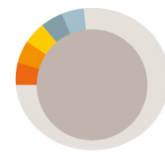


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Who should be vaccinated first?

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Risk minimization, life expectancy preservation and prevention of virus spreading as strong objectives

In the context of the Swiss planning, our commission had to deal with the problem of vaccination rationing. What is the basis of the recommendations we elaborated? Vaccines directed to a pandemic virus will be inevitably scarce, at least for a certain time, since the knowledge of the exact nature of a pandemic strain will be required for production. Scarcity will be greatest in the first phase after outbreak and will hopefully diminish after production catches up. Who should get vaccines first? It could be woman and children, the most productive, the richest, those who belong to certain professions... And we can avoid such considerations by resorting to lotteries. It has been suggested to privilege:

- those who are most at risk of dying if they acquire infection (safe the most lives principle; vulnerability against disease argument);
- those whose life would be most shortened by a fatal outcome of the disease (“safe the most quality life-years”, this imperative leading to a preference for young people on the basis on “fair innings” or “life-cycle allocation” arguments);
- those who could pass the virus most easily to others (preventive efficacy argument).

Saving the highest number of lives is a basic objective. Moreover we have to pay attention to the potential consequences of an individualistic picture of pandemic. It could disrupt the sense of the

social nature of a pandemic. Some people are more at risk than others. That's why a plan may focus on them.

Of course, the life cycle argument is not deprived of relevance. Individuals have rights to live all stages of life (growing up, becoming adult, developing a family, etc.). This view is indeed deeply linked to the "fair innings" theory. Take the image of a cricket game. In its spirit it would be unfair if one player could not play all the innings.

But the "fair innings" argument is very controversial. Cricket players play the same game. But human lives exhibit qualitative differences in temporality. There is no one template biography for all of us. The debated argument could be misleading as it discriminates those who are already worse off (the elderly).

The Swiss prioritization choice

Selecting among different approaches has to make a general ethical approval easier. Those who won't belong to the elected vaccine benefiting group should not be told: "you won't have your life saved because you do not match the laid criteria". It could be understood that all lives do not have the same value. Decision makers have thus to avoid such a pitfall.

When medical experts cannot make sure that each case will be dealt with in the optimal manner, the nature of care giving and care receiving is altered. Which objectives are crucial? Minimizing the number of people falling ill is essential. Considering measures potentially adopted, we should expect the highest preventive effect. This is key principle of the Swiss plan¹. As a priority policy, this set of rules was settled:

- protect first those who would most likely disseminate the infection (those with the highest risk of disseminating being those exhibiting the highest risk to acquire);
- then protect those who would be most endangered (chronically ill patients for example);
- then protect those who are indispensable to maintain public services;
- then off course protect the rest of the population.

Procedures should be enforced by legitimate bodies. The identity of ill people can be potentially very sensitive. In order to preserve trust in society, any ostensible designation of "at risk" groups has to be banned.

Lastly, it is crucial to examine the issue of priority planning at the international level. Looking at what is at stake, we should not have only state-scale vaccination policies. We know vaccines will have to be where the virus will be. The best way to cope with it consists in shaping an international policy relevant, virus dissemination dynamic taken into account.

¹ Swiss National Preparedness Plan; NEK-CNE (2006).