THE UNIVERSITY OF SYDNEY

Ethics for a Better Future
Course scenario (example)

The scenario below is an example of cases that will be developed during the course. It is designed to help participants to think about how to take the right action, having weighed up all the inputs and facts and considered them through the benefits of practical experience and wisdom informed by societal values and ethical frameworks. The table helps to structure the thinking while creating an ethical framework to address the problem.

Foundations and applications of ethics		
10% of teaching time (Introduction)	40% of teaching time (Essential)	40% of teaching time (Essential)
METAETHICS →	**NORMATIVE ETHICS** →	**APPLIED ETHICS**
Are these moral facts? Where do they come from? How do people learn them?	Moral standards Right – wrong Values – virtues Virtue ethics Codes of ethics – codes of conduct	Specific, controversial moral issues Business ethics Decision-making – Strategy – Policy
Disciplines introduced		
Philosophy – Sociology Complex systems	Moral philosophy Organisational behaviour	Behavioural business ethics Social psychology
Outcomes		
Critical analysis How to rethink the question?	Code of ethics – Code of conduct Integrity – Conflict of interest Virtue-informed ethical framework	Real life scenarios Framing the question Moral behaviour
Applications		
Conflict ← What is there that I don't know? What am I learning, how, and why?	**Critical Juncture** ← Identifying, creating, and testing new features Values & virtues in a new future What does success or failure look like?	**Crisis** What are the issues at stake? Do I have the information I need? How do I apply the knowledge? What is ethical decision-making?

Creating an ethical framework to better understand a problem.

Problem

2024 - Australia, and a fictitious Austral-Asian small nation named Canopoa with a population of 1.4 million people, are experiencing a new and highly transmittable strain of a COVID-19, the known as the MT variant. Infection rates estimated well in excess of the Delta variant. As a working group you are to explore the facets of this scenario and work through a decision process to inform National Cabinet whether Australia should provide aid to Canopoa through the provision of vaccines to assist them in containing the COVID-19 MT variant outbreak.

Background

Australia, and other nations, have in varying forms worked through the containment and response phases of the COVID-19 pandemic. Outcomes differ vastly in form and function, due to societal moral values and norms, individual freedom expectations and tolerance, geography, available technology, ethnicity, culture, political philosophies, and ethical frameworks, to name a few. This highlight the influence that diverse inputs to complex decision-making may have on outcomes and suggest that organisations that may be well placed functionally to act on given challenges and circumstances will still have wide-ranging results.

The infection rates, measured as infections per million population along with loss-of-life ratios, are informative. As of 10 October 2021, the United States were at 137,657 people per million COVID-19 infections, like Serbia (143,346), Slovenia (143,349) and Kuwait (137,648). Australia's rate of infection was 5,005 per million, Indonesia 15,833, PNG 3,087 and New Zealand 939. Countries with a greater than 5% loss-of-life based on the ratio of COVID cases to deaths, along with their infection rates, are Yemen (19%, infection rate 313 per million), Peru (9.1%, infection rate 68,149 per million), Mexico (7.6%, infection rate 28,920 per million), Sudan (7.5%, infection rate 852 per million), Ecuador (6.4% infection rate 30,269 per million), Egypt (5.7%, infection rate 2,992 per million), and Somalia (5.5%, infection rate 1,778 per million).

By contrast the United States' and Australian loss-of-life ratios are 1.6% and 1.1%. Kuwait loss-of-life ratio was only 0.6%, Serbia's 0.9% and Slovenia's 1.5%. Other examples were Indonesia, PNG and NZ at 3.4%, 1.1% and 0.6% respectively. All data was sourced from the World Health Organisation through www.worldlifeexpectancy.com on 10 October 2021, although data accuracy cannot be assured due to challenges in the quality for data in each countries' sources. However, comparative value of the data remains informative.

The national actions taken by the United States government, combined with other factors, resulted in relatively high rates of infection, to some extent mitigated by health infrastructures that kept loss-of-life ratios relatively low; however, still large in actual numbers. Other nations with comparatively less infrastructure, such as the Sudan, have endured high loss-of-life ratios, but relatively low actual loss-of-life numbers due to maintaining lower infection rates. Sudan's infection rate was only 17% of Australia's and <1% of the United States. These figures and comparisons have a wide variety of complex causals and are by no means definitive, however they seek to highlight that the actions taken by nations, informed by value judgements and the application of their written or unwritten ethical frameworks, have direct and measurable results.

Most developed countries are transitioning from a response to a management phase of the pandemic. Should differing strains develop and/or other geographical outbreaks arise, we will need to maintain agility across crisis response phases. We have a unique opportunity to learn from the results of responses across the world – and around us – to make informed decisions in the future to seek the right outcomes.

Scenario

In this scenario set in 2024 Australia, and a fictitious Austral-Asian small nation called Canopoa with a population of 1.4 million people, are experiencing a new and highly transmittable strain of a COVID-19, known as the MT variant. Health experts are anticipating infection rates well in excess of the Delta variant, to date the highest transmittable variant of COVID-19 experienced. The current vaccines appear to have a limited effect on transmission, however at this stage of the outbreak the symptoms of vaccinated persons appear to be manageable with hospitalisation. The Australian MT outbreak is currently contained in the Northern Territory, resulting in some of the strongest state border restrictions seen in Australia to date with no crossing of borders for any reason. Since the commencement of the COVID-19 pandemic in 2019 the Australian Government has invested heavily in a vaccine production and research industry. The industry investment has built upon our decades of scientific experience in infectious disease epidemiology and has become a significant sovereign industry with a present capacity of vaccine development and production to service the Australian population. While the Government aims at an export market production, capability is not expected to exceed national need until 2026.

Throughout the pandemic, Canopoa has maintained an infection rate of approximately 700 per million population and a loss-of-life ratio of 0.7%. Their success has been largely attributed to their geography and national border restriction combined with a high degree of government-mandated public acceptance of social restrictions. Since the outbreak of the latest variant the infection rate in NT has soared from the pre-MT variant rate of 240 per million to 1,600 per million. With a population of approximately 250,000 a high level of population infection in the state is expected. An outbreak to broader Australia represents significant sovereign risk.

The vaccine industry in Australia has been investing in AI-based vaccine modification which has accelerated the vaccine creation in response to variants ten-fold since the pandemic first emerged in 2019. The industry is mobilised and working closely with international partners. A race is on to create and field a vaccine before NT infection rates become overwhelming. The Australian military has established seven field hospitals in NT preparing for the worst. Current predictions are that the industry will be able to produce and distribute a vaccine at a rate to contain the MT variant in the NT with support from international partners. If the industry was asked to produce vaccines to support a second outbreak, it is highly likely domestic demand would not be met.

Canopoa, being island nation situated only 1,200 km from our shores, and 250 km from Indonesia, does not represent a statistically significant export or import market for Australia. Australia, however, remains highly influential regionally and very active in providing regional economic and NGO aid to numerous Indo-Pacific nations. The ongoing maturing of the AUKUS alliance has progressively increased expectation from neighbouring nations for Australia to play an ever-increasing role in regional stability. Any pandemic outbreak that could potentially cross sovereign borders may represent a regional security risk, however expert opinion estimates the likelihood of a cross-national outbreak as very low due to Canopoa being an island and the previous strong Canopoa policy framework and compliance that has assured low rates of infection to their population.

Expected outcome

As a working group you are to explore the facets of this scenario and work through a decision process to inform National Cabinet whether Australia should provide aid to Canopoa through the provision of vaccines to assist them in containing the COVID-19 MT variant outbreak.