

# Ethics and Infectious Disease Outbreaks

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# Plague of Athens

## Thucydides

Neither were the physicians at first of any service, ignorant as they were of the proper way to treat it, but they died themselves the most thickly, as they visited the sick most often; nor did any human art succeed any better. Supplications in the temples, divinations, and so forth were found equally futile, till the overwhelming nature of the disaster at last put a stop to them altogether.



# Prayer of Separation

- I forbid you to ever enter a church, a monastery, a fair, a mill, a market or an assembly of people. I forbid you to leave your house unless dressed in you recognizable garb and also shod. I forbid you to wash your hands or to launder anything or to drink at any stream or fountain, unless using your own barrel or dipper. I forbid you to touch anything you buy or barter for, until it becomes your own. I forbid you to enter any tavern; and if you wish for wine, whether you buy it or it is given to you, have it funneled into your keg. I forbid you to share house with any woman but your wife. I command you, if accosted by anyone while travelling on a road, to set yourself down-wind of them before you answer. I forbid you to enter any narrow passage, lest a passerby bump into you. I forbid you, wherever you go, to touch the rim or the rope of a well without donning your gloves. I forbid you to touch any child or give them anything. I forbid you to drink or eat from any vessel but your own.

in tuā  
colam  
in fiam  
autam



WAMM

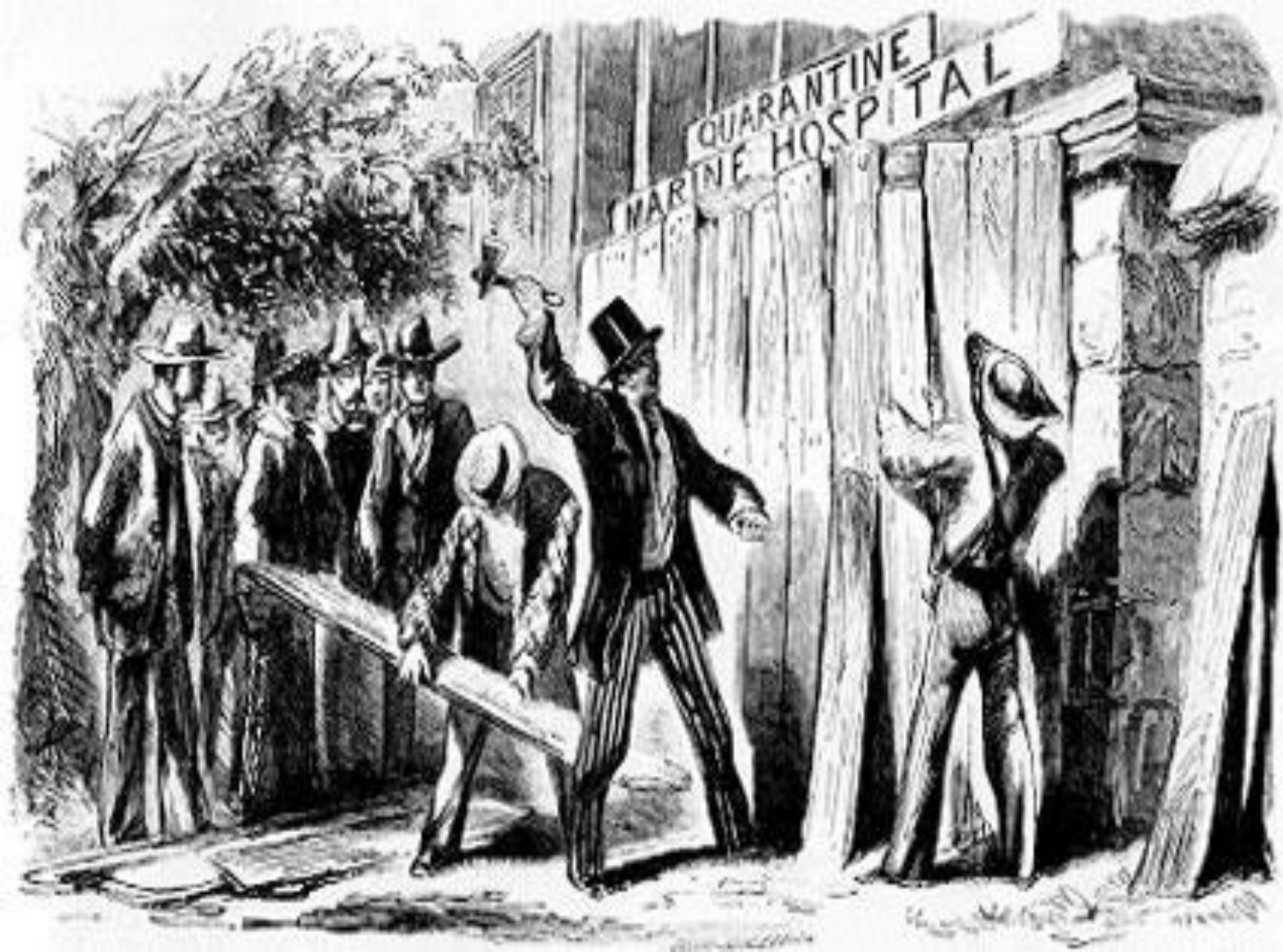
# The Plague Diaries

Daniel Dafoe

So the plague defied all medicines; the very physicians were seized with it...men went about prescribing to others and telling them what to do...and they dropped down dead, destroyed by that very enemy they directed others to oppose. This was the case of several of the most skilful surgeons.

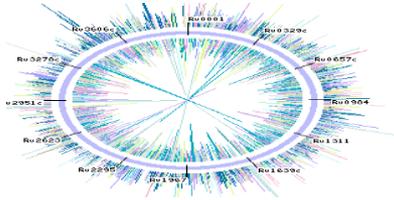
# Ellis Island Quarantine Station



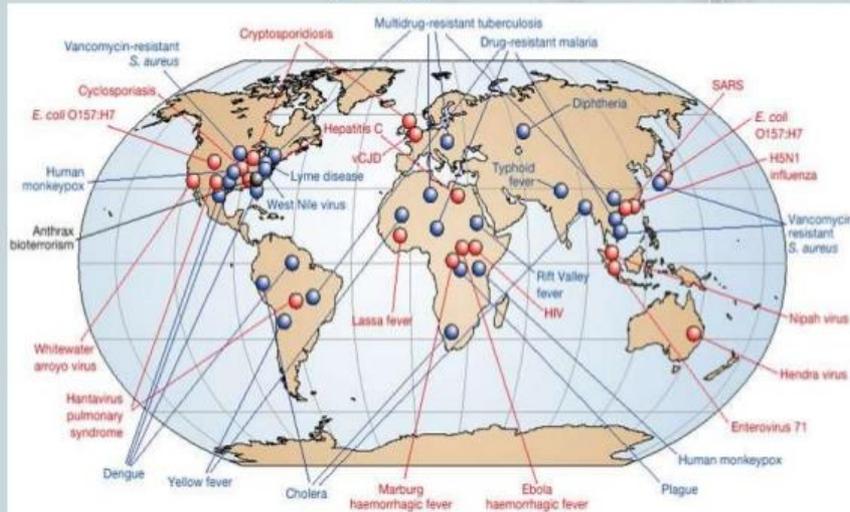




*R. Koch*



## Examples of recent emerging diseases

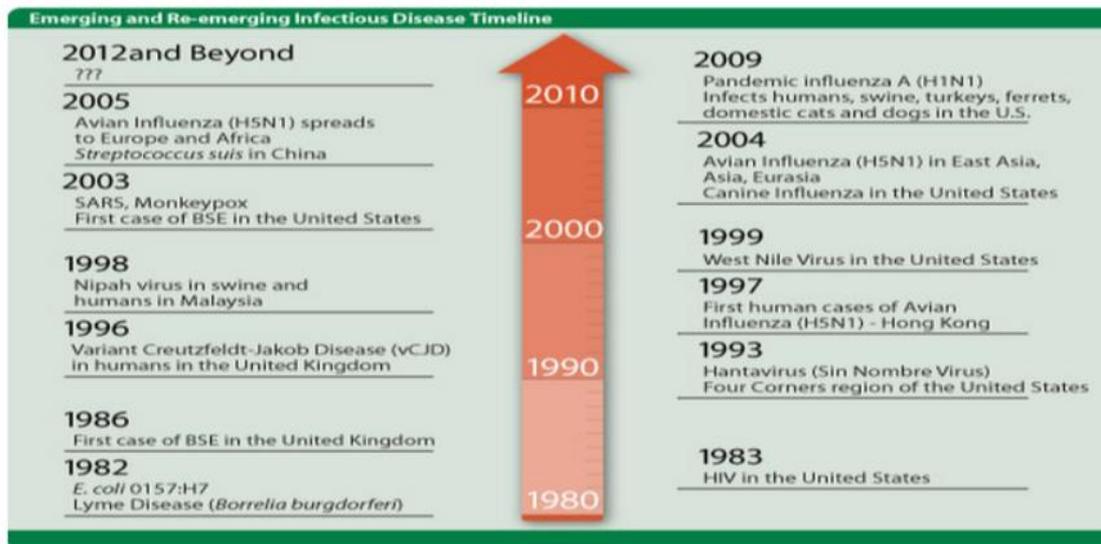


## List of NIAID\* Emerging and Re-emerging Diseases

- Group I—Pathogens Newly Recognized in the Past Two Decades
- Group II—Re-emerging Pathogens
- Group III—Agents with Bioterrorism Potential
  - NIAID—Category A
  - NIAID—Category B
  - NIAID—Category C

