“Ethical Issues in Epidemiology: illustrations from a long time practitioner”

Paul Stolley
You are a new recruit to the Epidemic Intelligence Service of the CDC. Your supervisor assigns you to travel to Bolivia to recover the plague bacillus from a current outbreak and bring it back to CDC.

He says that the purpose of this retrieval is the suspicion that this outbreak may be caused by a new more virulent strain of *Yersinia pestis*, and that the sample will be sent to Ft. Detrick for possible use in biological warfare.

You tell him that you are opposed to biological warfare on ethical and moral grounds and refuse the assignment. He reminds you that the Public Health Service is the medical branch of the Coast Guard, that he is a Vice-Admiral, and that this is a direct order.

You point out that there are other EIS officers who would enjoy the assignment and have no moral objections. Perhaps he could assign this task to one of them?

He replies that he is giving you a direct order and refusal could subject you to a court martial.

**Q: What do you do next?**
You have a job with the clinical trial/epidemiology division of a large pharmaceutical company.

You and your colleagues have completed two trials of a new drug to treat type 2 diabetes.

One of the trials is positive and shows benefit; the other shows no benefit.

The Director of the Unit asks your group to prepare the positive trial for publication and the negative trial will not be published.

**Q: How do you handle this situation?**
You are an epidemiologist at a University and have conducted a study of a commonly used drug.

Your study shows conclusively that the drug can cause death among the asthmatic patients who use it.

As a courtesy you send a pre-publication copy of the manuscript you have prepared to the Medical Director of the drug company that manufactures the drug.

You receive an immediate reply from lawyers who represent the company warning you that you will be sued for libel and similar “crimes” if you go ahead and publish.

Q: What do you do now?
You are a practicing physician caring for a terminally ill patient. It is clear that the patient can survive only 3-4 weeks and he is in great pain and mental distress. He asks you to end his life now by giving him an overdose of the IV morphine you are giving him now for pain relief. His wife agrees with his request but physician-assisted “suicide” is not legal in the state in which you practice. It is legal in only 3 of the 50 states of the USA, and this is not one of those 3.

Q: How do you respond?
Your research has found a large and highly significant relative risk for the relationship of asbestos exposure to mesothelioma. You publish the study and get funding for further studies of the health risks of asbestos exposure.

A lawyer asks you to testify at a trial in which a mesothelioma patient is suing the mining company where he was exposed to asbestos. The lawyer offers you a generous fee to testify. You have two children in graduate school and need money badly.

You are very comfortable that the case the lawyer is making is completely legitimate, and that your testimony will be completely open and honest.

You mention this case to an elder esteemed colleague who warns you that if you choose to testify your future work may be considered “suspect” as you appear to be an “activist” as well as an investigator.

Q: How do you proceed?