

“The object of philosophy is the logical clarification of thoughts. Philosophy is not a theory but an activity.”

— Ludwig Wittgenstein

Happenings at the Center

- Next Ethics Committee Consortium Webinar is Thursday, March 12 at Noon CT. Maria Fox will be presenting on Nurse Practitioners and Physician Assistants in the Hospital.
- *The Gene: A KC Town Hall* with KCPT will be March 31, 5:30 – 8:00 pm at Kansas City University. For more information, please go to https://events.kcpt.org/event/the-gene-a-kc-town-hall/?instance_id=2511
- The Center for Practical Bioethics Annual Dinner 2020 is Tuesday, April 21 at the Kansas City Marriott Downtown-Muehlebach Tower. Details at <https://practicalbioethics.org/events-education/dinner-and-symposium.html>.

Hot Topic

Ethics of Pandemics

There are many ethical systems. Some of the most popular include virtue ethics, deontology and consequentialism. Bioethics, specifically, often uses principlism (i.e., a framework for approaching bioethics based on the principles of autonomy, beneficence, nonmaleficence and justice). It is typically understood that in bioethics we view these principles as foundational and always try to ensure appropriate compliance with all four. But extreme situations lead to certain principles being ethically compromised or even ignored. One such situation involves pandemics and the impact they have on the principles of autonomy and justice.

Pandemic Strategies

There are several strategies for effectively handling pandemic influenza, each with its own benefits and compromises. Some of these include: surveillance, community hygiene, infection control, decreased social mixing, border controls, isolation/quarantine, and medical countermeasures ([Gostin, 2006](#)). While most of these make rational sense, each measure comes with some impact to the rights of individuals, most notably the impacts that decreasing social mixing, border control and isolation have on persons' right to free association, free travel, personal health and nondiscrimination ([Gostin, 2006](#)). This makes intrinsic sense to most people as, “Management of an influenza pandemic also involves interventions that limit the freedom of movement of individuals or create conditions of social distancing” ([Devnani, Gupta, & Devnani, 2011, p. 239](#)).

But it does not rectify the fact that such interventions compromise the personal rights of the individual, a compromise that is ethically permissible due to the concern for public health. This is an extremely utilitarianist argument, which states that you should do the most amount of good for the most amount of people. Abrogating the rights of an individual can be ethically justified if doing so promotes an even greater good for the larger public. This is acknowledged and attempts to be addressed by the World Health Organization's International Health Regulations and the communicable disease regulations by the Centers for Disease Control and Prevention. These regulations have gone far in establishing international law regarding international travel and border control during pandemics, having been used during the SARS outbreaks, even when their effectiveness was not yet established ([Bell, 2003](#)). It is a challenging stance to establish as “transnational law requires a careful balance between public

health benefits and free trade, travel, and respect for the rights to privacy, association, and liberty” ([Gostin, 2006, p. 1702-1703](#)).

Ethics Implications of Proposed Interventions: A Framework

To rectify this challenge, [Kass \(2001\)](#) attempted to establish an ethics framework for public health. This involves a six-step framework to be used like “an analytic tool, designed to help public health professionals consider the ethics implications of proposed interventions, policy proposals, research initiatives, and programs” ([Kass, 2001, p. 1777](#)). These steps include considerations such as:

- What are the public health goals of the proposed programs?
- How effective is the program in achieving its stated goals
- What are the known or potential burdens of the program?
- Can the burdens be minimized?
- Is the program implemented fairly?

The last step in the framework touches on the arguments of the WHO, Gostin and others, which is: How can the benefits and burdens of a program be fairly balanced? These steps of ethical analysis are necessary to ensure that public health professionals are maintaining their integrity and maintain public confidence. But situation such as quarantines and mandatory isolation challenge the ethical feasibility, particularly regarding their fair implementation.

Balancing Benefits and Burdens

If a particular communicable disease is easily spread, aggressive measures may be implemented in order to prevent the spread. This may include isolation, quarantine or ex-communication of individuals. This is not a decision that may be taken lightly, especially if utilizing the ethics framework mentioned above. Most people and cultures believe in the human right to liberty, which includes the right to move without undue restrictions. Because of this fundamental right, the restriction must only be applied when appropriate, i.e. the disease can be spread easily.

