Debra DeBruin, PhD, is Director of Education and Assistant Professor, Center for Bioethics; and Assistant Professor, Department of Medicine, University of Minnesota Medical School. She received her PhD in philosophy from the University of Pittsburgh. She completed a Greenwall Postdoctoral Fellowship in Bioethics and Health Policy at Johns Hopkins University School of Hygiene and Public Health and Georgetown University.

Dr. DeBruin has served as a health policy fellow for the United States Senate, and worked as a consultant to the National Academy of Science's Institute of Medicine and the National Bioethics Advisory Commission. She has also been a member of a number of working groups relevant to public health, including the Minnesota Privacy and Security Project Solutions Workgroup, the Minnesota Privacy and Security Project Legal Workgroup, the Minnesota Center for Healthcare Ethics’ Pandemic Influenza Ethics Work Group, and the State of Minnesota Department of Administration’s Work Group on Genetic Information. Currently, she is helping to lead a team from the University of Minnesota’s Center for Bioethics along with the Minnesota Center for Health Care Ethics to provide guidance to the Minnesota Department of Health on ethical issues in pandemic planning. In addition to her work in public health policy, she teaches and conducts research in the ethics of research.

The media in the United States pays little attention to “bird flu” these days, although the World Health Organization reports that cases of the H5N1 influenza virus have been confirmed in humans in Cambodia, China, Egypt, Indonesia, Laos, Nigeria, and Vietnam since the beginning of 2007. Human cases continue to be tied to close contact with infected birds; the virus is not readily transmissible between humans. However, mutation of the virus could render it easily contagious, and thus set off an influenza pandemic. A pandemic occurs when a new strain of virus—one to which humans have not developed immunity—becomes easily contagious and spreads worldwide. According to the U.S. National Strategy for Pandemic Influenza:

“It is impossible to know whether the currently circulating H5N1 virus will cause a human pandemic. The widespread nature of H5N1 in birds and the likelihood of mutations over time raise our concerns that the virus will become transmissible between humans, with potentially catastrophic consequences. If this does not happen with the current H5N1 strain, history suggests that a different influenza virus will emerge and result in the next pandemic.”

Indeed, scientists have been tracking mutations of the virus that appear to have begun to allow it to infect humans more easily. Thus, although the media has turned its attention to other stories, efforts to prepare for a pandemic continue (locally, nationally, and globally).

“More than 20 years of leadership in bioethics.”
Internationally), to ensure that surveillance systems provide early warning of an outbreak, and that plans are in place to limit the spread of disease and minimize its harmful impact.

Pandemics vary in severity, though according to the World Health Organization, even a relatively mild pandemic could cause an estimated 2 million to 7.4 million deaths globally. Michael Osterholm contends that a severe pandemic similar to the 1918 flu could cause “1.7 million deaths in the United States and 180 million to 360 million deaths globally.” Thus, rates of illness and death can be extraordinarily higher for pandemic flu than for seasonal flu (the virus that makes many of us ill each fall and winter). Moreover, the 1918 flu pandemic posed disproportionate risks of illness and death for healthy young adults, the very population at least risk from seasonal flu. And since pandemics tend to be relatively protracted events, with rates of illness and death building and subsiding in waves over perhaps a two year period, they can have far reaching social consequences. Schools may be closed; travel and gatherings may be restricted. Our health care system may quickly become overwhelmed. Absenteeism from work may be high, as people fall ill, or stay home to care for loved ones, or avoid work for fear of risk of infection. Thus, other essential services may be compromised, as staffing shortages may impede the work of police, fire, rescue, utilities such as power and water, transportation of food and medical supplies, and so on. Given such a potential threat, it would be irresponsible not to plan.

Unfortunately, pandemic plans developed to date tend not to discuss ethical issues explicitly, and when they do, the discussion can be rather thin. Yet many moral challenges arise in pandemic planning, and they must be acknowledged and resolved, not side-stepped.

For example, effective public health surveillance is critical for pandemic response, and so is a central means of promoting the public’s health. Yet a balance must be struck between surveillance activities and individual privacy to protect personal data and prevent stigma and discrimination. Effective pandemic response will likely require limitations on travel and restrictions on gatherings (e.g. school closings and other “social distancing” measures). Yet such limits on liberty should not be more severe than necessary to achieve the goal of protecting the public’s health. And the imposition of such limits may give rise to responsibilities to provide for those affected by such limits. For example, persons in quarantine will need food, water, medical attention, communication with loved ones, and perhaps job security. Children from disadvantaged families who rely on school meal programs for adequate nutrition will require assistance during school closings. Indeed, overall, the disadvantaged are likely to fare worst should a pandemic occur, for any number of reasons. Existing disparities in health status may render these populations more vulnerable to illness. They may be less able than more privileged populations to protect themselves using preventive strategies, (e.g. telecommuting or avoidance of public transit as social distancing strategies). Relatively poor access to health care will likely impede effective intervention when members of these populations do fall ill. Hurricane Katrina and its aftermath present a warning call for the need for pandemic planning.

