

SPECIAL ARTICLE

On the ethical dilemma of Filipino healthcare professionals amidst the COVID-19 pandemic: An alternative perspective

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ABSTRACT

The COVID-19 pandemic has given rise to medical and non-medical issues. One of the subtler, but equally important issues are the ethical ones. Most prominent among these is the ethical dilemma of health care professionals faced with the decision of whether or not they should continue working and serving the country despite the risks. This paper intends to analyze the said bioethical dilemma by first, examining the ethical conundrum and defining its parameters; second, by assessing a previous attempt to arbitrate this issue and in the process, evaluating two different theories in ethics: egoism and Christian ethics; and third, by proposing a more nuanced normative ethical framework to fully understand the moral picture. In the end, the bioethical dilemma of healthcare professionals cannot be completely analyzed using the lens of egoism and Christian ethics as previously asserted by another scholar. A fuller understanding can be reached by using an Aristotelian normative framework as an anchor for analysis. All healthcare professionals want the good. While a dilemma may ensue because of conflict of values (*e.g.* for work and for safety), Aristotelian ethics subscribes to the need for hitting the mean between two extremes by honing one's practical wisdom and deliberation. Healthcare professionals exercise this faculty in confronting their dilemma.

Keywords: *Aristotelian ethics, bioethics, COVID-19, healthcare professionals, Philippines*

Introduction

COVID-19 (coronavirus disease-19), “an infectious disease caused by the newly discovered corona virus,” has altered life across the globe [1]. In the Philippines, one of the countries severely hit by this global pandemic and the site of the world's longest-running lockdown enforced due to said pandemic [2], the disease, while primarily a medical and public health issue, has also given birth to issues that are not necessarily medical. The first months of the pandemic has witnessed travel restrictions put in place, barring many Filipinos from going back to their hometowns [3]. Incidences of anxiety, depression, and psychological impacts were also noted especially during the early phase of the pandemic in the Philippines [4]. Economically, there was a standstill. Without movement in the marketplace, with people staying indoors and businesses closed, the government's revenue has been

projected to decrease dramatically [5]. Furthermore, the Department of Labor and Employment (DOLE) of the Philippines has also estimated that around 10 million Filipinos may lose (or have lost) their jobs because of this pandemic [5].

Aside from these seemingly more urgent issues, subtle but equally important problems in ethics also surfaced and abound [6]. For example, is it ethical to restrict the right to movement of people in the name of public health? Should lockdowns be lifted in the name of economic gains? How about the issue of equity in the distribution of resources such as PPEs (Personal Protective Equipment) and eventually, vaccines? Early on in this pandemic, one of the most pressing ethical issues arose. When even medical professionals succumbed to COVID-19, an urgent ethical dilemma had to be confronted: should medical professionals be expected to undertake the herculean task of

attending to their jobs despite the danger to life that it poses [7]? With the impending prospect of contracting COVID-19, should health professionals be held hostage to their chosen vocation? Is it ethical for medical professionals to turn their backs on their supposed 'obligation' to society when their lives themselves are in danger? This paper is an examination of this bioethical dilemma.

Bioethics is a branch of ethics that deals with issues in medicine. Literally, bioethics means "life ethics." Its coverage is certainly more expansive than what "medical ethics" is often construed: doctor-patient relationship or issues revolving around medical doctors' behaviors in the profession. Bioethics has more to do with issues such as "treatment of dying patients, allowing someone to die, mercy death, and mercy killing; behavior control; human experimentation and informed consent; genetics, fertilization, and birth; health care delivery and its costs; population and birth control, abortion, and sterilization; allotment of scarce medical resources, organ transplantation, and hemodialysis; stem cell research and cloning; and truth telling and confidentiality in medicine [8]." Broadly construed, bioethics is concerned with the morality of life and death and related, even tangential concerns.