Similar approaches were attempted in the earlier stages of HIV, which have been unanimously condemned as a human rights violation since HIV is not transmissible through casual contact ([Guidelines on HIV and Human Rights](#)). During the Ebola virus disease (EVD), quarantine was deemed ethically permissible due to the highly contagious nature of the disease, but measures were needed to ensure that those in quarantine were treated with respect (nondiscriminatory) and no other reasonable options were available ([Durojaiye & Mirugi-Mukundi, 2015, p. 21-21](#)).

Isolation and quarantine should never be the first options, as they have high potential for additional ethical violations and abuse. They have their place within circumstances, but “isolation and quarantine are extreme measures that require rigorous safeguards, including scientific assessment of risk and effectiveness, a safe and habitable environment, procedural due process, and the least restrictive alternative. Above all, state power must be exercised fairly and never as a subterfuge for discrimination” ([Gostin, 2006, p. 1703](#)).

This is a complicated issue, as it weighs the rights/liberties of the individual against the health benefits of the population. A strong way to think about it is as a balancing act, one in which, “In balancing values and interests, the greater the burden imposed by a program, the greater must be the expected public health benefit, and the more uneven the benefits and burdens (that is, burdens are imposed on one group to protect the health of another), the greater must be the expected benefit” ([Kass, 2001, p. 1781](#)).

Bioethics in the News

[The British boy who will die twice](#)

[Face transplants: What role for lived experience in assessments?](#)

[Portrait of a thinker who modelled kindness: Roger Scruton](#)

[Vatican Workshop on Ethics and AI](#)

Ethical Musings

Commentary on Health Ethics Considerations: Planning for and responding to Pandemic Influenza in Missouri

In 2009, the Center for Practical Bioethics, in partnership with several other regional institutions wrote and published a guidance document for ethical planning for Pandemic Influenza. It contains many timely insights for ethics committee members and others interested in preparation and response to pandemic illnesses. The following are some comments on the document from Ryan Pferdehirt and Matthew Pjecha.

Comments from Ryan Pferdehirt

The Health Ethics Considerations: Planning for and responding to Pandemic Influenza in Missouri is a detailed and comprehensive document for addressing potential pandemics. It utilizes an approach heavily focusing on the principles of ethics. One of the primary factors is the balancing between the principle of Respect for Individual Liberties and need for proper containment. It is important to uphold the principle of respect for autonomy. But as the name implies, it is not the principle of pure autonomy but rather the respect for autonomy. It is ethically required that health professionals ensure that persons are understood to be and treat as autonomous beings, that meaning that health professionals should acknowledge that these persons have goals, care, preferences, and desires.

But that does not mean that medical professionals always have to follow the patient's autonomous decisions. If the situation determines, a person's autonomous preferences should not be followed, although this is often extremely rare. An example would be a patient requesting futile treatment, say antibiotics for a viral infection. The patient could have full capacity and understanding but still be requesting. In this situation, a health professional would be a poor steward of resources to prescribe the antibiotics, in addition to the unnecessary harm being done. Therefore, if demonstratable, additional factors can be prioritized over a patient's autonomous decisions.

This is reflected in this document, which outlines when it is acceptable to prioritize the health and safety of the general public over the autonomy of the individual. As the document states, the response to pandemic influenza may restrict persons personal freedom and create potential social distancing and that always "Liberty-limiting and social-distancing interventions should be based on the best available evidence" (p. 5). But this does not have to be completely proven, for the situations may not be able to be entirely proven, thus the recommendation of "evidence-informed" rather than "evidence-based" decision-making. This highlights the extreme measures that are potentially necessary during extreme outbreaks.

Comments from Matthew Pjecha

Health Ethics Considerations: Planning for and responding to Pandemic Influenza in Missouri provides a set of ethical goals and decision-making processes (p.3-4) that serve as its conceptual framework. One of the important themes that emerges from this framework is the interconnectedness of trust, transparency, and participatory decision-making. Pandemic is a problem that occurs at a societal scale and the interventions it requires can involve limiting the freedoms of individuals and creating social distance in the name disease containment. The ethical significance of this sort of intervention is immediately apparent, and we cannot take its use lightly, even when it is in the name of the public good.

Part of appreciating this significance will involve institutions cultivating trusting relationships with community-members. Trust can be built by communicating clearly and maintaining transparency in operations. Community preparedness and response planning that includes community-members as participants can promote broader support and trust as diverse needs of various stakeholder groups are incorporated. The document contains a number of great recommendations for institutions and decision-makers to consider when thinking about how to foster trusting relationship with community-members (p.6-7).