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Bioethics lessons from COVID-19 in the EU and India

SUMMARY

The COVID-19 pandemic exposed profound ethical tensions in public health decision-making across Europe and India. This preliminary communication compares selected EU and Indian experiences through a narrative review of published ethical analyses covering triage, digital surveillance, research ethics, vaccine governance, migrant vulnerabilities, and the protection of fundamental rights. Literature was identified through systematic searches of PubMed, Scopus, and Web of Science using terms related to COVID-19 ethics, public health measures, triage, digital epidemiology, and vaccine governance. The review highlights how emergency public health measures frequently collide with the principles of equity, dignity, proportionality, transparency, and democratic accountability. EU literature emphasises the fragility of rights-based systems during crises, while Indian analyses draw attention to resource scarcity, digital inequities, and the ethical complexities of large-scale behavioural interventions. By placing these perspectives within a common analytical framework, this paper identifies convergent concerns: the risk of normalising emergency powers, unequal burdens on disadvantaged groups, and insufficient ethical safeguards in technological and clinical responses. These findings underscore the need to strengthen bioethics frameworks that can guide responses to future pandemics in diverse sociopolitical contexts.

Keywords: COVID-19 ethics, triage, public health measures, digital epidemiology, vaccine governance.

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INTRODUCTION

The COVID-19 pandemic presented a global stress test for normative commitments embedded in public health systems, democratic institutions, and clinical ethics. In both the European Union (EU) and India, emergency measures were implemented to contain viral transmission while facing severe constraints on healthcare capacity, logistical coordination, and social vulnerability. Scholarly assessments from these regions reveal how ethical reasoning – sometimes explicit and often implicit – shaped decisions on mobility restrictions, digital monitoring, triage, and vaccination strategies.

This paper is guided by three research questions: (1) What shared ethical principles and tensions emerged in pandemic governance in the EU and India? (2) How did structural and institutional differences shape the ethical challenges faced in each context? (3) What implications do these comparative findings hold for building more ethically robust pandemic preparedness frameworks?

Within the EU, discussions have centred on striking a balance between public health needs and the protection of civil liberties and democratic oversight. Analyses of emergency actions, including digital certificates and broad restrictions on movement or assembly, underline the fragility of fundamental rights under conditions of uncertainty (Gori & Pahladsingh, 2021; Grogan, 2022). Croatian and other European commentators have emphasised that effectiveness alone cannot justify public health interventions without sustained attention to dignity, proportionality, and transparent legal authority (Eterović, 2022). Meanwhile, reports from ethical scholars in Italy, France, and Spain documented how pressure on health systems revived longstanding concerns about scarcity, fairness, and the moral limits of triage (Faggioni et al., 2021; Orfali, 2020).

In contrast, Indian analyses reflect the challenges of managing a vast, unequal society during a rapidly evolving emergency. Ethical concerns have emerged regarding migrant precarity, telemedicine practices, digital surveillance through tools such as Aarogya Setu, and shortages of clinical resources. Published work has highlighted the need for normative clarity and stronger protections for disadvantaged groups, whose burdens intensified during lockdowns and health-system strain (Basu, 2021; Choudhari, 2020; Hebbar et al., 2020). These perspectives complement EU debates by illustrating how ethical problems are exacerbated when public health obligations operate within infrastructure characterised by socioeconomic disparity.

A comparative examination of the EU and India therefore provides insight into the interplay between institutional design, resource availability, legal safeguards, and cultural contexts. While epidemiological realities differed, the pandemic highlighted

a shared set of ethical issues: ensuring fairness under scarcity, protecting privacy, preserving democratic legitimacy, and preventing the long-term normalisation of exceptionalism. This communication situates these themes within the published literature to distil bioethical lessons relevant for future health emergencies.

