psychological safety net. In this context, the following rationing scenarios are presented below:

- *A fair innings*: Williams (5) developed the "fair innings approach" in which he argues for placing a higher value to the lives of the young. Using a sports analogy, he argued that those who have already lived a long life (had a fair innings) need to be given less value than someone who has not yet lived his life. Other than the potential to benefit from the treatment, age-related weightage guides the triage of patients so that young patients can have a fair innings.
- *Providers of the family*: World Bank policies argue for a higher weightage for the lives of those who are in the 30-40 age range as they work and sustain their families (6). They provide for both the young as well as the old. In this way, the entire family is dependent on them. Loss of their lives would put their entire families in financial distress.
- *The less well off*: Since the poor and less well-off are in poor health, and as it is possible that they are more likely to be infected, leading to potential death from the virus, it makes sense to prioritise their treatment. In the Indian context, the less well-off also live in conditions where it is possible for them to spread the virus to others in the area who are also in poor health. Treating them could mean potentially saving the lives of others who would come in contact with them. From both a utilitarian and social justice perspective, it is essential to treat the less well-off to stop the virus.

In conclusion, it is possible that some hard rationing decisions would be made to treat coronavirus patients in the coming times. From an ethical perspective, one needs to look at these considerations to make sound rationing decisions. Whatever those decisions may be, decision makers would need to explain the trade-offs in an explicit and rational way in order to prevent worsening the impact of the virus. In doing so, a wider public debate needs to be carried out to help guide such important decisions.

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Dealing with Covid -19: Lessons from China

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***Keywords**: Covid-19, China, authoritarian state, mass quarantine, public health investment*

"If the officials had disclosed information about the epidemic earlier, I think it would have been a lot better. There should be more openness and transparency" - Dr. Li Wenliang (1986- 2020) in an interview to New York Times

Gopichandran and Subramaniam in their editorial in *IJME* have appreciated the intensive Chinese efforts to contain the Covid-19 outbreak and wondered if other "weak" and developing health systems will be able to do the same (1). In a section of their editorial, "Strengthening health governance and law", they appreciate the efforts of authoritarian state China to make mass quarantine possible. They go on to write, "A mass quarantine of the proportions seen in China is very difficult to achieve in India". While everybody should get appreciation when it is due, if we don't distinguish between different components of a system, our conclusions may not be correct. Here we need to distinguish between China's authorities and its healthcare workers.

The WHO Chief praised Chinese authorities at the end of January (2) and that may have inspired the authors to note it in their editorial. But we need to realise that that claim has been questioned by many (3, 4). Moreover, the memory of Dr Li Wenliang should haunt us if we believe such claims. The brave doctor tried to raise awareness about an emerging infectious disease in his closed group to warn others to protect themselves. In response, he was silenced by the authoritarian State (5), after which he kept on working in hospital, contracted the same infection and then succumbed to it. All of us need to draw some courage and inspiration from his heroism. Besides, a careful analysis of the situation may bring us some new and useful insights

Healthcare reforms introduced in China since 2008 have transformed its delivery system (6). Scholars at the Harvard School of Public Health emphasise China's efforts to make extensive primary care system available to the masses. A World Bank graph depicting rising life expectancy at birth of the Chinese population shows a steady improvement in this century (7). A plateau in the latter part of the last century is attributed to the government's efforts then to privatise the healthcare system before that. Hence it would be preferable to appreciate authorities only when it is deserved. The irony is that while China is reaping the rich dividends of its early and substantial investment in public health, our Government is privatising its public services at a rapid pace. Right now, it is planning to give its district hospitals into private hands (8). Hence we need to introspect and carry out a course correction here. We earnestly urge our policy makers to learn from China on how, by expanding Universal Health Care, one can achieve a healthy population - and healthy workers - who can fuel the economy by providing a strong labour force.

The authors of the editorial also discuss the issue of strengthening human resources in healthcare. Although we agree with what they suggest here, something which is of more importance is the regularisation of the workforce. At present, the National Health Mission, the backbone of our system, runs on contractual employees as described by Bahadur in this journal (9). As permanent employees don't attend their duties regularly, our government plans to hire contractual employees. But that is not a fair solution and will throw up other challenges which need proper redressal. Our former RBI Governor Raghuram Rajan has suggested a solution. As contractual workers live under the constant threat of termination, he advises longer term contracts and increased severance pay (10). We believe that the ASHA workers, serving in remote rural areas, deserve a much better deal from our system (11).

Covid-19, like MERS, Ebola, SARS, bird flu, and swine flu, may appear like an effervescence, and then rapidly disappear. But it has made an indelible impression on our collective consciousness. Therefore, we need to appreciate the shortcomings of an authoritarian regime, along with its strengths, if any. We should also bow to our unsung and unknown heroes; defend the interests of our workforce, and at the same time, be ready to accept our faults, in order to make a rapid course correction. These are times when humility, truthfulness, the courage to speak truth to power, and the generating of a feeling of global fraternity are the best virtues.

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The Robin Hood dilemma: Is it ethical to use "unethical" means to achieve something good?

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Keywords*: free access to research, copyright breach, accessible research, intellectual property rights*

The website Sci-Hub (http://sci-hub.tw/) (1) offers access to medical and scientific research papers from all over the world to anyone - for free. So, what's the catch? There isn't one, except for the fact that this is an initiative by an enterprising hacker, Alexandra Asanovna Elbakyan, a Kazakhstani computer programmer, who has cracked the firewalls of the websites of medical publishers.

In general, most of us feel very uncomfortable about disrespecting copyright, because the concept of intellectual property rights has been so deeply ingrained in us. We have been brainwashed into accepting that medical journals need to be paid for, and that we need to respect the author's labour. This makes sense at one level, but unfortunately medical publishing has been completely commercialised today, to the point where respected scholars like Dr Marcia Angell, former editor of the prestigious *New England Journal of Medicine,* says, "It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor.."(2)

Furthermore, the purpose of medical journals is to make sure that reliable clinical research is accessible to doctors so they can help their patients. However, thanks to the monopoly created by Western medical publishing houses, most doctors in the developing world do not have access to this source of knowledge., So, while most people look down on hackers, and believe that it is unethical to upload content which does not belong to you, I feel it is the current state of medical publishing which is completely unethical. The actual effort of carrying out