

Integrating Bioethics into Public Policy: Lessons from Mongolia's COVID-19 Response

Gansukh Norovsambuu Ph.D. (Corresponding author)

Correspondence: Gansukh Norovsambuu, Graduate University of Mongolia, Sukhbaatar Square 20/6, Academic Palace, Ulaanbaatar, Mongolia

E-mail: n.gansukh@dbm.mn

Munkhtulga Bayasgalan

Graduate University of Mongolia, Sukhbaatar Square 20/6, Academic Palace, Ulaanbaatar, Mongolia

E-mail: munkhtulga86@gmail.com

Abstract

This research explores the intersection of bioethics and public administration by analyzing Mongolia's governmental response during the COVID-19 pandemic. It examines how border closures, quarantines, and freedom restrictions impacted human rights and whether ethical standards were upheld. Using the four core principles of bioethics—autonomy, beneficence, non-maleficence, and justice—the study reveals gaps in ethical oversight and the lack of professional input in decision-making. The paper argues for institutionalizing ethics in policy frameworks. "Public policy decisions during pandemics are often made under pressure, leaving little room for ethical deliberation. Understanding the moral implications of such decisions is crucial for protecting rights, ensuring equity, and improving trust in governance systems."

Keywords: Bioethics, Public Policy, Mongolia, COVID-19, Human Rights, Emergency Governance

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Introduction:

The COVID-19 pandemic has posed unprecedented challenges for governments around the world, World Health Organization. (2022). Ethics and COVID-19: Resource allocation and decision-making guidance. compelling swift and often far-reaching decisions in the face of uncertainty. While such measures were primarily aimed at safeguarding public health, they also raised critical questions regarding civil liberties, proportionality, and ethical justification. In this context, the integration of bioethical principles into public administration becomes not just advisable but essential.

Mongolia, like many other countries, responded rapidly to the emerging threat of the coronavirus by imposing strict lockdowns, closing international borders, enforcing mandatory institutional quarantines, and regulating public behavior through emergency resolutions. These measures were largely effective in containing early outbreaks; however, they were often implemented in the absence of structured ethical frameworks, and with limited engagement of interdisciplinary experts, including those in bioethics, public health ethics, and human rights law.

The concept of bioethics, though historically associated with clinical medicine and biomedical research has evolved into a broader normative field that addresses the moral dimensions of policy, science, and governance. It includes principles such as autonomy, beneficence, non-maleficence, and justice, which have relevance not only at the bedside but also at the level of legislation and executive decision-making. In emergency

Theoretical Framework:

The theoretical foundation of this study is rooted in two interconnected domains: the core principles of bioethics and the ethical dimensions of public administration. Together, these frameworks provide a normative lens through which to assess the ethical legitimacy of state actions during health emergencies, particularly the COVID-19 pandemic in Mongolia.

2.1 The Four Principles of Bioethics

The foundational model adopted here is the widely recognized "Four Principles" approach, introduced by Beauchamp and Childress (1979), which continues to shape contemporary ethical discourse in healthcare,

research, and policy. These principles are:

Autonomy – the right of individuals to make informed decisions about their own lives and bodies. In public governance, this includes the ability to participate in policy decisions, access information, and retain control over personal choices.

Beneficence – the obligation of the state to act in ways that promote the well-being of its citizens. This is especially relevant in emergency contexts, where governments must balance swift action with positive social outcomes.

Non-maleficence – the duty to “do no harm.” Even well-intentioned policies can result in unintended harm if they are poorly designed, overly coercive, or unequally implemented.

Justice – the fair and equitable distribution of benefits, risks, and responsibilities. Ethical governance must ensure that all population groups are treated fairly, and that vulnerable individuals are not disproportionately burdened.

While originally designed for clinical settings, these principles are increasingly applied to public health ethics, policy evaluation, and human rights governance. Their integration into public decision-making enhances both the legitimacy and the moral coherence of state action.

2.2 Public Administration and Ethics

From a governance perspective, this study also draws upon public interest theory and democratic legitimacy frameworks, which argue that government actions must be grounded not only in legality but also in ethical justification and public accountability. During emergencies, the state assumes expanded powers, and the risk of overreach increases significantly. Hence, ethical governance requires mechanisms for transparency, participation, and the inclusion of interdisciplinary expertise, including bioethicists.

Ethical legitimacy, as defined in political theory, is achieved when public policies reflect shared moral values and are developed through inclusive, reasoned processes. When citizens perceive that decisions are made with fairness, transparency, and compassion, trust in institutions is preserved—even under crisis.

2.3 Integrating Bioethics into Mongolian Governance

In the Mongolian context, ethical considerations are rarely formalized within policy processes. During the COVID-19 pandemic, decisions were often made quickly, without ethical review or public dialogue. While some health measures were scientifically valid, they lacked visible ethical rationale or safeguards for human dignity and individual rights.

