

The Pandemic Dividend – An Opportunity for Public Health Ethics

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Abstract

The current influenza pandemic has challenged every aspect of local, national, and global health care, and the public health infrastructure. It has demanded that leaders and laymen set priorities, make difficult decisions, and devote resources to planning for collaboration at all levels of society. The ethical questions raised by a pandemic warrant a coherent and well-developed framework to justify, plan, and implement mitigation and response efforts. While not all pandemic plans contain detailed ethical guidelines, there is no doubt that pandemic planning and the current pandemic have prompted unprecedented, broad, and meaningful engagement and reflection on matters of public health ethics. Resolving complex pandemic-related ethical questions by drawing upon clinical, public health and global ethics theories will not only be of benefit in pandemic conditions, but has also provided governments and health authorities a unique opportunity to gain valuable guidance for addressing many longstanding non-pandemic global health challenges.

This paper highlights the real and potential dividends of pandemic planning as they relate to the field of public health ethics. Using the four WHO Pandemic Ethics Working group topics as a template, this paper will demonstrate how pandemic-related ethical analysis can be applied to parallel problems in global public health.

MeSH Words: public health, ethics, pandemic, public health ethics, resource allocation

Introduction

The current influenza pandemic has challenged every aspect of local, national, and global health care, as well as the public health infrastructure. Despite its seeming lack of virulence, it has demanded that leaders and laymen set priorities, make difficult decisions, and devote resources to planning for collaboration at all levels of society. How should medical care, anti-viral drugs, and vaccines be triaged? What public health measures are necessary and legitimate? What can society reasonably demand of health care workers? And, what do countries and regions

owe each other? In order to answer such questions, a coherent and well-developed ethical framework is needed. While some theoretical and empirical work has been published on pandemic and public health ethics, much still needs to be done.

One of the first and most difficult ethical questions for pandemic planners is how to justify spending scarce dollars and even scarcer human resources on planning for a potential influenza pandemic when there are so many important and immediate alternative uses for these resources? In rich and poor nations alike, detractors

appropriately point out that pandemics such as HIV, malaria, TB, and even polio and measles are still ravaging many societies, and it is both practically and ethically problematic to divert assets from managing these pandemics to planning for a future one. Furthermore, the rising rates of preventable chronic diseases and their determinants - poverty, social inequalities, tobacco, appropriate nutrition - demand our scarce funds as well. At the same time, pandemic planning enthusiasts reason that "the only thing worse than planning for a pandemic is trying to explain why you didn't" [Personal Communication. Barbara Yaffe, Director, Communicable Disease Control, Toronto Public Health. March 2005]. This rationale puts governments in a political, legal, and ethical bind. The aim of this paper is to describe both the real, practical outcomes of the pandemic planning process in addition to its potential dividends. Grappling with the complex issues raised during detailed pandemic planning by applying clinical, public health, and global ethics theories, will not only be of benefit in pandemic situations themselves, but will also provide governments and health authorities with prescriptions for meaningfully addressing longstanding non-pandemic, global-health-related problems. In this respect, the challenge of the pandemic is also a unique opportunity.

The Pandemic Dividend: Practical Considerations

Ethical considerations aside, global and local pandemic planning and response efforts have yielded tangible and substantial ancillary benefits. The dangers posed by the pandemic have forced most countries to undertake some type of comprehensive health system assessment, looking broadly at needs, resources, and capacity. Many individuals and agencies from disparate yet critically related areas at all levels of government, health care, and emergency services provision have opened lines of communication, sought to understand complex inter-relationships, and even begun collaboration. The threat of the pandemic has heightened institutional and health-care-worker awareness of effective infection control practices, including universal and augmented precautions and prevention of nosocomial and community transmission. Even the most reluctant private and public organizations have dusted off and revised their all-hazard

emergency plans, and many have conducted comprehensive drills. Pandemic planning has necessitated clarification of the roles, responsibilities, and authorities of various governmental and non-governmental bodies in areas ranging from health care, public health, and emergency response to policing, food security, border control, and management of corpses. This, in turn, has improved efficiency and effectiveness by enhancing coordination, reducing duplication, and identifying gaps in services. In addition, pandemic planning has provided an incentive for comprehensive, coordinated planning for the future.

