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Global consultation on addressing ethical issues in pandemic influenza planning

Summary of discussions

Geneva, Switzerland
24 –25 October 2006

EPIDEMIC AND PANDEMIC
ALERT AND RESPONSE

World Health Organization

ETHICS, TRADE, HUMAN RIGHTS AND HEALTH LAW

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Department of Epidemic and Pandemic Alert and Response
Department of Ethics, Trade, Human Rights and Health Law

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Introduction

The Global Consultation on Addressing Ethical Issues in Pandemic Influenza Planning brought together representatives of international organizations, government ministries, academic institutions and WHO Secretariat to consider a broad range of ethical issues related to the development and implementation of pandemic influenza preparedness and response plans. On the first day of the consultation, the results of the deliberations of four technical working groups were presented and discussed.

This report summarizes the presentations and discussions from day one of the consultation. On the second day of the consultation, a draft set of ethical considerations based on the previous day's discussions was presented and the floor was opened for discussion. The results of the second day's discussions are being incorporated into the WHO document *Ethical considerations in pandemic influenza planning* (forthcoming).

The consultation was opened by Dr David L. Heymann, Acting Assistant Director-General, Communicable Diseases Cluster. Dr Heymann emphasized that, during a pandemic, it is essential to protect both personal well being as well as the welfare of a community. Dr. Heymann referred to ethics as being the "invisible glue" that holds the technical elements of pandemic planning together. His comments were followed by remarks from Mrs Susanne Weber-Mosdorf, Assistant Director-General, Sustainable Development and Healthy Environments Cluster. Mrs Weber-Mosdorf stressed the importance of citizen engagement in pandemic planning. She reminded participants that the objective of the consultation was to develop a general set of ethical considerations that could then be adapted to specific national contexts. Dr Andreas Reis from the Department of Ethics, Trade, Human Rights and Health Law then outlined the process that had led up to the consultation, including the deliberations of the four working groups. He noted that the focus of the consultation was to identify those areas on which agreement existed as well as those requiring further consideration, rather than to reach consensus on all issues.

Promoting equitable access to therapeutic and prophylactic measures

Working Group One: preparatory work

Presented by Dr Elaine Gadd

Dr Gadd began by identifying three basic principles that should guide decisions concerning access to therapeutic and prophylactic measures: (1) efficiency (maximizing health benefits, preferably in terms of saving most lives); (2) equity (avoiding discrimination); and (3) accountability (including measures to increase public awareness, facilitate consultation and improve transparency).

The principle of equity does not necessarily imply equal access for everyone. For example, equity might support the notion of prioritizing those at higher risk of death, younger persons, or persons whose functions are important for life-saving efforts, such as health-care workers. However, prioritizing certain groups raises further questions in determining who should be included in these groups. Identifying people at high risk of death, for example, will only be possible after the epidemiological pattern and clinical features of human infection with the new influenza pandemic virus have been characterized.

Giving priority to patients who are symptomatic would be appropriate in prioritizing the use of antivirals. However, supplies might not be sufficient to treat everyone who is ill and further prioritization for use among patients may therefore be necessary. One possibility would be to prioritize younger persons based on the "fair innings" argument, according to which younger people have a greater claim to life saving treatment because they have had less of an opportunity to experience life. Another possibility would be giving all patients an equal chance of receiving treatment by way of a lottery. Increasing the availability of antivirals by lowering the dosage is unlikely to be an appropriate solution as this could lead to the development of drug resistance.

The principles guiding prioritization may differ for the administration of vaccines. While vaccinating high-risk groups first might be appropriate in some circumstances, it would be unfair to have a system that would exclude persons who are at a lower, but still real, risk of infection. Under such circumstances, members of "low risk " groups could be at a greater disadvantage than those deemed to be at high risk. The "fair innings" argument would support the principle of vaccinating children and young adults first. Finally, efficiency considerations might support vaccinating people at the highest risk of spreading the virus (e.g. those at higher risk of infection) even if those people do not have the greatest risk of dying from their infection. But, as noted above, it may not be possible to predict which groups will be at higher risk of infection or death in the early stages of a pandemic.