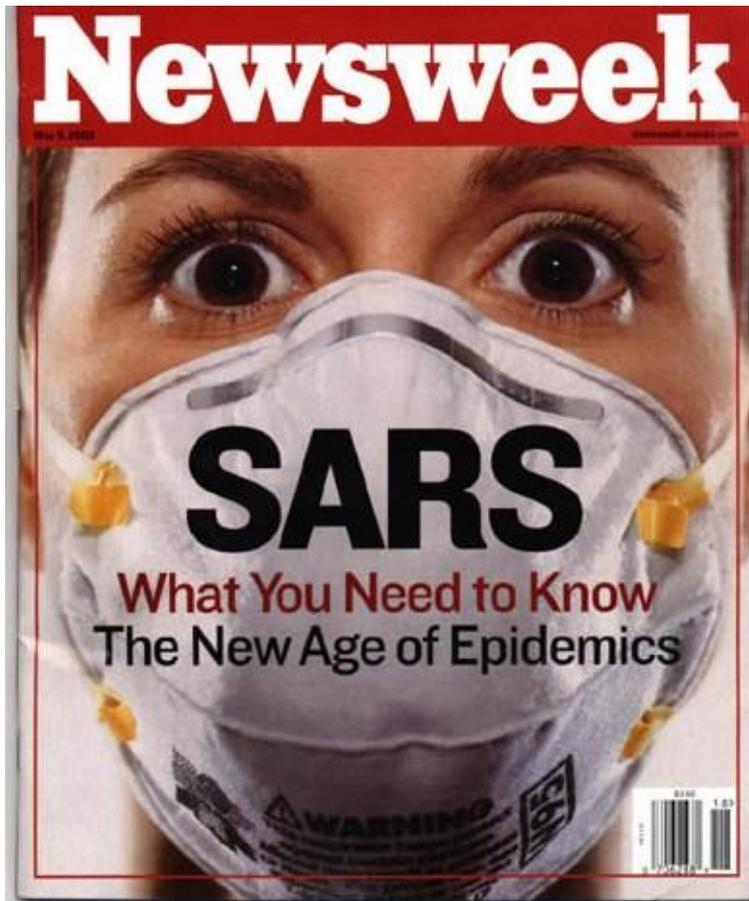
\* NIAID = National Institute of Allergy & Infectious Diseases - USA

### Re Emerging Infectious Diseases



**SARS !**









# Why are infectious diseases important to ethics?

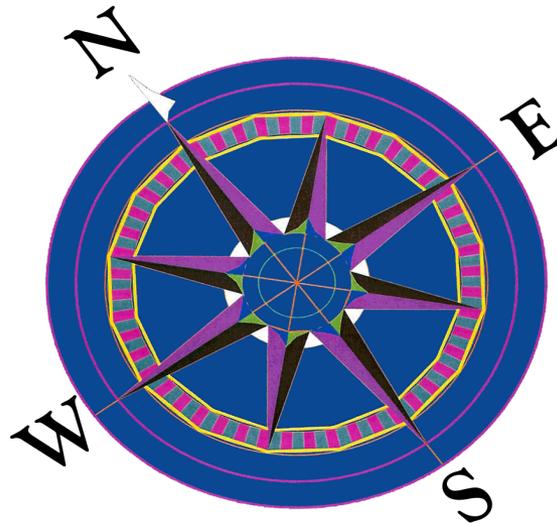


- Long time neglect of ID issues by ethicists
- Of historic and future significance
- Challenge traditional and familiar concepts (e.g. autonomy)
- Universal vulnerability

# Why an Ethical Framework?

Decision-makers need a moral compass during public health crisis. Proportion of crisis unknown-  
framework needed that will guide.

*Difficult decisions will have to be made. How, why,  
when & by whom?*



# Ethical Framework as a Guide in Decision-making

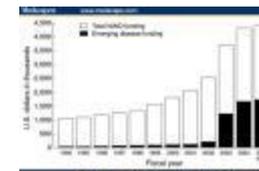
Decision-making for and during an outbreak ought to be:

- 1) *guided* by ethical decision-making **processes** &.
- 2) *informed* by ethical **values**.



