



By Arthur L. Caplan, PhD

Drs. William F. and Virginia Connolly
Mitty Chair
Director, Division of Medical Ethics
NYU Langone Medical Center

**“What would an
‘ethics autopsy’ reveal
about what lessons
ought be learned from
the world’s and the
United States’ response
to this disease?”**

Lessons from the Ebola Crisis

Do you remember Ebola? You could not turn on a TV news show in September 2014 without seeing a story on the disease. Americans were in a tizzy about Ebola running wild in the United States. Then, as quickly as it had shot to the forefront of public concern, other issues pushed it away. Ebola still was a huge public health issue in Africa, but as long as it was not going to spread to the United States, few in the American media or in politics or medicine seemed to care. So what would an “ethics autopsy” reveal about what lessons ought be learned from the world’s and the United States’ response to this disease? Here are my top eight.

1. The best way to respond to Ebola now and in the future is to stamp out the epidemic early. Without education and equipment, the disease can get a foothold and overwhelm healthcare systems in poor nations. So we need to train populations at greatest risk on what to do if they fear an outbreak of Ebola.
2. Ebola needs to be treated in the United States with an expert, regional response. The notion that every hospital can deal with Ebola was shown to be wrong by the events at Texas Health Presbyterian Hospital in Dallas. Every hospital cannot deal with Ebola. But some can. They have the training, the equipment, the experience with other infectious diseases, and the skilled personnel to engage Ebola safely. Pride about

what any hospital wants to try to do must yield to the reality that having a moon-suit does not mean everyone is trained properly in how to put it on and take it off. We should designate the national 100 hospitals that can take Ebola patients, figure out how to get those suspected of being infected to one of them safely, and retire any illusion that every hospital should be prepared to deal with an Ebola patient. Trying to make every hospital Ebola-ready was and is an unjust waste of resources.

3. We need to figure out what quarantine means in the United States. Does it mean you try to stay home until an urge for soup or a movie overpowers your willpower? Can you be kept in a tent with no running water and no television for weeks, or must the state doing the quarantining do better than that? Does it

“We should designate the national 100 hospitals that can take Ebola patients, figure out how to get those suspected of being infected to one of them safely, and retire any illusion that every hospital should be prepared to deal with an Ebola patient.”

mean if you come out the door, the cops Taser you and you lie there until a HAZMAT team comes to drag you back inside? Does it mean your pets are quarantined, too, or must they be euthanized at a shelter if there is no way to keep them from putting others at risk when they go outside? The recent experience with quarantine was unnervingly bad, and that had better be fixed.

4. Americans come first in terms of treatment. We are sending troops and health-care workers overseas. If they get sick, they come home. This is not discrimination; it is moral common sense—we take care of our own citizens first. Others may get to come here for care, but those who go to fight an epidemic or get caught up in one have first claim on healthcare resources.
5. We must use experimental drugs, vaccines, and treatments in a compassionate

manner. Normally, we wait for randomized controlled trials (RCTs) to show safety and efficacy. For interventions that are shown safe in animals and people and have some reasonable basis in science for being possibly efficacious, and in the face of an infectious disease with an over 70 percent death rate, those treatments are going to be given outside RCTs. Some are and will be tried as last-ditch therapies. Some may be tried in West Africa as first-line preventive agents. Science should not go out the window, but the ethics of testing and regulating need to bend a bit in the context of a lethal epidemic.

“Officials need to spend much more time debunking nonsense. There were plenty of charlatans waiting to make a buck off of the Ebola panic. They should be called out; if possible, they could be arrested or fined. Panic flourishes in the social media, and it must be stamped out fast.”

- 6.** Officials need to spend much more time debunking nonsense. There were plenty of charlatans waiting to make a buck off of the Ebola panic. They should be called out; if possible, they could be arrested or fined. Panic flourishes in the social media, and it must be stamped out fast.
- 7.** We must spend more money on infectious diseases. There is a lobby for getting money for cancer, heart disease, asthma, and ALS, but there is no group pressing for funds for Ebola, pandemic flu, or West Nile virus. The government needs to do better in making sure these scourges get research funding, too.
- 8.** A rapid-response medical force should be created to deal with epidemics. It can be all volunteers, but it needs funding, training, and a lot of positive PR.

Ebola may have disappeared from the media, but the lessons it has to teach must not be forgotten so quickly.