This study proposes that the integration of bioethical principles into public administration in Mongolia is not only feasible but necessary. Such integration can be achieved through:

Institutionalizing ethics advisory bodies at national and local levels,

Requiring ethical impact assessments alongside legal and financial evaluations,

Embedding human rights and ethical education in the training of public officials.

By bridging the gap between ethical theory and public policy practice, Mongolia has an opportunity to build a more resilient, equitable, and trust-based governance model that is better prepared for future crises.

Methodology:

This study utilizes a qualitative case study design to evaluate the ethical dimensions of Mongolia’s COVID-19 response through the framework of bioethics. Rather than quantifying outcomes, the approach focuses on interpreting policy intentions, decision-making processes, and ethical coherence within state actions taken during the pandemic.

3.1 Research Approach and Case Selection

Given the normative and interpretive nature of the research question, qualitative methods allow for contextual analysis of public health policy and governance. The selected case centers on Mongolia’s national response between 2020 and 2022, specifically focusing on:

The enactment of the Law on COVID-19 Prevention and Socio-Economic Mitigation (2020),

Measures by the State Emergency Commission and Ministry of Health,

Key interventions such as institutional quarantine, border closures, and civil restrictions.

These state-led responses serve as a concentrated context to assess whether bioethical principles were considered—or overlooked—in policy formulation.

3.2 Data Sources

The study draws up four main categories of data:

Official Documents – Government resolutions, emergency laws, and health protocols.

Legal and Ethical Literature – Academic sources and international guidelines (e.g., WHO, UNESCO).

Expert Perspectives – Informal input from public health professionals and ethicists in Mongolia.

Media and Public Feedback – Public discourse, press briefings, and civil responses.

This triangulation supports a holistic understanding of the ethical implications of state action.

3.3 Limitations

The study is subject to several limitations:

Absence of structured surveys or quantitative public opinion data.

Informal expert interviews were not standardized or generalized.

The analysis relies on document interpretation and researcher judgment.

Despite these constraints, the chosen methodology provides a relevant, real-world ethical assessment of emergency governance, offering insights to inform future policy development.

4. Findings and Discussion

This section offers a comprehensive ethical assessment of Mongolia's COVID-19 policy response. Drawing on the four foundational principles of bioethics—autonomy, beneficence, non-maleficence, and justice, the analysis reveals both commendable state efforts and critical ethical shortcomings. The findings illustrate a response shaped by administrative urgency but lacking ethical reflexivity, leading to procedural imbalances and real-world harms. Through thematic elaboration, this section not only critiques past decisions but offers insight into structural reforms for the future.

4.1 Autonomy Undervalued: Suppression of Individual Choice and Voice

Autonomy represents an individual's right to informed decision-making and self-determination, especially regarding health and bodily integrity. In liberal democracies, autonomy is foundational to ethical legitimacy. During Mongolia's pandemic response, however, this principle was significantly marginalized.

The state's decision to mandate institutional quarantine for all returnees was implemented without offering options for home isolation, even in cases where the latter posed no public health risk. Moreover, individuals received limited information regarding the legal basis of these measures, their duration, or mechanisms for appeal. Testing and health surveillance were conducted without formal consent processes. These practices contravened international norms on human rights and health ethics, particularly those outlined by the WHO and UNESCO.

Further compounding the issue was the absence of public dialogue or civic engagement in decision-making processes. Emergency laws were passed and enforced with minimal parliamentary oversight or public consultation, creating a governance model where citizens were treated as passive recipients rather than active participants in pandemic planning. This undermined public trust and contributed to social alienation.

4.2 Exclusion of Ethical Expertise: Technocratic Governance Without Moral Compass

While rapid response is essential in emergencies, the complete exclusion of bioethicists and human rights advocates from policymaking in Mongolia weakened the ethical coherence of decisions taken. The dominance of epidemiological and logistical considerations—though necessary—was not counterbalanced by normative scrutiny.

No records exist of an institutional ethics board being consulted during policy formation, nor were any of the internationally recognized ethical frameworks adopted. Interviews with scholars and professionals indicated that even well-qualified experts in Mongolia were unaware of policy deliberations until after decisions had been finalized. This lack of ethical pluralism contributed to uniform, rigid policies that failed to consider contextual needs.

The resulting governance model operated in a vacuum—technically rational but ethically blind. Therefore, decisions that were epidemiologically sound nonetheless generated social harms that could have been mitigated with inclusive and principled oversight.

4.3 Harm to Vulnerable Populations: Disproportionate Burdens and Invisible Suffering

The principle of non-maleficence mandates that state interventions must avoid unnecessary harm. While some

restrictions were epidemiologically justified, they were ethically problematic in their breadth and intensity. Particularly affected were returnees, low-income families, the elderly, and children.

Returnees were quarantined under strict rules without adequate access to psychological support, health care, or legal aid. Cases were reported of individuals being housed in poorly ventilated, overcrowded facilities, which further compromised mental and physical health. Social stigma surrounding returnees led to difficulties in re-integrating into communities, finding housing, and returning to employment.

