Strategies for the (Inevitable) Next Pandemic

ETHICAL ISSUES IN PANDEMIC COMMUNICATIONS
My ancestors – all of them – were Irish
My grandmother Celia Kelly was born at sea on my great-grandfather’s ship, the Bulwark – they came from Corib View in Galway
My great-grandfather and mother on my father’s side married in Ireland then fled the year of the famine – they came from Bunanaden and Ballymote in Sligo
So I was thrilled to be invited to lecture to the Garda in Phoenix Square in Dublin last year and excited again to be connected with this project with its Irish leadership
My Title

- Program shows:
- Media coverage of disaster health care
- My actual title
- (as some of you are sharp-eyed will have noticed) is:
- “Ethical Issues in Pandemic Communications”
- As will (I hope) become evident, the media play a role in communications but so do many other forms of communications
A Little Background

- Doing disaster research for 41 years – including communications before, during and after unexpected events
- Got interested in handling large numbers of dead – did a study of overseas response to tsunami dead
- Then looked at disaster mass death – including how Ireland dealt with the dead after Air India
- That led to pandemic death – a study that is ongoing – and from death in pandemics to the entire problem of dealing with pandemics
- That inevitably overlapped with my initial research interest – crisis communications – so I am trying to tie this together – ethical issues in pandemic communications
Basic Strategy: Be Transparent!

- I will deal with ethical issues but I want to start with overall communications strategy which – as I trust will become evident -- provides a basis for most ethical decisions
- All research on crisis communication suggests there is only one option – always be open and transparent -- about everything
- In a pandemic so many people will be affected it will be impossible to conceal things
- If you try you will be caught – that will damage your credibility
Principles of Communication

- With that overall approach there are some basic principles of communications
- First lead so you control the message
- Second use all possible channels
- Third be consistent
- Fourth be empathetic
- Fifth do not conceal uncertainties
- Sixth provide places for questions
- I will deal with each of those in turn
Take the Lead

- If you are going to be accepted as the key source of information you need to be the initial source
- If you are always responding to what others have stated or reported you will always be on the defensive
- Therefore rule # 1 – take the lead
- That means don’t hold back if there is any reason for info to be released
When people hear something that concerns them they try to verify it
- They do that by checking other sources
- It is essential if a message is to get through it must be sent out through all possible channels
- The mass media are important but only part of any communications strategy
- Examples: physicians, health care workers, other influentials, social media – example Peel police and Mississauga evacuation
Effective Communications
It follows that if messages are to be believed they must be consistent.
If people ask their physician they should get the same information as they get from a radio news broadcast or television or a call centre.
Deviations will inevitably mean discontent – and will lead to confusion.
Example – Toronto SARS -- WHO.
Repetition is also important – it takes time for messages to sink in and for everyone to hear or see a message.
Be Empathetic

- A pandemic will lead to concerns
- Spokespersons need to acknowledge these
- Examples – questions during SARS about Chinese neighbours – not dumb, legitimate concern
Nothing is ever crystal clear
So don’t try and make something seem absolutely certain when it is not
Recent research suggests experts are more credible when they are less expert
In short by admitting a touch of uncertainty they enhance their credibility
People will have questions so there must be places they can go
- Call Centres
- Hot Line Radio
- Interactive on line blogs
- Need to monitor questions so general problems can be dealt with
- Small groups if possible – warning phase and during line-ups for vaccination
- Example: Ottawa and the ice storm
Call Centre Used During Ice Storm
Spokespersons

- Spokespersons need to have credibility
- Stick within expertise
- Need back-ups – people get sick during pandemics
- Again not *too* expert
- Canada Agriculture good example
Be Positive

- One other basic rule is: be positive
- Don’t tell people what *not* to do
- Tell them what to do and why
- Accept that there will be concerns – and acknowledge them
- Example: funerals
- Absence of loved ones – no wakes
- Sympathy and explanation
Media reports from Japan use term “panic” -- flight behaviour is not panic – no evidence from research that panic is common -- even in crowd crush situations – people assist other

Studying *Titanic* at the moment – many stayed to let others flee – despite certainty of death

However officials have this perception – may want to hold back scary info -- to get effective communication we may have to educate the health community

Media may also have this perception and we will also need to educate the media – in fact most myths about human behaviour are spread by the media

Of course people are frightened – that’s not panic

Example: China fire
Medical professionals should be encouraged to report rumours as should the staff of call centres. If rumours are not spotted and denied they will persist. Further, most rumours have at least some basis in fact. The WHO is clear on this point:

“When a publicly held view had validity, policy making should be consistent with that view. When a publicly held view is mistaken it should be acknowledged publicly and corrected, not ignored, patronized or ridiculed (WHO Outbreak Communications Guidelines, p. 6)”. 
The concept of “role abandonment” is that people will not show up during emergencies but instead will attend to family needs.

There have been two major studies.

Both found no evidence that this happens.

However, recent survey research suggests some medical personnel will not show up in a pandemic.

