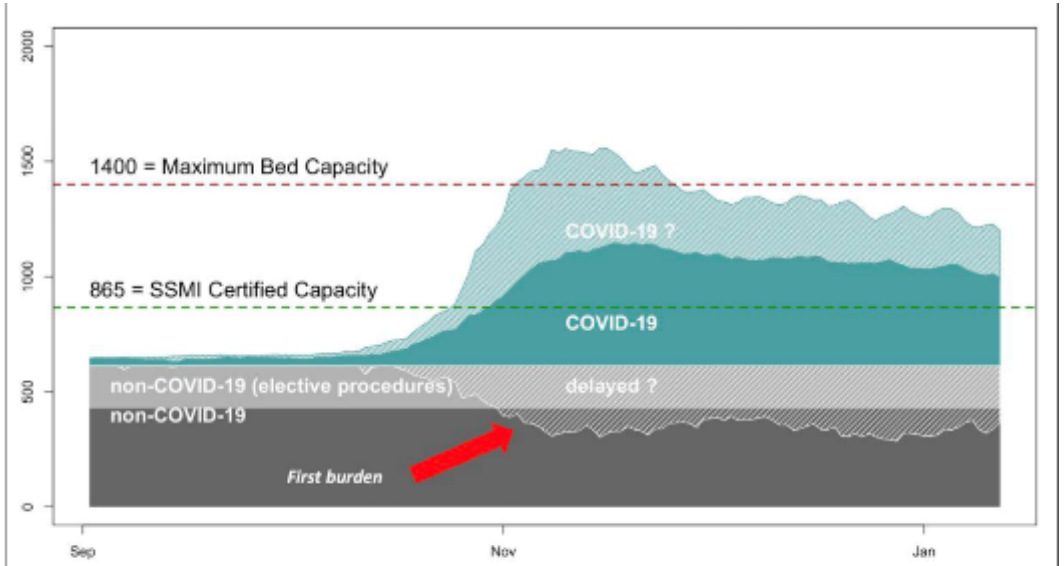


Figure 1. Occupancy of intensive care units in Switzerland since September 2020. Baseline occupancy by non covid19 patients (light grey: elective procedures, dark grey: non-elective procedures)), and covid19 patients (green). Grey dashed area illustrates the decrease in non covid19 patients on the ICU.

SAMW ASSM
Schweizerische Akademie der Medizinischen Wissenschaften
Académie Suisse des Sciences Médicales
Accademia Svizzera delle Scienze Mediche
Swiss Academy of Medical Sciences

This document is available in English, French, German and Italian, cf. sams.ch/en/coronavirus
The German text is the authentic version.
Revised version 3.1, 17 December 2020

Covid-19 pandemic: triage for intensive-care treatment under resource scarcity

Guidance on the application of Section 9.3 of the SAMS Guidelines «Intensive-care interventions» (2013)

Conclusion. Increase in the ratio of death to hospitalizations suggest that dexamethasone alone cannot explain the decrease in the proportion of Covid-19 patients admitted to ICU since September (hypothesis 1), because it should have been accompanied by a decrease in mortality. In addition, data on mean age of admission, and mean age of death do not support hypothesis 3 that the decrease in the proportion of covid19 patients admitted to ICU would be attributable to a shift in the age distribution of the epidemic. In fact, the increase in the age of death during the second wave suggests that a higher proportion of old patients died compared to the first wave. While patients admitted to ICU had less severe condition than during the first wave.

Hypothesis 2 appears more likely than hypothesis 1 and 3. This could suggest evidence for refusal of ICU admission by patients or informal triage, in which age may be an important criterion. Further clinical parameters such as severity scores should be used as controls to test hypothesis 2 (planned analysis with data from RISC-ICU). However, in the current context, it might be useful to inform

Protect health	**Protect rights**	Bring us to the other side

This document is available in English, French, German and Italian, cf. sams.ch/en/coronavirus
The German text is the authentic version.
Revised version 3.1, 17 December 2020

Covid-19 pandemic: triage for intensive-care treatment under resource scarcity

Guidance on the application of Section 9.3 of the SAMS Guidelines «Intensive-care interventions» (2013)

Equity: Available resources are to be allocated without discrimination – i.e. without unjustified unequal treatment on grounds of age, sex, residence[8], nationality, religious affiliation, social or insurance status, or disability. The allocation procedure must be fair, objectively justified and transparent. In a situation of acute scarcity of ICU beds, equal dignity is still to be accorded to each individual. If intensive care cannot be provided, alternative treatment and care options – in particular, palliative care – are to be made available.