Perspectives from Switzerland

Presented by Professor Christoph Rehmann-Sutter

Professor Rehmann-Sutter presented the outcome of the deliberations of the Swiss National Advisory Commission on Biomedical Ethics. The Commission's starting point was the principle of "justice as impartiality." This principle means that the life of every person – young or old, rich or poor, man or woman, distinguished or marginalized – has equal dignity and value. Decisions should be guided by the objectives of (1) minimizing the number of people infected; and (2) saving as many lives as possible.

The Swiss Commission concluded that the overriding objective for distributing vaccines should be to minimize the number of people who become ill. Thus, vaccines should first be distributed to persons most likely to spread the infection. The next group should be those who would be most endangered if they became infected. The third group should be persons considered indispensable in maintaining public services, such as police and garbage collectors. Any remaining vaccines should then be distributed among the rest of the population. Professor Rehmann-Sutter noted that these prioritization principles differ from those recommended by Working Group One.

The distribution of therapeutic resources raises different issues from the distribution of vaccines. In the case of vaccines, countries would start from a position of scarcity (i.e. there would be an insufficient amount of vaccine for the number of people in need), but over the course of the pandemic the demand for vaccines would diminish and the supply would increase. In the case of treatment, on the other hand, there might be sufficient resources to treat all symptomatic individuals at the beginning of the pandemic, but, as the pandemic spreads, a situation of scarcity would probably develop. Thus, the Swiss Commission concluded that, in reaching decisions concerning the allocation of treatment resources attention should be given to the changing needs over the course of the pandemic. During the first phase, treatment could be given to all who need it; this phase would end when there are insufficient antivirals to treat all patients in need. In the second phase, antivirals should be distributed to those whose life is most in danger. If it becomes impossible to provide treatment to all persons whose life is immediately threatened, triage should be implemented to prioritize access to those who have the highest chance of survival. In this phase, persons who are unlikely to survive even with antiviral treatment should be provided with palliative care instead. In all phases of the pandemic, the goal should be to save as many lives as possible. No special treatment should be given to politically influential people.

The Swiss Commission rejected the idea of systematically prioritizing children and young adults over older people. It was considered too controversial an approach for policy makers as it implied giving different values to different lives. The gold standard would be to design priorities that are acceptable even for those who would be excluded. It was also considered to be inappropriate to focus exclusively on age without taking into account factors such as disease status or previous health conditions.

Professor Rehmann-Sutter concluded by emphasizing that a situation in which some people die because of lack of resources should not claim to be "fair." It would be more appropriate to refer to the development of a "least unfair" approach. This would leave room for regret vis-à-vis those who cannot be treated according to their needs.

Perspectives from Canada

Presented by Dr Carolina Alfieri

Dr Alfieri described the process leading to the development of Canada's pandemic preparedness plan as a federal, provincial, and territorial collaboration. To guide its deliberations, the Committee identified several key ethical principles. These included beneficence, non-maleficence (avoidance of harm), justice, respect for autonomy, subsidiarity (i.e. the principle that matters should be handled by the lowest competent authority), proportionate response, precaution and transparency. It also identified two main goals of pandemic preparedness: i) minimizing serious illness and overall death and ii) minimizing societal disruption. It considered these goals as interrelated and did not prioritize one over the other. Finally, the Committee emphasized that the notion of equitable access applies not only to individuals, but also to population groups. The Committee took particular consideration of difficulties that could be faced by Canada's First Nation communities living in isolated regions where access to health-care resources is limited.

In a pandemic of moderate intensity, the Committee recommended prioritizing the following groups for vaccination: (1) health-care workers; (2) essential service providers; (3) persons at high risk of a fatal outcome; (4) healthy adults; (5) children 2-18 years of age. Children were not given priority because a key objective would be to minimize societal disruption. In addition, the Committee was concerned that prioritizing children over adults would lead to a population of orphans. Dr Alfieri stated that at some stage the Committee may consider revising the plan to give priority to young adults and children but only after extensive public consultation. She emphasized that transparency in all prioritization decisions is critical.

An important question the Committee did not resolve is whether private stockpiling of antivirals is ethically acceptable.

Discussion

Equity as a key value

While participants agreed that maximizing the utility of prophylactic and therapeutic measures is important, many participants argued that attention should also be paid to issues of social and global justice. Important equity issues include the following:

- *Social justice and protecting the vulnerable* – It is inappropriate to prioritize certain groups leaving vulnerable groups aside, i.e. conferring privilege on those who are already considered