

Bioethics Digest

In this feature, our team provides you with an overview of the most recent publications in the field of bioethics, with a particular focus on contributions coming from (or having relevance for) Switzerland.

Buona lettura! Bonne lecture ! Viel Spass beim Lesen! Enjoy!

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CLINICAL ETHICS



“Covid-19 pandemic: triage for intensive-care treatment under resource scarcity”

The Swiss Academy of Medical Sciences (SAMW) has recently published the 3.1 version of the triage guidelines for intensive-care units (ICU). This document relates to treatment under resource scarcity due to COVID-19-related emergencies. Originally released in March 2020, the guidelines have been updated several times since, due to the ongoing change in circumstances. Notably, in this latest version, clarifications concerning ethical and legal aspects were made. It is underscored that politics and the society, as hospitals, have a responsibility to insure ICU capacity and save scarce resources. It is also specified that these guidelines may be applied locally in resource shortage. That is even if thresholds for a nation-wide application of these guidelines are not reached, for example, cases in which patients transfer to other regions is impossible. In this new version of the guidelines, the authors have explicitly written that saving the largest amount of lives should be central in triage decision, implicitly referring to utilitarian principles. Age, disability or dementia cannot be used as general and prima facie criteria to prioritise patients over others according. The authors also emphasise the importance of relying on professional experience and individual features of each cases for the treating medical team to come to a decision, hence considering guidelines as a precious guidance, though insufficient to solve all triage decisions.

The updated version of the guidelines available at: <https://www.samw.ch/de/Ethik/Themen-A-bis-Z/Intensivmedizin.html>

RESEARCH ETHICS

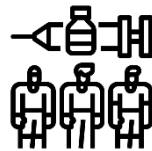


“Reporting Genetic Findings to Individual Research Participants: Guidelines From the Swiss Personalized Health Network”

What medically relevant findings should be disclosed to research participants? How should this be done? Blasimme, Brall and Vayena tackled these two very important questions in their paper. To answer these, they first illustrate the ethical debate surrounding these issues on whether (and how) researchers should report medically relevant findings. Secondly, they relied on their experience as writers of ethical recommendations for the Swiss Personalised Health Network (SPHN)¹, whose content they also presented. Solutions exposed included – for example – that participants to SPHN funded research have to explicitly accept that medically relevant findings be reported to them. This would promote the health of participants and prevent researchers’ moral distress of not knowing whether they are allowed to report a medically relevant finding to a participant. Another point mentioned by the authors, is the recommendation that no pre-defined list of medically relevant findings to be reported should be drafted, but that case-by-case decisions are preferable.

Blasimme A, Brall C, Vayena E. Reporting Genetic Findings to Individual Research Participants: Guidelines From the Swiss Personalized Health Network. *Frontiers in Genetics*, 11, December 2020. doi: [10.3389/fgene.2020.585820](https://doi.org/10.3389/fgene.2020.585820)

PUBLIC HEALTH ETHICS



“Love thy neighbour? Allocating vaccines in a world of competing obligations”

As vaccination against COVID-19 has started in Switzerland and Europe, there are still disputes on how vaccines should be allocated globally. In this contribution, two American ethicists considered the question whether it would “be unjust to allocate in a way that reflects leaders’ commitments to their own citizens” and argue that some degree of ‘vaccine nationalism’ might be tolerable and even just. Ferguson and Caplan claimed that – as member of both a global and a national community – we have both global and national obligations, and the latter may sometimes outweigh the former. Since national communities are often tighter and more deeply felt, they might create special obligations of members of these national communities (especially their leaders) to protect their own first. This is not to say that an “ugly” or a “blind” vaccine nationalism would be justified, but that “there is a good form of vaccine nationalism, one that sees a real conflict between the cosmopolitan duties of benevolence, where one owes the good to others because the others are persons, and the special obligations of membership to specific communities.”

Ferguson K, Caplan A. Love thy neighbour? Allocating vaccines in a world of competing obligations. *J Med Ethics*. 2020 Dec 11;medethics-2020-106887. doi: [10.1136/medethics-2020-106887](https://doi.org/10.1136/medethics-2020-106887). Online ahead of print.

¹ A nationally coordinated initiative for promoting research in personalised medicine.