Preserving as many lives as possible: In the event of acute scarcity of ICU beds, all measures are guided by the aim of minimising the number of deaths. Decisions should be made in such a way as to ensure that as few people die as possible.

Protection of the professionals involved: These individuals[9] are at particular risk of infection with the coronavirus. If they are unable to work owing to infection, more deaths will occur under conditions of acute resource scarcity. They are therefore to be protected as far as possible against infection, but also against excessive physical and psychological stress. Professionals whose health is at greater risk in the event of infection with the coronavirus are to be especially protected and should not be deployed in the care of patients with Covid-19.

Protect health | **Protect rights** | Bring us to the other side

Stratégie de vaccination	Groupes cibles [4] (par ordre de priorité)	Objectifs par groupe cible	Propriétés requises des vaccins
Groupes à risque	**1. Personnes vulnérables (PV) :** Adultes ≥ 65 ans Adultes < 65 ans avec maladies préexistantes	Protection directe des personnes vaccinées contre les formes graves de COVID-19 (réduction /prévention des hospitalisations et des décès	Efficacité : chez les personnes âgées et en cas de comorbidité. Prévention des formes graves. Rapport bénéfice-risque favorable [5]
	2. Personnel de santé au contact de patients et **Personnel d'encadrement des personnes vulnérables**	a) Protection directe des personnes vaccinées contre les évolutions bénignes fréquentes et les évolutions graves rares b) Maintien du fonctionnement du système de santé (moins d'absences de travail dues aux malades du COVID-19) c) PV moins exposées en raison de la réduction des malades de COVID-19 parmi les personnes en contact étroit d) Objectif futur, si s'avère possible [7]: protection indirecte des PV et diminution des absences de travail par diminution de la transmission	a, b, c) Efficacité permettant une réduction des hospitalisations dues au COVID-19 et contre les formes bénignes du COVID-19. Bonne sécurité/ tolérance d) Efficacité prouvée contre la transmission. Bonne sécurité/tolérance

Stratégie de vaccination	Groupes cibles [4] (par ordre de priorité)	Objectifs par groupe cible	Propriétés requises des vaccins
	3. Personnes en contact étroit avec des PV (adultes membres du même ménage)	a) Protection directe des personnes vaccinées contre les évolutions bénignes fréquentes et les évolutions graves rares b) Maintien de la prise en charge des PV (pas d'hospitalisations des PV pour soins impossibles à domicile) c) PV moins exposées en raison de la réduction des malades de COVID-19 parmi les personnes en contact étroit d) Si cela s'avère possible dans le futur : protection indirecte des PV par la réduction de la transmission	a, b, c) Efficacité permettant une réduction des hospitalisations dues au COVID-19 et contre les formes bénignes du COVID-19. Bonne sécurité/tolérance d) Efficacité prouvée contre la transmission. Bonne sécurité/tolérance
	4. Adultes de < 65 dans des structures communautaires présentant un risque accru d'infection et de flambées (résidents de différents groupes d'âges) * Résidents et personnel qui ne sont pas encore vaccinés (non couverts par les groupes cibles 1 et 3)	a) Protection directe des personnes vaccinées, réduction/prévention des hospitalisations et des décès b) Obtention d'une certaine prévention des flambées par la diminution des malades du COVID-19 c) Si cela s'avère possible dans le futur: prévention des flambées par la réduction des transmissions	a) Efficacité : chez les personnes âgées et en cas de comorbidité. Prévention des formes graves. Rapport bénéfice-risque favorable[5]. b) Efficacité contre le COVID-19. Bonne sécurité/tolérance c) Efficacité prouvée contre la transmission. Bonne sécurité/tolérance
Protection individuelle	**5. Autres adultes** (ne rentrant pas dans les catégories 1-4) qui désirent se faire vacciner (stratification éventuelle en fonction d'un risque professionnel d'exposition accru en raison d'une mise en œuvre difficile des concepts de protection et par tranches d'âge décroissantes)	a) Protection directe contre les évolutions bénignes fréquentes et les évolutions graves rares b) Réduction des maladies en cas de risque accru d'exposition professionnelle c) Moins de personnes atteintes du COVID-19, donc moins d'absences de travail (moins de personnes isolées et donc moins de personnes en quarantaine) d) Si cela s'avère possible dans le futur: réduction des absences de travail par diminution de la transmission.	a, b, c) Efficacité des vaccins permettant une réduction des hospitalisations dues au COVID-19 et contre les formes bénignes du COVID-19. Bonne sécurité/tolérance d) Efficacité prouvée contre la transmission.