This paper intends to flesh out issues with the dilemma that Filipino healthcare professionals face in the time of COVID-19: should they continue to work despite the overwhelming threat to their own safety and life? Healthcare professionals are obviously the most vulnerable in contracting COVID-19 because they are the ones who are directly exposed to COVID-19 patients. In achieving this primary aim, the paper will employ normative ethical principles and concepts in analyzing and shedding light on this issue. It will also scrutinize a position put forward on this matter by Randy Tudy, another Filipino scholar, and in the process, expose what seems to be amiss in his analysis [9]. It is hoped that discourse may ensue and a clearer perspective on what is touted as a heroic gesture by Philippine health professional will be rendered.

The Dilemma of Healthcare Professionals

Imagine Jose: Jose is a 28-year-old nurse who works for a government hospital in the Philippines. He currently stays alone in a small boarding house in the country's capital, while his wife and two children are left in their hometown somewhere in the south of the Philippines. The public hospital he works in is three kilometers away from his rented room. In the initial months of the pandemic, when public transportation in the country's capital was suspended, Jose was forced to walk from his boarding house to his work every day. This he did

religiously after 12-hour shifts. Unable to cook for himself, Jose normally fills his tummy with meals from a small neighborhood eatery across his boarding house. Aware that he is working in the government hospital where COVID-19 patients are taken and treated, the owner of the eatery refuses to serve Jose for fear of contracting the infection. To add to the pain of discrimination, Jose has to contend with the lack of PPEs, and the long-hour shifts. This paper is on the dilemma faced by Jose and many others like him—healthcare professionals.

Healthcare professionals are the backbone of a nation's public health system. In cases of a pandemic, they play a key role in responding to the health crisis, and are at the forefront of exposure to the disease [10]. A pandemic such as the current COVID-19 poses not just risk, but a dilemma among healthcare professionals. In the face of impending danger and risk to life, should healthcare professionals live up to their sworn duty or retreat in deference to their own safety?

As early as the year 2009, several studies have been made on the risks that health care professionals take on in the line of duty during a pandemic. In one of these, Ives *et al.* found that in Toronto, Canada, healthcare workers represented 40% of SARS (severe acute respiratory syndrome) cases, in Taiwan, 18%, and in Hong Kong, 25% [10]. These are significant figures. In China, where Corona virus was believed to have started, 4.4% of COVID-19 patients as early as June of this year were health care workers. This amounted to 3387 cases of the 77,262 patients in China at that time [11]. Amnesty International meanwhile has found that, as of September 3, 2020, at least 7000 health workers have died around the world after getting infected with COVID-19 [12]. Stever Cockburn, Head of Economic and Social Justice at Amnesty International quipped, "[f]or over seven thousand people to die while trying to save others is a crisis on a staggering scale [12]." While the Philippines was not listed as part of the list of countries with the most number of healthcare worker casualties of the pandemic, the numbers are still alarming. As of October 23, 2020, the number of healthcare professionals infected with COVID-19 in the Philippines has reached 10,906, according to its Department of Health [13]. Of these, 69 are fatalities [13]. Healthcare professionals comprise three percent of the total COVID-19 cases in the Philippines [13].

Despite the potential harms and personal risks, majority of the 1,032 healthcare workers who responded to a 2010 study in the UK during the SARS pandemic, "felt that they had a duty to work despite personal risk [14]." Earlier in 2009, another study on UK healthcare workers' attitudes to working during

pandemic was published. According to the study, while participants tended to feel a general obligation to work during a pandemic, two barriers to working emerged: willingness and ability to work [15]. Surely, some healthcare professionals may not be able to work because of their own illness or lack of transport availability during a pandemic, for example. The latter has been witnessed during the months when the entire Philippines was placed under ECQ (Enhanced Community Quarantine), and public transport over the whole of Luzon was suspended [16]. News articles came out recounting experiences of some medical frontliners trekking through highways just to reach the hospitals where they work [17]. While inability to work has been noted, steps to mitigate the causes of this inability such as free shuttle service for them may be put in place (and in actuality, was put in place) [18]. A bigger cause for concern however are those who can actually render service but are not willing to for whatever reason.

