

Ethical Considerations in Health Emergencies

- A Panorama of Ethical Considerations -

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Two Types of Health Emergencies

Epidemic : Pandemic

Ex. EVD; SARS, MARS, COVID-19

Disasters

Natural disasters

Earthquake, Tsunami, Typhoon(Hurricane, Cyclone) ,

Volcanic eruption, Meteorite impact

Fire

Warfare

Others

Pandemic and Ethical Dilemmas

Ebola Case

Conditions

Infection with a **virus** (first discovered in 1976 in DRC near the Ebola River)

Transmission through **direct contact** with :blood, body fluids, objects (syringes/needles), infected primates (bats, apes, monkeys)

Burial of touching the dead body

High mortality : 50 – 90%

Countries/Areas

Insufficiency of literacy on disease and health as well as health care system

⇒ Standard care is not available : hospitals, HCWs, equipments, devices, drugs

Prevention of wide-spread affection

Existing methods : **quarantine, movement and immigration control,**

Existing methods are effective, if they are achieved in a complete manner.

Treatment

No existing drug or treatment registered or approved

ZMapp, Favipiravil, other = not approved as Ebola treatment

Is it permissible to use unregistered medical products for Ebola patient?

Covid-19 Case

Conditions

Infection with a **virus** (Started in 2019)

Transmission through **small liquid particles, aerosols and touching** surfaces or objects contaminated

Mortality differs among **various mutant strains** and among ages

Unknown at the beginning ⇒ Mutations precisely followed

Health care system perturbed = hospitals, HCWs, equipments, devices
because of lack of efficient drugs ⇒ Standard care is not available.

Prevention of wide spread affection

Existing methods : quarantine, movement and immigration control,
⇒ Effective, if they are achieved in a complete manner

Vaccines : **Nucleic acid vaccines(mRNA)** & Vector vaccines

Treatment

ECMO

Several drugs now registered (Ex. Molnupiravir, Ensitrelvir, Nirmatrelvir)

General feature of Pandemics

“ **Pandemics** ”

expansion of infected areas and peoples

to an extremely wide range

often occur in **developing countries**

Stages from outbreak to after-termination

- * Appearance of symptoms ⇒ Contagion ⇒ Diagnosis
⇒ Pathogenesis ⇒ Treatment (unproven interventions)
- * Prevention ⇒ Caution measures ⇒ Vaccination

Prevention of the outbreak

- 1) Detection and Determination of the Pandemic
- 2) First Emergency Measures
- 3) Treatment of Existing Patients
- 4) Community environment
- 5) Prioritization of Health Care Workers
- 6) Movement of persons
- 7) Vaccination

Ethical issues relevant to the pandemics

Ethical principles to be mitigated in the “Pandemics”

Expansion of infected areas and people to an extremely wide range often occur in developing countries

Difficulties = Limitation of the Principles in Pandemics

Autonomy

↔ **Compulsory restrictive measures**

The least harm, or the least infringement of the rights and interests

Informed **consent**

Confidentiality

Justice : Prioritization and Triage

Solidarity : Domestic Society + International Cooperation

Ethical Dilemmas

Beneficence vs non-maleficence

Individual vs the common good

Procedural justice and Distributive justice

Integrity vs equity and compassion

Cost – Benefit consideration applicable?

Limitation of Freedom of Movement

Beneficence/non-maleficence

Avoidance of infection of self vs Avoidance of infection of others

Individual vs Public (common good) = Public health vs Medicine (Individual medical treatment)

Compulsory restrictive measures

The least harm, or the least infringement of the rights and interests

Informed consent, but consent might be imperative or even ignored

Confidentiality may be an obstacle to grasping the whole situation

Freedom of self vs Limitation of movement

⇒ Individual benefit vs Common good/Public safety

Paternalism = Protection by the authority from harm

Cost vs Benefit

Life vs Freedom ⇒ “Calculation” or “Weighing” = Difficult decision

Justice

Difficulties of achieving justice assured in normal life

Fairness of distribution of medical resources

Conventional situation \Rightarrow Contingency situation

\Rightarrow Crisis situation

\Rightarrow **Distributive justice**

\Rightarrow **Procedural Justice**

“Global Justice”

Developed and developing countries

Integrity vs Equity/Compassion(1)

Conditions of medical Research unachievable

⇒ **Eventual Use of unregistered intervention**

Stages of **research for trial**

- 1) No evidence, no support use, but some reason to offer
- 2) Safe and effective in relevant animal models or repurposed drugs
- 3) Safe and effective in animal models but unclear extrapolation
- 4) Safe and effective in relevant animal models
- 5) Phase I passed
- 6) Phase II passed