Protect health	**Protect rights**	Bring us to the other side

Waive Covid vaccine patents to put world on war footing

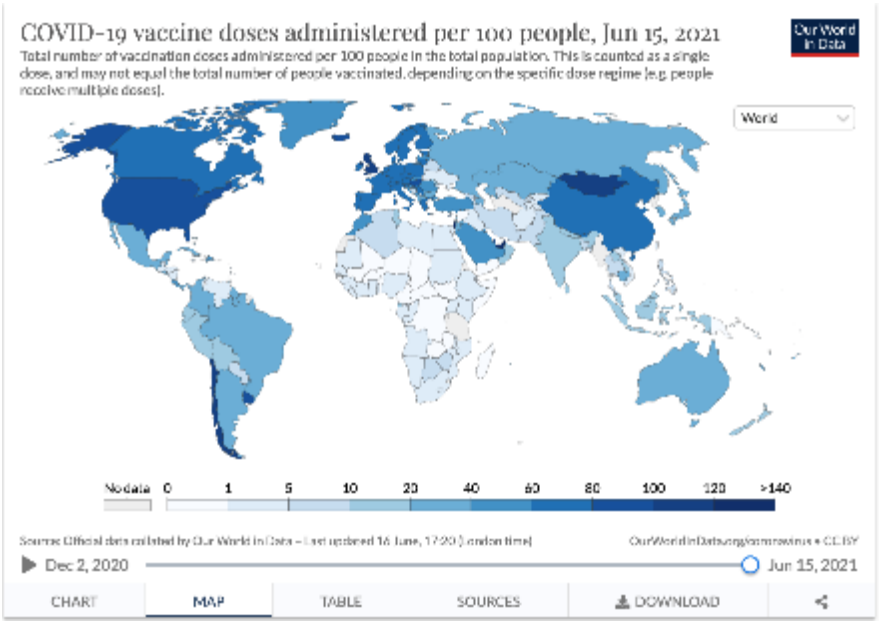
7 March 2021

This week vaccines manufactured in India for the global vaccine access programme COVAX reached Ghana, Cote d'Ivoire and Columbia. This was undoubtedly a moment of celebration that the miracle of science is being shared -- but one that was offset by the shame that many countries hit hard during the pandemic have still not received any vaccines.

العربية | 中文 | Français | Русский | Español

Authors

Dr Tedros Adhanom Ghebreyesus
Director-General, World Health Organization
WHO



AMNESTY INTERNATIONAL

Rights of refugees and asylum-seekers

There were allegations of disproportionate use of force by security staff at federal asylum-seeker reception centres.[5] By December, no independent investigations had been announced or conducted. During the closure of the border with Italy from mid-March to mid-May, asylum applications at the borders were suspended, except for vulnerable people, as part of COVID-19 emergency measures.

Protect health	**Protect rights**	Bring us to the other side

AMNESTY INTERNATIONAL

Freedom of assembly

At the start of the pandemic, the police lacked clear guidelines to implement emergency measures and disproportionately limited protesters' right to freedom of peaceful assembly by imposing blanket bans on demonstrations in public and handing out fines in certain cantons. [3]

Geneva, June 9th 2020

Tel Aviv, April 12th 2020

Protect health	**Protect rights**	Bring us to the other side

A work-centric society

- "We confine for the old": It is implied that the elderly are beneficiaries and the others sacrifice.