In a study of nurses' ability and willingness to work during a pandemic, Martin noted that willingness of nurses to work during a pandemic decreased as personal protective equipment dwindled, or family or nurse was perceived to be at risk, and when vaccine was not provided to both nurse and family [19]. In the case of the COVID-19 pandemic in the Philippines, all of these mentioned factors are present. While PPEs are provided by the national government to its health workers, doubt has been cast on the quality of these equipment [20]. Naturally, nurses and other health professionals still perceive the risk at work especially that no vaccine has been locally available yet.

All throughout this ordeal, Philippine healthcare workers have been slowly retreating for a host of factors. Some decided to resign from work for the most obvious reason: fear of being infected by the COVID-19 disease [21]. Others resigned from their post as requested by their family members for fear of possible infection from coronavirus disease [22]. The morale is very low for some health professionals. Seeing that the pandemic incidence has spiked uncontrollably and facilities in hospitals are lacking, some simply decided to quit [23]. Tired from their thankless jobs, these healthcare workers were even attacked and discriminated. Some nurses were evicted by their landlords because of hysteria; some were denied public transport; some were refused service in restaurants; many have unfairly faced abuse and stigma for being healthcare workers [24,25]. Moreover, healthcare professionals, particularly doctors, have been wary of the president's militaristic response to the pandemic [26]. In fact, sometime in August, doctors demanded the president for a break and asked that the

government reconsider its 'shambolic' response to the pandemic [27]. They insisted on a 'holistic' response if the pandemic will at all be arrested [28].

In the Philippines, just as anywhere else in the globe right now, healthcare professionals are placed in a moral quandary between doing what they assume to be their duty (to the profession), and their duty to protect themselves and their own families against potential harm in the form of an infection. Facing endless torment, healthcare professionals are confronted with the moral question: is their professional duty worth it? Should they continue to work and serve this country or is basking in the safety and security of one's home by resigning the way to go?

Rational Egoism and Christian Ethics

One perspective brought to light in relation to the dilemma that this paper is about was forwarded by a Filipino scholar, Randy Tudy [9]. In his article, "The ethical dilemma among healthcare professionals in the midst of COVID-19 pandemic," Tudy problematized about the same ethical issue that this paper deals with. Tudy recognized that the dilemma that healthcare professionals in the Philippines (and definitely elsewhere in the world right now) faces is mind-wrecking. Being placed in a conundrum of doing one's work, which for some may even be a professional career or a life passion, at a time when doing so places enormous safety burden on the self (and one's loved ones) can be a very difficult decision to make.

He extrapolated the issue from the points-of-view of both rational egoism and Christian Ethics contending that "the decision of healthcare professionals in this time of crisis depends on their philosophical stance and/or religious faith [9]". He described rational egoism by drawing from Adam Smith, Nikolay Chernyshevsky, Henry Sidgwick, Friedrich Nietzsche, and Ayn Rand among others. According to Tudy, rational egoism has to do with acting for one's self-interest. Reechoing what these thinkers forwarded, he claimed that the precept of rational egoism is self-preservation—that there is, as Hobbes affirmed, an impulse to self-preservation, for at the end of the day, the ultimate end of each action that an individual does is one's own happiness [29]. Solidifying the stance of rational egoism, Tudy quoted Rand who in her *opus* "Selfishness as a Virtue: A New Concept of Egoism" did not just defend egoism but extolled it as a moral ideal [30]. For Rand, selfishness is the only way to go because doing what is beneficial for the self allows every human person to actualize one's own life; if every individual does so, then

everybody will end up living a good life. In effect then, that healthcare workers are pulled back by the hazards and the imminent threat during this time of COVID-19 is something justified, implied by Tudy.

