

RULES-RAISED ETHICAL ISSUES DURING THE COVID-19 PANDEMIC IN INDONESIA

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Abstract

Covid-19 Pandemic in Indonesia has raised ethical issues, either bioethical or public health issues. Bioethical issues are issues concerning patients' treatments; meanwhile, public health ethics issues dealt with preventing Covid-19 Pandemic from spreading. This research aimed to discuss bioethics and public health ethics issues experienced by Indonesia during Covid-19 Pandemic. This research used secondary data with a descriptive-analytical approach to explaining Indonesia's phenomena during the Covid-19 Pandemic. Facts showed that although Indonesia has issued several regulations to prevent the spreading of Covid-19, many ethical issues were not resolved. The researcher found many bioethical and public health ethics issues experienced by Indonesia in handling and overcoming Covid-19 Pandemic. The result and analysis confirmed that most regulations were not issued in line, aiming to reduce morbidity and mortality, besides bioethics and public health ethics principles were not consistently used. Balancing over public and individuals' interests and prioritization was not attended. These phenomena have made the number of morbidity and mortality rate kept increasing.

Keywords: bioethics, public health ethics, Covid-19 Pandemic

1. INTRODUCTION

Based on the information provided by the Government of The Republic of Indonesia through the Covid-19 Handling Task Force (Satuan Tugas Penanganan Covid-19) on 25 September 2020 afternoon, there were another new 4.823 cases patient confirmed positive for Covid-19. The latest confirmed cases accumulatively added to 266.845 points confirmed positive for Covid-19 all over Indonesia.^{1,2,3} This number represented the number of Covid-19 cases which have not been decreased. Entering six months of the Pandemic, Indonesia has added new three-thousand cases every day. World Health Organization (WHO) declared the Covid-19 outbreak pandemic on 11 March 2020. The declaration was made after the virus has spread over 114 countries, with 118,000 people infected, and nearly 4,300 people died.⁴

Indonesian Coronavirus disease 2019 (Covid-19) was first officially declared on 2 March 2020.⁵ Covid-19

Pandemic itself was proclaimed as public health emergencies as of 31 March 2020, by the issuance of President Decree No.11 Year 2020 regarding the Determination of Public Health Emergency Corona Virus Disease (Covid-19) (PD11/2020)⁶. Besides PD11/2020, the central government of the Republic of Indonesia also issued:

1. Government Regulation in lieu of Law No.1 Year 2020 regarding State Financial Policy and Financial System Stability to Handle Corona Virus Disease (COVID-19) Pandemic and/or to Face Threat that Endanger National Economics and/or Financial System Stability (GRIL1/2020);⁷
2. Government Regulation No.21 Year 2020 regarding Large Scale Social Distancing to Accelerate the Handling of Corona Virus Disease 2019 (COVID-19) (GR21/2020).⁸

This research aimed to discuss Indonesia's ethical issues during the Covid-19 Pandemic based on bioethics and

public health ethics principles. It will prove that the issuance of policies and regulations must comply with public health ethics principles.

2. RESEARCH METHOD

2.1. Research Data

Data used in this research were secondary data, which were data available for the public. Data can be freely accessed by any person that needs no verification and validation of the information provided in this research. Since the research was conducted to understand Indonesia's ethical issues, data used in this research were available in Bahasa Indonesia only.

Data were obtained through literature research using the "google search" data machine. Data were pick up randomly taken from the top one to three appeared lists from each search. Keywords used for searching were words that related to the matters discussed in this research. Most from one to three first-appeared lists was news from the web managed by a reputable and reliable news agency in Indonesia and worldwide. Data obtained were information published during the Covid-19 Pandemic in Indonesia, from February 2020 to mid-September 2020.

Besides data in the form of phenomena experienced by Indonesia, researchers also used secondary data, consisting of primary and secondary legal sources. Primary legal sources consisted of prevailing laws and regulations currently enforced in Indonesia, promulgated before or during the Covid-19 Pandemic. Secondary legal sources mostly contained doctrines developed by scholars concerning bioethics and public health ethics principles.

