

Author's response to reviews

Title: On pandemics and the duty to care: whose duty? who cares?

Authors:

Carly Ruderman (cruderma@uwo.ca)
C. Shawn Tracy (shawn.tracy@sw.ca)
Cecile M. Bensimon (cecile.bensimon@utoronto.ca)
Mark Bernstein (mark.bernstein@uhn.on.ca)
Laura A. Hawryluck (laura.hawryluck@utoronto.ca)
Randi Zlotnik Shaul (randi.zlotnik-shaul@sickkids.on.ca)
Ross E.G. Upshur (ross.upshur@sw.ca)

Version: 2 Date: 9 March 2006

Author's response to reviews: see over

March 9, 2006

Editor,
BMC Medical Ethics

Re: MS: 2057221069901580 – “On pandemics and the duty to care: whose duty? who cares?”

Dear Editor,

Thank you for the peer review of our work. We appreciate the opportunity to revise and resubmit our manuscript for further consideration for publication in *BMC Medical Ethics*. Also, we would like to thank our two reviewers—Drs. Matthew K. Wynia and Evan DeRenzo—for their insightful comments and helpful suggestions.

We have addressed the reviewers' comments in the form of a revised manuscript (in which all revisions and changes are highlighted in yellow). Also, we have detailed the revisions on a point-by-point basis below.

Response to comments by Dr. Matthew K. Wynia

We were pleased to read Dr. Wynia's comment that our paper “addresses an important set of issues that deserves more attention” and that it provides “a useful summary of why codes of ethics are important to the health professions.”

We thank Dr. Wynia for his close and careful reading of our work. We have addressed his comments on our manuscript as follows:

General

1. The reviewer states that “it would have been much more satisfying if the authors would try to lay out an ethical framework for understanding the health professional's duty to treat...” Several of the authors of the current manuscript are members of a working group at the University of Toronto Joint Centre for Bioethics that is examining the ethical issues involved in preparedness planning for pandemic influenza. This group recently produced a report that outlines an ethical framework similar to what the reviewer is describing in his comments. Rather than reproduce in this paper the contents of the working group's report, we now provide a brief overview of this work and cite the report for the reader's convenience. (see pg. 15)

Since we do not advocate for a specific position in this paper, we have reworded the sentence referred to by the reviewer in which we had originally stated that “specific additions to current codes of ethics are urgently required” (see pg. 16).

Major Compulsory Revisions:

1. Dr. Wynia makes reference to several recent policy documents adopted by the American Medical Association (AMA). These policies were not referred to in the original manuscript and we are therefore most grateful to the reviewer for bringing them to our attention.

In the revised version of the manuscript (see pg. 11), we have included a reference to the AMA policies and have quoted directly from the AMA document entitled “Physician Obligation in Disaster Preparedness and Response.” We strongly believe, as we now state in our paper, that the AMA’s initiative is an important step in the right direction.

Indeed, it is to the AMA’s great credit that it has begun to articulate physician obligations during public health emergencies. This is especially true given the fact that most other medical associations and professional health care bodies have failed to do so. We will be interested to see whether the AMA will continue to explore and address this issue, with a view to providing more specific guidance to its members regarding their professional duty in the event of an infectious disease outbreak or other public health emergency (e.g., When does the ability to care for future patients take precedence over the present need to care for ill patients? How are these competing needs balanced in practice? What are the practical implications of the AMA position that the physician workforce is not an unlimited resource?)

At the present time, it would be difficult to include, within the context of this paper, a substantive commentary on the strengths and weaknesses of the AMA policies, which were only brought to our attention by way of Dr. Wynia’s peer review of our work. We certainly do plan to examine the AMA policy; however, as the reviewer will appreciate, the ethics and legalities of the physician’s duty to provide care in the context of an infectious disease outbreak is a highly complex, multi-faceted issue that requires much reflective consideration and exploration.

Minor Essential Revisions:

1. The last sentence of the paragraph in question has been reworded as suggested by the reviewer. (see pg. 5)
2. The missing reference (Clark, 2005) has been added to the list of references.
3. The reviewer notes that the statement on duty to treat was removed from the AMA Code of Ethics in 1977, not in the 1950s as stated in the original manuscript. This has been corrected in the revised version of the manuscript. (see pg. 12)
4. We are in agreement entirely with the reviewer’s suggestion that the two explanations for the retrenchment of the duty to care are best presented as “complimentary” rather than “competing.” We have modified the text accordingly. (see pg. 12)

5. The reviewer suggests that mention be made of the HIV/AIDS epidemic and the fact that many duty to care statements were revised and/or reinstated at the time the epidemic became widely recognized. This helpful suggestion has been incorporated into the revised version of the manuscript. (see pg. 13)

Discretionary Revisions:

1. The reviewer asks whether there are really only three options to correct the current situation. The options we introduced were not intended to comprise a full and exhaustive list, but were offered primarily as a means to provoke further debate and discussion on this increasingly-relevant issue. We have reworded this section in the revised manuscript and included the option suggested by the reviewer. (see pg. 14)
2. In the original manuscript, we referred to “recent calls for additional protections for HCPs during infectious disease outbreaks... such [as] enhanced disability insurance or danger pay” without citing any specific sources or references. In the revised manuscript, we make reference to (and provide a web-link to) a recent letter from the Ontario Medical Association specifically calling for danger pay for those who work in high-risk situations in the event of a pandemic. (see pg. 14)

Response to comments by Evan DeRenzo

We are pleased that Dr. DeRenzo considered our paper to be “an article of outstanding merit and interest in its field.” Moreover, we were gratified by the reviewer’s comment that the paper is “excellently presented.”

While we note that no major compulsory or minor essential revisions were requested, we thank Dr. DeRenzo for his suggested discretionary revisions, which we have addressed in the revised manuscript as follows:

Major Compulsory Revisions: none

Minor Essential Revisions: none

Discretionary Revisions:

1. In his comments, Dr. DeRenzo notes that he was “a bit let down by the paper’s conclusions” and suggests that, in addition to calling for further debate and clarification, we take a specific position on the debate. While we agree that it can be productive to take a clear stance on contentious issues such as this, we opted in the original manuscript not to advocate for a specific position as it is our view that there is presently great need for further debate and public engagement and consultation and that this should occur before specific position statements are advocated. Therefore, we have, respectfully, chosen to maintain our initial decision not to offer a specific position at this time.

We would note, however, that in advocating for the need for further reflection and broad public consultation on the question of duty to care during infectious disease outbreaks (or more broadly, public health emergencies), we intend to participate in this process ourselves. As noted above, several of the authors are members of a working group on the ethical issues in preparedness planning for pandemic influenza and have produced a report that has been made publicly available as a means to foster debate and discussion.

Further, we support and applaud the AMA's initiative to begin addressing this issue, as we note in the revised version of our manuscript. Indeed, it is our hope that the AMA initiatives, together with our paper, will serve as a starting point for the process of exploration, reflection, and engagement that is presently needed. The result of such a process would ideally be more specific guidance and definitions.

Closing

We would like to thank once again Drs. Wynia and DeRenzo for their helpful reviews of our manuscript. We believe that we have addressed their comments and suggestions and, moreover, we believe that these revisions have added greatly to the strength and quality of the work. We look forward to hearing an editorial decision on the revised manuscript in due course.

Sincerely yours,

Carly Ruderman, Shawn Tracy, Cécile Bensimon, Mark Bernstein, Laura Hawryluck, Randi Zlotnik Shaul, and Ross Upshur

University of Toronto