

Global health emergencies: ethical, political, legal issues

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Outline

- Emergency and public emergency
- Declaration of emergency: health and others
- Recognized global health emergencies
- Emergency in preventive and responsive medicine
- There is no single model of ethical emergency response
- Pandemic influenza
- Political, ethical legal issues
- Problems with the UK plan

Emergency and Public Emergency

- **Emergency:** a situation in which there is a high probability of severe harm or loss of life and a need to act quickly if the harm or loss of life is to be prevented or limited
- **Public emergency:** an emergency affecting a population in which there is a need for a public body (e.g. a government, or a supranational authority) to act quickly

Declaration of emergency

- Can trigger domestic emergency legislation, delivery of aid, in a jurisdiction
- Declaration of *medical* emergency can introduce coercive measures, trigger aid mechanisms, including money and medical relief supplies
- Declarations of non-medical emergencies raise more civil liberties issues than medical ones
- Declarations of medical emergencies mainly raise *welfare* issues and issues of fair *welfare* distribution

Recognized global health emergencies

- Pandemic Influenza
- HIV/AIDSs
- TB

Preventive and Responsive Medicine

- No currently recognized global health emergency is addressed with responsive measures alone
- Pandemic influenza emergency measures mostly preventive
- HIV/AIDs, TB are addressed with both preventive and responsive emergency measures

HIV/AIDS

- **Acquired immune deficiency syndrome or acquired immunodeficiency syndrome (AIDS or Aids)** is a [set of symptoms and infections](#) resulting from the damage to the human [immune system](#) caused by the [human immunodeficiency virus](#) (HIV).^[1] This condition progressively reduces the effectiveness of the immune system and leaves individuals susceptible to [opportunistic infections](#) and [tumors](#). HIV is [transmitted](#) through direct contact of a [mucous membrane](#) or the bloodstream with a [bodily fluid](#) containing HIV, such as [blood](#), [semen](#), [vaginal fluid](#), [preseminal fluid](#), and [breast milk](#).^{[2][3]} This transmission can involve [anal](#), [vaginal](#) or [oral sex](#), [blood transfusion](#), contaminated [hypodermic needles](#), exchange between mother and baby during [pregnancy](#), [childbirth](#), or [breastfeeding](#), or other exposure to one of the above bodily fluids.
- AIDS is now a [pandemic](#).^[4] In 2007, an estimated 33.2 million people lived with the disease worldwide, and it killed an estimated 2.1 million people, including 330,000 children.^[5] Over three-quarters of these deaths occurred in sub-Saharan Africa,^[5] retarding [economic growth](#) and destroying [human capital](#).^[6] Most researchers believe that HIV originated in [sub-Saharan Africa](#) during the twentieth century.^[7] [wikipedia]

Ethical Global Response to HIV/AIDS

- Education in all affected countries without denial
- Work on vaccine
- Co-ordination on pricing of anti-retroviral drugs
- Donations of aid for drugs, education to poorest countries
- International aid for HIV/AIDS orphans and carers
- Change of sexual practices by individuals

Ethical Response to HIV/AIDS

- Anti-discrimination legislation in domestic jurisdiction
- Public criticism of unsafe sex?
- International criticism of HIV-denial?

Pandemic Influenza

- Pandemic flu occurs when a new influenza virus emerges for which people have little or no immunity, and for which there is no vaccine. The disease spreads easily from person to person, causes serious illness and can sweep across the country in which it originates and around the world in a very short time.

In contrast to the 'ordinary' or 'seasonal', flu outbreaks which we see every winter in the UK, flu pandemics occur infrequently - usually every few decades. There were three last century. The most serious was in 1918, killing millions of people worldwide and smaller pandemics happened in 1957 and 1968.

- A pandemic can only start when three conditions have been met:
 - a new influenza virus subtype emerges;
 - it infects humans, causing serious illness; and
 - it spreads easily and sustainably among humans.
- The H5N1 virus meets the first two conditions and it is likely that nobody will have immunity should an H5N1-like pandemic virus emerge. The H5N1 virus has not yet demonstrated the ability to pass easily between people. However, the virus is currently passing from birds to humans so it could develop the ability [UK Dept. of Health]

Pandemic Influenza 2

- http://www.who.int/mediacentre/factsheets/avian_influenza/en/
- <http://www.who.int/csr/disease/influenza/pandemic10things/en/>
- WHO has used a relatively conservative estimate – from 2 million to 7.4 million deaths – because it provides a useful and plausible planning target. This estimate is based on the comparatively mild 1957 pandemic. Estimates based on a more virulent virus, closer to the one seen in 1918, have been made and are much higher. However, the 1918 pandemic was considered exceptional.

Ethical Global Response to Pandemic Influenza (Before)

- Intensive international monitoring of avian flu outbreaks and culling
- Prompt and honest publicity for outbreaks
- Domestic stockpiling of anti-virals
- International distribution of anti-virals
- Creation of capacity for vaccine development and production

Ethical Global Response to Pandemic Influenza (Before) 2

- Domestic plans for pandemic outbreak (with consultation)
- International help for countries with little planning capacity
- International plans for monitoring spread
- International plans for limiting spread
- International plans helping countries with poor monitoring capacity

Ethical Global Response to Pandemic Influenza (After)

- Prompt declaration of outbreak
- Maximize capacity for treatment domestically and internationally
 1. Protect health care providers
 2. Protect vaccine developers, manufacturers
 3. Protect essential communications workers
 4. Fair triage plans for influenza victims

Fair Triage plans

- Those who treatment can benefit vs others
- People with pre-existing respiratory problems
- People who care for (helpless) others
- “Essential” workers

Ethical Global Response to Pandemic Influenza (After) 2

- International communication of best practice domestically
 1. Anti-crowding measures
 2. Self-medication, hygiene advice
 3. Arrangements for disposal of bodies

Controversial Global Issues

- International humanitarian medical intervention in affected countries?
- Closure of international travel links?
- International responsibility for alleviation of worst after-effects in poorest countries after first wave
- Subsequent waves
- International efforts to limit effects of domestic economic dislocation

Controversial domestic issues

- Coercion of essential health workers
- Forced isolation of groups, individuals?
- Diversion of population from hospitals, GP services?
- Disorder arising from unfairness in distribution of vaccine, anti-virals, intensive care
- Treatment of acute, non-influenza cases

UK plan

- Anti-virals for essential workers
- Vaccine for everyone
- Help line
- Some anti-crowding recommendations
- Communications planning
- “Business as usual”

Problems with UK plan

- “Business as usual” and non-interventionism
- Reluctance to suspend health consumer norms
- Confusion of consumer norms with medical ethics norms
- Exaggeration of bearing of normal medical ethics

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