

Ethical Dilemmas and Decision-Making Challenges During Covid-19

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Abstract. This case is based on a real-life situation that unfolded in Italy during the COVID-19 pandemic in 2019. It presents the ethical dilemma faced by the Italian administration, which was confronted with the morally challenging responsibility of treating a rapidly increasing number of COVID-19 patients amid severe shortages of medical equipment and resources. The case also highlights the moral distress and psychological toll experienced by healthcare professionals, who were forced to make ethically uncomfortable decisions on the front lines of the crisis. A particularly difficult aspect involved making triage decisions that often prioritized younger patients over the elderly. This scenario offers a valuable opportunity to examine and identify ethical issues through various philosophical lenses, including deontology, utilitarianism, virtue ethics, and theories of justice. It emphasizes the importance of navigating such dilemmas with a balanced ethical perspective, rather than relying exclusively on a single ethical framework.

Keywords: ethical dilemma, triage decisions, moral disengagement, moral injury, crisis decision-making.

The case was compiled from published sources. It is intended to be used as the basis for class discussion rather than to illustrate either effective or ineffective handling of a management situation.

1. Introduction

In 2019, an epidemic known as COVID-19 (coronavirus) emerged in China and gradually started spreading across the globe. By March 2020, it had affected 118,000 people across 114 countries, prompting the World Health Organization to declare the outbreak a pandemic on March 11 (Branswell & Joseph, 2020). Due to reduced immunity in old age, COVID-19 proved to be significantly more fatal for the elderly population compared to young people. Several countries, including China, the United States, Iran, and Spain, were severely impacted by this crisis, which claimed a substantial number of lives. Amidst this situation, the Italian administration imposed a nationwide lockdown (Perper, 2020) and announced to the world that they were nearing exhaustion of ICU (Intensive Care Unit) capacity (Beusekom, 2020). According to the Population Reference Bureau, a nonprofit organization specializing in demographic and health statistics, Italy had the second-oldest population globally, following Japan (Population Reference

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Bureau, 2020). Consequently, Italy experienced particularly devastating effects from the pandemic. The number of COVID-19 patients surged dramatically, and within just 24 days, the Italian healthcare system effectively collapsed due to overwhelming case numbers (Mahbubani & Varinsky, 2020). Severe shortages of medical equipment for patients and protective gear for healthcare workers further exacerbated the crisis.

2. The Italian Administration's Dilemma and Decision

Many experts believed that the Italian administration failed to act promptly and develop emergency plans and strategies to manage the outbreak of COVID-19. The early experience of treating patients during the initial phase of the pandemic highlighted several critical issues for the Italian administration. One particularly pressing problem was the prolonged use of medical equipment, such as ventilators, by elderly patients, who generally took longer to recover. Many elderly individuals did not survive, thereby depriving younger patients—who had higher survival chances and could have benefited more—from accessing scarce equipment and medical facilities. Additionally, doctors faced a significant moral dilemma: choosing between young and elderly COVID-19 patients to allocate limited resources among an exponentially rising number of cases. In the battle for survival with constrained healthcare capacity, the Italian administration made a critical decision—it chose to prioritize the treatment of younger and otherwise healthier patients (Orecchio-Egresitz, 2020). Age began to be used as a cut-off criterion for patient selection. According to Dr. Maria, her colleagues in Lombardia were applying a cut-off of 65 years old with comorbidities, while in areas such as Bologna, the threshold was set at 80 years old (Lintern, 2020).

Health professionals were deeply uncomfortable making decisions that prioritized younger patients for COVID-19 treatment, even though such choices aligned with the utilitarian ethical principle, which advocates for actions that maximize overall well-being—that is, achieving the greatest good for the greatest number. Significant moral dilemmas arose in choosing to treat the young over the elderly. Doctors struggled with these decisions, as they involved profound ethical considerations that were difficult to ignore. Physicians worldwide adhere to medical ethics rooted in the Hippocratic Oath, which they take before entering the profession, pledging to uphold ethical standards such as doing no harm, respecting individual autonomy and dignity, and treating all patients without discrimination. These standards encourage the cultivation of virtuous character traits, consistent with the principles of virtue ethics, and emphasize fulfilling moral obligations, reflecting the tenets of deontological ethics. However, the pandemic forced many healthcare professionals to reconsider these commitments. Consequently, doctors in Italy were often reluctant to deny treatment to elderly