The list of issues I have provided here is just a beginning. There are many more issues, and they all require serious engagement. The Minnesota Department of Health (MDH) has contracted with faculty from our Center for Bioethics along with the Minnesota Center for Health Care Ethics to address some of these pressing moral issues. Our team aims to provide MDH with guidance about on how to allocate scarce resources during pandemic. A severe pandemic would create extreme shortages of critical resources such as vaccines, antiviral medications, protective masks, and mechanical ventilators.

The prospect of such shortages raises many moral issues. What resources should we stockpile to use in pandemic, and to what extent should we stockpile them, given that there are other pressing public health needs competing for available funds? Who should get priority access to resources when there are not enough to meet the need created by pandemic? For example, should we place higher priority on

Continued on Page 3
protecting children than on elders? If so, how should we care for children if illness claims the lives of their guardians? How should we balance the need to protect the population from illness, and with the need to protect it from loss of important social services such as health care, emergency response (e.g. police and fire), and critical utilities (e.g., clean water, power)? In other words, to what extent should we place higher priority on protecting persons providing essential services, and to what extent should we favor protecting those at medical risk? There are many complicated issues to resolve, and we may not resolve them in the same way for all the different resources we will have to allocate.

Our project team has assembled diverse working groups to help answer these questions, bringing together ethicists, leaders of faith communities, health professionals, and advocates for vulnerable populations, among others. Given the complexity of the issues, and the significance of their impact on broad populations of people, pandemic planning must seek input from diverse groups. The team will also propose community engagement activities to inform and involve the public in making these decisions. To be responsible, we must plan for possible pandemic. And we must plan responsibly. To do so, planning must address moral issues in depth, and must engage diverse voices in that discussion.

**References**


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**Center News**

**Steven Miles, MD,** has been appointed to the Board of Directors for the Center for Victims of Torture, St. Paul, MN.

**Gregory Plotnikoff, MD, MTS,** was awarded the Best Oral Presentation (Merit) Award at the 4th Asia-Pacific Medical Education Conference held at the National University of Singapore. The title of his presentation was, “A Successful Introduction of Medical Professionalism: The Keio Medical School Experience.” This was attended by 500 medical educators from 40 countries. After five years as a visiting professor at Keio University School of Medicine in Tokyo, Dr. Plotnikoff will return to the Twin Cities in November, 2007 as the Medical Director of the Institute for Health and Healing at Abbott-Northwestern Hospital.
In summer of 2007, Center faculty and staff spent the first Sunday of the Minnesota State Fair working at the Academic Health Center’s booth in the University of Minnesota building at the fairgrounds. We’ve come to appreciate our ability to literally reach out to the public at the Fair, and this year was no different. In return for a chance to “spin the wheel,” nearly 1,000 visitors were asked to answer and explain one of the four following questions.

1) Sometimes parents with particular disabilities (dwarfism or deafness, for example) want to have children with the same traits so they can fully share in the culture and lifestyle of the parents. Should prospective parents have the right to use genetic testing on embryos to select those with “desired” disabilities?
   325 people responded:
   15%-Yes; 84%-No; 1%-Unsure

2) Should “the Ashley treatment” (medicines and surgery to prevent growth) be given to reduce the physical size of children with severe irreversible neurological and cognitive impairments who are totally dependent on others for care their entire lives?
   107 people responded:
   44%-Yes; 47%-No; 9%-Unsure

3) Should doctors get paid a bonus if their diabetic patients have well-controlled blood sugar? Blood pressure? Cholesterol? Don’t smoke? Take daily aspirin? Why or why not?
   410 people responded:
   26%-Yes; 73%-No; 1%-Unsure

4) Purchasing organs in the U.S. is illegal, but there is strong evidence that organs bought overseas come from the poorest among those nations. Should health insurers or the medical community be responsible for the care of patients who come back from another country having purchased an organ?
   137 people responded:
   29%-Yes; 63%-No; 8%-Unsure

