



47. Is there a limit to the medical obligation in pandemic situations?

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Background

The SARS epidemic that broke out in 2002 raised incisive questions regarding the limits of medical responsibility in pandemic situations. The epidemic, caused by the Corona virus, spread within a few days from China to five additional countries by means of persons who contracted the illness and flew to other destinations. Within about five months, more than 8,000 people contracted the illness.

The mortality rate from the illness is about 10% on average, but the percentage of medical workers amongst the dead in Singapore and Canada was 45%. Dr Carlo Urbani, a specialist in infectious diseases who first identified the virus in Hanoi, Vietnam in March 2003, was himself one of the victims of the disease and died from it a month later.

Avian influenza, which was diagnosed in 2006, attacked "only" a few hundred persons, but the mortality rate among those affected reached 70%. If this virus should change its structure and become more contagious to humans, society will have to contend with a catastrophe whose dimensions are very difficult to estimate.

Spanish influenza, which raged in Europe at the beginning of the last century, caused the death of about 50 million persons. Today, when nearly a billion people fly every year all over the world, a violent virus like Spanish influenza is liable to spread globally within a few months. Based on accepted estimates, this is liable to cause the deaths of about 100 million persons, and to harm tens of millions more, who will require hospitalization in critical respiratory condition. No country in the world is prepared for such a catastrophe. How should a physician act when required to treat patients suffering from an infectious disease under conditions in which the chances of contracting the disease are so real and threatening? How should we act towards a physician who, in order to save his and his family's lives, deserts his post in the hospital? Should he be brought to trial?

Despite the urgent need to do so, no country in the world has solved this conflict of interests. It is clear to everyone that it is impossible to force a physician by legal or disciplinary means to return to work against his will. As has already happened, physicians will prefer to leave their profession rather than being forced to pay with their lives and those of their families for their unbounded devotion and altruism.

A partial solution to this problem lies in renewal of the physicians' social contract. Alongside ratification of the special commitment of the physicians to the general public during a crisis, the public should recognize the additional, unique risk that physicians voluntarily assume, beyond the normal risk inherent in the profession, and compensate them accordingly. Compensation means the acceptance of special responsibility for



medical workers who become ill, and for their families.

Society must nurture physicians and medical workers in general, and encourage in them feelings of responsibility, leadership, and personal example. The free will of every physician in the moment of truth will only come from these values.

Position paper

- In states of emergency of widespread epidemics and mass disaster, the involvement of all physicians in the country is required.
- Medical knowledge and professional skills reduce the physician's risk of contracting the disease, and allow him, more than anyone else, to provide aid to persons suffering from an infectious disease.
- Therefore, the rule is that the physician has an ethical obligation to treat any patient suffering from an infectious disease.
- The obligation to treat also applies in the presence of a reasonable increased risk to the safety, health, or life of the physician.
- Situations may occur in which the plausible risk to a physician from a patient suffering from an infectious disease is more tangible and exceeds the usual risk of the profession.
- A physician also bears ethical obligation to preserve the health of his family and all the patients he is treating.
- Consequently, when treating a patient suffering from an infectious disease, the physician should strike a balance between the immediate benefit expected for the individual patient and his ability to provide medical treatment in the future to other patients, as well as the value of preserving the health of the physician himself and that of his family.