Ebola spotlights growing tension between patient autonomy and public health

Bioethicists “can and should” be part of conversation

Should cardiopulmonary resuscitation (CPR) be given to end-stage Ebola patients, despite the risk to health care providers? What training is necessary at this point to ensure staff and patients are protected?

As hospitals grapple with these and other questions surrounding treatment of Ebola patients, bioethicists need to be involved, urges Janet L. Dolgin, PhD, JD, co-director of the Hofstra University Bioethics Center in Hempstead, NY. Dolgin is also director of the Hofstra University’s Gitenstein Institute for Health Law and Policy.

“Without prescriptions and guidelines, we flail around and fail. But once they get cemented in stone, we’re in trouble,” she says.

One ethical concern with Ebola is to avoid treatment “that’s a product of fear rather than well thought-out responses,” Dolgin says. “We need policies. But at the same time we need to be ready to challenge them.”

Bioethicists are well-suited to help
No duty to provide futile care

Some have suggested that CPR not be given to end-stage Ebola patients both to protect clinicians and because it’s essentially futile care.¹

When developing policies to address this, Dolgin cautions against absolutes. “To say you will think very carefully before you offer ‘everything,’ including CPR, to Ebola patients is very different from saying you will ‘never’ do so,” she says.

For many hospitals, it is not possible to ensure proper isolation and infection-control measures. “They don’t have the space or personnel to do this without endangering other patients,” Charo explains. There is an obligation, however, to provide proper care for Ebola patients within the limits of the hospital’s resources.

Some procedures pose...
significantly higher risk to providers than others, says Charo, but “those same procedures are typical of last-chance measures that, if needed by an Ebola patient, would indicate the disease had progressed to the point that heroic measures would likely be futile.”

There is no duty to provide futile care. “But there is a duty to provide necessary care, and to ensure a patient is not abandoned,” says Charo. “If a facility is unable to provide necessary care, the patient should be treated somewhere that can.”

**Improving preparedness: “Ethical imperative”**

Hospitals and the U.S. health care system are frequently criticized, “often justifiably so,” says Jason L. Schwartz, PhD, the Harold T. Shapiro Fellow in Bioethics at the Princeton (NJ) University Center for Human Values. “But overall, the response to Ebola has demonstrated the U.S. health care system at its finest.”

However, he says, the experience with Ebola diagnosis and treatment in the United States, to date, has “shone a bright light” on the critical need to enhance training, education, and preparedness in hospitals nationwide.

“This is not simply an essential component of high-quality medical and public health practice,” says Schwartz. “It is an ethical imperative as part of efforts to protect health care workers and to best serve patients.”

Some uncertainty was inevitable in the response to such an unfamiliar disease threat. “But the experience in Texas underscored the importance of developing clear guidelines to protect health care personnel that are tailored specifically to the U.S. health care environment,” Schwartz says.

This highlights the need to ensure that all health care personnel are adequately trained and prepared to translate those guidelines into practice as part of patient care activities. “The response to Ebola cases in the United States also exposed troubling gaps in coordination among federal health officials, state and local authorities, and hospitals,” adds Schwartz.

A key task for the U.S. medical and public health community moving forward will be understanding and correcting the deficits revealed in the response to the tragic case in Texas and the subsequent infections among nurses caring for that patient. “Bioethicists can and should be part of such conversations,” says Schwartz.

To achieve ethical care, he says, bioethicists “should aim to strike an appropriate balance among the needs, rights, and concerns of potential future Ebola patients, non-Ebola patients in those same facilities, health care personnel, and the community at large.”

**REFERENCE**


**SOURCES**

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**ACA shifts liability to patients: Bioethicists must be “watchdogs” to ensure ethical care**

Unethical practices are concern

The ethical justification for the Affordable Care Act (ACA) is distributive justice, with the goal of making health insurance available to more Americans, notes Dennis M. Sullivan, MD, director of the Center for Bioethics at Cedarville (OH) University.

“This has clearly succeeded, at least in part, but at the cost of a loss of autonomy. Is it worth it?” he asks. “Now, more than ever, there is a strong need for bioethicists.”

Ethics professionals must be advocates, both for physicians who want to be compassionate clinicians, and “to defend the human dignity of the patients who get lost in the shuffle,” says Sullivan.