

Conference Abstract

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Title: Justifying risks of experimental interventions offered to Ebola patients outside the context of research¹

Abstract text: The Ebola outbreak that began in West Africa in December 2013 was the worst outbreak of this virus in history. It is estimated that it had caused the deaths of more than 11 300 people. Despite ongoing efforts of numerous international organizations, governments, pharmaceutical companies and scientists, there are still no therapeutic interventions against Ebola virus disease (EVD) proven to be safe and effective in humans [WHO 2016]. Only a few randomized controlled trials have been developed so far. Some of them have been already halted due to the lack of likelihood that they would demonstrate an overall therapeutic benefit; others are still in progress. However, given the very high mortality rate of the EVD and lack of proven treatment, aside from supportive care, several untested medicines have been administered to Ebola patients on a so called “compassionate use” basis. In August 2014 an Advisory Panel of the WHO affirmed that in “the exceptional situation of the current Ebola outbreak, there is an **ethical imperative** to offer the available experimental interventions that have shown promising results in the laboratory and in relevant animal models”, provided they meet certain ethical, scientific and pragmatic criteria [WHO 2014]. Numerous commentators have agreed with the Advisory Panel’s position [Adebamowo 2014; Folayan et al. 2014, 2015; Goodman 2014]; others opposed the view [Hantel et al. 2014; Joffe 2014, 2015; Rid & Emanuel 2014; Shah et al. 2015].

In this talk I would like to discuss the question: what makes offering unproven interventions to Ebola patients an ethical imperative? I will analyze three groups of arguments for compassionate use: (1) arguments based on the principle of beneficence – duty to rescue; physician’s professional duty to care; compassion [Ruderman et al. 2006; Edwards 2013; Walker et al. 2014]; (2) arguments referring to the principle of respect for persons – autonomy; primacy of human being [Dresser 2015; Darrow et al. 2015]; and (3) arguments based on the principle of justice. I will argue that none of the principles and arguments provides a sufficient justification for offering an unproven, experimental intervention to Ebola patients outside the research context.

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