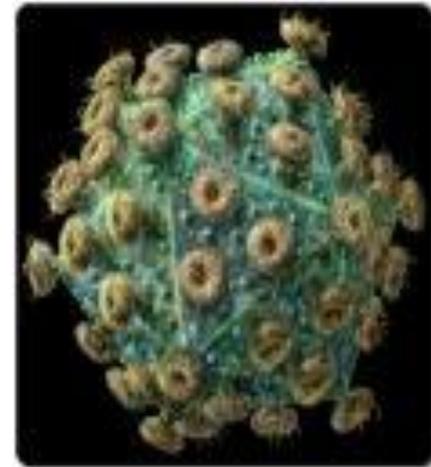
# Complexity

- Microbiology
- Immunology
- Clinical medicine
- Epidemiology
- Law
- Psychology
- Zoology
- Anthropology
- Geography



# Integration of Levels of Ethical Reflection

- Personal Ethics
- Clinical Ethics
- Professional Ethics
- Organizational Ethics
- Public Health Ethics
- Global Health Ethics





## Evidence and Effectiveness in Decisionmaking for Quarantine

Cécile M. Bensimon, PhD, MA, and Ross E. G. Upshur, MD, MA, MSc, FRCPC

When public health decisionmakers turned to quarantine during the recent severe acute respiratory syndrome (SARS) epidemic, difficult questions were raised about the legitimacy and acceptability of restrictive measures to attain

them, systems of quarantine were quasi-institutions commonly erected at seaports as a means to control the infiltration of infectious diseases into local communities. Long before the notion of public health was formulated, both as a discipline and an insti-

restrictive measures for communicable disease control in a liberal democratic society. But not long after the notion was (re)introduced, there was an almost unanimous consensus by advocates, practitioners, and scholars alike that "the revival of [this ar-

In the following section, we will give a brief overview of the SARS outbreak and the circumstances that lead to the implementation of quarantine. In the "Ethical Frameworks" section, we will look at how public health ethics frameworks inform an eth-

## The Role of Faith-Based Organizations in the Ethical Aspects of Pandemic Flu Planning—Lessons Learned from the Toronto SARS Experience

Halley S. Faust, University of New Mexico and University of Toronto  
 Cécile M. Bensimon, Sunnybrook Health Sciences Centre, Toronto and University of Toronto  
 Ross E. G. Upshur\*, Sunnybrook Health Sciences Centre, Joint Centre for Bioethics University of Toronto, Toronto

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Are restrictive measures and duties to care ethically reasonable/acceptable to faith-based organizations? This study

Open Peer Commentaries

## Public Engagement on Social Distancing in a Pandemic: A Canadian Perspective

Joint Centre for Bioethics Pandemic Ethics Working Group, University of Toronto

We concur with Baum and colleagues (2009) on the importance of pandemic planners taking explicit steps to employ public engagement methodologies. Thus far, as Baum and colleagues note, there have been few published reports of such engagement. Most public engagement has been carried out by academic researchers. Our group at the University of Toronto Joint Centre for Bioethics (JCB) is conducting similar research to Baum and colleagues, engaging the Cana-

according to Trotter (2007), "results from a process in which proposed interventions and their rationale are properly discussed, articulated, marketed, explained, or otherwise brought to life before the general public" (XX). The prospect of a pandemic presents significant ethical challenges for policy-makers, clinicians, and the public in Canada and elsewhere. The values that underpin the decisions taken in preparing for and responding to a pandemic require politi-



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Social Science & Medicine 65 (2007) 2566–2575

www.elsevier.com/locate/socscimed

## A qualitative study of the duty to care in communicable disease outbreaks

Cécile M. Bensimon<sup>a,d,\*</sup>, C. Shawn Tracy<sup>a,d</sup>, Mark Bernstein<sup>a,b</sup>,  
 Randi Zlotnik Shaul<sup>a,c</sup>, Ross E.G. Upshur<sup>a,d,e</sup>

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Journal List > Bull World Health Organ > v.86(8); Aug 2008

- Full Text
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- Published articles by:
- McDougall, C.
- Upshur, R.
- Wilson, K.
- Top
- Introduction
- Connecting principles to policies
- Conclusion
- References

Bull World Health Organ 2008 August; 86(8): 643-645.  
 doi: 10.2471/BLT.08.051771  
 Copyright © World Health Organization (WHO) 2008. All rights reserved.  
**Emerging norms for the control of emerging epidemics**  
 Christopher W McDougall,<sup>a,b</sup> Ross EG Upshur,<sup>a</sup> and Kumanan Wilson<sup>d</sup>