The answers that people wrote on index cards weren’t so surprising for the way the majority “voted,” but they were interesting for the overwhelming proportion that shared the same viewpoint. The individual comments showed insights, sophistication, and the sort of public engagement that we can usually only dream about. It’s heartening to know that the work we do touches a chord with so many, and makes it clear why outreach continues to be an important part of the Center’s mission.
Spring 2008 Bioethics Courses

BTHX 5000
Topics in Bioethics - Section I
Going Down Slow: Exploring Health Care Through Music
3 credits – Wednesdays 1:45 pm; Mary Faith Marshall, PhD
This seminar uses music to explore key social and ethical issues in health care. Art forms such as the blues, gospel, rhythm and blues, jazz, and rock will provide an historical and cultural context to examine topics such as health disparities, mental illness, substance abuse, death and dying, grief, violence, poverty, race, and social injustice. A multimedia approach will include recorded and live music, DVDs, film, and selected readings. The course is interdisciplinary, with guided group discussion.

BTHX 5325/PHIL 5325
Biomedical Ethics
3 credits – Tuesdays 9:30 am – 12:30 pm; Debra DeBruin, PhD
This course surveys major topics and issues in biomedical ethics including patients’ rights and duties, informed consent, confidentiality, ethical issues in medical research, the initiation and termination of medical treatment, euthanasia, abortion, and the allocation of medical resources.

BTHX 5900
Independent Study in Bioethics
1-4 credits – D Bartels, RN, MA, PhD; D DeBruin, PhD; J Kahn, PhD, MPH; J Lischesenko, RN, PhD, FAAN; M F Marshall, PhD; S Miles, MD; J Song, MD, MPH, MAT
Students propose an area for study with faculty guidance, expressed in a written proposal, which includes outcome objectives and work plan. A faculty member directs the student’s work and evaluates their project.

BTHX 8114/GCD 8914
Ethical and Legal Issues in Genetic Counseling
3 credits – Fridays 8:30 – 11:30 am; Dianne Bartels, RN, MA, PhD; Bonnie LeRoy, MS
This multidisciplinary course is available to graduate students in genetic counseling and others interested in ethical and legal issues faced by health care practitioners who see clients with genetic concerns. Students learn how to review and assess relevant scientific and bioethics literature and engage in the process of individual and group decision-making about current ethical and legal challenges in human genetics.

BTHX 8510
Gender and the Politics of Health
3 credits – Thursdays 1:00 – 4:00 pm; Joan Lischesenko, RN, PhD, FAAN
This course explores the moral and political importance of gender in topics related to health. These issues are situated within their institutional and broader social contexts. This course is appropriate for a wide audience including students from the health professions, philosophy, social science, and law.

BTHX 8900
Advanced Independent Study in Bioethics
1-4 credits – D Bartels, RN, MA, PhD; D DeBruin, PhD; J Kahn, PhD, MPH; J Lischesenko, RN, PhD, FAAN; M F Marshall, PhD, S Miles, MD; J Song, MD, MPH, MAT
Students propose an area for advanced study with faculty guidance, expressed in a written proposal which includes outcome objectives and work plan. A faculty member directs the student’s work and evaluates their project.

www.bioethics.umn.edu
The Center provides a range of opportunities for faculty, students, staff and the public to learn about cutting edge issues in bioethics through its annual seminar series.

**Dec 14**
“Real World Applications of Research Ethics,” by Elizabeth Seaquist, MD, Professor, Division of Endocrinology and Diabetes, Department of Medicine; Director, General Clinical Research Center; Pennock Family Chair in Diabetes Research, University of Minnesota Medical School; and Laure Campbell, RN, MHL, Research Subjects Advocate, General Clinical Research Center, University of Minnesota.

**Jan 11**

Seminars are held from 12:15 to 1:30 pm in Mayo 3-125 on the University of Minnesota campus. Previous seminars may be accessed in BREEZE format at www.ahc.umn.edu/bioethics/.

Center seminars have been designated to meet University of Minnesota Continuing Medical Education requirements and provide 1 contact hour in continuing education (.1 CME) for each seminar. Registration is required if attending for CME credit.

### Lecture Series on Law, Health & the Life Sciences

**Dec 12**

**Mar 6**
“Oversight of Biomedical Technologies: What Can We Learn from Past Efforts?” by Patricia King, JD, Georgetown University.

### Lecture Series on Law, Health & the Life Sciences

**Thursday, February 7, 2008**, Professor George Annas, JD, MPH (Boston University), will speak on “The Legacy of the Nazi Doctors’ Trial for American Bioethics and International Human Rights Law” from 11:30-1:00 pm, Theater, Coffman Memorial Union, University of Minnesota, Minneapolis campus.

