

Ethical framework in advocating to TB services and funding

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Ethics requirements – in research, public health, medical care

- Must do good (beneficence)
 - Through research, through public health delivery
 - Through medical care
- Must avoid knowingly harming (beneficence)
 - And must minimize harms that remain
- Must be respectful
 - Of individuals, of communities
 - Must be truthful, explain things, ask permission for certain
- Must be fair
 - Treat similar people in similar ways
 - To treat differently, should be for benefit of least well off

Or requires strong justification

How do ethics requirements work in public health vs clinical care?

- Beneficence
 - Goal to benefit individual patient
 - Goal to have a safe and health population
- Respect
 - Tell patients truth; allow them to refuse
 - Disclose purpose of interventions; disclose any compromise of rights and why
- Justice/Fairness
 - Treat similar pts in similar ways
 - Treat populations in similar ways;
 - Attention to least well off; make communities' lives better

Outline for discussion

- **Key ethics principles** at stake when advocating for **any** public health program?
- How these ethics principles do (or can) be applied to the need for more TB funding?

Ethical principles to advocate for more TB funding (or any other public health program/intervention)

- Relevance
- Effectiveness
- Fairness

If you advocate for a program, you must be able to demonstrate all three of these

- **Relevance:**

- It meets a **relevant need** (addresses a significant public health problem)

- **Effectiveness:**

- It is **effective** in addressing that need
 - There must be data to demonstrate this
 - Program implementation is feasible

- **Fairness**

- Program is **implemented fairly** and/or
- Program **reduces an existing inequity** (or both)

Other relevant ethical requirements (relevant to implementation; less relevant to core advocacy principles)

- Minimizing of burdens associated with program
 - Least amt of funding necessary to accomplish goal (attention to cost effectiveness)
 - Minimizing human burdens (stigma, neglect, disrespect)
- Proportionality
 - Amount of remaining burden is reasonable in relation to amount of benefit anticipated from the program.
- Reciprocity
 - Duties to those asked to undergo risk or burden (HCWs deserve safe environment; isolated persons deserve humane care)

Funding for TB – Ethical requirement of Relevance

- Magnitude of problem –
 - Know your stuff!!
 - Get facts and figures for your region if possible
 - Communicate this is a priority; moving fast is critical
- Statistics about disease burden (TB overall, growing burden of MDR-TB, XDR-TB), which populations, which regions, and how it has changed
- Facts about relationship between neglect and transmission – untreated people *directly result in more people being sick*
- WHO has outlined this is duty of member states

Funding for TB – Ethical requirement of Effectiveness

- Advocate for programs *known to work – data not ideas*
- *(and/or advocate for research funding to evaluate interventions not yet tested)*
- Triple effect
 - TB programs are relatively inexpensive and cost-effective in treating the person who is ill
 - TB programs reduce transmission to others
 - TB programs interrupt epidemiologic increase of resistant strains

Advocate's responsibilities with regard to effectiveness

- Seek facts and use facts
 - Better for public health
 - Better for TB advocacy and credibility!
- **Help design and outline program features** to ensure programs *will still be effective*
- Algorithms and training for all key elements, so programs will be *feasible and evidence-based*)
 - Diagnosis before treatment, based on what criteria
 - Which drugs to use when and for whom
 - When to observe adherence to therapy
 - When to isolate

Fairness

- Unfair to fund other programs that affect fewer people
- Unfair particularly because this disproportionately affects those who are poor
- Unfair to not fund something that could have prevented illness – duty to keep citizens healthy
- **Fairness requires that each person (or group) gets their fair share**

Fairness

- **Fairness also requires that, when we do not each get an equal share, the unequal distribution is in favor of those who are most needy**
- So those who have been neglected (poor, sick, high burden) deserve TB funding out of fairness

Role for compassion as a principle in advocacy?

- Should be assumed for public health as part of relevance (demonstrate that someone is sick or in need [relevance] and compassion should be *assumed in public health*)
- **But**, it may be another criterion to voice in advocacy.
- Thus, we must fund because
 - TB programs respond to a highly **relevant** problem
 - TB programs are highly **effective**
 - At **treating** those who are sick
 - At **preventing spread** to others in the community
 - It is **unfair** to fund other programs and **not to fund TB**
 - We have **compassion** for those who are ill