### Introduction

Recent WHO initiatives, including the revised International Health Regulations (IHR),<sup>1</sup> the final report on *Ethical considerations in developing a public health response to pandemic influenza*<sup>2</sup> and the interim protocol on *Rapid operations to contain the initial emergence of pandemic influenza*,<sup>3,4</sup> are representative of a new strategy for multilateral cooperation on emerging and epidemic-prone infectious disease (FIT). These initiatives together define emerging local, ethical and operational norms for the global

**STAND ON GUARD FOR THEE**  
 Ethical considerations in preparedness planning for pandemic influenza  
 November 2008  
 A report of the University of Toronto Joint Centre for Bioethics Pandemic Influenza Working Group

## Ethics and SARS: lessons from Toronto

Peter A Singer, Solomon R Benatar, Mark Bernstein, Abdallah S Daar, Bernard M Dickens, Susan K MacRae, Ross E G Upshur, Linda Wright, Randi Zlotnik Shaul

The SARS epidemic showed how easy it is for infectious diseases to spread round the world. Ethical as well as clinical issues need to be resolved to improve the response to the next epidemic

The outbreak of severe acute respiratory syndrome (SARS) in the Toronto area earlier this year forced medical and government workers to make hard choices, often with limited information and short deadlines. Healthcare providers were on the firing line, and were the people most affected by the disease? Decision makers had to balance individual freedoms against the common good, fear for personal safety against the duty to treat sick people, and economic losses against the need to contain the spread of a deadly disease. Such decisions have to be guided by both scientific knowledge and ethical considerations. The SARS outbreak showed that Canadian society was not fully prepared to deal with the ethical issues.



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 Susan K MacRae  
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 Linda Wright  
*bioethicist*  
 Randi Zlotnik Shaul  
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a second value—that of protecting the public from

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**On pandemics and the duty to care: whose duty? who cares?**  
 Cary Rodenman<sup>1,2</sup>, C. Shawn Tracy<sup>1,2</sup>, Cécile M Bensimon<sup>1,2</sup>, Mark Bernstein<sup>2,3</sup>, Laura Hawrylyuk<sup>2,4</sup>, Randi Zlotnik Shaul<sup>2,5</sup> and Ross EG Upshur<sup>1,2,6,7</sup>  
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 BMC Medical Ethics 2006, 7:5 doi:10.1186/1472-6939-7-5  
 The electronic version of this article is the complete one and can be found online at: <http://www.biomedcentral.com/1472-6939/7/5>  
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## BMC Health Services Research

Research article

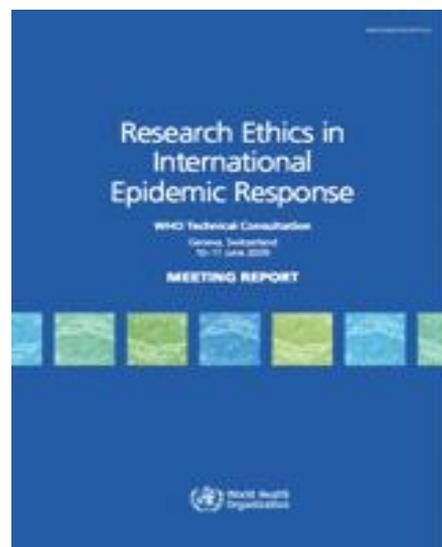
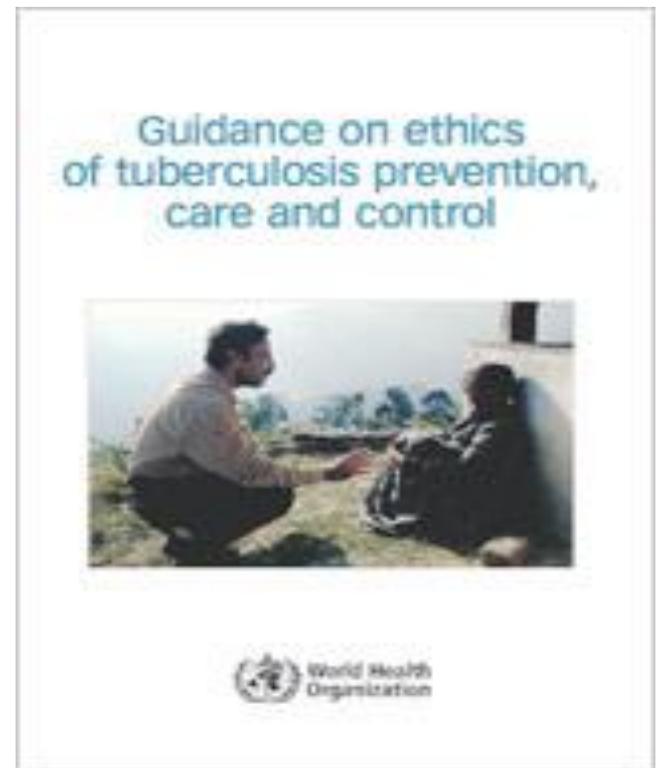
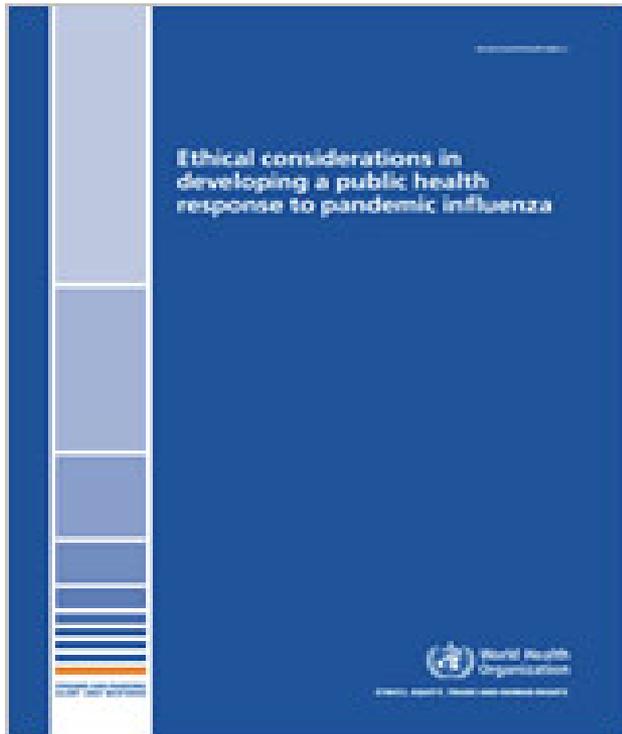
### SARS and hospital priority setting: a qualitative case study and evaluation

