Ethics and Pandemic Influenza

What Is It?
Influenza Virus
- Transmitted across campus as droplets, via sneezing, coughing, or talking
- Antibiotics not effective (because it is a virus and antibiotics are only effective against bacteria)

What Makes a Pandemic Different?
- Highly variable virus, new strains with varying virulence emerge regularly - this is why annual flu shots are developed
- Most people have little or no immunity because it is a novel virus
- May cause travel restrictions, school and business closures
- Hospitals and other care sites may be overwhelmed, triage protocol may be used to determine who gets what type of care (based on severity and likelihood of survival)

Pandemic Phases
- The World Health Organization (WHO) designates different pandemic "phases." These phases serve to categorize the progression through a pandemic and indicate how different circumstances correspond to different degrees of severity. Pictured here (right) are the different phases with associated levels of transmission and infection. The phases range from 1 (negligible present pandemic threat) to 6 (pandemic is present and impacting large populations). These phases are referenced below (in "The Responsibilities") to highlight how ethical principles are most relevant to the university during each segment of the pandemic influenza cycle.

Why Ethics?
- Pandemic will require fast action and sound decision making by all members of the university community, and will not be without moral and ethical consequence. It is important to consider these things before a pandemic hits.
- There is a “significant probability of a large and lethal modern-day pandemic occurring in our lifetimes.” - Bill Gates

Obligation to Plan
- The university and its members have an ethical obligation to be aware of the risks of Pan Flu and have a realistic plan to manage their responsibilities

Community Engagement
- University administration has an ethical obligation to ensure a representative sample of the community participates in planning measures; community members have an ethical obligation to participate

Transparency and Accessibility
- University and health officials have an ethical obligation to be transparent about resource availability, triage, and situational severity; a decision making process must be developed, and this information made accessible to stakeholders

Mitigation of Panic
- All university members have a responsibility to seek information in order to manage their concerns and to prevent panic which could be detrimental to care and prevention systems; institutions must make resources for panic mitigation/reassurance available

The most severe pandemic: 1918-1919

Spanish Flu
- 1/3 of the world’s population infected
- 50 million people died
- Widespread isolation and quarantine

Reciprocal responsibility
- The public has an ethical obligation to comply with recommendations of public health and medical officials; officials should minimize restrictive measures and honor individual needs where possible

Justice
- University health center providers have an ethical obligation to apply triage and resource distribution guidelines in an unbiased and consistent manner at all points of care

The principle → The obligations → The responsibilities (& relevant WHO phases)
- Communicate with county about preparedness expectations (Phase 1, 2)
- Provide health center staff with technical and ethical training (Phase 1, 2, 3)
- Hold community forums to communicate expectations in the event of a pandemic (Phase 2, 3)
- Offer opportunity for community feedback on preparedness plans (Phase 1, 2)
- Post protocol that will determine what care is available and what qualifies someone to receive care at hospitals, influenza care centers, clinics, or home care support (Phase 2, 3, 4, 5)
- Utilize existing information infrastructure to provide reliable emergency information and direct public to where more information may be obtained; minimize spread of rumors (Phase 4, 5, 6)
- Adjust institutional operations expectations (attendance at public gatherings, etc.) (Phase 4, 5, 6)
- Prepare to accept restrictive measures placed on individuals and the community (Phase 5, 6)
- Train staff on techniques for dealing with public in light of scarce resources; be able to offer palliative and home care suggestions (Phase 4, 5, 6)

Image source: Wikimedia Commons via US Department of Health & Human Services