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AUB lecture tackles moral challenges in event of large-scale H1N1 outbreak September 25, 2009
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BEIRUT: A leading US medical ethicist warned at the American University of Beirut (AUB) Medical Center of all the thorny moral challenges that society and the medical profession will have to address, should there be a large-scale swine flu outbreak. Dr. Philip Rosoff, a pediatric oncologist and the director of clinical ethics at Duke University, recently gave a lecture at the AUB Medical Center titled, "Who will live and who will die? Moral decision-making in an influenza pandemic."

Organized by the The Ethics Matters Initiative at the AUB Medical Center, the lecture was also followed by a Global Medical Ethics Day Symposium, which brought together several Lebanese universities to discuss the importance of teaching medical ethics in academic curricula.

"Pandemics cause situations to arise where not everyone can be saved," explained Talia Arawi, who teaches biomedical ethics at AUB, before introducing the speaker.

While rationing medical resources is a "daily fact," the challenge becomes greater during a medical crisis, such as a pandemic, added Rosoff.

Among the ethical dilemmas associated with the allocation of scarce resources are a series of questions, he added. "Who gets the vaccine and why? Who gets Tamiflu and why? Who should be quarantined? What about border security? Who gets ventilators and why? Who gets palliative care and why?" he asked.

Although the lecture could not fully answer these complex questions, it raised awareness about the need to create an objective system that is grounded in clinical guidelines and which minimizes subjective triage methods while promoting the principle of "the public good outweighs the private good."

"We want these standards to be universally applied, otherwise people will go hospital shopping," Rosoff added:

At the beginning of the lecture, Rosoff had asked the audience whether they would preferentially treat a 21-year-old honor student over one that has a police record, or whether they would choose to care for a 40-year-old mother of three versus a 25-year-old single woman.

While the audience instinctively chose to support the honor student and the 40-year-old mother, Rosoff later proved to them that these choices were merely subjective.

"We must not discriminate against age, gender, physical and mental handicaps, social status or political affiliation ... We must include marginalized people, such as prison inmates and illegal immigrants, even though they have at least partially neglected the society that is to serve them," he said. "The only criteria we should use should be justified by clinical evidence."

Rosoff explained that donor organs are allocated based on a scoring system called the MELD or model end-stage liver disease, which relies on three main laboratory tests in order to rate the severity of disease and decide which patient gets priority for donor organs. Rosoff argued that when dealing with the H1N1 or swine-flu pandemic, a similar scoring system should be adopted.

Nevertheless, even after creating a fair and objective system for treating swine-flu patients, health-care providers and medical ethics committees will still have to address other challenges. These include decisions relating to chronic-care patients who were occupying hospital beds before the flu outbreak.

Moreover, health-care providers should make sure that flu patients who were excluded from treatment would at least be provided with palliative care to ease their pain. In other words, stocks of morphine and other pain killers should be adequate.

“The lecture was enlightening not only because it theoretically dealt with the issue of allocation of scarce resources, but it also showed how an institution and the US are practically dealing with the situation in reality, having to make difficult decisions,” said Dr. Ramzi Sabra, assistant dean for undergraduate medical education. “It sets an example that may be used by people in charge here.”

The medical symposium, which took place during the same week as the lecture, also addressed the need for enhancing medical ethics education in university curricula. Participants came out with the following recommendations:

1. Medical schools should re-examine their admissions criteria, policies and practices to ensure that those individuals with high ethical standards and moral character, or those who have the potential to develop in that direction, are admitted.
2. Biomedical ethics education should be longitudinal, spanning all the undergraduate years, and should extend into graduate training and postgraduate careers (continuing medical education).
3. Multiple methods and approaches to teaching and to student assessment are recommended, and these should align with the multiple objectives of medical ethics education, encompassing knowledge, attitudes, behavior and skills.
4. Medical schools and the academic medical centers housing them should foster an institutional culture that supports and upholds the ethical principles of the practice of medicine. The same strict standards for behavior should be applied to all the constituency of the school, beginning with the members of the faculty who should serve as good role models for students and residents.
5. It is recommended that representatives of the various medical schools in Lebanon form a network dedicated to bioethics education, with the aim of developing a common vision for bioethics education in Lebanon based on a common set of values and objectives. This network should collaborate and consult with other bodies such as the National Lebanese Consultative Committee for Ethics, the UNESCO Committee for Bioethics and others.