Jennifer AH Bell<sup>1</sup>, Sylvia Hyland<sup>1,7</sup>, Tania DePellegrin<sup>1</sup>, Ross EG Upshur<sup>1,3,5,8</sup>, Mark Bernstein<sup>1,4,6</sup> and Douglas K Martin<sup>1,2</sup>

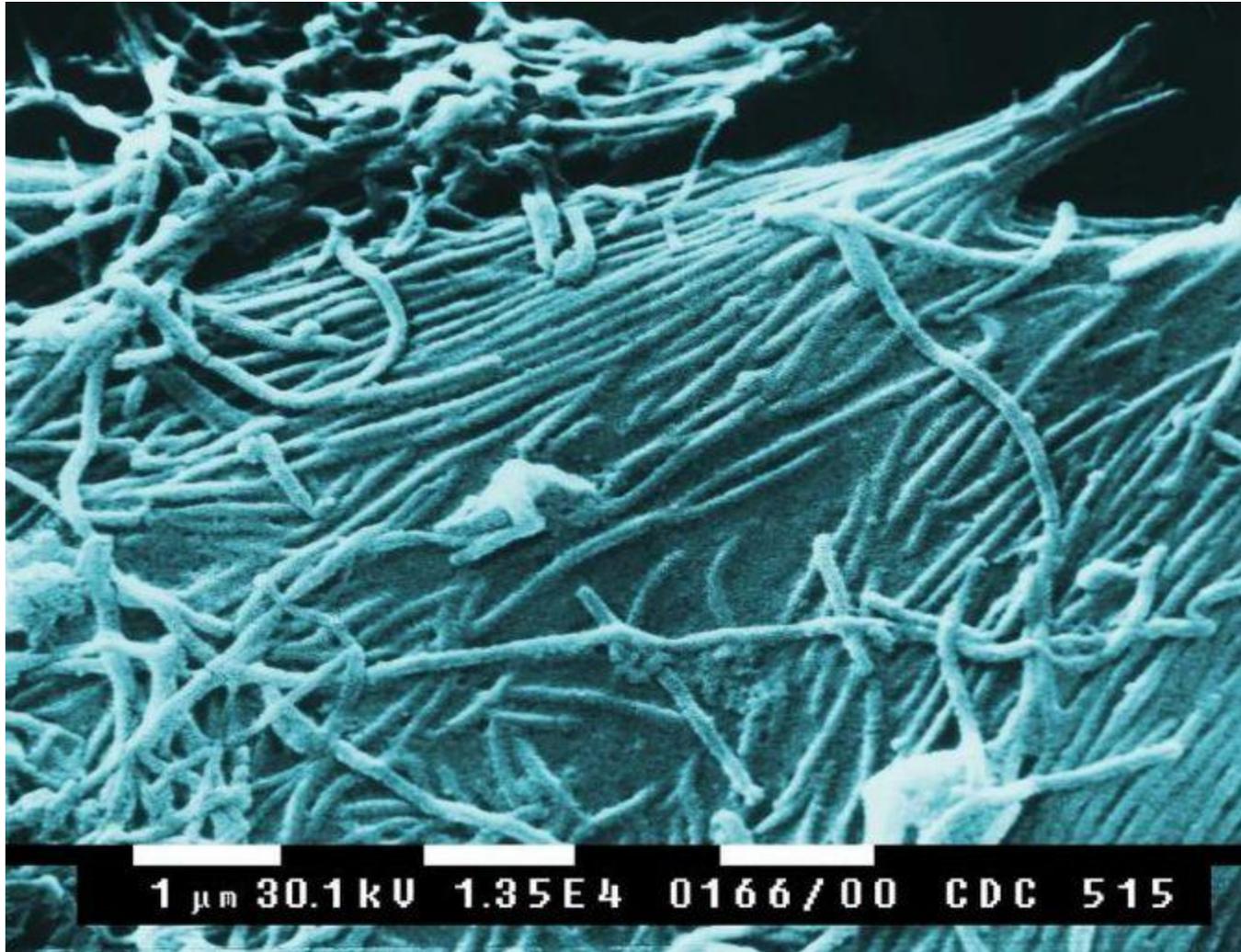
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# Ebola West Africa 2014