Most importantly, pandemic planning has prompted a semi-coordinated global effort to take stock of global health resources and deficiencies. It has forced health sectors to engage in some form of health strategic planning, and it has highlighted the critical place of health security in development and stability. Even the most isolationist regimes now recognize their regional and global interdependence. Pandemic planning has also pushed the new International Health Regulations forward at relatively lightning speed. Planning activities have brought together national, regional and local players, and non-governmental and trans-national organizations, and emphasized prevention beyond the political horizon. Politicians, public health experts, clinicians, lawyers, emergency responders, infrastructure authorities and the private sector have all become aware of their respective functions not only in the response to a pandemic, but in developing and maintaining a healthy society overall.

The Pandemic Dividend: Ethics

In 2005, the Ethics Trade Human Rights and Health Law group at the WHO undertook a project to identify and explore ethical issues related to pandemic influenza planning and response [1]. Four working groups were established, broadly addressing the following areas: 1. Allocation of therapeutic and prophylactic measures; 2. Public health measures; 3. Role and obligations of health-care workers; and 4. Inter-governmental and trans-national issues. Over the past five years, several national governments and various academics have also discussed, debated and formulated documents attending to the most salient ethical

concerns in pandemic response [2,3]. While these efforts specifically addressed the influenza pandemic, the issues raised neatly map to the most significant ethical quandaries of global health today. Regardless of the principles, processes or valued outcomes used to guide decision-making, it is clear that it must be done systematically, comprehensively and in a coordinated manner, and it should be based on consistent and sound ethics.

Allocation of therapeutic and prophylactic resources

The process of allocating limited health resources in the face of virtually unlimited demands was once termed "rationing". This term was gradually supplanted by "priority setting", which connotes a more thoughtful and purposeful activity, and less explicitly denies resources to those at the bottom of the social hierarchy. "Sustainability" is now the preferred term, as it implies a concern for both current and future resource utilization and is consistent with other contemporary movements, such as responsible economic growth and environmentalism.

Given the anticipated scarcity of all health care resources and personnel in a severe pandemic, there is a need to develop an ethically sound algorithm for allocating scarce anti-viral treatment and prophylaxis, as well as a strategy for triaging non-pandemic-related medical care. Obviously, a well-thought-out strategy based on ethical principles, processes and outcomes is as necessary during non-pandemic times as it is during a pandemic. Regardless of whether one is engaged in health care rationing, priority setting, or ensuring the long-term sustainability of any given health care system, the first step is rationalizing disparate or absent strategies in health sector resource allocation. This step can begin with and follow from pandemic planning ethics.

Public Health Measures

The criteria and methods for implementing social distancing measures, quarantine and isolation must rely on the evidence supporting their utility in mitigating the effects of a pandemic. However, of equal importance are the values (and legal frameworks) in any given society that

governs the balance of individual versus collective rights and responsibilities which come into play when public health measures are effected. The pandemic-related ethical issues in this context primarily involve ensuring protection of individuals and groups in the face of coercive edicts which may be necessary in the interest of the health of the public. Non-pandemic discussions must expand on this theme by including the analysis and development of a robust justificatory system for broad preventive, health-promoting and disease-protection interventions. These approaches have long been shown to be far more effective and efficient than treatment-oriented health care, but they are poorly understood and appreciated, and receive far less funding and emphasis than they are due. Formulating notions of public health measures as an ethical imperative, in pandemic and non-pandemic settings alike is critical for the future of global health.

Health care workers

The dilemmas that face health care workers (HCWs) and health workforce managers in a pandemic cannot be overstated. HCWs have well-described ethical duties to their patients, but they also have obligations to their institutions and their communities. Naturally, they must also weigh these against their duties to protect themselves and their loved ones. Research on HCW experiences with SARS revealed the depth of these moral dilemmas that caused some to abandon their professions, and challenged the notion that HCWs "knew what they were getting into" by entering the field [4]. How can the duties of HCWs to themselves and to society be balanced? Are these duties to society contingent on society reciprocating by placing HCWs high on vaccine-priority lists, by providing them with adequate personal protective measures, or by improved remuneration and working conditions? These questions demand a meaningful exploration of the relationships between the health-care workforce and society, and they fundamentally reflect the most pressing issues facing HCWs and planners worldwide in these non-pandemic times.