2.2. Data Analysis

This research used descriptive and analytical methods. Descriptive is meant to elaborate and explain the phenomena that happened during Covid-19 Pandemic. The analytical approach is used to define the phenomena in connection with the issued regulations and ethical principles. The analytical process will result in the researchers' opinion on whether the issued regulations may settle the existing ethical issues and/or create other ethical problems, either bioethics and/or public health ethics. To understand the content in the collected data, researchers used content analysis.

The research used a qualitative approach instead of a quantitative approach since it explains the Indonesian community's phenomena during Covid-19. The qualitative approach made data analysis sharper and more in-depth about the issues raised in this research. The qualitative approach was also in-line with a normative and ethical approach used in this research to explain the norms and ethical issues concerning the Covid-19 phenomena in Indonesia.

3. PROBLEMS RAISED FROM THE ISSUANCE OF GR21/2020

The beginning of the Indonesian government's public health involvement in the Covid-19 Pandemic was the issuance of PD11/2020 and GR21/2020. After the issuance of the PD11/2020 dan GR21/2020, the government was in full charge of taking care of Covid-19 pandemic issues. However, as Widjaja has explained, GR21/2020 might raise difficulties in its implementations.⁹ Widjaja has also recommended several steps that need to be taken¹⁰ based on Law No. Law No.6 Year 2018 regarding Health Quarantine¹¹ (Health

Quarantine Law) as one of the significant laws of three laws^{12,13} that were used as the basics rules for the issuance of GR21/2020.

At least four problems raised public health ethics issues from the content of GR21/2020. They were:

1. GR21/2020 never mentioned isolation and health quarantine, including home quarantine, area quarantine, hospital quarantine, and social distancing, as required under the Health Quarantine Law. The inexistence of isolation and quarantine implemented avoiding the spread of Covid-19 became almost impossible. There was no attention to isolation and quarantine. The government chose social distancing as the only way and effort to handle public health disaster caused by the Covid-19 Pandemic. The absence of regulation of isolation and quarantine made the spreading Covid-19 unavoidable. Sick, contaminated, and healthy people stay together at a small family level, potentially transmitted to other people within a bigger group of families or neighbors.
2. GR21/2020 did not instruct the formation and training of Healthcare Quarantine Officers as front-line officers. They will deal with public health issues with the community and are required under the Health Quarantine Law. Without the Health Quarantine Officers' existence, there would be officially no one to deliver public health messages to the public or community. Without proper communication by the right authorized personnel, information concerning the Covid-19 Pandemic situation would be difficult to be rightly delivered. The acts of police officers and state police, without sufficient knowledge and training on public health, have been proven not to be effective. Many people in society showed their resistance and reluctance. Without a good understanding of public health matters, facts proved that not all people obeyed social distancing regulations.^{14,15,16}
3. GR21/2020 stated that local governments (provincial government, district government, or city government) must declare social distancing. However, they can only do it with the Central Government's approval through the Minister of Health decree. There had been debates when DKI Jakarta Governor would like to take public health measures for DKI Jakarta province.^{17,18} The central government argued that the central government could only take quarantine measures. Even when DKI Jakarta province tried to limit transportation, workers were still required to go to the office.^{19,20}

Please also note that when the central government issued GR21/2020, there were 31 provinces infected by Covid-19.²¹ They were 1.441 confirmed cases and 122 deaths. Today, there were 20.796 confirmed cases in Indonesia²², with only four provinces, and 25 districts and cities²³ had issued and implemented social distancing regulations. The facts of the confirmed cases and deaths showed that only small numbers of local governments have ever asked to implement social distancing regulation to the central government. It meant that GR21/2020 has little influence in preventing the spreading of the Covid-19 Pandemic by implementing social distancing.

4. GR21/2020 gave no clear and direct reference sanction.

Only partial health quarantine measures were adopted. One area with social distancing and not at the neighboring area made controlling and supervising social distancing based on GR21/2020 difficult.