There are also suggestions that happened in Canada during SARS.
“A significant number of health care worker were infected with SARS because of their work, and some died. Many workers were placed under work quarantine. Workers generally showed heroism and altruism in the face of danger during the SARS outbreak, but some balked at caring for people infected with SARS, and a few were dismissed for failing to report for duty. Post-SARS, many health care workers raised concern about the level of protection to themselves and their families. Some even left their profession (Pandemic Influenza Working Group, pp: 9-10).”
This was one of two documents that suggested this
However there were no specifics
Japanese earthquake situation is just the opposite
Nuclear plant workers
Physician in impact area stayed despite threat of radiation
Same thing happened during Chernobyl and in Canada during 1918-19 “Spanish ‘flu”
Japanese Stay on the Job
All Channels

- Mass Media
- Social Media
- Influentials physicians, nurses, other health care workers
- Through the schools
- Through churches
- Through groups e.g. persons lining up to be vaccinated
- Through web sites
- Through call centres
- Through bill boards
- If possible, through public meetings
- Why? Because the first instinct is to try to confirm a message
Public Meeting after Flood
Ethical Issue # 1 – Early Announcement?

- Question – how soon should a warning be issued?
- Is there a danger of “cry wolf”?
- Answer: If you don’t announce and that becomes known you will lose credibility
- Somehow the fact you knew and held back will become known
- Release, release, release – add all the caveats you wish but release
Issue # 2: To Name or Not to Name?

- Should you name a disease carrier?
- Should you mark (placard) a place where there are those who are ill?
- Does privacy legislation prevent this?
- Does the law allow privacy legislation to be legally ignored?
- If not, is it ethical to break the law?
- Will you have to justify this?
- What if the media report specific cases – do you acknowledge these reports?
“Individuals have a right to privacy in health care. In a public health crisis it may be necessary to override this right to protect the public from serious harm (Pandemic Influenza Working Group, p. 6).”

“The state has a right to override an individual’s right to privacy in cases of serious public health risks if revealing private medical information helps to protect public health (Pandemic Influenza Working Group, p. 13).”
In 1976 after swine flew broke out at a US military base, the US announced a national vaccination campaign. It was halted after...

"...an association was detected between receiving the vaccine and an increase of an obscure neurological disease known as Guillain-Barre Syndrome. Recriminations followed the end of the campaign with the popular perception being that the program was a 'fiasco'. In addition, several of those involved in the programme lost their jobs."
Issue: Question about Safety

- Vaccine for new strain is usually developed very quickly
- May be little time for tests
- US experience raises questions
- Have to be very careful with this one
- Would it be ethical to conceal concerns about a vaccine in the interests of public safety – especially if the risk is small?
- I would say. “no” but clearly this is an issue
Vaccine for Detainees?

- Media broke story that detainees – insurgents -- captured by Canadian troops in Afghanistan were being vaccinated
- Minister of Health called this “outrageous”
- Surgeon General said story was untrue
- This raises ethical issue of treatment of prisoners under Geneva Convention
- It also shows there can be debate about priority access to vaccines
Issue # 4: Medical Refusals

- Already mentioned concept of “role abandonment”
- This is a personal ethical issue – to work or not to work
- But becomes public issue if questions are asked
- Do you name those who refuse?
- Do you pressure them publically?
- Do you ask media not to report this?
- How many “no shows” constitute an issue?
It might be tempting to ask the media to refrain from reporting such information. It is highly probable that the media if approached as a group would cooperate with such a request. The media have on various occasions agreed not to report things. The dilemma is that once any outlet reports what is happening – even an outlet such as Twitter --- others will feel they are no longer bound to withhold information.
Issue # 5: Do you Share Medical Information?

- The health community will not be able to cope
- Either you will need volunteers to provide home care or volunteers to assist in emergency hospitals
- Do you share medical information with them?
- If not, why not?
- Would it be ethical not to share, to put volunteers at risk without them knowing the risk?
Do you release death statistics?
Do you do this on a daily basis?
Will this cause panic?
Can you put this in context?
Do you release illness statistics?
Do you do this locally, nationally, regionally, nationally?
I agree this is difficult to answer and in some cases I have posed questions without providing adequate answers.
Much of my research was about the second deadly wave of the so-called “Spanish ‘flu” in 1918-19
One finding was that local authorities in Canada implemented policies despite contrary provincial guidelines (There was no federal health department in Canada in 1918.)
Questionable given today’s high speed communications and the determination of international agencies and central governments to announce policies -- Local authorities would be pressed to justify deviations.
Toronto conflict with WHO during SARS illustrates this
WHO warning, Canada Prime Minister going to Toronto and eating at a Chinese restaurant
Transparency is best policy -- but are issues -- including privacy restraints that lead to ethical challenges

There is the question of when to warn

There is the question of naming names

There is the question of the safety of vaccine

There is the question of reluctant professionals

There is the question of sharing medical information

There is the question of statistics

All these have to be faced

So over to you
What am I missing?

- When I did my first draft I did a very detailed overview of communications.
- But as Donal pointed out I left out the ethics – a rather significant omission.
- My question to you is:
- What have I missed?
- What other ethical issues related to pandemic communications should I have mentioned?
I welcome comments, suggestions, questions now or individually or by email
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