



The Ethics of Allocation and Preparedness in Public Health Emergencies

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The Essence of Public Health Emergencies

- Public health crises: Tobacco; Obesity; Cancers; HIV/AIDS and other STDs; Drug and alcohol abuse; Gun violence; Lack of access to health care services
- These are all examples of significant public health dilemmas, but not necessarily public health emergencies
- *Examples of public health emergencies*
 - Anthrax Bioterrorism (2001); SARS (2003); Hurricane Katrina (2005); Avian Flu (2006); H1N1 (2009); Haitian Earthquake (2009)
- *Common Elements*
 - Sudden onset
 - Relatively short duration and potentially catastrophic
 - Intense impacts on physical/mental health across populations
 - Immediate global responses
 - Potential severe economic consequences
 - Change in the legal environment
 - Immediate scarcity of resources

Public Health Legal Responses

- States of emergency declared at all levels of government

- Legal landscape changes instantly and drastically depending on type of emergency declared: (1) Emergency, (2) Disaster, or (3) Public Health Emergency
- Emergency laws provide a menu of potential actions
 - Not a specific guide for responses
 - “Legal triage” is essential
 - Critical decisions among public health and other leaders will arise

Principles and Norms to Guide Ethical Responses

- Existing bioethics frameworks may not be sufficient: Autonomy, Beneficence, Non-maleficence, Justice
- Other normative frameworks like virtue ethics are helpful, but potentially off-target
- Public health ethics are central and defining:
 - Grounded in theories of social justice and utilitarianism
 - Focus on communal goals and objectives
 - Strive to protect population health while respecting individual rights and interests
 - Specific norms stem from emergency circumstances

10 Core Principles of Public Health Emergency Preparedness Ethics

- **Prevention** – above all, protecting the public’s health from preventable causes of morbidity and mortality
 - Diverting essential emergency resources to address non-emergency conditions is unjustified. **Ex.** Pharma co. that refuses to temporarily manufacture vaccines instead of more profitable drugs
- **Soundness** – matching responses to “best practices” in public health
 - Eliminate guesswork when possible. Respond in ways that are empirically proven.
- **Equity** – providing similar treatment for similarly-situated individuals and groups
 - Decide w/out discriminating based on one’s human condition (e.g., race, ethnicity, social status, ability to pay). **Ex.** fee for service mantra tossed aside in providing care to Katrina survivors
- **Vulnerability** – dispensing essential services and care based on the medical vulnerability of individuals and groups
 - Allocating resources to those who need them most and away from those who do not. **Ex.** CIPRO distribution post 9-11
- **Transparency** – openness in decision-making with opportunities for public consultation and individual objection
 - Opportunities for due process and input are critical. **Ex.** NYS guidance on ventilator allocation
- **Reciprocity** – supporting those who face a disproportionate burden in emergencies
 - Prioritizing the needs of HCWs and frontline responders. **Ex.** Hospital sets aside Tamiflu during H1N1 for use by HCWs and their families
- **Proportionality** – using least restrictive alternatives where possible; reserve coercive measures only when needed
 - Facing 2 or more effective choices, choose the one that least infringes individual liberties. **Ex.** Voluntary testing and vaccination program vs. mandatory Q and I measures
- **Solidarity** – coordination over competition; need to share openly and respond similarly across communities, states, and nations
 - Divergent, disproportionate responses among communities jeopardizes public health objectives. **Ex.** U.S. H1N1 vaccine distribution diverged from CDC guidance
- **“Fair Innings”** – prioritizing the young over the old, or the inexperienced over experienced, so each can get their “fair innings,” even to the detriment of potential best outcomes
 - Assigning “fair innings” is difficult to assess and rife with controversy
- **Accountability** – decision-makers are responsible for their actions or inactions
 - **Ex.** Focus on positive actions discounts potential liability for failure to plan for emergencies