He shuffled back, however, by also stating that while the force of self-interest is strong, the hold of Christian ethics among Filipinos is also vigorous. This time culling his ideas from theology, Pope John Paul II, and Pope Francis himself, Tudy asserted that the “concept of self-sacrifice for the common good explains why selfishness has no place in the Christian faith [9].” To sacrifice one's own good for the sake of other people is hailed as the ultimate call of Christ. Genuine Christians must be willing to forsake one's interest for the good of others. This is probably why martyrdom for the sake of one's faith is considered as the definitive call of one's Christian faith [9]. Tudy claimed that Filipinos are severely influenced by Christian ethics that the call to sacrifice oneself is also present.

In the end, he did not evaluate which is better or which one is a stronger force to reckon with. He simply claimed that these two are the forces pulling healthcare workers to and fro. Tudy ended by forwarding that “the real equalizer is the assurance of... safety brought about by the provision of personal protective equipment and other supporting mechanism [9].” That healthcare professionals in the Philippines decide on the basis of their personal philosophies and faith is all that Tudy argued. His recommendation is for the government to offer support to assuage the fear brought about by COVID-19.

The Problem with the Solution

While for the most part, Tudy's attempt at dealing with the issue is laudable, this paper argues that the treatment made by Tudy may be inadequate and may be enriched for two reasons:

First, the choice of egoism and Christian ethics as the two “lens” in analyzing the dilemma among healthcare professionals might be lacking. Limiting the perspectives into just these two might send a signal that these are the only motivations, as such, reasons for actions among healthcare professionals in the Philippines. Why these two? Two things may be said of this point. Number one, does the theory of egoism even hold? Are we innately selfish? Secondly, do all Filipinos subscribe to Christian ethics?

While the theory of psychological egoism holds that “every human action is motivated by self-interest,” one is

confounded by the sheer gravitas of this account [31]. Can human beings ever initiate an action that is not self-interested? Is the theory actually sound? Thinkers and ethicists, among them James Rachels, argued that it is not [31]. For Rachels, the theory is confused and the moment these confusions about the theory has been cleared, it will be shown that the theory no longer seems plausible.

One confusion that provokes egoism's promising front is the unclear distinction between selfishness and self-interestedness. When a patient goes to his doctor for a consultation, this is self-interested, but it is hardly selfish. When a boy plays with his toys, this is self-interested, but not necessarily selfish. “Selfish behavior is behavior that ignores the interest of others, in circumstances in which their interest ought not to be ignored” [31]. When a nurse comes to work so he can earn for his family, this is self-interested but is not selfish. Egoism confused these two, postulating that all self-interested acts are selfish acts. Going for a consultation, playing with one's toys, and coming to work are all in one's interest but are not necessarily selfish.

Secondly, egoism confuses between self-interested behavior and the pursuit of pleasure [31]. While most people are motivated by the pursuit of pleasure like higher pay, fame, power, or bodily pleasure, not all pursuits of pleasure are self-interested. Consider smoking. While smoking provides utmost pleasure, surely one is aware that it is not in one's interest to puff and finish a pack of cigarettes. In fact, self-interest would dictate that one should quit smoking if one wants to think of one's welfare and interest.

Taken together, these two reasons point to the unassailable logic that not all actions are selfish, and not all actions are self-interested. In addition to this, a concern for one's own welfare, especially in the case of healthcare professionals during this pandemic, is not necessarily incompatible with concern for other people. To stop working and losing one's livelihood because one lives with family members who are at risk of contracting the disease is surely not selfish nor self-interested. In logic, the assertion is called a false dichotomy. One can totally choose to look after one's welfare and continue to hold other people's interest dear at the same time. The theory of egoism simplifies and reduces matters unreasonably.

