

Forced isolation measures 'irrational'

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KWAZULU-NATAL's plans to enforce mandatory isolation at a state facility is heavy-handed, burdens the state unnecessarily, risks stigmatising those who have the virus and could drive it "underground". This is the view of one of South Africa's leading medico-legal ethicists.

Professor Jerome Singh, in a critique published in the *SA Medical Journal* recently, said mandatory isolation should be based on a demonstrable threat to public health — and in this regard — the KZN government has provided no corroborating evidence to demonstrate that the spread of Covid-19 in the province is attributable to defaulting self-isolators.

This follows concern expressed by the South African Medical Association (Sama) on the "forced quarantine" measures.

Sama vice-chairperson Dr Mvuyisi Mzukwa said in a statement that forced quarantine should not be a blanket policy for positive cases.

"The NICD guidelines should inform such decisions, on a case-by-case basis, as to not unnecessarily infringe the rights of patients, dissuade testing and expend scarce resources," said Dr Mzukwa.

Professor Singh, of the Centre for the Aids Programme of Research in South Africa (Caprisa), said the provincial decision failed the test of distributive justice as it placed an undue burden on government and could potentially deprive more needy patients of beds.

"If our public health goals are to prevent the spread of Covid-19 by

those who are self-isolating, and to preserve beds for those patients who need them, officials should pursue the least restrictive means to achieve these ends," he said.

Singh said since community transmission of Covid-19 became established in SA, individuals who test positive and do not require hospitalisation were permitted to self-isolate in their homes to reduce the burden on the health sys-



tem.

He described KZN's policy as "heavy-handed", adding that the provincial government has not clarified how it planned to manage the social implications of mandatory isolation.

The rationale of forcing people into government camps, Singh argued, was flawed as the stance was based on suspicions about self-isolators defaulting.

"In relevant circumstances, it is undeniably necessary and in the interests of public health to remove an infected individual from their dwelling to safeguard the health of others residing there — say, for ex-

ample, where all members of the household live in a single-room informal dwelling.

"However, where an individual is able to self-isolate and does so responsibly, they pose little or no infection risk to others. In such instances, mandatory institutional isolation would be unreasonable and ineffective in containing the spread of Covid-19."

Singh said by April 19, KZN had 587 cases of Covid-19, of whom 54% were in self isolation.

"If KZN's new policy applies retrospectively, 317 people who are currently in self isolation theoretically face mandatory isolation in state facilities.

"If Covid-19 cases in KZN continue to rise, the province's health system will be overwhelmed, as has been the experience in other settings that have experienced 'surge' scenarios."

He said in preparation, the emphasis should be on reserving hospital beds for Covid-19 patients with severe or advanced symptoms and respiratory complications.

Less restrictive measures, including intensified counselling, random checks on the self-isolating individual and the levying of penalties for non-compliance, could be introduced to discourage defaulting, Singh said.

"Mandatory isolation also risks stigmatising those infected with Covid-19 and could drive the disease underground. We cannot afford to score own goals at this critical juncture in our response to the Covid-19 pandemic," said Singh.

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