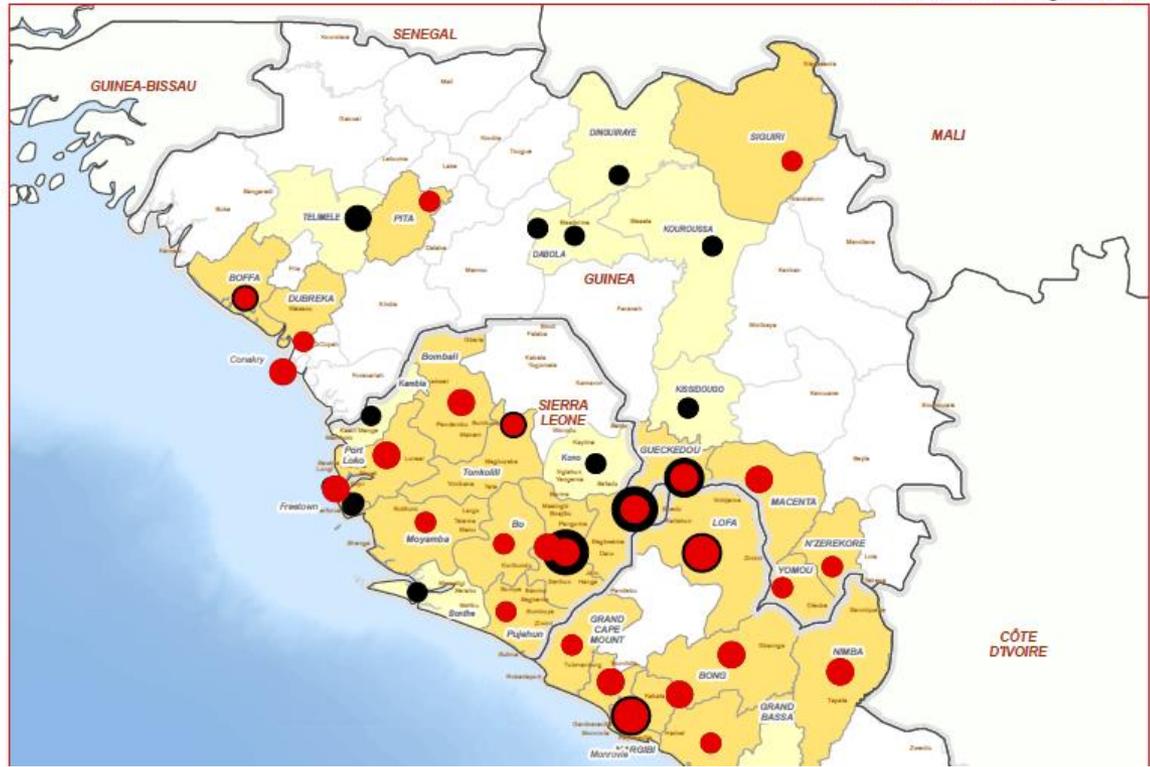
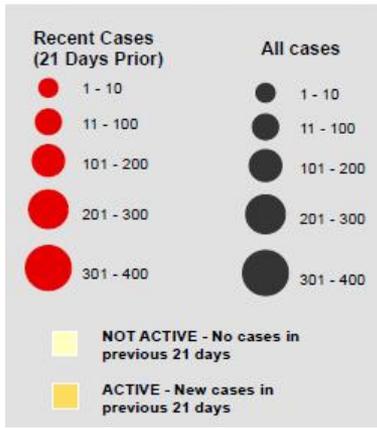
# EBOLA OUTBREAK RESPONSE: REGIONAL CONFIRMED AND PROBABLE CASES

The boundaries and names shown and the designations used on this map do not imply the recognition of any country whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.