Following the issuance of those three regulations, especially GR21/2020 to implement the social distancing program, the central government and local governments have issued several regulations, among them were:

1. Minister of Health Regulation No.9 Year 2020 regarding Guidance for Large Scale Social Distancing to Accelerate the Handling of Corona Virus Disease (COVID-19) (MoH9/2020);
2. Minister of Health Decree No.HK.01.07/Menkes/239/2020 regarding Determination of Large Scale Social Distancing in DKI Jakarta Province Area to Accelerate the Handling of Corona Virus Disease 2019 (COVID-19) (MoHDKI239/2020);
3. DKI Jakarta Governor Regulation No.33 Year 2020 regarding Implementation of Large Scale Social Distancing to Handle Corona Virus Disease 2019 (COVID-19) in DKI Jakarta Province (DKIGR33/2020);
4. DKI Jakarta Governor Decree No.380 Year 2020 regarding Enactment of the Implementation Large Scale Social Distancing to Handle Corona Virus Disease 2019 (COVID-19) (DKIGD380/2020).

DKIGR33/2020 was only one example from four provinces, and twenty-five districts and cities issued social distancing regulations. Based on DKIGR33/2020, there was a limitation in outdoor activities during social distancing, including activities in schools, offices, houses of worship, public facilities; social and cultural activities; and transportation of people and goods in DKI Jakarta province.

3.1. Juridical Confusion that Created More Public Health Ethical Problems

Concerning the implementation of transportation of people and goods, the Minister of Transportation issued Regulation No.PM18 Year 2020 regarding Transportation Control to Avoid the Spreading of Corona Virus Disease 2019 (COVID-19) (MoTR18/2020), which was then partly amended with Minister of Transportation Regulation No.PM25 Year 2020 regarding Transportation Control During Eid Al-Fitr Homecoming 1441 Hijrah to Avoid the Spread of Corona Virus Disease 2019 (Covid-19) (MoTR25/2020). The issuance of the Minister of Transportation Regulations caused ambiguity in implementing social distancing in people's transportation.^{24,25,26} People started to get confused as to whether the government would seriously impose on the implementation of social distancing or not. Moreover, MoTR25/2020 that allowed people to go home during Eid Al-Fitr, in reality, made no social distancing²⁷. The issuance of those regulations not only provides no benefit for the community concerning the Covid-19 prevention program, but they may also, in turn, cause harm to the public.

The issuance of the Minister of Transportation Regulations was not the only juridical confusion. One day before the issuance of PD11/2020 and GR21/2020, the Minister of Law and Human Rights has issued Minister of Law and Human Rights Regulation No.10 Year2020 regarding Terms for Assimilation Granting and Integration Right for Criminals and Children to Avoid and Prevent the Spreading of COVID-19 (MoLHR10/2020). The MoLHR10/2020 provided the possibility to release criminals from jail due to Covid-19. Only two days after the issuance of MoLHR10/2020 or one day after PD11/2020, 5,556 criminals have been released from jail.²⁸ The regulation of releasing criminals from prison has increased worry in the community. It was reported

that a two-days released criminal conducted a crime.²⁹ From the perspective of public health, MoLHR10/2020 cannot be justified and accounted for during the Covid-19 pandemic situation. The issuance of MoLHR10/2020 as part of the criminal's right to get assimilation was not appropriate. The government did not fully consider the balance between the right of the criminal and the community. The crime conducted by the released prisoners had caused direct harm to the community.

3.2. Public Health Ethics Consideration

Public health ethics required the government to take precautionary principles.³⁰ The government shall have considered the wholistic approach to handle matters about the rights and obligations of individuals in handling public health issues, which can be simplified into:^{31,32}

1. balancing rights, interests, and values that may be conflicting between individuals and the community.^{33,34}
2. priority setting on limited resources available.

Under pandemic situations, balancing rights between private and public interests shall include the issues of isolation, quarantine, border control, and social distancing, epidemiological surveillance, the role and obligations of healthcare workers, and community hygiene.³⁵ The government shall seriously choose between respecting individual human rights of freedom with the possibility of limiting or even prohibiting certain conduct, action, or behavior that becomes part of an individual's rights. In the Health Quarantine Law, the choice would be to implement isolation, quarantine, social distancing, restriction, and public activities limitation. During such a period, people were not allowed to study in school, work in the office, to conduct social and cultural activities in public areas, and religious activities in worship, and moving using public transportation modes. Public health ethics require that government transparently consult dan discuss with the public or community for any or all measures that will be taken to limit the freedom of the member of the society. Priority setting due to the scarcity of goods and services referred to scarcity of antibody, scarcity of self-protection equipment, virus detectors, ventilators; limited number and capacity of medical and healthcare workers; lack of qualified healthcare facilities shall become part of the discussions. The utilization of the sources must provide the most benefit to society. The government shall consider social responsibility and reciprocity for optimum prioritization.