METHODS

This paper adopts a narrative review methodology informed by a structured literature search. The review was conducted across three major academic databases: PubMed, Scopus, and Web of Science. The search was carried out using keyword combinations including: ‘COVID-19 ethics’, ‘pandemic bioethics’, ‘triage ethics’, ‘digital surveillance COVID’, ‘vaccine governance ethics’, ‘public health measures’, ‘migrant health COVID’, ‘research ethics pandemic’, ‘proportionality COVID’, and ‘privacy contact tracing’. Searches were limited to publications from January 2020 to December 2024. Both peer-reviewed journal articles and relevant grey literature, including policy documents, institutional guidelines, and reports from public health bodies, were considered where directly relevant to the ethical analysis.

A total of approximately 70-100 articles and documents were initially identified. Inclusion criteria required that sources: (a) address bioethical dimensions of pandemic response; (b) focus specifically on EU/European or Indian contexts, or provide comparative perspectives applicable to both; and (c) be published in English in peer-reviewed outlets or as formal institutional documents. Sources concerned solely with clinical outcomes, epidemiology, or policy without an explicit ethical dimension were excluded. The final selection of approximately 32 peer-reviewed articles and reports was organised thematically under five analytical categories: (1) autonomy, necessity, and proportionality; (2) triage and fair allocation; (3) digital surveillance and privacy; (4) vulnerability and social stratification; and (5) transparency and communication ethics. These categories formed the analytical framework applied consistently across both regional contexts, enabling systematic comparison.

The review does not claim systematic exhaustiveness but seeks representative coverage of key ethical debates. Limitations include possible publication bias toward English-language sources, the exclusion of non-peer-reviewed commentary, and the inherently selective nature of narrative review methodology. These limitations are further discussed in the Conclusions section.

ETHICAL FOUNDATIONS OF PANDEMIC RESPONSE

Autonomy, Necessity, and Proportionality in Public-Health Measures

Ethical analysis of pandemic governance requires assessing whether restrictions on movement, assembly, and economic activity were justified by necessity and proportionality. European legal evaluations have warned that emergency powers must not dilute constitutional safeguards and that any exceptional limitation of rights must be demonstrably tied to legitimate public health aims (Gori & Durán, 2020; Grogan, 2022). The Croatian experience further showed that the ethical defensibility of restrictive measures depends on transparent justification and their measurable contribution to reducing transmission risk (Eterović, 2022). Across jurisdictions, autonomy could be limited only when the public health benefit was clear and no less restrictive alternative was available.

Fair Allocation Under Scarcity and the Ethics of Triage

The scarcity of ventilators, oxygen, and intensive care capacity placed clinical ethics under unprecedented pressure. Comparative analyses of Italian, French, and Spanish triage experiences revealed the risks of inconsistent decision-making and underscored the need for fair, transparent, and clinically grounded criteria (Faggioni et al., 2021; Orfali, 2020). International reviews recommend aligning triage decisions with prognosis, likelihood of benefit, and procedural safeguards to avoid discrimination (Jöbges et al., 2020). Ethical evaluations have also noted that real-world constraints challenge theoretical models of allocation, requiring contextual adaptations without compromising the core principles of equity and dignity (Perin & De Panfilis, 2021; Supady et al., 2021).

Digital Surveillance, Privacy and Proportional Data Use

The expansion of digital epidemiology has raised concerns regarding informational rights and the proportionality of data collection. European scholars have argued that contact-tracing and certification systems require clear limits, oversight, and transparency to remain ethically acceptable (Doğan & de Hert, 2024; Ferretti & Vayena, 2022). In India, the ethics of mandatory tracing applications highlighted similar issues: purpose limitation, proportionality, and the tension between public health effectiveness and respect for individual privacy (Basu, 2021). These evaluations demonstrate that digital tools are ethically defensible only when they adhere to minimal intrusion principles and refrain from unnecessary surveillance.

