



Subject **ETHICAL CONSIDERATIONS RELATED TO PREPAREDNESS FOR A PANDEMIC**

The Working Group on national pandemic preparedness appointed by the Ministry of Social Affairs and Health asked the National Advisory Board on Health Care Ethics to give its opinion relating to ethical considerations in the plans to be made for a pandemic influenza. The meeting of the Advisory Board on 9 November 2005 discussing the issue heard as experts Dr Merja Saarinen, Ministerial Counsellor for Health Affairs from the Ministry of Social Affairs and Health, and Professor Petri Ruutu, Specialist Heli Siikamäki and Dr Terhi Kilpi, Head of Department, from the National Public Health Institute. The Working Group's plan will be completed in February 2006. The plan encompasses both different alternatives for the development of a vaccine, medicinal therapy and prevention by means of medicines. The Working Group wished that the Advisory Board would give it advice for a pandemic situation in which it would possibly be necessary to prioritise those who will be provided treatment.

The Advisory Board adopted at its meeting on 7 December 2005 a position that is based on the information obtained at the previous meeting, the discussions at meetings and comments received from members. The Advisory Board wishes to underline that there are no 'correct' answers to the questions of prioritisation in case of a threatening pandemic. Its opinions however reflect the views of its large membership and thus, it is to be hoped, the set of values of Finnish citizens.

The Advisory Board considers that the media have dealt with a possible outbreak of avian influenza in a way that tends to raise unreasonable fear and anguish in people. It is to be hoped that health care professionals and others responsible for the operation of health care would not increase that fear and anguish by their own actions.

It is possible that the avian influenza virus will be transformed into a virus that spreads easily from one person to another. A vaccine for the disease can however only be developed during a pandemic, and even the efficiency of stockpiled medicines can only be tested during a pandemic. Therefore, other measures are very important to prevent a pandemic and during the spread of a pandemic, such as restrictions on movement, closing of institutions, increasing the opportunities for distant work etc.

After having pondered different alternatives to medicinal treatment the Advisory Board sees it important that the drug Oseltamivir stockpiled for a pandemic is reserved for the treatment of people who fall ill with influenza and for short-term prophylaxis. For reasons of the scanty availability of the medicine the Advisory Board does not recommend the medicine for long-term prophylaxis.



The Advisory Board also discussed the use of vaccinations and prophylactic treatment for preventing that the key groups fall ill with the disease. It is problematic to prioritise the treatment and prevention in regard to key groups even when defining what are the key groups to be prioritised. Since the majority of different professional groups most probably would not fall ill at the same time during a pandemic, the Advisory Board has adopted a reserved attitude to prevention aimed at the key groups. It has been possible to function by reduced staff even in emergency situations, such as there have been in Finland in regard to certain professional groups in connection with strikes, by prioritising activities.

It is possible to see different points of view in the general prioritisation of treatments and vaccinations and the access to treatment depending on what the objectives are. Such are prevention of harmful health effects, saving years of life, saving quality-adjusted life years, and saving productive quality-adjusted life years. For instance targeted influenza vaccinations aim at prevention of harmful health effects, falling ill, inpatient treatment, and fatalities. This is the best criterion for vaccinations and treatments also when regarding the equality of citizens as the most important value.

Saving years of life is probably an aim that complies with the set of values of the majority of citizens, but favours younger age classes. An emphasis on quality-adjusted life years and productive quality-adjusted life years in the prioritisation would increase inequality and also cause problems of measurement.

In its discussion the Advisory Board on Health Care Ethics wished for basic information about the vaccinations of people in general and criteria for the decisions on targeting them, as well as about the effects of special vaccinations, for instance targeted pneumococcus and influenza vaccinations in different age categories. That information could also be applied in a pandemic resembling avian influenza, if that is still considered to be based on the set of values endorsed by Finns.

The Advisory Board wants to underline that even those prognoses in which morbidity and the contagiousness of the disease are anticipated to be high, the risk of contracting the influenza caused by the pandemic appear to be relatively low. Therefore it would be important to prevent unnecessary panic among the population and to advance by carefully planned multidisciplinary measures.

Paula Kokkonen
Chairperson

Ritva Halila
General Secretary