3.3. Bioethics and Public Health Ethics Principles During Covid-19 Pandemic

Given the Covid-19 Pandemic's ethical decision, some bioethics and public health ethics principles must be considered. Bioethics considered four main principles, consisting of autonomy, beneficence, non-maleficence, and justice^{36,37}. In public health ethics, there were still many debates on the core principles³⁸. Coughlin suggested using the four principles in bioethics as a framework for moral reasoning in public health. In addition to the four principles, there were precautionary principle and solidarity or social cohesion principle³⁰. Schroder-Back et al. stated that there were seven principles for public health ethics. They are autonomy, beneficence, non-maleficence, justice, efficiency, health maximization, and proportionality³⁹. Childress et al. mentioned nine relevant general moral considerations of public health. They consist of "producing benefit; avoiding,

preventing, and removing harm; producing the maximal balance of benefit over harms and other costs (often called utility); distributing benefits and burdens fairly (distributive justice) and ensuring public participation (procedural justice); respecting autonomous choices and actions, including liberty of action; protecting privacy and confidentiality; keeping promises and commitments; disclosing information as well as speaking honestly and truthfully (often grouped under transparency), and building and maintaining trust⁴⁰.

Kass took a different approach. Kass did not point out public health principles directly; however, Kass proposes a 6-step framework that needs to be considered. This 6-step framework provides guidelines for public health professionals as analytical tools to evaluate the ethical implications of any proposed intervention, policy, and programs in public health. It started with the question of: "what are the public health goals of the proposed program, how effective is the program in achieving the stated goals, what are the known or potential burdens of the program, can burdens be minimized, and are their alternate approaches, is the program implemented fairly, and how can the benefits and burdens of a program be fairly balanced."⁴¹ Though the 6-step framework has its question for each step, the framework itself is a unity.

The researcher will implement Kass's ethical framework using seven principles of public health ethics introduced by Schroder-Back et al. in analyzing Indonesian government policy and regulations issued in the "effort of preventing the spreading of Corona Virus Disease 2019 (Covid-19)." Taking Kass's ethical framework as a basis, the program in question is not the effort to prevent the spreading of Covid-19 but the program "to reduce morbidity and mortality caused by Covid-19". To reduce morbidity and mortality caused by Covid-19, the government issued policy and regulations which aim to prevent the spreading of Covid-19. The researcher will analyze the policy and regulations as to whether they fulfill the 6-step framework in the seven principles of public health.

3.3.1. Autonomy

In bioethics, autonomy provided flexibility for patients. The patient has the discretion to freely choose whether he/ she would like to accept medical intervention or not. To make the decision, the patient must be well-informed of the conditions, the interventions, the risks, the results, and the costs. Informed consent became part of a patient's autonomy. Autonomy assumes respect for human rights; therefore, any public health intervention must be well communicated and understood that each person might behave accordingly.³⁰ Furthermore, in public health ethics, any decision taken by the government as a public health intervention for public interest must be informed, communicate, and further obtain consent from the public community. In short, all public health interventions must be transparent, respect for people, and can be accountable for reasonableness³⁸.

Autonomy created a trust³⁸. In bioethics, it is the trust between patients and physicians or healthcare workers. In public health ethics, it is between the government and society affected by public policy or regulations. Without the trusts, it would be difficult to convince and impose such policies and regulations on society.

Many pieces of evidence in Indonesia showed the worriedness of patients with Covid-19 infection. There was news that a patient's lie made forty-two healthcare workers in central java hospital infected by Covid-19.⁴²

There was also a case whereby a patient's family lied about the patient's health status, which caused twenty-one healthcare workers in a hospital in west java to get infected by Covid-19.⁴³ There was no respect for autonomy at all. People cheat because there were afraid that they might lose their privacy and freedom if Covid-19 infected them.