In fact:

- Our social organisations exist to enable us to make certain choices, to exercise certain rights, to live our lives without having to risk it. COVID19 changes the circumstances. We have to - temporarily - reorganise to continue.
- We also have to reorganise for everyone.
- The reorganisations have focused more on the working population than on the young and the elderly.
- In particular for these populations, it has focused more on protecting physical health than on doing so in ways that could also protect other aspects of a good life

Protect health	**Protect rights**	Bring us to the other side

Kennedy Institute of Ethics Journal

Continued Confinement of Those Most Vulnerable to COVID-19

Samia Hurst, Eva Maria Belser, Claudine Burton-Jeangros, Pascal Mahon, Cornelia Hummel, Settimio Monteverde, Tanja Krones, Stéphanie Dagron, Cécile Bensimon, Bianca Schaffert, Alexander Trechsel, Luca Chiapperino, Laure Kloetzer, Tania Zittoun, Ralf Jox, Marion Fischer, Anne Dalle Ave, Peter G. Kirchschlaeger, Suerie Moon

Kennedy Institute of Ethics Journal
Johns Hopkins University Press
Volume 30, Numbers 3-4, September/December 2020
pp. 401–418
10.1353/ken.2020.0021

ABSTRACT. Countries deciding on deconfinement measures after initial lock-downs in response to the COVID-19 pandemic often include the continued confinement of those most vulnerable to the disease in these plans as a matter of course. Such continued confinement, however, is neither innocuous nor obviously justified. In this paper, we examine more systematically the requirements for the protection of vulnerable persons, the situation in institutions, legal implications, requirements to sustain vulnerable persons, and self-determination. Based on this exploration, we recommend that continued confinement cannot be the only measure in place to protect vulnerable persons. Protections are needed to enable participation in the public sphere and the exercise of rights for persons particularly vulnerable to fatal courses of COVID-19. The situation in long-term care homes warrants particular caution and in some cases immediate mitigation of lock-down measures that have isolated residents from their caregivers, advocates, and proxies. Vulnerable persons should retain the choice to place themselves at risk, as long as they do not impose risks on others. Vulnerable persons who choose to remain in confinement should be protected against loss of their jobs or income, and against the risk of discrimination in the labor market. Risk and crisis communication stresses the importance of listening to the people and setting up participatory approaches. Associations and lobbies representing the views of groups of those particularly vulnerable to COVID-19 (e.g., the elderly, those with diseases placing them at particular risk) should be consulted and involved in outlining deconfinement measures. Moreover, most vulnerable persons are autonomous and competent and should be allowed to voice their own opinion.

Protect health	Protect rights	**Bring us to the other side**

- When epidemic waves are strong enough to overwhelm us, the pandemic kills the economy as surely as the anti-pandemic measures could

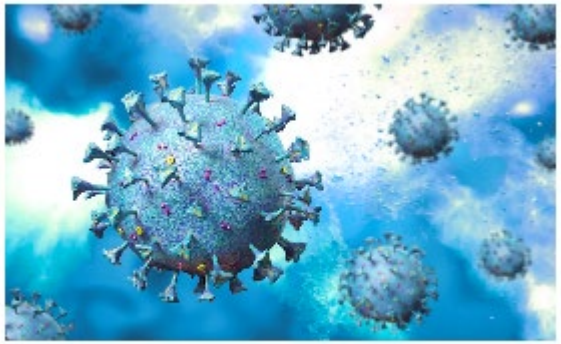
- In the long term, anti-pandemic measures are probably measures to protect the economy.

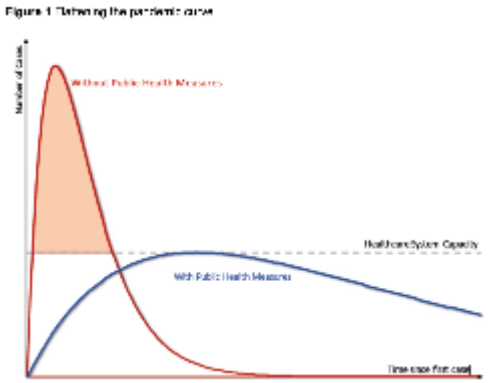
- Ensuring the economic survival of people in the immediate term is the opposite. Here, economic support is an antipandemic measure. For who will remain stranded without a means of livelihood?

