Coping effectively with a predicted influenza pandemic that threatens to affect the health of millions worldwide, hobble economies and overwhelm health care systems will require more than new drugs and good infection control.

An international medical ethics think-tank says that all-important public cooperation and the coordination of public officials at all levels requires open and ethical decision making.

The Influenza Pandemic Working Group at the University of Toronto Joint Centre for Bioethics today recommended a 15-point ethical guide for pandemic planning, based in part on experiences and study of the Severe Acute Respiratory Syndrome (SARS) crisis of 2003.

The report says pans to deal with a flu pandemic need to be founded on commonly held ethical values. People need to subscribe in advance to the rationale behind such choices as: the priority recipients of resources, including hospital services and medicine; how much risk front line health care workers should take; and support given to people under restrictions such as quarantine. Decision makers and the public need to be engaged so plans reflect what most people will accept as fair, and good for public health.

"A shared set of ethical values is the glue that can hold us together during an intense crisis," says Peter Singer, M.D., Director of the University of Toronto Joint Centre for Bioethics (JCB), which undertook the advisory report. "A key lesson from the SARS outbreak is that fairness becomes more important during a time of crisis and confusion. And the time to consider these questions and processes in relation to a threatened major pandemic is now."

The report concludes that flu pandemic plans universally need an ethical component that addresses four key issues:

1. Health workers’ duty to provide care during a communicable disease outbreak;
2. Restricting liberty in the interest of public health by measures such as quarantine;
3. Priority setting, including the allocation of scarce resources such as medicines;
4. Global governance implications, such as travel advisories.

**Health Care Workers Duty to Care**

The SARS crisis exposed health care systems to hard ethical choices that rapidly arose. Dozens of health care workers, for example, were infected through their work and some died. Other failed to report for duty to treat SARS patients out of fear for their own health or that of their family. A flu pandemic, where there may
be no absolute protection or cure, would put far greater pressures on health care systems around the world.

"Workers will face competing obligations, such as their duty to care for patients and to protect their own health and that of families and friends," says JCB member Ross Upshur, M.D., Director, Primary Care Research Unit, Sunnybrook and Women's College Health Sciences Centre. "Medical codes of ethics in various countries provide little specific guidance on how to cope with this very real dilemma. Professional colleges and associations need to provide this kind of particular guidance in advance of an infectious disease outbreak crisis."

Governments and hospitals also need to provide for the health and safety of workers, and for the care of those who fall ill on duty. This might include and insurance fund for life and disability to cover health care workers who become sick or die as they place themselves in harm's way.

The Human Costs of Restrictive Measures

Officials need to provide support for those in quarantine, cut off from family, friends, work, shopping and possibly medical care for other ailments, the report says. The public should also be made aware of the need for quarantine and the consequences of non-compliance.

"Decisions to use restrictive measures need to be made in an open, fair and legitimate manner. The public has a right to know the compelling public health reasons for curtailing rights and restricting normal activities. If quarantines are used, those affected need adequate care and job protection. Preventing financial hardship is important to obtaining full compliance from the public," says Dr. Upshur.

Measures to protect against stigmatization and to safeguard the privacy of individuals and/or communities affected by quarantine also should be part of pandemic preparedness plans the report recommends.

Allocating Scarce Resources, Medicines

All countries will face scarcities of medicines, equipment and health care workers during a pandemic, according to the group. Governments, hospitals and health regions should publicize a clear rationale for giving priority access to anti-viral medicines and vaccines to particular groups (e.g., front line workers, children, decision-makers).

Advance planning ought to include criteria for resource allocation decisions, created in consultation with the general public.

Travel Bans
The World Health Organization (WHO) has warned that if the H5N1 strain of bird flu mutates and infects people it could reach all continents in less than three months. The WHO would likely impose regional travel restrictions in hopes of slowing the spread of the disease.

However, such decisions can have major economic impacts. Canada, and Toronto in particular, suffered millions in economic losses when the WHO advised international travelers against all nonessential travel because of SARS.

Descriptions about travel restrictions need to be clearly justified and the process must be transparent the report says.

At the same time, the WHO relies on individual countries for report disease outbreaks. Such surveillance may be beyond the capacity of many developing countries. The developed world should continue to invest in the surveillance capacity and the overall public health infrastructures of developing countries.