



ETHICAL REASONING IN PANDEMIC PREPAREDNESS PLANS – SOUTHEAST ASIA AND THE WESTERN PACIFIC

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ABSTRACT

The emergence of H1N1 in 2009 shows that it is a mistake to regard the scenario of having to implement pandemic plans as merely hypothetical. This recent experience provides an opportunity to inquire into the current state of pandemic preparedness plans with regard to their ethical adequacy. One aspect that deserves consideration in this context is the disclosure of ethical reasoning. Accordingly, the following is an analysis of examples of pandemic plans and drafts of plans from Southeast Asia and the Western Pacific. It is an analysis of the occurrence of explicit ethical reflection in these documents as well an inquiry into the related question of how ethical reflection can be understood as a constitutive element of ethical pandemic preparedness.

In the analysis, different fields of ethical consideration concerning equity, personal rights and accountability are distinguished. There are both pragmatic and genuinely ethical reasons to explicitly address issues of these types in pandemic plans. The extent to which ethical language appears in the national plans in South East Asia and the Western Pacific suggests that there is limited awareness of ethical considerations, or at least insufficient ethical substantiation of pandemic action. The aim of the analysis is to show that further inclusion of ethical considerations into pandemic plans is ethically demanded. It is of particular significance that these considerations are formulated and remain discernible as instances of ethical deliberation.

1. ETHICAL DECISIONS AND ETHICAL LANGUAGE

The central presumption that underlies the analysis of the treatment of ethical issues in pandemic preparedness – which may seem trivial, but is not – is that the occurrence of ethical reflection itself is an important indicator of the ethical adequacy of preparedness plans. This conclusion is not trivial because it draws attention to a difference between policies based on ethically sound decisions on the one hand and the process of reaching, communicating and justifying these decisions on the other. In the case of the distribution of medical goods, for example, defining sound ethical priorities for allocation meets a different responsibility than revealing the ethical principles that support decisions of this kind.

There are not only specific ethical issues that require consideration in pandemic plans, but explicit discussion of these issues in ethical terms (in published pandemic plans) can itself be argued to be a distinct requirement.

Examination of the occurrence of ethical terms in pandemic plans reveals that some of the ethically relevant considerations of a pandemic are not dealt with adequately. Of course, pandemic planning as such is an endeavor that is pursued with an ethical intention. It would be absurd not to acknowledge the ethical significance of containing or reducing the severe burden that an epidemic poses on public health and, in consequence, on social and economic stability. Yet, however important these central aims of pandemic planning are, there are other specific ethical considerations concerning equity,

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personal rights, and ethical accountability itself, which require reflection.¹

Three further remarks have to be made in this context. First, the demand for overt ethical reasoning in pandemic preparedness planning is not a demand for definite or uncontroversial conclusions. On the contrary, many situations require decisions based not solely on the application of principles but also on context-sensitive specifications and individual judgment. It would be ignorant not to expect rational disagreement about some underlying principles as well as many ultimate verdicts. Nevertheless, the inclusion of ethical values and principles can and needs to guide and facilitate public action and individual deliberation without necessarily presupposing ethical conclusions. Second, articulating this demand for ethical reasoning does not necessarily imply a criticism of the ethical convictions and intentions that underlie present pandemic plans.² Rather, it expresses a distinct demand to publicly articulate rules of conduct or criteria for deliberation about a number of ethical problems that potentially arise during a pandemic. Regardless of the outcomes of ethical reflection on the problems arising in a pandemic, open reflection itself is of both practical and of ethical importance. Third, it requires more than just ethical reflection for pandemic plans to be ethical. It is possible to imagine unethical policies whose justification is carried out in ethical terms, and it is equally possible to imagine policies with ethical results that do not make explicit reference to an ethical justification. Even though many substantive factors have to be taken into consideration in the ethical evaluation of the content of pandemic plans, the absence of explicit ethical reflection in the published plans can be regarded as a deficit in pandemic planning. It indicates a lack of awareness concerning ethically relevant issues, and it constitutes a failure to meet an ethical requirement of accountability.

