

Ethics and SARS: Learning Lessons from the Toronto Experience

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SARS !



SARS: Choices on Fundamentals

- individual freedoms vs good of society
- fear for personal safety vs duty to treat the sick
- economic loss vs need to contain spread of deadly disease.
- need to learn lessons
- prepare for spread of SARS & other epidemics.



SARS: Hard Choices

- *who*: medical and public health communities, citizens, federal, provincial and local governments
- *with*: limited information and short deadlines
- *and*: health care providers were on the firing line, and were the most infected of any group.



Basis for Choices

- scientific analyses
- value systems.
- ethical issues for which we were not fully prepared.

SARS: Key Ethical Issues

1. When public health trumps civil liberties: the ethics of quarantine
2. Naming names, naming communities: privacy of personal information and public need to know
3. Health care workers' duty to care, and the duty of institutions to support them
4. Collateral damage: other victims of SARS
5. SARS in a globalized world

1. When public health trumps civil liberties

the ethics of quarantine



Quarantine: Case

- “Michel” is in quarantine because a family member has contracted SARS, and he may have been infected. A close family friend has died from causes not associated with the SARS epidemic, and Michel is torn between wanting to attend the funeral and his duty to respect the quarantine order.

Quarantine: Ethical Values

- individual liberty
- protection of public from harm
- proportionality
 - protect from needless coercion
 - restrictions: legal, legitimate, necessary
 - least restrictive, applied fairly
 - applied by those with legitimate authority
- reciprocity: adequate care
- transparency

Quarantine: Lessons Learned

- At times, interests of protecting public health override some individual rights, such as freedom of movement.
- At such times, society has a duty to:
 - inform people of the situation
 - explain the reasons
 - do as much as possible to assist people whose rights are being infringed.

2. Naming names, communities

privacy of personal information and public
need to know

Public Need to Know: Case

- “June” RN
- feels unwell, temp normal
- weighs risks of having SARS against costs of losing pay if she stays home
- worries re extra
- takes GO train
- fear she may have infected others on train
- not named publicly: not diagnosed SARS

Public Need to Know: Case

- Kwan Sui-chu, 78, accidentally brought SARS to Toronto
- passed SARS to her family
- identified publicly

Public Need to Know: Ethical Values

- people have right to control personal information
- health authorities bound to protect confidentiality
- right to privacy not absolute

Public Need to Know: Ethical Values

- protection of public health may limit person's right to privacy
- proportionality: intrusiveness justified
- transparency: honest reporting

Public Need to Know: Lessons Learned

- the state has the right to override the individual's right to privacy in cases of serious public health risks, when revealing private medical information would help protect public health
- privacy and confidentiality of individuals should be protected unless a well-defined public health goal can be achieved by the release of this information to the general public

3.The Duty to Care

Health care workers' duty to care, and the duty of institutions to support them



**Dr. Carlo Urbani
1956 - 2003**

..... Johnny Cheng, a 48 year old American was treated at the Hanoi French Hospital

Duty to Care: Case

- Mary, ICU nurse, is afraid she will have to care for SARS patients and may become infected.
- Her husband asks her to call in sick, citing her duty as the mother of 3 small children not to risk giving them SARS.
- Mary feels torn between protecting her children & commitment to her profession.
- The hospital values good attendance. By calling in sick, Mary loses \$ & feels she is not supporting her colleagues on the front lines.

Duty to Care: Ethical Values

- duty to care
 - virtue ethics
 - beneficence

- reciprocity
 - society, institutions
 - necessary supports
 - no penalization
 - transparency

Duty to Care: Lessons Learned

- health care professionals have a duty to care for
 - the sick
 - themselves in order to care for the ill
- duty not to harm others by communicating diseases.
- limit to personal risk is unclear

Duty to Care: Lessons Learned

- institutions have a reciprocal duty to support and protect health care workers, and to help them cope with very stressful situations
- need for clear expectations of employees
- reward, not penalization for following safe practices
- recognition of heroism by the public & institutions



4. Collateral Damage

other victims of SARS

Collateral Damage: Case

- Debbie, 28, needs surgery for breast cancer
- Surgery cancelled during SARS emergency
- Debbie & family's anxiety increases fearing spread of cancer

Collateral Damage: Ethical Values

- equity between SARS & non-SARS pts
 - weigh risks & benefits

- fairness
 - access to limited resources

Collateral Damage: Lessons Learned

- important to control spread of disease, but we must pay as much attention to the rights of non-infected pts needing urgent medical care
- need accountability for making reasonable decisions, transparency & fairness
- need to communicate accurate information to the public, including risks & benefits of strategies & decisions

5. SARS in a Globalized World:

Case

- In Guangdong province, rural China, it is early winter and “Mr. Li,” a farmer, comes down with a severe respiratory infection.
- His son leaves for Beijing, carrying the SARS microbe and its descendants on a journey that will span the world. One of its major destinations is Toronto, where thousands will be forced into quarantine to stop the spread of SARS.



5. SARS in a Globalized World: Case

- WHO office, Geneva, issues travel advisory warning people not to go to Toronto unless necessary, to minimize risk that Toronto could export the disease to countries unequipped to handle it.
- One week later, WHO lifts the travel warning, saying the magnitude of the problem in Toronto had decreased, and there was no evidence that the city was exporting SARS cases.

5. SARS in a Globalized World: Case

- In a number of institutions, scientists race to break the genetic code of the SARS virus, and then to patent it.
- How the patents are exercised could have global implications for who can access such results as vaccines.

SARS in a Globalized World: Ethical Values

- Solidarity raises challenges:
 - interconnections between globalization & health
 - reduce global disparities in health
 - common goals between those with different levels of power, health, wealth

SARS in a Globalized World: Lessons Learned

- SARS is a wakeup call about global interdependence, and the increasingly rapid spread of diseases.
- health is a global, public good
- there is a need to strengthen the global health system to cope with infectious diseases in the interests of everyone, including people in the richer nations.
- will require global solidarity and cooperation in the interest of everyone's health.

11 Key Ethical Values

- Protection of the public from harm
- Privacy
- Individual liberty
- Protection of communities from undue stigmatization
- Citizen responsibility
- Duty to provide care
- Reciprocity
- Equity
- Transparency
- Interdependence
- Proportionality

Dedication

Healthcare Professionals in Toronto who were affected by contracting SARS, losing loved ones and working under extraordinary conditions