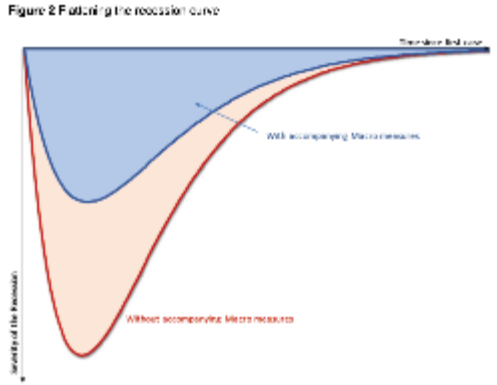

MEINUNG

Angst fressen Wirtschaft auf

Lockern oder nicht lockern, das ist in der Corona-Krise die Frage. Egal, wie es die Politik macht, sie kann nur daneben liegen.


Möglicherweise ist der Zielkonflikt zwischen Gesundheit und Wirtschaft gar keiner.





Protect health	Protect rights	**Bring us to the other side**

Public good: low case numbers

Nonrival: use by one does not limit use by others
Nonexcludable: no way to bar access for non-contribution

Should I close bars in my Canton?

Should I wear a mask on the bus?

	Prisoner B does not confess (*cooperates*)	**Prisoner B confesses (*defects*)**
Prisoner A does not confess (*cooperates*)	Each serves 1 year	Prisoner A: 3 years Prisoner B: goes free
Prisoner A confesses (*defects*)	Prisoner A: goes free Prisoner B: 3 years	Each serves 2 years

Protect health	Protect rights	**Bring us to the other side**

National COVID-19 Science Task Force (NCS-TF)

Type of document: Policy brief

Expert involved: Claudine Burton-Jeangros, Pascal Mahon, Suzanne Suggs, Eva Maria Balser, Samia Hurst, Suerie Moon, Daniel Kübler, Pascal Wagner-Egger, Expert group Ethical, legal, social issues

Date of response: 04/02/2021

Contact person: Samia Hurst (samia.hurst@unige.ch)

Comment on planned updates:

Responses to Corona denial

Executive summary

(for German and French see below)

Over the pandemic second wave, trust in authorities' decisions is lower than in Spring 2020 and social consensus on how to respond to the COVID-19 pandemic has eroded over the summer. Conspiracy statements and misinformation contribute to this evolution and they are likely to reduce the adoption of protective behaviors. This brief focused on corona denial describes the profile and motivations of people more likely to support conspiracy theories and then brings in a legal approach on these views.

Different responses and strategies are proposed in reaction to conspiracy statements:

- To respond to misinformation, tools for fact-checking and critical thinking developed by a range of agencies (WHO, UNESCO, etc) should be largely relayed by national and cantonal institutions as well as by civil society representatives.
- Interactive communication formats across society should be encouraged, allowing people to discuss with experts, officials and task force members; this will help to foster a narrative of the pandemic that can be largely endorsed, acknowledging uncertainties, errors, costs but also emphasizing accumulating knowledge and payoffs of the enforced public health measures.
- Consistent and sustained commitment of the authorities regarding the importance of protective measures and their adoption by the whole population can contribute to reduce hesitancy among those having difficulties to make up their mind amidst contradictory messages.
- Conspiracy theories are inherent to the democratic debate generated by the pandemic management and it is important to not marginalize or demonize those holding these views to avoid exacerbating social divisions.

And a few more obvious points

- Public health is a difficult task in a federal country
- We. Need. More. Data
- Trust is a vital tool for most of what we all want, trustworthiness as a prerequisite, awareness of legitimate claims as a prerequisite for *that*
- We have a glass half-full of science culture in our country

Conclusion (for the time being)

- Pandemics are mirrors. They show us
  - Our strengths
  - Our weaknesses
  - Our values and where they do not fit together
  - Our priorities
- These can be difficult lessons
- They are all the more important