There are different types of reason to explicitly include ethical reflection in pandemic plans. On the one hand, there are two *pragmatic* reasons. First, a discourse on the ethical dimensions of a pandemic requires complex reflections that will be impeded during a pandemic.³ Due to the mounting pressure for action, the conditions of an ethical

discourse are given only *before*, but not *during* a pandemic. Second, it is not only the practicability of the *ethical discourse itself* that is affected by the situation of a pandemic, but also the *acceptance of the results* of such a discourse⁴ depends on the precedent disclosure of ethical reasoning. Within the scenario of a pandemic, ethically sensitive choices are more likely to be accepted and enforceable if they are based on principles resulting from precedent public discourse.⁵

On the other hand, there are two *genuinely ethical* reasons to include ethical considerations in pandemic planning that are grounded in more than the practicability of ethical deliberation or the acceptance of its results insofar as they concern their normative legitimacy. One consideration concerns the ethical responsibility for publicity, transparency and accountability of ethically critical decisions that may have to be made in the coordination of pandemic health policies.⁶ As far as possible, professionals should not be left with the burden of making ethically challenging decisions. They should be provided with background principles, rules and guidance for deliberation. If considerations of this kind in fact apply to pandemic planning, then a pandemic plan's ethical adequacy consists not only in its producing ethical decisions and outcomes, but also in the accountability with regard to the ethical rationale behind the plan's guidance. Meeting these demands requires the disclosure of ethical reasoning in pandemic planning, which in turn requires ethical language in pandemic plans.⁷

To sum up, pandemic planning has to fulfill two fundamental functions regarding ethical deliberation: first, identifying ethical problems that can be expected to emerge in a pandemic, and second, proposing guidelines and background principles that help resolve situations of ethical conflict.⁸ The analysis of the attention that pandemic preparedness plans give to ethical considerations

¹ It is assumed that in the case of a pandemic some ethical considerations might be lost sight of, if '[h]ealth care professionals who see their work as saving lives may view anything they do as inherently good'. See J. Thomas, N. Dasgupta & A. Martinot. Ethics in a Pandemic: A Survey of the State Pandemic Influenza Plans. *Am J Public Health* 2007; 97(Suppl. 1): 29.

² Kotalik remarks that the demand for ethical reasoning should be understood as a measure to refine and not criticize pandemic planning. See J. Kotalik. Preparing for an Influenza Pandemic: Ethical Issues. *Bioeth* 2005; 19: 431.

³ For instance, this problem appears in the development of triage protocols, which according to Morris is a complex process is impossible to carry out during a pandemic. See J. Morris. 2000. *Rethinking Risk and the Precautionary Principle*. Oxford. Butterworth-Heinemann.

⁴ See A. Torda. Ethical Issues in Pandemic Planning. *Medical Journal of Australia* 2006; 185.

⁵ See E. Emanuel & A. Wertheimer. Who Should Get Influenza Vaccine When not All Can? *Science* 2006; 312: 854-855.

⁶ One could say that this ethical consideration concerns the ethics of pandemic planning, as opposed to ethical considerations that appear in pandemic planning. See A. Thompson et al. Pandemic Influenza Preparedness: An Ethical Framework to Guide Decision-Making. *BMC Med Ethics* 2006.

⁷ This requirement is what Daniels calls the 'publicity condition' which is part of a general requirement which Daniels refers to as 'accountability for reasonableness'. This framework is based on the condition that it is not only the outcomes of fair distributions that have to meet ethical standards, but the processes of decision-making themselves. See N. Daniels. 2008. *Just Health*. New York. Cambridge University Press: 117-119. One could argue that it is the process itself that makes an outcome morally acceptable. However, I am not concerned with this stronger thesis here.

⁸ Thomas et al. offer a more extensive list of conceivable tasks including the identification and preparation responsible parties, and the implementation and evaluation of ethical measures. See *op. cit.* note 1, p. 26.

constitutes the basis for the inquiry concerning the fulfillment of these functions, because their realization requires addressing ethical problems in ethical terms.

2. ETHICAL REASONING IN PREPAREDNESS PLANS IN SOUTHEAST ASIA AND THE WESTERN PACIFIC

As indicated, the object of my study is not to evaluate the ethical effects of particular pandemic policies. Its object is to analyse the occurrence of ethical reasoning *within* pandemic plans, based on the premises that the disclosure of the principles that guide ethical decisions is required and that such disclosure requires ethical language. Of course, this ethical language can only be identified with reference to the ethical problems and goals that need to be addressed. The central goals of pandemic planning as they are formulated by WHO are essentially to reduce the impact of a pandemic on public health and subsequently on social and economic stability.⁹ However, WHO advises its members to include additional legal and ethical considerations in pandemic planning.¹⁰ The ethical values that are commended to be included in these considerations go beyond the focus on the initially identified impact of the pandemic on public health. So, even though WHO ‘argues for specific priorities on the basis of maximizing health benefits (notably saving the most lives) and equity’,¹¹ it also mentions other ethical values, such as ‘liberty, reciprocity, and solidarity.’¹² Presumably, all plans have been developed in the light of the first goal mentioned. However important this first goal is in facing a pandemic, it should not supersede other vital ethical considerations.

