

Analyzing the Mask Mandate in British Columbia through Kass' Ethics Framework

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The SARS-CoV-2 (COVID-19) pandemic started in late 2019 and has caused severe illness and millions of deaths worldwide (Paules et al., 2020; World Health Organization, 2022b). COVID-19 is highly contagious and has short- and long-term symptoms (Sanche et al., 2020). Common symptoms include fever, coughing, brain fog, chest pain, and dyspnea (Fernández-de-las-Peñas et al., 2021; World Health Organization, 2022a). In British Columbia (BC) alone, there have been over 260,000 positive cases, more than 13,000 hospitalizations, and nearly 2,500 deaths since January 2020 due to COVID-19 (BC Centre for Disease Control, 2022a).

Since March 2022, BC has lifted mask mandates in all public spaces, causing conflict among some BC residents (Hunter, 2022). Certain citizens felt a sense of relief at the return of normalcy. In contrast, others feared severe medical consequences as COVID-19 is a highly transmissible droplet and airborne disease (World Health Organization, 2022a).

Immunocompromised residents were especially worried due to their weakened immune systems and more significant risks of experiencing critical health outcomes (Baek et al., 2021; Maharaj, 2022). An estimated 38% of Canadians are immunocompromised, with proportions varying based on their socioeconomic status (Statistics Canada, 2020).

Kass' public health ethics framework consists of six questions to determine whether a public health intervention should be implemented: 1) what are the public health goals of the proposed program; 2) how effective is the program in achieving its stated goals; 3) what are the known or potential burdens of the program; 4) can burdens be minimized? Are there alternative approaches; 5) is the program implemented fairly; and 6) how can the benefits of a program be balanced (Kass, 2001). I believe that following Kass' framework is the best approach for calculating the ethical permissibility of a mask mandate. It brings awareness and finds a balance

between the burdens and benefits of an intervention, which is essential for avoiding unnecessary and irrationally significant burdens. The present paper aims to argue against lifting the mask mandate in British Columbia (BC) based on Kass' public health ethics framework.

Main Argument

1) What are the public health goals of the proposed program?

The fundamental concern of Kass' framework is the reduction of morbidity and mortality rates through a public health intervention (Kass, 2001). Therefore, when considering Kass' approach, the goal of mandatory mask-wearing is to reduce incident cases of COVID-19 infection in BC and to minimize the number of individuals who fall severely ill or die from COVID-19 (Canada, 2021).

2) How effective is the program in achieving its stated goals?

Since the initial stages of the pandemic, research and scientific evidence have discovered that masks are a public health intervention that significantly prevents the spread of COVID-19 (Wang et al., 2021). For instance, a 2021 study found that masks are one of the most effective non-pharmaceutical measures to decrease COVID-19 transmission (Ayouni et al., 2021; Rivett et al., 2020). In addition, masks are perceived to be cost-effective since they can minimize the spread of the virus even among asymptomatic patients and are easier to implement and fund than other medical approaches such as hospitalization (Spitzer, 2020).

3) What are the known or potential burdens of the program?

In this context, burdens involve harms laid on individuals, inconvenience, and risks to liberty due to the mask mandate. Harm includes the deterioration of one's physical or mental health. Moreover, if two burdens are equal in amount, but one is more disproportionately

distributed among the population than the other, the unequally dispersed burden will be treated as more severe, even though the net amount is the same for both.

Several burdens of continuous mask-wearing have been identified. The mask mandate primarily disregards individuals' autonomy in wearing masks. Autonomy is one's ability to self-govern. Secondly, a study found that approximately 80% of medical professionals reported mild headaches after prolonged mask use (Ong et al., 2020). However, headaches were said to be resolved naturally within 30 minutes of mask removal. Thirdly, more dermatological issues, such as perioral dermatitis and sweating, were noted by mask wearers (Cheok et al., 2021). Finally, masks impair face recognition and identification as they obstruct the nose and mouth (Spitzer, 2020). Likewise, masks worsen verbal communication as they absorb sound amplitudes and frequencies (Spitzer, 2020).

4) Can burdens be minimized? Are there alternative approaches?

