

The Ethics of Epidemics

Epidemics such as “swine flu” present governments, hospitals and doctors with a number of tough ethical dilemmas.

Just as earthquake aficionados speak of the “Big One” in southern California, doctors fear that a “Big One” will decimate the planet. James Lovelock, whose Gaia hypothesis proposes that the Earth is a self-regulating system, even predicts that sooner or later humanity will undergo a 90% cull. “The number of people remaining at the end of the century will probably be a billion or less,” he said earlier this year.

Will it be the swine flu? Probably not, as it seems to be much milder than first feared. Nonetheless, thanks to air travel, the viral disease has spread with incredible rapidity and cases have been reported around the world — a sobering reminder of how vulnerable we are. Public health experts recall the 1918–19 flu epidemic, which killed 40 million people, including 12,000 in Australia.

Epidemics present governments, hospitals and doctors with a number of tough ethical dilemmas. Here are some that have emerged from the latest global scare.

The weightiest decision will be whether to forcibly isolate and quarantine suspected cases. During the 1918 epidemic, Americans tended to stay home rather than risk infecting others. But will a less conformist generation be as cooperative?

At the moment, according to guidelines from the US Centers for Disease Control and Prevention, mandatory quarantine measures kick in only when the case fatality rate rises above 1%. But this means that a million people would have to die before public health authorities are given police powers. This seems absurd, so the US, at least, may not be prepared for the social chaos of an epidemic.

How should we allocate scarce medical resources? A vaccine will almost certainly be in short supply. But how about ventilators to help seriously ill patients breathe? If hospitals are inundated they may not have enough machines or doctors qualified to run them. It may be necessary to remove patients who won't survive in order to save patients who probably will. And if two patients have an equal chance of survival, who gets the machine? The younger one? The non-smoker?

Guidelines worked out last year in New York State recommend that decisions like these should be made by “triage officers” rather than doctors. They also recommended excluding people who have bad hearts, metastatic cancer with a poor prognosis, or end-stage organ failure.

Governments are capable of using public health as a smoke-screen for repression. The Egyptian government, for instance,



has ordered the destruction of the 300,000 pigs in the country. It did this even though no Egyptians were ill and there was no proof that the disease is transmitted by pigs. But pig owners in the largely Muslim country are overwhelmingly Coptic Christians. The Copts are deeply resentful.

Should healthcare workers be forced to care for patients? During the 2003 SARS epidemic, a number of healthcare workers were infected. The Italian doctor who identified the virus died. Do they have a right to withhold their services to protect their own lives and their own families?

How harshly should other measures be enforced? Should people be arrested or fined for not wearing masks, for not closing schools, or for not accepting social distancing measures? Governments will have to balance competing values – autonomy, civil liberties, transparency, due process and capacity to harm.

There is a great danger of harsh and heavy-handed application of preventative measures by over-zealous bureaucracies. Remember Operation Clean Sweep in *Outbreak*, the 1994 Hollywood thriller about an Ebola-like virus? Gung-ho military types nearly obliterate an infected town to save America.

How much money should be spent on creating a flu vaccine? With limited manufacturing capacity, would the money be better spent on combatting the normal winter flu – which also kills people – or in designing a new vaccine that might not work?

And – not the most pressing issue, to be sure — what is the name of the disease? The Deputy Health Minister of Israel announced that swine influenza A (H₁N₁) would be called “Mexico Flu” rather than swine flu as pigs are not kosher. Names are always a tough call.

Epidemics bring out the worst – and the best – in people. Just read Defoe's *A Journal of the Plague Year*, his gripping account of London's battle with the bubonic plague in 1665.

Our time to confront “the Big One” might not have arrived, but we need to prepare ethics as well as vaccines.

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