In analysing the extent to which national pandemic plans specify ethical issues beyond the admittedly central goals of reducing the effects on public health and economic and social stability, two fields of ethical reasoning are subject to analysis. First, beyond the ethical impor-

My list is shorter than theirs, because I focus mainly on those terms that are not only ethically relevant but also indicative of the inclusion of an explicit ethical perspective.

⁹ This basically amounts to the objective ‘[. . .] to decrease cases, hospitalizations and deaths [. . .] and to reduce the economic and social impact of the pandemic.’ See World Health Organization. 2005. *WHO checklist for influenza pandemic preparedness planning*: vii. Available at: <http://www.who.int/csr/resources/publications/influenza/FluCheck6web.pdf> [Accessed 19 Jul 2011].

¹⁰ Although WHO declares the inclusion of ethical reasoning to ‘assess the [. . .] acceptability of measures’ not ‘essential’ but ‘desirable’. Ibid: x, 5–7.

¹¹ World Health Organization. 2008. *Addressing ethical issues in pandemic influenza planning*: 5. Available at: http://www.who.int/csr/resources/publications/cds_flu_ethics_5web.pdf [Accessed 19 Jul 2011].

¹² World Health Organization. 2007. *Ethical considerations in developing a public health response to pandemic influenza*: 2. Available at: http://www.who.int/csr/resources/publications/WHO_CDS_EPR_GIP_2007_2c.pdf [Accessed 19 Jul 2011].

tance of reducing the effective impact on health, considerations of opportunity, chance, and reciprocity have an influence on what is an *equitable distribution* of care, vaccines and drugs as well as of burdens and risks. Norms of equitable distribution may arguably differ from considerations concerning the overall impact of a pandemic on public health. Thus, it is ethically problematic to focus medical attention solely on those with the highest chances of being cured or protected. Considerations of equity might demand priority based on reciprocity, needs, or merit, rather than overall effectiveness. Second, *respect for the individual person* has a bearing on the allowable instruments of pandemic policies. This implies attaching importance to the protection of personal rights, when action towards the pandemic requires expropriation, isolation of patients or research under an enormous pressure to obtain results, or when it leads to exclusion or stigmatization. Of course, one could name more issues and find more detailed means of classification. However, these two kinds of considerations seem to cover a major part of the most important issues.

The priority of mitigating the effects of a pandemic on public health may render considerations of both kinds comparably unimportant. But as shown, it is a mistake to define the aim of pandemic action solely by its effects on overall public health. Ethical arguments concerning equity and respect require separate attention in pandemic planning. Related to both these classes of aims there are corresponding duties of public health authorities to ensure transparency, accountability, and publicity with regard to the principles that guide deliberation.

2.1 Methods

The most obvious approach to inquiring into the ethical adequacy of pandemic planning is to analyze countries’ plans individually regarding their decisions and rationales with regard to their ethical content and their ethical consequences. However, the present analysis follows a much less extensive question concerning the general reality and possibility of the inclusion of ethical considerations in pandemic plans. The method of inquiry for answering this question consists in a combination of observation and interpretation of the appearance of ethical terms in pandemic plans. Subject of analysis are the national preparedness plans or drafts of the plans of South East Asia and the Western Pacific.¹³

¹³ This separation has no specific aim. It reflects the division of regions by WHO into a South East Asian Regional Office (SEARO) and a Western Pacific Regional Office (WPRO). The plans or drafts from South East Asia available in April 2010 were those of Bangladesh (2006), Bhutan (2006), East Timor (2005), India (2005), Indonesia (2006), Maldives (2005), Myanmar (2006), Nepal (2006), Democratic People’s Republic of Korea (2006), Sri Lanka (2005), and Thailand

In a first step of observation the simple appearance of a limited number of ethical keywords, such as 'ethical', 'value', 'priority', 'right' or 'consent' is registered. Similar analyses have been undertaken for other regions.¹⁴ Of course, there are obvious problems in taking the appearance of ethical terms to be a reliable indicator of the ethical adequacy of the reviewed documents. Naturally, this list of keywords does not cover every term that may be relevant to ethical consideration, but is restricted to some concepts that are central to the issues mentioned above and indicative of the explicit incorporation of an ethical perspective. The list might miss ethical considerations, because they are expressed in different, but nonetheless equivalent, terms.¹⁵ Furthermore, most of the English versions of the considered plans have correlates in the respective national languages and are appropriated to the national contexts.¹⁶ So, there may be other terms addressing the ethical issues that are subject to inquiry and there may be ethical standards that are not included in the terms that guide the analysis.