Vulnerability, Social Stratification, and Unequal Ethical Burdens

Ethical scrutiny must capture how public health measures were experienced by populations with unequal resources. Analyses from India have documented mental health distress among migrant workers, gaps in healthcare delivery, and the structural disadvantages faced by informal and low-income groups (Choudhari, 2020; Hebbar et al., 2020). Ethical guidance must reflect not only normative principles but also lived consequences, identifying thereby where policies inadvertently amplify inequity or create disproportionate burdens for already vulnerable populations (Mohan et al., 2021).

Transparency, Communication and Public Trust

Trust became an operational ethical requirement during the pandemic. Comparative studies have shown that transparent communication about risk, scientific uncertainty, and rationing criteria strengthened public cooperation, while opacity and inconsistent messaging weakened legitimacy (O’Sullivan et al., 2022; Zabotkina et al., 2020). Nordic and Baltic assessments similarly stressed that coherent communication strategies were integral to maintaining democratic accountability and public support for health measures (NATO StratCom Center, 2020; Nordiques Editorial Board, 2021). Ethical governance is thus inseparable from clear, timely, and credible communication.

COMPARATIVE LESSONS FROM EUROPE AND INDIA

Normative Convergence on Rights, Equity and Procedural Fairness

Across European and Indian analyses, there was broad convergence on the ethical anchors that should shape pandemic governance – proportionality, equity, and procedural fairness. European legal evaluations repeatedly emphasised that emergency measures must remain bounded by fundamental rights and democratic oversight (Gori & Durán, 2020; Grogan, 2022). Croatian assessments similarly required that restrictions demonstrate clear public health justification and avoid disproportionate intrusion on autonomy (Eterović, 2022). Indian ethical discussions reflect these principles in the contexts of research ethics, vaccine trials, and clinical decision-making, where fairness, transparency, and the protection of vulnerable populations are central concerns (Kumar & Muthuswamy, 2020; Rathi & Kalantri, 2020).

Different Structural Contexts Shape Ethical Challenges

While ethical principles were shared, the structural realities of Europe and India differed significantly. European health systems faced acute triage pressures during

early surges, prompting extensive debate about the fair allocation of ventilators and intensive care unit (ICU) beds (Faggioni et al., 2021; Jöbges et al., 2020; Orfali, 2020). Indian analyses described a different pattern: large-scale disruptions of routine healthcare and uneven access, particularly in rural areas and among informal workers (Hebbar et al., 2020; Mohan et al., 2021). Ethical challenges thus varied: Europe grappled with scarce resource allocation in advanced clinical settings, whereas India confronted fragilities in health delivery, emergent inequalities, and the practical ethics of emergency response.

Digital Governance: Shared Concerns but Divergent Frameworks

Both settings confronted ethical issues arising from digital surveillance; however, institutional responses diverged. European scholars have warned that digital epidemiology can expand state power in ways that may exceed proportionality unless supported by strict oversight and transparency (Doğan & de Hert, 2024; Ferretti & Vayena, 2022). In India, the mandatory nature of applications like Aarogya Setu triggered debates about coercion, purpose limitation, and the ethical burden placed on citizens with unequal access to technology (Basu, 2021). Despite differing regulatory cultures, both contexts demonstrate how digital tools become ethically problematic when their scope expands beyond clearly defined public health needs.

Equity as a Central Ethical Touchstone

European triage ethics emphasise the avoidance of discrimination and the safeguarding of dignity in allocation criteria (Perin & De Panfilis, 2021; Supady et al., 2021). Indian analyses underscore structural inequalities – income, mobility, digital access, and regional disparities – that shaped the lived impact of public health measures (Choudhari, 2020; Mohan et al., 2021). Together, these findings show that equity must be conceptualised not merely as a criterion within clinical allocation but as a broader institutional commitment that anticipates disparate effects across populations.

