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Q10

Case study. The coronavirus disease (CoVID-19) pandemic has quickly spread to various countries. As on May 8th, 2020, in India 56342 positive cases of corona had been reported. India with a population of more than 1-35 billion had difficulty in controlling the transmission of coronavirus among its population. Multiple strategies became necessary to handle this outbreak. The Ministry of Health and Family Welfare of India raised awareness about this outbreak and to take all necessary actions to control the spread of COVID-19. Indian Government implemented a 55-day lockdown throughout the country to reduce the transmission of the virus. Schools and colleges had shifted to alternative mode of teaching- learning-evaluation and certification. Online mode became popular during these days. India was not prepared for a sudden onslaught of such a crisis due to limited infrastructure in terms of human resource, money and other facilities needed for taking care of this situation. This disease did not spare anybody irrespective of caste, creed, religion on the one hand and have and have not' on the other. Deficiencies in hospital beds, oxygen cylinders, ambulances, hospital staff and crematorium were the most crucial aspects. You are a hospital administrator in a public hospital at the time when coronavirus had attacked large number of people and patients were pouring into hospital day in and day out. - What are your criteria and justification for putting your clinical and non-clinical staff to attend to the patients knowing fully well that it is highly infectious disease and resources and infrastructure are limited? - If yours is a private hospital, whether your justification and decision would remain same as that of a public hospital?

UPSC Civil Services Mains 2021 · GS IV · 20 marks · Ethics Case Studies

Case Studies on above issues.

Facts & figures for this PYQ only.

Numbers move. Confirm the latest Budget, Economic Survey or census round. This sheet is for revision, not a substitute for the model answer.

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ICMR and MoHFW COVID protocols

The operational source for testing, isolation, PPE grades and clinical management that an administrator should not invent in a panic.

Article 21, Constitution of India

The public hospital's ethical and constitutional reason not to shut the gate on a surging epidemic.

EMTALA-like ethic

The **US Emergency Medical Treatment and Labor Act** forbids dumping uninsured emergencies; a useful benchmark for Indian private emergency ethics even where the statute is foreign.

State COVID requisition of private beds

Many States in 2020-21 lawfully listed private beds and capped rates; private ethics then includes obeying that public surge design.

Contractual sanitation workers

Often the highest exposure and the weakest contracts; equity requires PPE and hazard support, not only slogans for doctors.

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