HCW migration from the developing world to wealthier destinations has decimated the health-care systems of countless countries in which entire medical school classes emigrate upon graduation. This phenomenon is a cause for

concern for health human resource managers not only in poor countries, but also in rich ones in Western Europe and Canada. Although many HCW-importing countries have decried their own "poaching practices", their aging populations create an insatiable need for HCWs in numbers they do not have the capacity to produce. The "pull" to wealthy countries is only augmented by the "push" from poor countries in which remuneration, working conditions, opportunities for advancement and job satisfaction range from lacking to intolerable. Are HCWs obliged to stay and serve their communities? Is this obligation contingent on society ensuring appropriate working conditions and protection from occupational hazards? Do these obligations exist if the HCWs paid the full cost of their training? Can a society dictate the location in which HCWs must practice or the proportion of time they spend in public versus the private sector? Do HCWs have a right, like others, to seek a better life for themselves and their families?

While many of these questions have been the subject of intense debate for decades, addressing the issue of health care workers in pandemics may force some provisional resolutions or at least bring these issues forward for serious consideration. Hopefully, raising the profile of this problem through pandemic planning will help authorities to codify principles, facilitate a careful examination of the health care worker-community relationship, and provide a better understanding of how we can nurture, maintain and develop this vital resource of dedicated individuals. Most importantly, it will help each individual, institution and nation to understand and actualize mutual responsibilities in the ever-shrinking global health sphere.

Inter-governmental and trans-national issues

The nature of international relations and the question of what people owe each other have been debated by philosophers, theologians and politicians for millennia. Rapid transportation, extensive networks of global trade and finance, and the threats of environmental change and infectious diseases offer daily reminders of the interdependence of peoples in all places. While this motivates countries to help their neighbors in order to protect themselves, self-interest alone is not sufficient to answer the most difficult dilemmas in global pandemic management.

The SARS experience, the smoldering avian influenza pandemic in Asia and the current H1N1 pandemic created uncomfortable scenarios for many governments and philosophers. Should help to affected countries be contingent upon their meeting international norms of human rights? Should trade-embargoes be compromised to alleviate human suffering at the risk of spreading disease? What role should international aid organizations play in the management of a pandemic? The refusal of Indonesia to share viral specimens starkly highlighted many of these issues, including intellectual property rights. While these reflect the very same problems of international diplomacy that have plagued the world since the advent of the Red Cross, the League of Nations, the United Nations and the WHO, the pandemic adds both urgency and a concrete reality to previously amorphous questions.

With the introduction of the revised International Health Regulations (IHR), the technical components of what many consider an ethical imperative will now be operative. The IHR are a coup in global relations and a model for future cooperation in other areas. They and other similar international ventures demonstrate that health is one area in which progress through cooperation is possible, but it is only through cooperation on many other levels that global health can truly be improved. Although some progress was made over the last decade in addressing the HIV pandemic, it remains limited for a variety of reasons. Influenza pandemic planning through the ethics lens can and should serve as a vehicle for developing a more comprehensive global conversation. Pandemic ethics frameworks and planning documents must thoroughly address the roles and responsibilities of all players, including international NGOs, in order to ensure common goals and agreement on the means to achieve them – and by doing so, clarify some of these issues for use before and long after the pandemic.

Conclusions

Pandemic planning and response has both practical and ethical secondary gains. Both planning for a pandemic and developing and maintaining a health system demand a comprehensive and consistent ethical framework. This must form a basis and act as a guide for collaboration and cooperation, implementation of

key activities and direct planning for the future. There is empirical evidence that public health decision-makers differ substantially in the principles, processes and valued outcomes that shape their understanding of the goals of their work and the means they consider legitimate to achieve them [Pakes B. Ethical analysis in public health – A study of practitioners and policymakers. Unpublished data]. For this reason, explicit discussions of pandemic ethics and public health ethics are critical to understanding decision-makers' motivation and to resolving disagreements.

In decades past, clinical medical ethics was galvanized by advances in ICU and transplant medicine, and these issues have since become a widely understood part of the public consciousness. Similarly, notions of public health ethics explored through pandemic influenza planning and response will hopefully deepen public involvement and input into this critical area for the health of every global citizen. All those who realize the importance of the new field of public health ethics must take advantage of the current momentum to actively engage in meaningful discussions with all stakeholders. We must use the opportunity of the pandemic to systematically, comprehensively, strategically and ethically plan for the pandemic *and* for sustainable health system improvements at the local and global level. Whether another pandemic occurs tomorrow or not at all, those concerned about global public health and ethics should attempt to reap the pandemic dividend today.

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