EMERGING ETHICAL PATTERNS AND CROSS-CUTTING THEMES

A consistent ethical pattern observable across both literatures is the tension between rapid decision-making and the preservation of fundamental rights. European evaluations highlighted the danger that emergency powers, if not carefully delimited, risk outlasting the crisis or normalising exceptional measures (Gori & Durán, 2020; Grogan, 2022). Indian analyses raised parallel concerns in areas such as mandatory

digital tracing, emergency research practices, and the uneven implementation of healthcare policies (Basu, 2021; Kumar & Muthuswamy, 2020).

A second shared theme is the centrality of equity, both as a normative ideal and as a practical challenge. European studies on triage and medical shortages emphasised fairness, transparency and consistency in allocating scarce resources (Faggioni et al., 2021; Orfali, 2020; Supady et al., 2021). This finding paralleled Indian evaluations documenting how pre-existing social inequalities shaped access to care, mobility and digital inclusion (Choudhari, 2020; Hebbar et al., 2020). Equity has therefore emerged as both a clinical and societal imperative requiring ethical frameworks that account for structural disadvantages rather than focusing solely on individual-level criteria.

A third cross-cutting theme is procedural ethics. European triage guidelines, reviews of ICU decision-making, and legal analyses have repeatedly emphasised the importance of transparent criteria, participatory processes, and justified deviations from ordinary practice (Jöbges et al., 2020; Perin & De Panfilis, 2021; O’Sullivan et al., 2022). Indian assessments similarly highlighted the need for procedural safeguards in telemedicine governance, vaccination prioritisation, and emergency research oversight (Aneja & Arora, 2021; John & Dharmapalan, 2021; Rathi & Kalantri, 2020).

The fourth pattern concerns the ethics of information flow. European studies underscore the risks of over-collection, unclear data retention, and insufficient proportionality assessments (Doğan & de Hert, 2024; Ferretti & Vayena, 2022), while Baltic and Nordic analyses demonstrate how transparent and consistent messaging fosters social trust (NATO StratCom Center, 2020; Zabotkina et al., 2020). Indian analyses identified similar concerns about misinformation and unequal digital access, which magnified psychological and logistical burdens for vulnerable groups (Hebbar et al., 2020; Mohan et al., 2021).

The fifth cross-cutting theme is the ethical complexity of acting under uncertainty. European and Indian authors alike have noted that compressed timelines and imperfect evidence made it difficult to maintain proportionality, justify restrictions, or communicate risk effectively (Eterović, 2022; Grogan, 2022; Sharma & Pardeshi, 2021). Ethical analysis must therefore account for the moral weight of decisions that may be defensible even when outcomes are imperfect.

IMPLICATIONS FOR FUTURE PANDEMIC ETHICS

The shared ethical patterns observed across European and Indian analyses indicate several forward-looking implications for pandemic preparedness. First, proportionality review mechanisms should be institutionalised. European scholarship has warned that

emergency measures risk entrenchment unless subject to periodic and transparent justification (Gori & Durán, 2020; Grogan, 2022), and Indian evaluations similarly showed that without explicit checks, digital surveillance systems may extend beyond justified purposes (Basu, 2021).

Second, equitable triage and allocation frameworks require formalisation. Comparative evidence from Europe demonstrates that ethical triage requires pre-established criteria, procedural safeguards, and broad consultation (Faggioni et al., 2021; Orfali, 2020; Jöbges et al., 2020). Indian analyses highlight that equity challenges extend beyond ICU settings to encompass social determinants such as income, mobility, and healthcare access (Choudhari, 2020; Hebbar et al., 2020).

Third, digital epidemiology governance requires proactive ethical and legal design. European discussions show that privacy protections, oversight, purpose limitation, and sunset clauses must be built in from the outset, not retrofitted during emergencies (Doğan & de Hert, 2024; Ferretti & Vayena, 2022). Indian experiences with mandatory applications indicate that digital ethics must include transparency and meaningful accountability (Basu, 2021; Dinakaran et al., 2021).