Those facts showed that breach in patient-healthcare workers relations might raise issues in public health ethics. The lies or inaccurate information is given to the healthcare workers, which will be used by the healthcare workers to provide information to the patient as part of the autonomy principle, which has caused the healthcare workers infected. From the patients-healthcare workers' perspective, it was a breach of the patient's bioethics principles. However, from the standpoint of public health ethics, it would be difficult to determine whether the autonomy principle was in default. The lack of communication and the right information that reached the community⁴⁴ could be the primary initial problems that made the patient or patient's family lied. It was indeed a simple fact that showed that the government had not done its duties to trust society through the right communication.

Another example of a lack of poor communication on Covid-19 infection was the evidence that patients with Covid-19 confirmed infections escaped from the hospital. When the patients were asked, some of them provided funny answers, such as no television in the hospital, and the patient went out to buy food to break daily fasting during Ramadhan. There were also cases whereby the escaped patients made further problems. One example was the case of a village where the patient stayed during his escape need to be "isolated."^{45,46} There was also a case the patient confessed that he runs away from the hospital because he was panic to be "isolated" in the hospital.^{47,48} These were examples that information on Covid-19 has not been reached and cannot be understood by people in the community. During a pandemic, the patient needs to know the treatment process and how he/she shall be involved in preventing the transmission of the disease. In such cases, the bioethics principle cannot be separated from public health ethics.

Further analysis showed that communication failure, which caused misinformation to the public, happened because GR21/2020 never established the Health Quarantine Officer's formation, as instructed by Health Quarantine Law. In the absence of the Health Quarantine Officer, the government has lost complete processes of providing essential and sufficient information to the public to handle the Covid-19 Pandemic. The Health Quarantine Officer's in-existence has made the field implementation of wearing a mask, and social distancing becomes inconsistent with its purpose. There were cases where a person who did not wear a mask properly in a car was punished.^{49,50} There was also a case where a person drinking in a car was getting punished because he lowered the mask and considered not using a mask properly.⁵¹ Kass required that a policy or regulation, or program was appropriately made. The policy and regulations that were not fairly implemented cannot be morally and ethically accepted in public health, which caused the program to fail. The fact showed that the number of Covid-19 infected persons still increased from time to time since late August, which made the morbidity and mortality rate remained high.^{52,53,54}

3.3.2. Beneficence

Beneficence in bioethics required that any intervention given to patients must be made for the benefit of the patients. The same also applied to public health ethics. In public health ethics, any decision, policy, or regulation issued by the government shall be made to benefit the public and community. The issuance of MoLHR10/2020 that released criminals from prison made no benefit for the community or the released criminals. From the public health perspective, the criminals' release added the number of persons that might get infected by Covid-19. The status of the criminals in the jail, as may be considered as isolation, would benefit the individual criminals themselves. Prison provided isolation for the criminals that would avoid prisoners to contact with outsiders. It would keep them safe, as long as public healthcare policy took considerable measures that would prohibit unnecessary visiting to prisons. By releasing the prisoners, the government put at risk many more people to be infected by Covid-19. The government never equipped these prisoners with sufficient knowledge of Covid-19 that can be shared with society. The issuance of MoLHR10/2020 provides no beneficence.

The other fact was the government's subsidy for unemployed people in the form of pre-work cards. Every unemployed person received 500 thousand rupiahs in the form of pre-work cards used for on-line training.⁵⁵ This raised comments about whether it would benefit more people if they received cash instead of pre-work cards.⁵⁶ People said that they need food, not training.⁵⁷ There was also a comment from the Indonesian Young Entrepreneurs Association that the pre-work cards were not appropriate for the Covid-19 Pandemic, since it was made only for everyday situations.⁵⁸

The above facts and comments showed that the policy to implement pre-work cards during the Covid-19 Pandemic was not beneficial for society, including those who received it. There were much more important and useful things that can be done by the person if they received the subsidy in cash. It even raised the opinion that pre-card assistance was a waste of money. The beneficence principle needs a more strategic approach to determine the use of (limited) funds during the Covid-19 Pandemic. Even this was formally a public funding issue, it then became a public health ethics issue due to the scarcity and limitation in government budgeting. Prioritization becomes the central issue in public health ethics. Based on Law No.4 Year 1984 regarding Infectious Disease Epidemic (Infectious Disease Epidemic Law), Law No.36 Year 2009 regarding Health (Health Law)⁵⁹, and Health Quarantine Law, the (central) government must bear all costs on the adverse event or epidemical plaque, including Covid-19 Pandemic.

