Ethics And Severe Pandemic Influenza

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Article Analysis

The entire social system, including worldwide, national, state-level and local authorities, will focus on improving public health, medical management and mitigating the consequences of infectious diseases. This article sheds light upon the ethical guidelines inculcating the allocation during the pandemic, significant threats to societal functioning, required response, and ethical principles to implement responses. Furthermore, it analyses the rationing strategies along with the ethical principles administered for public health to provide a unique strategy to counter pandemic influenza. This analysis encapsulates the summarized overview, counterargument, and critical perspective of "Ethics and Severe Pandemic Influenza: Maintaining Essential Functions through a Fair and Considered Response". This article analysis will provide an in-depth perspective of the ethical considerations that the social system should consider during an influenza pandemic. The primary argument of this article revolves around two basic premises. These two basic premises envisage evaluation, planning, response, and resource allocation within ethical boundaries against pandemic influenza. It can be assumed that the local authorities and management will be capable of exhibiting self-sufficiency (capable of developing their protective strategies) against pandemic influenza. The widespread influenza virus alone is less dangerous than the tributary public health concerns (illness and death) due to the pandemic. The basic resources and key infrastructure are at greater risk due to the pandemic.

Therefore, rationing strategies will be required with association ethical guidelines to protect the significant infrastructure and threatened resources (food, clean water, gasoline, etc.) during the influenza pandemic. In general circumstances, the federal government and health administration focus on saving a major amount of lives by focusing on elders and infants who are most vulnerable to pandemic influenza. The allocation strategies during the pandemic focus on all medical workers related to vaccine production and medical healthcare services without any distinction. The "Department of Health and Human Services (HHS)" has given a "prioritization scheme" (Kass et al. 2008) for allocation strategies to provide vaccinations to the public. This scheme includes four categories: "national and homeland security, healthcare and community support services, critical infrastructure, and the general population" (Kass et al., 2008). The most vulnerable people (pregnant women, infants, etc.) from these categories are included in the A list from these categories. Furthermore, several strategies have been devised to fight the influenza pandemic. This article emphasizes advocating crisis response strategies/ plans which work to sustain the minimum communal infrastructure. It emphasizes the "Continuity of operations plan (COOP)" (Kass et al. 2008) for strategies against pandemic influenza. The respective article recommends a different strategy for the allocation schemes which guarantee minimum sustainability and maintenance for indispensable

functions during the pandemic. It recommends a three-tiered mutually associated strategy that will provide an efficient response plan for the pandemic, which includes interventions and ethical principles for implementation. The three significant components of this strategy are “state-organized public-private coordination, industry/organizational preparedness, and individual/household preparedness” (Kass et al., 2008). Firstly, the public and private sectors must participate in joint dialogues to provide different views and enhance the efficiency of the preparedness phase. Secondly, industries and organizations should have alternative response plans for the continuation of their operations during pandemic influenza to lessen great losses.

Thirdly, the state and local government should focus on providing awareness programs for the public to be emotionally strong and self-sufficient during a pandemic. This strategy will provide the best outcomes for public health and ethical implementation. This approach will mitigate the overall threat of the spread of illness and death. Moreover, this strategy provides a fair and justified allocation plan for protecting everyone’s demands and concerns during the pandemic. The ethical guidelines of this strategy that make this plan an ethical response plan are the pursuit of transparency for everyone, responsibility to be supported with evidence, minimalising threats and burdens for people while devising the response plan, and fair distribution for everyone. Transparency involves massive participation of the public and government to provide a vivid picture of the threats of the pandemic they are dealing with and the response plan. The administrating professionals must provide the response health plans with authentic supporting evidence and contemporary scientific research. The basic ethical requirement for all healthcare response plans is to devise interventions that will minimise the threats and problems for people during the pandemic. The public health care plan and interventions should be justified and fair for everyone. The plan must be justifiable in terms of every aspect (distribution of medical aid and division of problems) of the people during the pandemic.

The respective article provides an efficient three-tiered strategy against pandemic influenza. Furthermore, it implements ethical guidelines on this strategy and supports it with evidence. However, the recommended strategy still lacks supporting evidence and scientific research in many areas. For instance, the age grouping for the prioritizing scheme is also not specified, which makes the focus of the strategy vague. The prioritization scheme asserted by the article requires more explanatory details, supporting evidence, and practical implications. The three-tiered strategy recommended by this article also has a major flaw. The significant components of this strategy are “state-organized public-private coordination, industry/organizational preparedness, and individual/household preparedness” (Kass et al., 2008). However, this strategy does not include the health care system in its major components. Without the involvement of the health care system and medical administration in its response plan, strategy has no supporting foundation. This response plan is against pandemic influenza, which requires cooperation and coordination with the healthcare system for medical treatment, vaccines, and facilities. Therefore, this article needs to address all these issues to make its philosophical foundations more efficient.

In a nutshell, the respective article provides an in-depth view of the general response plans against and the significant threats to the societal and medical infrastructure due to pandemic influenza. The

recommended strategy and response plan try to cover every aspect of the rising issues due to the pandemic, which makes its response plan general and vague. Therefore, the recommended strategy and ethical guidelines of this article have room for improvement.

References

Kass, N. E., Otto, J., O'Brien, D., & Minson, M. (2008). Ethics and severe pandemic influenza: maintaining essential functions through a fair and considered response. *Biosecurity and bioterrorism: biodefense strategy, practice, and science*, *6*(3), 227-236.