

# Ethical considerations in developing a public health response to pandemic influenza



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# Glossary

**Confidentiality:** The obligation to keep information secret unless its disclosure has been appropriately authorized by the person concerned or, in extraordinary circumstances, by the appropriate authorities.

**Epidemic/pandemic (1):** An epidemic is the occurrence in a community or a region of cases of an illness, specific health-related behaviour or other health-related events clearly in excess of normal expectancy. A pandemic is an epidemic occurring worldwide or over a wide area crossing international boundaries, and affecting a large number of people. The *WHO global influenza preparedness plan (2)* includes six phases in a pandemic scale, divided into three periods: the inter-pandemic period, the pandemic alert period, and the pandemic period. (These phases are defined in order to propose a framework for pandemic preparedness planning activities; the proposed phases may not all be detectable in sequence).

**Equity:** The fair distribution of benefits and burdens. In some circumstances, an equal distribution of benefits and burdens will be considered fair. In others, the distribution of benefits and burdens according to individual or group need will be considered fair. For example, in some circumstances, it may be equitable to give preference to those who are worst off, such as the poorest, the sickest, or the most vulnerable (3). Inequities are differences in health that are unnecessary, avoidable, and are considered unfair and unjust (4).

**Fair innings argument:** This argument reflects the idea that everyone is entitled to some “normal” span of life years. According to this argument, younger persons have stronger claims to life-saving interventions than older persons because they have had fewer opportunities to experience life (5). The implication is that saving one year of life for a young person is valued more than saving one year of life for an older person.

**Fair process:** Daniels and Sabin (6) propose the following key elements in a fair process for setting priorities:

- **Publicity:** The process, including the rationale for setting priorities, must be made public and transparent; consultations and public hearings should be held. Publicity and involvement of key stakeholders are particularly important in contexts where policy and programmatic decisions occur in a multi-actor environment and affect large parts of the population.
- **Relevance:** The affected stakeholders must view as relevant the reasons, principles and evidence that form the basis of the rationale for fair decision-making on priorities.
- **Revisability and appeals mechanisms:** In the case of new evidence and arguments, the process must allow for reconsidering and revising decisions. It must allow for an appeals process that protects those who have legitimate reasons for being an exception to the adopted policies.
- **Enforcement or regulation:** There must be a mechanism in place that ensures that the previous three conditions are met.

**Human rights:** Human rights are universal legal guarantees protecting individuals and groups against actions that interfere with fundamental freedoms and human dignity. Some of the most important characteristics of human rights are that they are guaranteed by international standards; legally protected; focus on the dignity of the human being; oblige states and state actors; cannot be waived or taken away (although the enjoyment of particular human rights may be limited in exceptional circumstances); are interdependent and interrelated; and universal (7).

**International travel and border controls:** Measures that are designed to limit and/or con-

trol the spread of infection across entry points to a country (by road, air, sea, etc). They can include travel advisories or restrictions, entry or exit screening, reporting, health alert notices, collection and dissemination of passenger information, etc.

**Isolation:** The separation, for the period of communicability, of infected persons (confirmed or suspected) in such places and under such conditions as to prevent or limit the transmission of the infectious agent from those infected to those who are susceptible or who may spread the agent to others (1).

**Necessity:** Public health powers are exercised under the theory that they are necessary to prevent an avoidable harm. Government, in order to justify the use of compulsion, must therefore act only in the face of a demonstrable health threat. The public health officials must be able to prove that they had “a good faith belief, for which they can give supportable reasons, that a coercive approach is necessary” (1).

**Palliative care:** Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and assessment and treatment of pain and other problems, physical, psychosocial and spiritual (8).

**Prophylactic measures:** Measures to defend against or prevent disease.

**Proportionality:** A requirement for a reasonable balance between the public good to be achieved and the degree of personal invasion. If the intervention is gratuitously onerous or unfair it will overstep ethical boundaries.

**Quarantine:** The restriction of the movement of healthy persons who have been exposed to a suspected or confirmed case of infection with a highly communicable disease during the likely infectious period (1). It is a precaution aimed at preventing further spread of infection to other people.

**Reciprocity:** A relationship between parties characterized by corresponding mutual action. Reciprocity calls for providing something in return for contributions that people have made (3). For example, reciprocity implies that society should support

those who face disproportionate burdens in protecting the public good, as well as taking steps to minimize those burdens as much as possible (9).

**Social-distancing measures:** A range of community-based measures to reduce contact between people (e.g. closing schools or prohibiting large gatherings). Community-based measures may also be complemented by adoption of individual behaviours to increase the distance between people in daily life at the worksite or in other locations (e.g. substituting phone calls for face-to-face meetings, avoiding hand-shaking).

**Distributive justice/global justice:** This ethical principle requires that the risks, benefits, and burdens of public health action be fairly distributed. Beauchamp and Childress (10) view distributive justice as the “fair, equitable, and appropriate distribution in society determined by justified norms that structure the terms of social cooperation”. *Global justice* is social justice on a global scale and it requires countries, particularly developed countries, to ensure not only that their own citizens are protected, but also that other countries, particularly developing countries, have the means to protect their citizens.

**Solidarity:** Union or fellowship between members of a group or between peoples of the world. Individuals in solidarity with one another are firmly united by common responsibilities and interests, and undivided in opinion, purpose and action (11).

**Therapeutic measures:** Measures taken to combat infection or disease.

**Triage (1):** The process of selecting for care or for treatment those of highest priority or, when resources are limited, those who are more likely to benefit (from the French “*trier*”: to sort, choose).

**Transparency:** An ethical principle that requires policy-makers to ensure that their decision-making process is open and accessible to the public, through clear and frequent communication of information.

**Utility/efficiency:** The principle of *utility* requires that one acts so as to maximize aggregate welfare. This implies an additional principle of *efficiency*, i.e. the idea that benefits should be obtained using the fewest resources necessary.

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