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Ebola Ethics

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According to a October 29, 2014 report from the World Health Organization, a total of 9911 cases of Ebola have been reported from the three most heavily infected areas of West African countries (Guinea, Liberia, and Sierra Leone). However, the Centers for Disease Control and Prevention (CDC) notes that reported cases are only a portion of all actual cases due to the fact that not all cases are reported and reporting delays are different in each country. This means that the number of new cases could be significantly larger.

Recently, a number of countries imposed travel restrictions of people from Ebola infested areas into their countries. Although the World Health Organization has declared the Ebola Virus a Public Health Emergency, having killed nearly 1,000 people, it chastised countries such as Canada and Australia that imposed severe travel bans. One study of international travel revealed that only about 3 people per month from the Ebola stricken areas attempt to engage in international travel; and, even then, the travel is most likely to other neighboring countries of Africa. With that, it would seem that exit screening would be more cost efficient than entry screening being imposed at major international airports.

While most have cause for concern, we should be cautioned that panic, as perceived by John Rose, chief operating officer of iJet International, could be a bigger issue than Ebola spread. To illustrate, reports are being circulated of discrimination against people who 'look like' they are from *any* African countries. To add to the panic, when two U.S. nurses contracted the virus while caring for Ebola patient, Thomas Duncan, the immediate response from health officials was that someone broke protocol. Then, it was learned that the 'protocol' was faulty. These experienced ICU nurses carried out the only protocol available to them at the time.

Where do we go now? Much can be learned from the Severe Acute Respiratory Syndrome (SARS) epidemic of a decade ago. Now, in many Asian countries, residents are conditioned to wear a mask at the first sign of a respiratory condition and disinfectant dispensers line buildings for public use, in addition to quarantine drills. They stopped the blame game and recognized that this was a problem that made them all vulnerable.

Realistically, in the United States, Hepatitis B and C viruses impose a greater danger and risk of spread than does Ebola. According to CDC, there were 800,000 to 1.4 million cases of Hepatitis B (HBV) with 1, 792 deaths (in 2010) and an estimated 2.7 – 3.9 million cases of chronic Hepatitis C (HCV) with 16, 627 deaths verified by death certificates listing HCV as the cause of death (2010 data). Where is the outrage and call for protection of the population from Hepatitis in comparison to media coverage and national/international response to Ebola?

While it is not my intent to discount efforts of health officials to prevent Ebola in the United States and other countries from becoming an epidemic, I caution that we not politicize this horrific disease while exponentially more people are suffering from more 'common' diseases in our front door. People are suffering everywhere in need of treatment. Some ethical concerns that I have are:

- If we ban all health care workers from going into the infested countries to assist in treatment of patients infected with Ebola, and if the countries do not have the expertise to treat the disease themselves, do we *really* believe that the disease will just die out?
- Is it the duty of the international community to respond to the Ebola crisis or should every county fend for itself as long as they are 'sealed' from the infected ones entering their country?
- Is to do nothing the same as doing no harm? Or, are they different as it relates to Ebola care?
- Whose fault is Ebola? Are we blaming the victims?
- Would the more affluent countries be as quick to impose restrictions if a neighboring affluent country was experiencing this type of epidemic? Maybe, maybe not.

As we ponder the best approaches, please be aware of the following excellent information sites that spell out the latest known information to prevent the spread of Ebola:

Information for Healthcare workers – Centers for Disease Control and Prevention

http://www.cdc.gov/vhf/ebola/hcp/index.html?s_cid=cs_4318

Ambulatory Evaluation of Patients with Ebola - Centers for Disease Control and Prevention

http://www.cdc.gov/vhf/ebola/pdf/ambulatory-care-evaluation-of-patients-with-possible-ebola.pdf

Guidance on use of Personal Care Equipment for Healthcare Providers

http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html

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