Moreover, the state's failure to provide economic support for informal workers and marginalized households during lockdowns exacerbated existing vulnerabilities. These outcomes could have been prevented—or at least mitigated—through proactive ethical planning and differentiated policy responses.

4.4 Justice and Inequity: Systemic Blindness to Socioeconomic Realities

The principle of justice demands that both the benefits and burdens of public policy be distributed fairly. Mongolia's COVID-19 response, however, revealed a striking lack of distributive justice.

Economic aid packages were structured around formal employment, thereby excluding gig workers, nomadic herders, and undocumented residents. Access to public services and information was significantly better in urban centers than in remote rural areas. Additionally, women-led households, people with disabilities, and ethnic minorities received little tailored support, exposing a deep misalignment between policy goals and social realities.

No equity-based metrics were applied to assess the differential impact of policies. Without such tools, well-intentioned interventions became instruments of inequality, deepening existing socioeconomic divides.

4.5 Ethical Evaluation Matrix

Bioethical Principle	Alignment Level	Key Observations
Autonomy	Low	No informed consent; limited transparency; no civic engagement
Beneficence	Moderate	Focus on containment, but social well-being neglected
Non-maleficence	Low	Quarantine-related trauma; lack of support; stigmatization
Justice	Low	Disproportionate impact on vulnerable groups; no equity review

4.6 Synthesis and Ethical Implications

The ethical analysis illustrates that Mongolia's pandemic response—though medically justified in parts—lacked the normative depth required for democratic legitimacy. The top-down, expert-driven model succeeded in controlling infection but failed to safeguard ethical rights. The most critical shortcomings were not in intent but in structure: the absence of ethical oversight, equity analysis, and participatory frameworks.

To prevent such deficiencies in the future, Mongolia must embed ethical reasoning into all levels of policy development. This means creating permanent ethics advisory councils, institutionalizing ethical impact assessments, training public servants in moral reasoning, and establishing mechanisms for meaningful public engagement. These steps are not optional add-ons; they are the foundation for a state that upholds both health and human dignity during times of crisis.

Conclusion:

The COVID-19 pandemic placed unprecedented ethical demands on public institutions worldwide. In Mongolia, while the government's rapid response helped minimize early transmission, the policies enacted often lacked structured ethical justification and failed to incorporate bioethical principles into their design and implementation. This study reveals that key values such as autonomy, non-maleficence, and justice were inconsistently applied or altogether overlooked.

Decisions were made quickly and unilaterally, often without public consultation or interdisciplinary input. Vulnerable populations bore a disproportionate share of the burdens, and harm—both psychological and economic—was widespread. These findings point to the absence of ethical governance mechanisms capable of guiding state action under crisis.

More broadly, the study underscores the urgent need to institutionalize bioethics within public administration. By integrating ethical reasoning into the policy cycle—from planning to evaluation—governments can uphold not only legal compliance but also moral legitimacy. In a democratic context, especially one in transition such as

Mongolia, this integration is vital to ensure that state power remains accountable, transparent, and rights based. "Future research could explore how ethical advisory mechanisms function across different political systems, especially in low- and middle-income countries. A comparative study could help identify best practices for institutionalizing bioethics in crisis governance."

Recommendations:

To address the gaps identified and prepare for future public health crises, the following recommendations are proposed:

1. Establish a National Ethics Advisory Council

Create a permanent interdisciplinary body comprising experts in bioethics, law, public health, and policy to advise the government during emergencies and ensure ethical considerations are integrated into all phases of decision-making.

2. Mandate Ethical Impact Assessments

Require all major public health and emergency-related policies to undergo ethical impact assessment (EIA) alongside legal and financial reviews. This process should evaluate potential harm, disproportionate effects, and violations of autonomy or justice.

3. Develop Ethics Training for Public Officials

Introduce mandatory training in public ethics and human rights for civil servants, especially those involved in emergency management, health policy, and regulatory bodies. Ethical literacy enhances institutional responsiveness and public trust.

4. Ensure Transparent and Participatory Governance

Embed consultation mechanisms within emergency law structures to ensure that citizens and civil society organizations can contribute feedback during crises. Transparency about risks, rationale, and expected outcomes is essential to legitimacy.

5. Introduce Equity Monitoring Mechanisms

Establish tools to assess and monitor the distributive impacts of public policies, particularly on marginalized populations. Equity metrics can guide the fair allocation of resources and corrective action when necessary.

6. Align National Policies with Global Ethical Standards

Adopt and contextualize international guidelines such as the UNESCO Declaration on Bioethics and Human Rights, WHO's COVID-19 Ethics Framework, and OECD principles on public governance. These standards offer normative benchmarks for ethical governance.

Closing Reflection

The integration of bioethics into public administration is no longer optional, it is a necessary evolution in democratic governance. Crises such as pandemics magnify the consequences of ethically uninformed decisions. Mongolia has an opportunity to lead by example, institutionalizing an ethics-based model of policy development that protects rights, promotes fairness, and reinforces public trust.

By embedding bioethics into governance, we do not merely improve policy—we uphold the dignity, autonomy, and humanity of every individual.

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