

COVID-19 contact tracing, isolation are key: How to do them ethically

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The use of tracing and then isolating or quarantining individuals who have had contact with people infected with SARS-CoV-2 could prove to be among the most effective tools in reducing transmission of the virus in the U.S. But patients and physicians alike want to make sure individual rights, most notably privacy and confidentiality, don't get trampled in the process.

The AMA has created an ethics resource page, "[Ethical practice in isolation, quarantine and contact tracing](#)," that offers ethics guidance on this vital public health measure. Citing numerous opinions from the [AMA Code of Medical Ethics](#), the page provides a comprehensive guide to help physicians understand their public health responsibility to work with institutions or agencies responding to the threat of COVID-19 in their communities.

More broadly, the AMA and the Centers for Disease Control and Prevention are closely monitoring the COVID-19 pandemic. Learn more at the [AMA COVID-19 resource center](#). Also check out pandemic resources available from the [AMA Code of Medical Ethics](#), [JAMA Network™](#) and [AMA Journal of Ethics®](#), and consult the [AMA's physician guide to COVID-19](#).

Getting the word out

"Especially with something as severe and highly transmissible as SARS-CoV-2, we need to identify an infected individual's contacts both for the health of the community and for the health of those contacts themselves," said Elliott Crigger, PhD, director of ethics policy at the AMA. "There's a way of achieving both goals simultaneously. Contacts need to know that they've been exposed, and then they need to take appropriate action to isolate themselves or we need to be able to test them and provide treatment."

Physicians play a crucial role in this process early on. Referring to opinion 8.11, “Health promotion and preventive care,” the resource page quotes the *Code* as saying that “physicians who work solely or primarily in a public health capacity should uphold accepted standards of medical professionalism by implementing policies that appropriately balance individual liberties with the social goals of public health policies.” That includes, the page notes, notifying public health authorities when patterns in patient health may indicate a health risk for others.

Likewise, physicians should educate patients and communities about public health threats, including their potential harm to others and the benefits of quarantine and isolation. Citing opinion 8.4, “Ethical use of quarantine and isolation,” the resource page notes that physicians should encourage voluntary adherence and “support mandatory measures when patients fail to adhere voluntarily.”

Check out the ethics resource page on protecting public health and vulnerable populations in a pandemic.

Respecting privacy, confidentiality

Still, contact tracing “carries implications both for the confidentiality of the patient diagnosed with an infectious disease and the privacy of individuals the patient identifies as contacts,” the resource page notes.

Citing opinion 3.2.1, “Confidentiality,” it advises that physicians involved in contact tracing “should, to the greatest extent possible, protect the confidentiality of the patient by restricting disclosure to the minimum necessary information, for example, by not identifying the patient when advising third parties of their exposure.”

Patients must be informed of this, though, so physicians should notify them that information about their contacts will be shared with public health authorities for use in contact tracing to limit spread of the disease and potentially treat those who have been exposed, the resource page says. The same *Code* opinion also notes that there are some circumstances in which physicians may disclose information to appropriate authorities without a patient’s explicit consent.

More help on COVID-19

The AMA ethics resource pages—which now address more than a dozen issues at the heart of the COVID-19 pandemic, including use of patient registries during public health emergencies, research ethics in a public health crisis and prioritizing the rest of health care in a public health crisis—have been developed based on inquiries from physicians and policymakers.

“The *Code* has more guidance than the titles of individual opinions would lead you to believe, and often there are opinions throughout the *Code* that are relevant to a single question,” said Elliott Crigger, PhD, director of ethics policy at the AMA. “The ethics resource pages each compile multiple opinions to address what’s vexing people today and also what’s coming down the pike.”