Several methods are suggested to reduce the burden of mask-wearing. For instance, mask wearers can take pain-relieving medications such as ibuprofen or reduce activity for 30 minutes after taking off the mask until headaches resolve naturally. In addition, wearing transparent masks and name tags can improve face recognition and identification (Spitzer, 2020). Moreover, when speaking with others, poor communication may improve by increasing non-verbal communication methods, such as hand gestures.

Other public health alternatives could also provide similar preventative effects to masks but with fewer side effects. For instance, social distancing effectively reduced the spread of COVID-19 by up to 84% (Glogowsky et al., 2021). However, social distancing causes emotional and financial loss because people are discouraged from meeting with others, and many businesses cannot operate at their total capacity (Robillard et al., 2020). Alternatively, some

COVID-19 vaccines were estimated to be 97% effective in preventing severe and fatal health outcomes (Abu-Raddad et al., 2021). Nonetheless, vaccines are expensive to fund and deliver, and nearly all population members must be vaccinated to achieve herd immunity (Bolotin et al., 2021; Light & Lexchin, 2021). Around 87% of Canadians aged five and up have received the second dose of a COVID-19 vaccine (*COVID-19 Statistics – Seniors Advocate*, n.d.), which some suggest is sufficient to reach herd immunity (Bolotin et al., 2021). However, others argue that herd immunity may not be a suitable way to protect a population given the differences in age distribution, comorbidity rates, health behaviour, and novel variants (Dassarma et al., 2022; Wu et al., 2020; Yadegari et al., 2021). Finally, face shields are commonly used in place of masks (Lindsley et al., 2014). They are thought to prevent COVID-19 by limiting droplets from reaching the eyes, mouth, and nose (Lindsley et al., 2014). Nonetheless, many face shield users are believed to wear them incorrectly, reducing their efficacy (Lindsley et al., 2014).

5) Is the program implemented fairly?

The original mask mandate lifted in March 2022 was implemented fairly for several reasons. First, all BC residents were required to wear a mask, reducing the social harm that arises from stigmas around mask-wearing (Choi, 2021). Second, folks who could not wear masks due to a particular psychological, behavioural, or physical condition were dismissed from adhering to the mandate (BC Centre for Disease Control, 2022b). Third, people's autonomy was respected regarding which type and design of masks to wear (Canada, 2021). For instance, individuals who desired to wear higher-graded masks such as N95 were free to do so, while those who wanted to make their own masks were also accepted (Canada, 2021, p. 19). Fourth, the province issued relief funds to BC residents, alleviating the financial burdens of purchasing masks (The Government of British Columbia, 2022b). Finally, the province allowed travelling and

socializing indoors among mask wearers as part of reciprocity (The Government of British Columbia, 2022a). Reciprocity is defined as compensating for the costs associated with discharging one's duties (Upshur, 2002).

6) How can the benefits and burdens of the program be fairly balanced?

Through the six approaches mentioned above, the BC provincial government had successfully and equally applied the mask mandate and balanced the burdens and benefits. Although the mask mandate is restrictive and has consequences, the challenges are minor and can be resolved using cost-effective measures and approaches. In addition, Kass, the creator of the ethical framework, claims that public health cannot satisfy everyone, as there will always be a few who are displeased (Kass, 2001). Nevertheless, the key is ensuring that burdens and benefits are well distributed, achieved in BC.

Contrarily, by lifting the mandate, I argue that the burdens and benefits balance is shattered, and more acute and permanent consequences arise as immunocompromised individuals are at a significantly higher risk of contracting the virus, falling severely ill, and dying from COVID-19. Immunocompromised folks deserve to be at an equal risk of contracting the virus as the rest of the population, and they must be protected even more so than healthy individuals as they are unable to elicit the necessary immune response to eliminate the virus (Baek et al., 2021). In addition, although some burdens emerge from the mask mandate, mainly due to restricted liberty and autonomy, I argue that these burdens are minimal compared to those associated with risking the lives of immunocompromised folks.

Conclusion

As COVID-19 has lingered for over three years in BC, we must continue to protect public health measures to keep everyone safe from infection. All in all, I argue that it is morally correct

to reinstate the mask mandate in the province, particularly for those who are immunocompromised and vulnerable, according to Kass' public health ethics framework.

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