

THE ETHICS OF EPIDEMICS -- WHEN HEALING PUTS THE DOCTOR'S LIFE IN DANGER

By Jeanine Freeman, JD

The IMS Committee on Law and Ethics wants physicians to know what their ethical responsibilities are in times of epidemics and risk to the physician's health and safety.

The Spanish flu of 1918-19, an avian influenza caused by the H1N1 virus, took the lives of an estimated 20-100 million persons worldwide and 675,000 persons in the United States. It was an "exceptional" flu, according to world public health authorities. The virus moved quickly and death often occurred overnight. Pharmaceutical companies worked around the clock to come up with an effective vaccine but the virus disappeared before they could isolate it.

Health experts now are preparing for the potential outbreak of an even more devastating virus, the H5N1 avian influenza. The H5N1 virus remains almost exclusively an animal disease and does not pass easily from human to human but other ways in which the H5N1 virus is exhibiting itself are disturbing. The World Health Organization (WHO) notes that current outbreaks of highly pathogenic avian influenza in poultry are the largest and most severe on record and that never before in the history of the avian virus have so many countries been simultaneously affected. Further, H5N1 appears to have expanded its host range, infecting and killing mammalian species previously considered resistant.

The H5N1 virus follows an unusually aggressive clinical course with rapid deterioration and high fatality. Two percent of persons who contracted the Spanish flu died; by contrast, more than 50% of those persons with the avian flu have succumbed. While certain drugs (i.e., Tamiflu and Relenza) can reduce the severity and duration of seasonal influenza, possibly even the H5N1 virus, effective vaccines are not yet available.

The world public health system rightfully remains alert. The AMA, however, cautions against panic in this country. There has been no transmission to humans of the avian flu in the

United States (current cases have been confirmed in Cambodia, Indonesia, Thailand, and Vietnam); the number of persons infected worldwide (approximately 140 reported cases) remains relatively small; and efficient and sustained human-to-human transmission has not been established. Even so, preparation is critical.

Medical history* is replete with accounts of physicians, motivated by a strong sense of moral or religious responsibility, risking their lives to aid the sick in times of war, pestilence and disease. A *professional* responsibility to do so, however, has not always been acknowledged nor has society necessarily expected it. Indeed, history also points to accounts of physicians who refused to provide care to plague victims and who fled from disease infected geographies.

A shift in thinking appeared in American medicine relatively early. During the 1793 Yellow Fever epidemic in Philadelphia, Dr. Benjamin Rush wrote his wife: "It would be as much your duty not to desert me in that situation as it is mine not to desert my patients." In 1847, the newly formed American Medical Association (AMA) gave voice to this professional obligation in its code of medical ethics. In times of pestilence, physicians are duty-bound to "face the danger, and to continue their labors for the alleviation of suffering, even at the jeopardy of their own lives." This ethical stance was strengthened in 1912 to include "without regard to financial return."

The late 20th century witnessed few epidemics and none of the sweeping dimensions of the Spanish flu. Vaccines and antibiotics were effective in staving off or ameliorating outbreaks of contagious and infectious diseases. In 1972, the U.S. Surgeon General declared it was time to "close the book" on infectious diseases. The AMA's statement of duty in times of pestilence was characterized as a "historical anachronism" and removed from the ethics code in 1977.



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