Research integrity vs “Compassionate use”

Integrity vs Equity/Compassion(2)

- 1) We should not suppose the idea of **altruism**.
- 2) Idea of **clinical equipoise** should not be too much emphasized.
- 3) The supremacy of **the placebo randomized trial** as the most valid source of experimental knowledge is being challenged by the **moral anxiety of using placebo in severe infectious situation**.
- 4) The concept of **randomization** and its consequences are unlikely to be grasped by **acutely suffered patients** in the midst of a pandemic.
- 5) **Randomization** might be felt as a tragic choice, amounting to **deliberately condemn half of their patients** to possible harms, or to withholding possible live saving benefits.

Integrity vs Equity/Compassion(3)

- Elements in Research/Treatment -

- 1) Research during an epidemic is an ethical imperative:
- 2) Clinical equipoise is a moving target:
- 3) Risk of therapeutic misconception is very high.
- 4) “Compassionate” use may be misleading:
- 5) Informed consent remains the cornerstone of research:
- 6) Equitable distribution of scarce experimental treatments is challenging :
- 7) There is an ethical imperative
= data collection and sharing in real time

MEURI : Monitored emergency use of unregistered and experimental Interventions (WHO)

Disasters and Ethical Dilemmas

Ethical Dilemmas (Pandemic and Disasters)

Beneficence vs non-maleficence

Individual vs the common good

Procedural justice and Distributive justice

Integrity vs equity and compassion

Cost – Benefit consideration applicable?

Ethical Consideration

Difference from “Pandemic” situation

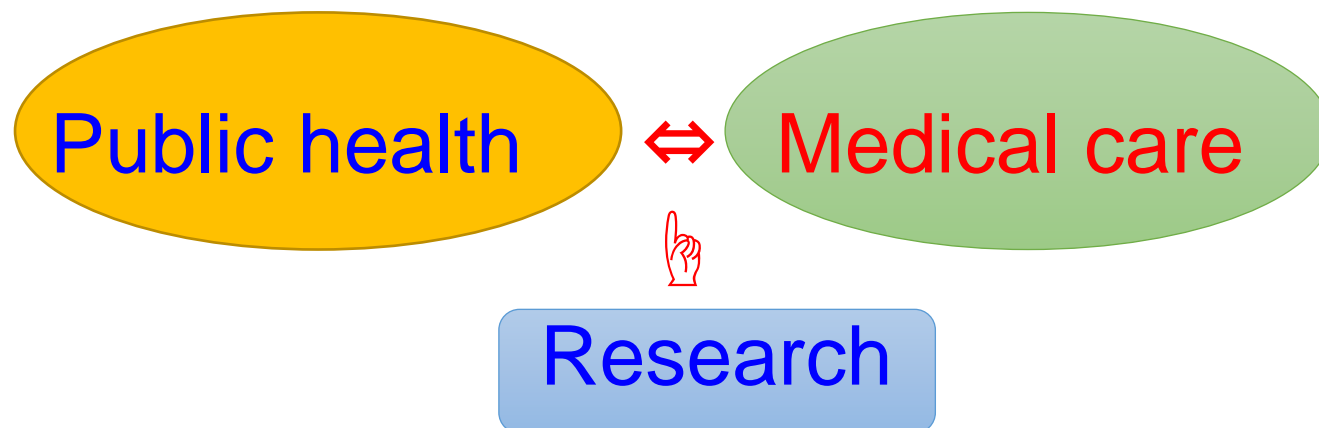
- 1) **Infectious elements may be ignored or alleviated.**
Everyone is affected. ⇒ **No distinction among people.**
- 2) **Ethical dilemmas may be partly solved or ignored.**
Freedom is hardly realized or protected for anyone affected.
- 3) **Justice** in regard to “life” is the most important.
⇒ **Triage**
- 4) **Research** elements are hardly on the level of treatment, but on the level of the **causes of disaster** = Non-medical factors
- 5) **“Urgency”** is the most fundamental. (Same as in pandemic situations)
⇒ Research integrity vs Equitable use or “compassionate” use

Conclusive remark

Ethical Triangle in Emergency

It is almost to say that **the result is the most important** in emergency situations, taking into account all the relevant medical as well as ethical issues.

But, the truth is that the solution will be given through the **dialectics between public health and medical care in which the research plays a decisive role.**



Thank you!

Merci!

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