From Kass's point of view, those regulations did not achieve the purpose of reducing morbidity and mortality. The spending of the government's funding did not aim at the goals. The spending did not make people more competent or smarter in facing and handling the spread of Covid-19. There was no benefit at all to the community as well as the individual.

3.3.3. Non-Maleficence

If the beneficence principle in bioethics required that any medical intervention or decision must benefit the patients, the non-maleficence principle needed that the medical interventions shall not harm or injure the patients. In public health ethics, non-maleficence referred to policies or regulations made or issued by the government that must not harm or create problems for

the community or the public. These policies and/or regulations need not benefit the public, but it must ensure that the policy and/or regulations will not harm or suffer the public.

During the Covid-19 Pandemic in Indonesia, the relaxation in transportation services made airport officials have problems maintaining social distance among people crowding at the airport.⁶⁰ It was an example of a regulation that did not fulfill the non-maleficence principle in public health ethics. Even people from the House of Representatives have asked the government to revoke the relaxation in transportation policy.⁶¹ The relaxation of transportations during Covid-19 was an example of policy and regulations that have caused harm to the public. The relaxation, which made it challenging to implement social distancing, raised a "new" public health ethics dilemma. The central government has its reason to relax transportation, especially in the field of air transport; however, the policy shall consider the harm that may be experienced by the public, especially the spreading of Covid-19 infection all over Indonesia. The issuance and implementation of the transportation regulation never served to reduce morbidity and mortality caused by Covid-19.

3.3.4. Justice

The principle of justice in bioethics required equal treatment for every patient, with no discrimination at all. In public health ethics, the principle of justice is needed that any policy and/or regulations made and issued must provide the same treatment for every person in public. It is not only that the policy or regulations shall be able to be implemented without any discrimination, but any policy and regulations made and issued by the local government must be in-line with regulations made and published by the central government. As shown above, there were many regulations issued by local governments that were not in-line with central government regulations. When the Governor of DKI Jakarta issued the decree for extending the social distancing period⁶², the central government, represented by Acceleration Task-force for Handling Covid-19, issued Circular Letter No.5 the Year 2020⁶³, which amended several criteria that allowed people to travel. Moreover, the issuance of MoTR25/2020, which amended MoTR18/2020, as explained above, has proven to make social distancing in public transportation areas difficult to be handled.⁶⁴

These proved that communication between governments did not work well. It made the issuance of regulations were not in-line one with the others. However, it made people confused.⁶⁵ As can be seen from the news⁶⁶, Soekarno Hatta airport was fully occupied by people who made no room for social distancing. New public health ethics issues might arise from in-consistence and/or not in-line and/or ever-changing regulations and poor communication. In-justice in policy and regulations are among the many main public health ethics issues.

From Kass's point of view, the government failed to issue a program that supports the reduction of morbidity and mortality rate. The issuance of inconsistent regulations made the program difficult to be achieved. The central government and local government must cooperate and act together with the same purpose and understanding that the primary purpose of every policy and regulations issued is to reduce morbidity and mortality caused by Covid-19 infection.

3.3.5. Efficiency

The principle of efficiency discussed the distribution of health resources to the public. During Covid-19 Pandemic, it was clear that there was a scarcity of resources needed to cure the disease. The limited number of self-protection equipment, kinds of virus detectors, medical and health workers, qualified health services facilities, and knowledge in handling the disease must be effectively used to reduce the spreading of Covid-19 efficiently. The central government must issue particular guidelines to accommodate the scarcity of resources. The absence of such policies raised an issue on who shall be prioritized. The government has not yet established its prioritization, except based on an oral statement only.⁶⁷ There was an issue that member of the House of Representatives and their family used rapid test tools.⁶⁸ However, the spokesman clarified that the money used to purchase the rapid test tools were from their cash and self-arranged.⁶⁹ In public health ethics, efficiency required that people needed to be involved in making public health guidelines. The public must be allowed to provide their opinions concerning the guidelines. Therefore, any policy and regulation must be made through distributive justice by weighing the balance between burden and benefit, for the most meaningful use, to make the program's primary purpose successful.