Professor George Annas is the Edward R. Utley Professor and Chair of the Department of Health Law, Bioethics & Human Rights at the Boston University School of Public Health, and Professor in the Boston University School of Medicine, and School of Law. He is the cofounder of Global Lawyers and Physicians, a transnational professional association of lawyers and physicians working together to promote human rights and health.

This lecture series was established in memory of Amos S. Deinard, Sr. (1898-1985) and Benedict S. Deinard (1899-1969) to present educational programs on law, medicine, public health, and bioethics.

This lecture is co-sponsored by the Joint Degree Program on Law, Health & the Life Sciences and the Center for Bioethics. For information, contact the Center for Bioethics or visit www.lifesci.consortium.umn.edu/.
Calendar of Events

Dec 13
Steven Miles, MD, will speak on “Disaster Relief and Human Rights: Perilous Dilemmas and Necessary Choices” at the University of Minnesota Hubert H. Humphrey Institute of Public Affairs Sawyer Seminar Series, Minneapolis, MN. For information, visit www.hhh.umn.edu/humanitarianisms/calendar.html.

Dec 17
Jeffrey Kahn, PhD, MPH, will speak at Mentor Connection Program at Intermediate School District 287, Plymouth, MN. For information, visit www.int287.k12.mn.us.

Jan 3
Jeffrey Kahn, PhD, MPH, will speak on “Ethics of Death and Dying” and “Quality of Life at the End of Life” at Eisenhower Medical Center, Rancho Mirage, CA. For information, visit www.annenberg.net/.

Jan 22
Carol Tauer, PhD, will speak on “The Ethics and Politics of Stem Cell Research” at the American Association of University Women, Minneapolis, MN. For information, visit http://www.aauwmpls.org/pages/programs.html.

Feb 4
Jeffrey Kahn, PhD, MPH, will speak on “Informed Consent For Procedures in the ICU is Necessary” at the Annual Meeting of the Society of Critical Care Medicine, Honolulu, HI. For information, visit www.sccm.org.

Mar 24
Steven Miles, MD, will speak on “Healthy Aging” at the American Association of University Women, Minneapolis, MN. For information, visit http://www.aauwmpls.org/pages/programs.html.

Mar 27
Steven Miles, MD, will speak on “Maps and Landmarks for the Hardest Choices” at the National Kidney Foundation Conference, Minneapolis, MN. For information, nkf@nkfmin.org. For information, email rosthus@the-aps.org.

Apr 5
Jeffrey Kahn, PhD, MPH, will speak on “What Every Scientist Needs to Know About Ethical Issues in Biomedical Research” at the Annual Meeting of the American Physiological Society, San Diego, CA. For information, email rosthus@the-aps.org.

Apr 24-25
University of Minnesota’s Institute for Human Genetics and Center for Bioethics present “Positive Exposure: Reframing Perceptions of Genetic Disease and Disability.” For information see the paragraph below.

Hold the Date

Thursday, April 24 – Illusion Theater and Friday, April 25 – Mayo Auditorium, University of Minnesota Campus

“Positive Exposure: Reframing Perceptions of Genetic Disease and Disability”
The University of Minnesota’s Institute for Human Genetics and the Center for Bioethics will present a program focusing on the unique perspective of people with disabilities. The program will include an exhibit by Rick Guidotti, founder and photographer of Positive Exposure that highlights photographs of people with differences.

The program on April 24 will be held at the Illusion Theatre, 528 Hennepin Avenue, Suite 704, Minneapolis, Minnesota and is open to the public. The program will include the exhibit, a theatrical skit, followed by a talk by Rick Guidotti. On April 25, the program will be held at Mayo Auditorium, University of Minnesota campus, and is open students and faculty. The program will include a talk by Rick Guidotti, a panel and audience discussion, followed by a reception and the exhibit.

“Positive Exposure” encourages participants to ask questions such as: What does a genetic disease look like? How do we define disability? How do we form our perceptions of disease and disability? What do others see when they see someone ‘affected’ with a disease or disability?

For more information, contact the Center for Bioethics at 612-624-9440 or email bioethx@umn.edu.

Send submissions to:
Center for Bioethics
Tel: 612-624-9440
Fax: 612-624-9108
E-mail: holmb006@umn.edu
www.bioethics.umn.edu

Recent Faculty Publications

Books


Nicholl D, Jenkins T, Miles S. Biko to Guantanamo: 30 Years of Medical Involvement in Torture. The Lancet 2007;370:823.


ARTICLES