After the observation of the occurrence of the identified keywords, the status of their appearance has to be evaluated to draw conclusions about the occurrence of ethical reflection contained in the plans. The function of this second task does not consist in questioning the ethical content of the principles mentioned, but in inquiring whether the open treatment of the respective ethical principles is covered by making reference to them. This requires deciding under which conditions the appearance

of ethical terms actually suffices for the assumption of a reflection on the underlying ethical problems. In some cases, the non-ethical use of supposedly ethical terms is instantly recognizable. For example, 'freedom from infection' does not refer to freedom in an ethical sense and 'heavy duty gloves' have nothing to do with moral duties, etc. Yet, the results do not feature the neutrality of a statistical word count.

2.2 Results

As indicated, this analysis looks at the use of ethical language with regard to the general appearance of ethical terms and their more specific use to address the issues of an equitable distribution of health resources and the respect for individual rights and liberties. The first two terms 'ethical' and 'value' indicate whether the plans deal with ethical issues in general. These terms mostly appear in introductions or general remarks concerning the ethical challenges posed by a pandemic; but every plan that includes a self-contained section concerned with ethical reasoning makes additional use of these terms. However, ethical reasoning can also appear in the consideration of more specific problems, outside those sections that specifically treat ethical issues. The subsequent terms 'justice', 'equity', 'fairness', 'reciprocity', and 'priority' are terms related to questions concerning an equitable distribution of medical resources, care, burdens and risks. These terms correspond to the first group of ethical considerations mentioned in the beginning. Finally, the terms 'right', 'liberty', 'freedom', 'consent', 'privacy', 'confidentiality', and 'participation' refer to problems of the infringement of personal rights that can arise in the implementation of pandemic policies, which is the second set of issues mentioned above. They concern questions regarding the harm that individual persons might be exposed to in order to benefit or protect the public.

Note that the findings in Table 1 do not refer to the overall number of the occurrences of ethical terms in the plans, but to the *number of plans* that contain ethical language. Otherwise, the results would show that a term appears frequently, but they would possibly hide that the term was numerously used in few plans. However, most terms appear only once or twice in the plans that mention them. The following results give the number of plans that employed specific ethical terms. The analysis is designed to obtain a result concerning the general status of ethical considerations. The small number of plans in the regions that make use of these terms offers a picture of the overall awareness and emphasis that was placed on ethical reasoning in pandemic preparedness plans.

The results show that the majority of pandemic preparedness plans do not contain the terms that were identified as central to ethical reasoning in general and concerning the identified areas in particular. In both

(2007). From the Western Pacific, the plans or drafts of Australia (2008), Cambodia (2006), China, Cook Islands (2007), Fiji (2005), Hong Kong (2005), Japan (2005), Republic of Korea (2006), Laos (2006), Malaysia (2006), Mongolia (2008), Nauru (2005), New Zealand (2006), Palau (2005), Papua (2009), Philippines (2005), Singapore (2005), Tonga (2006), and Viet Nam (2006) were analyzed.

The plans are constantly subject to changes. For example, there are recent updates of the plans of Bangladesh, Japan, India, Maldives and Singapore that were taken into account. Most plans and drafts can be accessed from UN websites or the local ministries of health. See <http://ochaonline.un.org/roap/WhatWeDo/PandemicPreparedness/PreventionandControloftheNextPandemic/NationalPlansofCountriesinAsiaPacific/tabid/4308/language/en-US/Default.aspx>. [Accessed 19 Jul 2011].

¹⁴ See Thomas et al., *op. cit.* note 1. Monier-Jack et al. offer an analysis of ethical terms in pandemic preparedness plans in Europe. They come to the conclusion that there is a '[...] lack of ethical reasoning, especially regarding resource allocation [which] might cause confusion when policies and practices need to be justified [...]'. See S. Monier-Jack, R. Jas & R. Cocker. Progress and Shortcomings in European National Strategic Plans for Pandemic Influenza. *Bull World Health Organ* 2007; 85: 926.

