



Bioethics Notes

GEISINGER

a newsletter from the Bioethics Review & Advisory Committee

April 2006

"The first step in the evolution of ethics is a sense of solidarity with other human beings."

Albert Schweitzer

Consult Services

We would like to remind you that the Bioethics Review and Advisory Committee in Danville provides ethics consultation services. We have an alphanumeric pager (2229). Anyone can request an ethics consultation. Page directly by phone, or leave a text message using the Infoweb Phone Directory. Enter "2229" in the Pager ID of "Quick Page" along with a brief message and return phone.

Bioethics Committee

Co-chairs

Joel J. Berberich
Robert B. Shabanowitz

Membership

Karen Adams
Jeanne Anstadt
Kristen Beech
J. Brian Benestad
Gregory F. Burke
Leann Crabb
Nancy Eisenhauer
Neil M. Ellison
James R. Elmore
Amy Evans
Scott Girard
Jill M. Gotoff
Chris Lincoski
Richard A. Martz
Robert Roush
Rev. MacKenzie Scott
Thomas A. Shannon
Don Shifflett
Rev. C.Ray Stephens
Deb Ulrich
Jeffrey Whitman

Case Study

Dr. K. is a 32 year old family practitioner working for a regional health care center, where he has been employed for the last eight years. Dr. K. is very popular with his patients and has received many patient-satisfaction awards over the years. He is well recognized and respected in his hometown, where he has donated both his time and money in service to his local community. Dr. K. is married to Kathryn, a stay-at-home mother; together they have three children ages two, four and eight, and another on the way. One evening, during office hours, Dr. K. receives a frantic call from the front desk. An older woman, not one of Dr. K's patients has just arrived in a panic, coughing and wheezing. She has recently returned from a trip to China, in a region just identified as a hot-spot for the H5N1 flu virus. Dr. K's immediate thoughts are of his wife and children. His chest begins to pound and his palms moisten with perspiration. For the first time in his career, he is stricken with fear. What is he going to do?

As the "bird flu" rapidly spreads across the globe, most experts agree that it is only a matter of time before another pandemic strikes. A pandemic is a global outbreak of a virulent human flu. There have been three great pandemics in the 20th Century, the worst being the Spanish flu of 1918 that killed an estimated 20-100 million people worldwide. The current virus, designated the H5N1 strain, remains an avian virus with only occasional spread to humans. We will have a true pandemic only if this virus mutates to become transmissible from human to human. Since there will be little natural immunity to this novel human virus, it has the potential to be very virulent and spread easily. To date, the [WHO](#) has reported 194 laboratory-confirmed cases of Avian Influenza A/(H5N1) with 109 deaths. It is little wonder why this flu has so many health experts worried. History, evolutionary forces, and susceptibility predict another pandemic is looming. The two big questions are when and how severe; and no one, not even the experts seem to agree on the answers (see [On the Front: A Pandemic Is Worrisome but 'Unlikely'](#), or [Expert Says Bird Flu No Imminent Threat](#) and [This Virus Has an Expert 'Quite Scared'](#), use **ethics15** and **ethics** to log-in if necessary).

Aside from the perplexing array of health-related issues, the possibility of a worldwide pandemic raises a gaggle of ethical questions. How do we establish an ethical framework in advance, on which to build our policies, procedures and protocols for a pandemic response? Need we even consider ethics? Absolutely! The daunting number of concerns such as quarantines, allocation of scarce resources, compulsory vaccinations, autonomy and liberty rights are but a few of the issues that demand an ethics component. If we are obligated to respond and to cooperate as a community, it will only be effected in an atmosphere where openness, inclusion, and transparency guide decision-making. This requires the utmost trust and solidarity.

Events

Join Us at Our Annual
Bioethics Conference

April 19th, 2006
Hemelright Auditorium

[" Women are from Venus,
Men are from Mars--
Implications for Healthcare
Access and Policy "](#)

e-mail

The Bioethics Review and Advisory
Committee's address is:

bioethics@geisinger.edu

Visit

[The Bioethics Review and
Advisory Committee Homepage](#)

The Bioethics Review and Advisory Committee recently completed a first draft proposal, [Pandemic Flu Recommendations](#), in an attempt to establish a strong ethical framework for development of a pandemic flu response. Our first draft borrowed extensively from the University of Toronto Joint Centre for Bioethics Pandemic Influenza Working Group. This group of scholars, using their considerable experience from the 2003 Toronto SARS outbreak, developed an ethical framework for a collaborative pandemic plan that addressed the ethical issues in a clear and comprehensive fashion, and with an emphasis to articulate the underlying principles and values. We hope to expand and develop our proposal as overall planning progresses. In addition, we plan on using the ethical issues of pandemic planning as the central theme of our 2007 Annual Bioethics Symposium, scheduled for April 18th. Look to our [website](#), also, as we develop a page dedicated to the ethical issues of a possible pandemic.

One of the four key ethical issues identified in response to a possible pandemic is a health care workers' duty to provide care during a communicable disease outbreak. Although the answer may appear simple at first glance, this is a very complicated and value-laden issue. The duty to care lies at the very heart of medicine. One approach to examining the supposed or presumed obligations inherent in the medical profession is to look to history. What are the historic traditions of medicine? What was medicine's tradition in times of pestilence? Can history help answer the question of obligation? Unfortunately, the historical record is rather mixed. The willingness to serve in times of personal danger has demonstrated not only courage and dedication, but also ambivalence and opportunism. What are a physician's obligations? What is the meaning and purpose of professional codes and oaths? Must inherent personal risks be considered and if so, to what extent? Is there a right to refuse? What exactly, is the ethos of health care?

In response to an editorial in the British Medical Journal (Sevulescu, BMJ 2006;332:294-7), a recent Medscape Instant Poll asked the following question, "*Do you think physicians and other healthcare professionals should or should not be permitted to refuse to provide care based on conscientious objection?*" Answer this question yourself before viewing the [results](#). You may be quite surprised.

So what is Dr. K. to do? After his initial scare that the pandemic had finally arrived, there was no further hesitation. The conscientious Dr. K. had already anticipated and planned for this predicament. In accordance with the action plan established by himself, his workplace and his community, he jumped to action.

Respectfully submitted,
Robert B. Shabanowitz

"If you ask me anything I don't know, I'm not going to answer."
Yogi Berra

Stay informed. For more information on the avian flu, please go to:

HHS: <http://www.pandemicflu.gov>

CDC: <http://www.cdc.gov/flu/avian/>

WHO: http://www.who.int/csr/disease/avian_influenza/en/

NIH: <http://www.niaid.nih.gov/dmid/influenza/pandemic.htm>