Fourth, public communication infrastructure must be strengthened as an ethical requirement. Studies from Ireland, the Baltic region, and Nordic countries demonstrate that trust depends on coherence, timeliness, and open acknowledgment of uncertainty (NATO StratCom Center, 2020; O'Sullivan et al., 2022; Zabotkina et al., 2020). Finally, ethical expertise must be integrated proactively into decision-making structures. Reviews of triage guidelines, emergency research oversight, and legal responses indicate that ethical consultation is often reactive rather than embedded (Aquino et al., 2022; Rathi & Kalantri, 2020). Standing ethics committees within public health agencies and digital governance bodies would help ensure that ethical reasoning becomes part of routine crisis management.

CONCLUSIONS

The literature from Europe and India reveals a shared set of ethical tensions that shaped pandemic governance, despite wide differences in legal frameworks, administrative capacity, and social conditions. Across jurisdictions, core principles – proportionality, equity in allocation, privacy protection, transparency, and sensitivity to structural vulnerability – were decisive in determining whether public health measures were ethically acceptable in practice.

This review has several limitations that merit acknowledgment. The narrative approach, while suited to a comparative thematic synthesis, does not allow for

the systematic weighting of evidence or quantitative aggregation of findings. The selection of sources reflects the availability of English-language publications and may underrepresent perspectives from non-anglophone EU member states or regional Indian scholarship published in vernacular journals. Additionally, the rapidly evolving nature of COVID-19 literature means that some assessments may have been superseded by subsequent empirical or ethical analyses published after the search period. These constraints do not undermine the broad comparative conclusions drawn, but they counsel humility regarding the completeness of any single narrative review.

A clear implication is that ethical preparedness requires building legal, administrative, and communicative structures that integrate ethics into decision-making from the outset. Standing mechanisms for proportionality review, transparent triage guidance, digital oversight, and communication strategies are essential for strengthening legitimacy and public trust. Comparative insights from Europe and India suggest that while context shapes implementation, the underlying ethical challenges are sufficiently similar to warrant continued cross-regional dialogue and shared learning for future public health emergencies.

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Bioetičke pouke iz pandemije bolesti COVID-19 u Europskoj uniji i Indiji

SAŽETAK

Pandemija bolesti COVID-19 razotkrila je duboke etičke napetosti u donošenju odluka u području javnog zdravstva diljem Europe i Indije. Ovaj preliminarni rad uspoređuje odabrana iskustva Europske unije i Indije putem narativnog pregleda objavljenih etičkih analiza koje obuhvaćaju trijažu, digitalni nadzor, etiku istraživanja, upravljanje cjepivima, ranjivost migranata te zaštitu temeljnih prava. Relevantna literatura identificirana je sustavnim pretragama baza podataka PubMed, Scopus i Web of Science, uz korištenje pojmova povezanih s etikom u pandemiji bolesti COVID-19, mjerama javnog zdravstva, trijažom, digitalnom epidemiologijom i upravljanjem cjepivima. Pregled pokazuje kako se izvanredne mjere javnog zdravstva često sukobljavaju s načelima pravednosti, dostojanstva, proporcionalnosti, transparentnosti i demokratske odgovornosti. Literatura iz Europske unije naglašava krhkost sustava utemeljenih na pravima tijekom kriza, dok analize iz Indije upućuju na oskudicu resursa, digitalne nejednakosti i etičke složenosti velikih intervencija usmjerenih na promjenu ponašanja. Smještajući ove perspektive u zajednički analitički okvir, rad identificira konvergentne probleme: rizik normalizacije izvanrednih ovlasti, neravnomjernu raspodjelu tereta na ranjive skupine te nedostatne etičke zaštitne mehanizme u tehnološkim i kliničkim odgovorima. Ovi rezultati naglašavaju potrebu za jačanjem bioetičkih okvira koji mogu usmjeravati odgovore na buduće pandemije u različitim sociopolitičkim kontekstima.

Ključne riječi: etika u pandemiji bolesti COVID-19, trijaža, mjere javnog zdravstva, digitalna epidemiologija, upravljanje cjepivima.