Zika virus: ethics preparedness for old and new challenges

In its July editorial, The Lancet Global Health drew attention to the ethical challenges posed by the Zika virus outbreak.1 The Regional Program on Bioethics at the Pan American Health Organization (PAHO) arranged an ethics consultation, funded by the Wellcome Trust, to provide ethically sound guidance for the outbreak. Ethicists—mostly from the Americas and other professionals involved in the response analysed the ethical issues that affected countries had identified as most challenging, and developed ethics guidance for health-care delivery, public health, and research.2

Some challenges in Zika virus ethics are new. For the first time, a mosquitoborne virus infection has been shown to cause congenital malformations.³ Despite growing evidence about the virus and its consequences, uncertainty and diagnostic challenges prevail. In this scenario, PAHO's Zika ethics guidance highlights the moral duty to give women of childbearing age up-to-date information, the capacity to choose between all relevant reproductive options, access to comprehensive reproductive health care, and social support.

Some of these challenges are, however, old. The difficulties of catalysing research during an emergency, distinguishing research from public health activities involving data collection, sharing data promptly, obtaining consent for research during an outbreak, handling uncertainty in communications, and setting priorities during an emergency were raised by the affected countries as most pressing. Yet reflection on these ethics issues has already taken place; for example, after the Ebola virus outbreak.⁴

PAHO's Zika ethics guidance addresses these issues. However, the discussion should continue on the reasons why the lessons that could have been learned are still posing challenges, and how to ensure that the same situation does not occur in a future outbreak.

Progress has certainly been made, encouraged by the Region of the America's 2012 commitment to integrate ethics in health care.⁵ The Zika virus outbreak has led to further progress. PAHO's Zika ethics consultation has strengthened our capacity to do ethics analysis collectively and provide guidance for specific problems. Moreover, ethics is being embedded in other areas—eg, in the support of PAHO's Latin American Center for Perinatology, Women and Reproductive Health to Ministries of Health to respond to the outbreak.⁶

In the midst of a health emergency, we should reinvigorate the commitment to integrate ethics in health care. This integration is not a job to be left only to bioethicists. We must all take action now, strengthen our ethics preparedness, and ensure that work in health care is always ethically sound.

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