

Comments from the Task Force Co-Chairs



The United States government is preparing for a possible influenza pandemic, but so far its preparedness plan has focused largely on developing and distributing a vaccine and stockpiling antiviral medications. However, no preparedness plan is complete without addressing the ethical issues likely to confront our society during a pandemic. There are difficult moral questions that the North Carolina Division of Public Health and the North Carolina Institute of Medicine are asking *now* while there is still time to think critically, carefully, and calmly about what ethical values should guide decision makers, healthcare workers, workers in other critical industries, and the general public when an influenza pandemic strikes.

There is a strong likelihood that a widespread pandemic coupled with scarce resources will force all of us to confront some very hard questions. Can critical workers be expected, as a matter of duty, to help flu victims even if doing so means risking their own lives or those of their families? And if critical workers courageously accept the risks society wishes to impose upon them, what will society give them in return? When Americans are faced with the implications of isolation, quarantine, and social distancing measures, how will they react? Who shall live when not all can live? Who should have priority for limited healthcare supplies such as vaccines, antivirals, and ventilators?

As important as an ethics of justice will be during an influenza pandemic, even more important will be an ethics of care. Under dire circumstances, the value of the common good must be weighed more heavily than the value of respecting individual rights and personal autonomy. During a pandemic, rationing can help us maintain the value of justice, provided it is done ethically—that is, by directing scarce resources to where they will do the most good for us all and by letting everyone know why it is we have chosen a particular distribution method. It is the ethics of caring that will see us through this crisis.

In the end, we human beings are a very vulnerable lot. We are radically dependent on each other for survival, and we need to view ourselves as passengers in a lifeboat in the middle of the ocean with no visible sign of rescue. If there aren't enough supplies to go around until help arrives, we can do several things: we can ask for volunteers to jump off the boat; we can start drawing straws for whom gets pushed off the boat; we can have a majority vote about which lives are most dispensable; or we can look in each others' eyes and see ourselves—fearful, hopeful, and in need of compassion—and then we can start paddling together to get to shore, knowing that although we might not all make it, we didn't turn on each other in our panic. What we most need to weather a pandemic is an ethics of trust, reciprocity, and solidarity. If we have that, we will have the most precious health care resource of all.

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