¹⁵ For instance, the plan of New Zealand makes reference to 'whanaungatanga' for neighbourliness and to 'kotahitanga' for unity. These terms are not included in the list of ethical terms that guided this analysis, but nonetheless they clearly refer to ethical values.

¹⁶ This problem is specific to the analysis of large and heterogeneous regions. Thomas et al., *op. cit.* note 1, do not have this problem because they analyse the US state preparedness plans.

Table 1: Ethical language in pandemic preparedness planning

Terms related to ethical reasoning	Number of plans identifying the related issue in SEA (11 Plans)	Number of plans identifying the related issue in WP (19 Plans)
(a) 'ethics'/'ethical'	2	4
(b) 'value'	1	2
(c) 'justice'/'just'	0	1
(d) 'equity'/'equitable'	2	2
(e) 'fairness'/'fair'	2	1
(f) 'reciprocity'	0	2
(g) 'priority'/'prioritize'	6	11
(h) 'right'/'liberty'/'freedom'	2	5
(i) 'consent'/'privacy'/'confidentiality'	1	5
(j) 'participation'	5	3

regions only about one out of five documents includes a separate section that exclusively addresses ethical issues. Of course, some plans contain ethical language, not in separate sections but in the treatment of specific problems, such as the vaccination of pregnant women, compensation for economic losses suffered due to containment measures, or the general strategies concerning the communication of health policies. Yet in many cases these passages make no specific reference to ethical principles. Most plans do not explicitly raise the problem that measures of pandemic policy may be unjust, unfair or inequitable, and only a few terms give explicit consideration to personal rights and liberties.

As mentioned above, the informative value of the statistical appearance of ethical terms is limited. It is conceivable that some plans address these issues in different terms, but it is also conceivable that even in the cases where ethical language is employed, it does not capture the ethical problems in full depth. However, even the pure numerical observation gives rise to the concern that ethical issues remain unobserved or treated with insufficient transparency.

3. EXAMPLES

More has to be said in order to find out what is actually missing in many national pandemic plans. A couple of examples concerning the three fields of ethical concerns that were identified earlier will make clearer what forms of ethical considerations may be worth aiming at.

Equity

Consider the first group of ethical terms that refer to considerations of equity. The plans that do include ethical reasoning, for example concerning the distribution of vaccines, rarely make use of the terms 'just', 'equitable' or 'fair'. Although all plans define or mention

priorities in the distribution of medical goods and services, most priorities are not supported by a justification and/or there is no mention of the principles that priorities are based upon. Accordingly, occurrences of the term 'priority' are difficult to interpret, since there are different kinds of justification for priorities in pandemic planning. There are some direct ethical priorities, such as 'save the persons most likely to recover', 'save the worst off', 'save the most commendable' etc.¹⁷ that might be brought forward in deciding on the distribution of vaccines and antiviral drugs. On the other hand, the identification of priorities may also be undertaken for indirect ethical reasons related to the general impact of the pandemic on public health. Often, it remains unclear which kind of justification it is that priorities are based on. However, it is important to be aware that priorities of vaccination for pandemic responders can be based on different arguments:¹⁸ that persons working in these fields are important for the further control of the pandemic on the one hand, and that those who incur risks for the benefit of the public *deserve* special protection on the other. With regard to this issue, the Australian plan makes this ethical argument explicit by the use of the term 'reciprocity', which is understood to imply 'ensuring that when individuals are asked to take measures or perform duties for the benefit of society as a whole, their acts are appropriately recognized and legitimate needs associated with these acts are met where possible.' Similarly, Papua New Guinea's plan does not only mention healthcare workers as a priority group for antiviral drugs, but also gives an ethical reason for their priority by referring to the 'disproportionate burden of pandemic risks to first responders [. . .] during the course of an avian influenza and pandemic response.' The course of the precedent argument shows why these forms of pronouncement of the rationales that guide the distribution of essential goods and services are not only of practical, but also of genuinely ethical, importance.¹⁹ It matters ethically which kind of justification is offered for pandemic action.

¹⁷ For a more comprehensive discussion of principles for allocation that might have to be applied in combination. See G. Persad, A. Wertheimer & E. Emanuel. Principles for Allocation of Scarce Medical Interventions. *Lancet* 2009; 373: 424.

¹⁸ Selgelid mentions the difference between the reasons for prioritizing pandemic responders (i.e. not only health care workers, but also scientists, grave-diggers etc.) in general and healthcare workers particular. See M. Selgelid. Pandethics. *Public Health* 2009; 123: 257.