3.3.6. Health Maximization

The health maximization principle in public health ethics means the health maximization of the population. Therefore, any policy and regulations issued must consider the population's real need, especially on health issues. The policy and/or regulations need not about the health issues only but can be in many matters. However, the policy and rules were required to maintain all the people's health in society.

As explained above, the pre-work card policy during the Covid-19 Pandemic is a non-health maximization policy. People need not pre-work card subsidy, but daily necessities. On the other side, the issuance of Minister of Education and Culture No.19 Year 2020 regarding the Amendment of Minister and Education and Culture No.8 Year 2020 regarding Technical Guideline for Regular School Operational Assistance (MoEC19/2020) may be said to provide health maximization. Based on the MoEC19/2020, the Ministry of Education's financial assistance receivers may use the money for other purposes that they deemed necessary during the Covid-19 Pandemic.

The central government introduced other social assistance programs in cooperation with the local government during the Covid-19 Pandemic. The Minister of Social announced six kinds of social assistance provided by the central government for three months.⁷⁰ However, for the implementation, the central government relied on data obtained from the local government.⁷¹ Some facts showed that the data's in-accuracy sometimes made the assistance did not reach the people who needed it.⁷²

The facts given above again showed that public health ethics need to rely on an acceptable policy and regulations. The government shall also make sure that the implementation of the rules will be consistent with the purpose of its issuance. The in-correct performance may raise new issues on public health ethics. Kass said that any program made must be able to be performed effectively. The government must evaluate all assumptions used in making the policy or regulations that the program's goal would not be successful if the

government failed to issue the policy or regulations.

3.3.7. Proportionality

The proportionality principle in public health ethics requires that all policies and regulations be made and issued must consider that all people will benefit based on their needs. The assistance given to the employees must be different from the assistance given to businesses and must also be different for independent workers; assistance given to students must not be the same with teachers, must be different from farmers, etcetera. Each part of the population received what they need. During Covid-19, based on the news⁷³, there were seven assistances given by the central government. The policy was an excellent example of who shall receive what during the Covid-19 Pandemic irrespective of accuracy and effectiveness.

The principle of proportionality is not independent; it must align with all other public health ethics principles. The proportionality principle avoids duplication in public health ethics.

The disobedient and the limitation of resources, which made the number of confirmed cases still increase.^{74,75} Covid-19 and social distancing have brought macro and micro impacts in Indonesian economics.⁷⁶ To reduce further effects that may cause bankruptcy and suspension of payment conditions for corporations and businesses, including the increase in unemployment and the increase in national spending, which may harm national economic stability, the central government shall restart the economy. It takes effect that even there was still uncertainty about the development of Covid-19 Pandemic cases, the Indonesian' government has to relax the social distancing policy and rely on "herd immunity" to fight Covid-19 Pandemic as new normal.

Finally, the Indonesian government has been too late to anticipate the spreading of Covid-19 than other countries, which contributed to the difficulties in handling the spreading of Covid-19^{77,78,79,80}. The inconsistencies in policy, overlapping, and not in-line and regulations made things worst^{81,82,83,84}. Distrust from Covid-19 patients and society were the other problems that must need full attention^{85,86,87}. Those ultimately raised more bioethics and public health ethics issues, which finally increase society's morbidity and mortality rate^{88,89,90,91}.

4. CONCLUSION

From all the facts and analysis given above, it can be said that to handle such a condition like Covid-19 Pandemic, the issuance of regulations without clear, comprehensive guidance seemed to be wasteless. The program must be straightforward to reduce the number of morbidity and mortality; otherwise, it will only create further bioethics and public health ethics issues. Useful guidelines must follow the aim of the program using the principles of bioethics and public health ethics. The public officials who make the policies shall balance the conflicting rights, interests, and values between individuals and communities. Prioritization in the utilization of limited resources available must provide the most benefit for society. Public health ethics, if they were considered and appropriately used in making policy and/or regulations, will, in the end, save the community by reducing the mortality and morbidity rate. What happened in Indonesia during Covid-19 must become a lesson learned for handling future public health matters.

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