Having broken down the theory of egoism, and having displayed the logical flaws in the theory, one might wish to also examine Christian ethics as another lens that Tudy used. In the Philippines, known as the only Christian nation

in Asia, “more than 86 percent of the population is Roman Catholic, 6 percent belong to various nationalized Christian cults, and another 2 percent belong to well over 100 Protestant denominations” [32]. This roughly translates into 96% of the population adopting some form of Christianity. Indeed, about 8 out of 10 Filipinos are Catholics [39]. We can roughly estimate the other 1% as belonging to other Christian denominations. This figure however leaves out an estimated 4% of the population who are not Christians. How about those from the 4% of the population who are not Christians but are healthcare professionals? What do they consider in the decision to continue working during the time of the pandemic? Are they automatically doomed to succumb to egoism? Surely, this is not the case.

Having seen the problematic nature of using only those two theories, delimiting the considerations into these two might also imply that moral decision-making of healthcare professionals is only done by juxtaposing these two perspectives, resulting in an image of an individual torn between only two values (*i.e.* selfish motives vs. Christian tenets) when the actual moral deliberation involved may be more complex than this. In summary, there is so much misgivings that this paper forwards in the choice of using egoism and Christian ethics as the lens in which to see the moral issue at hand.

The claim of Tudy's paper is ultimately descriptive: “the decision of HCPs (Health Care Professionals) in this time of crisis depends on their philosophical stance and/or religious faith” [9]. This paper finds this problematic, given that there was no basis for the claim. Either this claim is expected to be accepted *a priori* (prior to experience) or it is just not substantiated. There was neither an interview nor survey done to back up this assertion. Any claim that purports to describe reality as it were should be backed by methods that support the claim. A counterproposal, from a bioethical point-of-view, is to analyze the moral conundrum using the lens of normative ethics. Rather than concerning itself with the actual motivations or reasons of healthcare professionals in making their decisions, this paper will analyze the issue using a normative ethical framework: Aristotle's Virtue Theory.

As a rejoinder to Tudy's good start in analyzing the ethical conundrum, a divergent direction will be taken by this paper. It shall endeavor to argue and evaluate the dilemma from the Aristotelian perspective. It will be maintained that looking at the dilemma from this perspective offers a more nuanced and richer discussion of the considerations that Filipino healthcare workers confront in coming up with a decision.

An Aristotelian Perspective

“Every art or applied science and every systematic investigation, and similarly every action and choice seem to aim at some good; the good, therefore, has been well defined as that at which all things aim [34].” This is the famous opening of Aristotle's “Nicomachean Ethics”. In it, Aristotle laid down the groundwork and framework of normative ethics responding to the prime question of applied science: how should a human person live? How should a human person act in one's *polis* or society? Aristotle was straightforward right at the outset: every human being is drawn towards the good, the good that ultimately shepherds humans to their fulfillment or *eudaimonia* in Greek, literally meaning, “human flourishing”. Every entity moves toward this end. Just as an acorn is meant to develop into an oak tree, or an arrow fixes its gaze on its target, each human person is motivated by the need to fulfill oneself, in some other translation of *eudaimonia*, to be happy.

Edward Bond, interpreting Aristotle, postulates that this *eudaimonia* is what animates humans both in the realm of moral and non-moral choices [35]. Moral choices are those that involve right and wrong, good or bad; whereas non-moral choices are matters of taste choices: which book to read, what color to wear, what kind of partner to date. When a person chooses what food to eat, what movie to watch, or what university to attend, it is essentially *eudaimonia* that directs the decision. Whether immediately as a primary cause of action and choice or not immediately, it is *eudaimonia* that inspires actions. Cathy who chooses her course before taking the UPCAT considers her passions, her talents, her family's resources, and her dreams in choosing a course. She imagines herself becoming a nurse, or a biologist, or even a medical doctor. In that future, Cathy sees that she will be happy. The choice of eventually enrolling in UP is also an offshoot of whatever vision Cathy has. Every non-moral choice that one makes is spurred by this need: the need to be happy.

