

Ethics and Avian Flu

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Health care professionals and public health officials are gearing up for the next influenza pandemic to strike the United States. For them, it's not a question of if a pandemic will strike the United States, but when. For this reason, they are paying very close attention to the avian influenza A (H5N1) virus which has killed around 150 people so far, but has not yet mutated into a virus capable of triggering a pandemic. Should such a mutation occur, chances are that the virus would spread quickly worldwide, rapidly finding its way to United States shores where it could sicken 90 million of us and kill at least 1.9 million. The United States government is preparing for the possibility of an avian flu outbreak, but so far its preparedness plan has focused largely on the development and distribution of a vaccine and the stockpiling of antivirals. But Arthur Caplan, Director of the Center for Bioethics at the University of Pennsylvania School of Medicine, stresses that no preparedness plan is complete without addressing the ethical issues likely to confront our society during a flu pandemic. These are excruciatingly difficult moral questions that the North Carolina Division of Public Health and the North Carolina Institute of Medicine are asking *now* while there is still time to think critically, carefully, and calmly about what ethical values should guide decision makers, health care workers, workers in other critical industries, and the general public when an influenza pandemic strikes.

Consider that during the first year of a pandemic fewer than 10% of us will have access to an effective vaccine. Federal stockpiles of experimental vaccines that may or may not work may be available for more of us, but it will take months for a truly effective vaccine to be developed, manufactured, and distributed. Early in the vaccine's attack on United States shores, we will also probably lack an adequate supply of antiviral medications such as

Tamiflu, which some individuals, private practices, and hospitals may already be stockpiling. To add to our concern, during the height of a pandemic, we probably won't have enough ventilators for the hundreds or thousands of patients who will desperately need them for up to 18 days if the avian flu hits their lungs with the same intensity that it hit the lungs of SARS victims a couple of years ago. We will be confronted with some difficult questions: What about the patients who are already on ventilators when the pandemic strikes? Should a ventilator be removed from a baby who hasn't been doing all that well on it and given instead to a baby with the avian flu whose survival odds look really good if he or she can get on a ventilator immediately?

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The specter of a pandemic and the reality of truly scarce resources force all of us to confront the very hard question: “Who shall live when not all can live?” This is a question that most Americans hate to ask themselves. It sounds downright unpatriotic to them. “Hey this is America! What do you mean we can't all live? Each of our lives is unique, special, valuable, important!!! We deserve whatever we need to keep on living, and don't you dare try to use any one of us as a means to serve

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the common good. The end doesn't justify the means." To which the reply must be, the rules of ethics shift during a pandemic. Under dire circumstances, the value of the common good must be weighed more heavily than the value of respecting individual rights and personal autonomy. The dread "R" word—rationing—must be uttered. There is no escaping its harsh sound. But, if we take a step back and think through the situation, rationing can be our friend. During a pandemic, it can help us maintain the value of justice, provided it is done ethically—that is, by directing scarce resources to where they will do the most good for us all, and letting everyone know why it is we have chosen a particular distribution method.

But how can we get rationing to work for us rather than against us? Lawrence O. Gostin recently articulated eight ethical options for rationing scarce health resources in a pandemic.¹ As he sees it, the relative importance of the ethical options shifts during the different stages of pandemic. The ethical options Gostin articulated include: (1) prevent new infection; (2) protect both essential medical personnel so they can care for the sick and essential scientific and pharmaceutical personnel so they can develop, make, and distribute the vaccines and antivirals we will desperately need; (3) protect other essential workers without whom our society might devolve into chaos, such as police, sanitation workers, utilities workers, food makers and distributors, bankers, communication personnel, etc.; (4) protect those with the greatest medical need; (5) save younger persons, protecting their opportunity to live a long, full life; (6) make it a priority to be sure that the typically underserved—the people who live in poor, rural, isolated and all-too-often forgotten communities—get their fair share of available resources; (7) think globally as well as nationally and regionally about flu pandemic because Asian and African lives are not less valuable than American lives and because people in many developed nations have already been devastated by HIV/AIDS, malaria, and tuberculosis; (8) make it a priority to be transparent and to secure public cooperation—for unless everyone understands the reasons behind a resource allocation plan, and is convinced that it is fair, the plan will fail miserably.

Of course, rationing scarce medical resources is not the only ethical challenge our society will confront during an influenza

pandemic. When Americans are faced with the implications of isolation, quarantine, and social distancing measures, how will they react? In Canada during the SARS epidemic, people complied with restrictions on their freedom largely because their fellow citizens made it a point to meet their basic human needs. The situation was otherwise in some Asian cities where many individuals either did not understand why their movement had to be restricted and/or feared that unless they took care of themselves and their loved ones no one else would. Before long, the police entered the picture and were instructed to use deadly force if necessary.

Finally, there are all the ethical challenges that will greet medical workers and first responders during a pandemic. Can they be expected as a matter of duty to help flu victims even if doing so means risking their own lives or those of their families? Can they even be forced to do so? And if medical workers and first responders courageously accept the risks society wishes to impose upon them, what will society give them in return? How will society show its appreciation for people willing to put their lives on the line to serve the common good?

As a member of the NC Division of Public Health/NC Institute of Medicine Task Force on Ethics and Pandemic Influenza Planning, and in my role as one of its ethicists, I have come to the conclusion that as important as an ethics of justice will be during a flu pandemic, even more important will be an ethics of care. In the end, we human beings are a very vulnerable lot. We are radically dependent on each other for survival and we need to view ourselves as folks in a lifeboat in the middle of the ocean with no visible sign of rescue. If there aren't enough supplies to go around until help arrives, we can do several things: we can ask for volunteers to jump off the boat; we can start drawing straws for who gets pushed off the boat; we can have a majority vote about which lives are most dispensable; or we can look in each others' eyes and see ourselves—fearful, hopeful, and in need of compassion—and then we can start paddling together to get to shore, knowing that although we might not all make it, we didn't turn on each other in our panic. What we most need to weather a pandemic is an ethics of trust, reciprocity, and solidarity. If we have that, we will have the most precious health care resource of all. **NCMJ**

REFERENCES

- 1 Gostin LO. Medical Countermeasures for Pandemic Influenza: Ethics and the Law. JAMA. 2006;295(5):554-556.