¹⁹ Comparable observations can be made concerning different uses of 'fairness' as a framework requirement of pandemic action. The Indian plan states that it '[. . .] is unrealistic to expect the poultry farmers to cooperate with the culling programme unless they can hope to get fair compensation immediately.' In the plan of Nepal there is no such emphasis on cooperation *as a positive effect* of fairness. Instead fairness is measured by what poultry farmers actually lose, which is why '[. . .] the backyard poultry farmers are paid a fair compensation to cover the value of the birds destroyed.'

Personal rights

Similar observations can be made with regard to the second group of considerations concerning personal rights and privacy. There are different ways in which pandemic plans can address these issues. Plans may draw attention to the severity of the infringement of personal rights without necessarily giving explicit rules of action. Also, they may go as far as to categorically prohibit interference with personal rights, or make it dependent on the consent of specific authorities. Finally, plans may encourage authorities to make use of those measures that have the least severe consequences for personal rights. In this manner, Papua New Guinea's plan emphasizes that quarantine 'applied on a voluntary basis is preferable to enforced quarantine and may be equally effective. [. . .] At the same time, national, provincial and district authorities should be legally prepared to enforce individual and community based containment measures if warranted. This preparedness should include examination of the ethical dimensions of enforced quarantine or compliance with other recommended measures.'

Accountability

Finally, the inclusion of ethical considerations in pandemic planning concerns requirements of transparency, publicity and accountability. An emphasis of these principles can give expression to the ethical importance of public deliberation in the development and implementation of pandemic planning. On the other hand, considerations of this kind can also be understood to be of instrumental value for the implementation of pandemic policies. Revealing the structure of ethical justification for pandemic action will support individual pandemic responders and institutions in making ethical decisions that are not covered by general principles. There are plans that explicitly mention the importance of transparent reasoning. Some plans state that the definition of procedures in advance of a pandemic is of critical importance. The Malaysian plan postulates that 'when vaccine becomes available it is essential that it be distributed in a *pre-defined*, equitable and consistent manner across.' Similarly, the Mongolian plan states that 'a vaccination policy needs to be developed *beforehand* with predefined and accepted priority groups to receive the vaccine.'²⁰ In a broader sense, the preparedness of New Zealand explicitly characterizes importance of the publicity of the principles that guide pandemic action, in demanding decisions to be 'open [. . .], inclusive [. . .], reasonable [. . .], responsive [. . .], and responsible.' Similarly the plan of Maldives states that 'In order to justify to the public the rationale behind Government related decisions, it is advisable to follow recommendations of WHO.' In this manner,

pandemic plans can mention the independent importance of transparency and publicity of their decisions.

4. CONCLUSION

The above examples from national plans give an idea of how ethical considerations can be incorporated into pandemic planning. The occurrence of ethical language as it was identified in the *specific* terms above is neither a necessary nor sufficient condition for the ethical adequacy of pandemic planning. Nonetheless, the observations that were made suggest that the conscious use of *some kind of* ethical language is ethically central to pandemic planning in two ways. First, the inclusion of ethical considerations can be argued to be an indicator of its adequacy in terms of the awareness concerning ethical issues such as equity or personal rights. Issues of equity and personal rights require specific attention in pandemic planning that mainly focuses on the general impacts on public health. This implies developing ethical rationales for the distribution of care and protection as well as emphasizing the specific caution that has to be taken with regard to actions that infringe the personal rights of individuals, and may thus – also in the situation of severe pressure – require specific justification. Secondly, the inclusion of ethical standards is itself a constitutive element of doing justice to a specific ethical requirement of accountability. There are ethical standards of transparency and publicity that have to be met in order to grant accountability and offer justification for the decisions made, as well as to give ethical guidance to those who are faced with difficult decisions during a pandemic.

The literature on pandemic planning has raised sensitivity to a great variety of ethical problems that are associated with a pandemic. Although the general observance of ethical terms in the plans suggests that there is only limited awareness of ethical considerations or at least insufficient explicit ethical justification of pandemic action, some plans include instances of genuinely ethical deliberation. It is necessary to gather these instances, transfer them to those documents and appropriate them to those contexts where ethical concerns are not addressed. It has been shown that the inclusion of ethical considerations is more than mere rhetoric. It is of particular significance that these considerations are formulated and remain discernible as instances of ethical deliberation.

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²⁰ Both my italics.