In terms of moral choices, however, the process is a little different. While *eudaimonia* is also the end goal of every moral decision, moral choices are not readily and immediately moving towards the former. Moral choices and actions are done in order to attain the common good. This common good, meanwhile, is a prerequisite to the attainment of *eudaimonia*. In Aristotle's mind, an individual cannot be fulfilled in a society that is marred by vices and bereft of the good and excellence (*aretè*, in Greek). Humans do what is good for the common good, and it is this common good that essentially facilitates individual *eudaimonia*.

With this framework as a background, one can see the dilemma facing healthcare professionals in a better light. Healthcare workers are not just pitted between selfishness and fidelity to their religion. Rather, they all want to attain the good, their own fulfillment, their *eudaimonia*, whether as a medical healthcare worker, as children to their parents, parents to their children, partners to their loved ones, etc. They all want to fulfill their rightful ends. However, knowing how to balance out the values of their multiple roles makes the task more difficult than necessary. What is the common good? When the call of the times is for them to respond to the global pandemic, common good also includes the good for their nuclear *polis*, and this is the family. Is the better decision to stay on and serve through their work in the health profession or to quit, and just do something else?

For Aristotle, attainment of *eudaimonia* is only possible when one lives a life of virtue, of excellence, or in Greek, of *areté*. Moral virtue, according to Aristotle, lies in hitting the mean between two extremes [36]. One cannot be too rash, or one cannot cower in the face of danger. One should locate the mean between a mindless, rash attack and a coward hiding until one defecates one's own pants. The process however is not as simple as it seems. Can health professionals find the mean? In order to do so, one should exercise what Aristotle refers to as *phronesis* or practical wisdom. "To possess practical wisdom, in Aristotle's view, is to be good at thinking about what one should do [36]." To have practical wisdom is to be good at thinking about how to live a fulfilled existence as whole. This virtue, practical wisdom, is not attained overnight. Just as honing other moral virtues like honesty, generosity, and justice takes time and practice, practical wisdom also requires years of experience and practice. An individual who possesses practical wisdom makes prudent, intelligent decisions in matters of moral dilemmas. Said individual finds the mean between two extremes and comes up with choices that are morally right for a particular purpose, time, and place. For Aristotle, moral decisions made by a *sophron* or a morally excellent person, one who has mastered his *phronesis*, are right because the individual is one who has habituated himself or herself in crafting morally sound decisions [36].

Healthcare professionals faced with the dilemma posed by the COVID-19 pandemic all want to attain their *eudaimonia*. They all want to find the mean between the two extremes of continuing to work despite all the odds and risks, and giving up their career to look after other interests such as safety of one's family. The decision, the moral imperative for

them, should not be reduced as a simple issue of choosing between selfish motives and Christian ethical dogmas. The decision is always a function of deliberation, of what the mean between two extreme decisions is. In an ideal world, where more safeguards for medical professionals are put in place, such a decision need not be this arduous. The case of Filipino healthcare workers demands a full exercise of the practical wisdom that Aristotle mentioned thousands of years ago, and this journey toward the fulfillment of this purpose belongs to each healthcare professional. Such moral decisions should not be touted as a simple choice between two options that are not even sound bases for ethical deliberation. The decision made by a healthcare professional should not be reduced as a function of one's egoism or one's religiosity. Every ethical decision is and should be a function of deliberation.

Conclusion

This paper is inspired by Jose, and the many other healthcare professionals who take the blow of this COVID-19 pandemic for all of us. The decision of healthcare professionals like Jose is neither just a function of egoism nor Christian ethics. The paper has demonstrated that using these two as exclusive lenses can be problematic as the two theories in themselves are either faulty or not totally applicable to all Filipinos. A better way of looking at the moral experience of the healthcare workers is by examining it using Aristotle's ethical framework as a spectacle. Aristotle's virtue ethics theory frames the dilemma in a better light, and sheds some clarity on the process that each healthcare professional undergoes in one's journey towards making a sound moral decision for oneself.

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