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MAP DATE: 29 August 2014





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### Ethical considerations for use of unregistered interventions for Ebola virus disease (EVD)

Summary of the panel discussion

WHO statement  
12 August 2014

West Africa is experiencing the largest, most severe and most complex outbreak of Ebola virus disease in history. Ebola outbreaks can be contained using available interventions like early detection and isolation, contact tracing and monitoring, and adherence to rigorous procedures of infection control. However, a specific treatment or vaccine would be a potent asset to counter the virus.

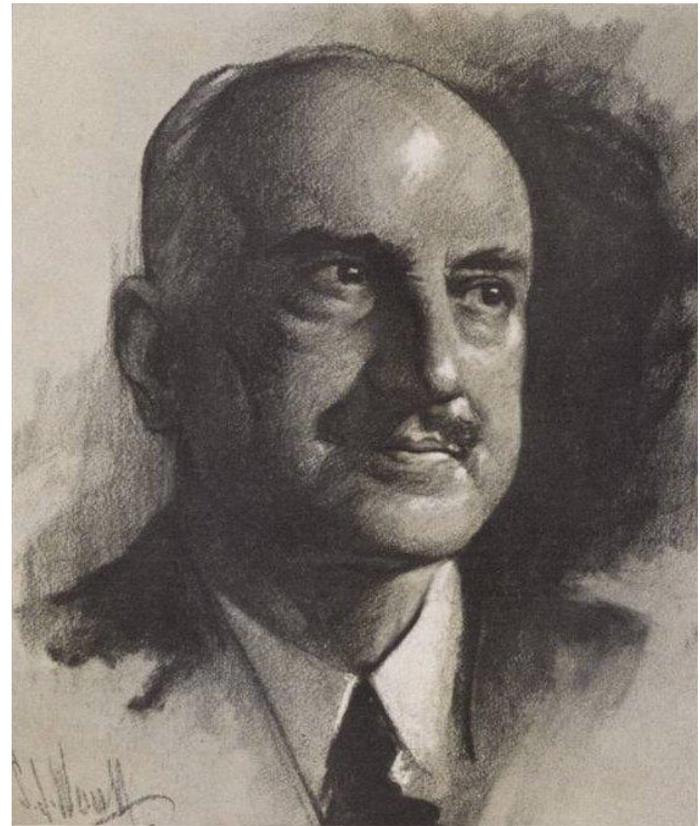
# Lessons Learned

- Comprehensive search of documents regarding EVD outbreak
- None of the documents mentioned ‘ethics’,
- None framed any lesson as having an explicit ethical nature, or affirmed that lessons learned are based on ethical values.
- The only minor exception is the joint UN, UNDP, World Bank, EU, and African Development Bank document, ‘Recovery from the Ebola Crisis’, which stated that “[t]he recovery process is an opportunity to bring issues of governance and ethics to the negotiation table so that recovery efforts are prioritized according to the needs of the most vulnerable and the most affected, including of children, who, by definition, are not organized to lobby for themselves.”

- Every lesson proffered is an ethical lesson, or at least has a significant ethical dimension.
- Many of the challenges, obstacles, and failings of this EVD outbreak response are ethical failures and ethical lessons that require robust consideration of their ethical dimensions and considerations.
- Many (if not all) of the failures and lessons received significant attention prior to this EVD outbreak, indicating that these are not so much lessons to be learned or even reminders being restated, but are rather forewarnings that have been forgotten.

# Sergei Korsakoff

- Those who do not remember the past are condemned to repeat it.



# Ways Forward

- Do we need more guidance documents or better integration and translation of ethical considerations into policy and practice?
- How do ethical considerations get valued in the same manner as technical considerations?
- Are the current concepts and methods of bioethics adequate to the task of analyzing and understanding intra and inter organizational behaviour?

# Korsakoff Syndrome

1. Anterograde amnesia, inability to form new memories
2. Retrograde amnesia, severe loss of memories formed before the onset of the condition
3. Confabulation, that is, invented memories which are then taken as true due to gaps in memory sometimes associated with blackouts
4. Minimal content in conversation
5. Lack of insight
6. Apathy - the patients lose interest in things quickly and generally appear indifferent to change.