

III WORKSHOP BIOJUSPAN

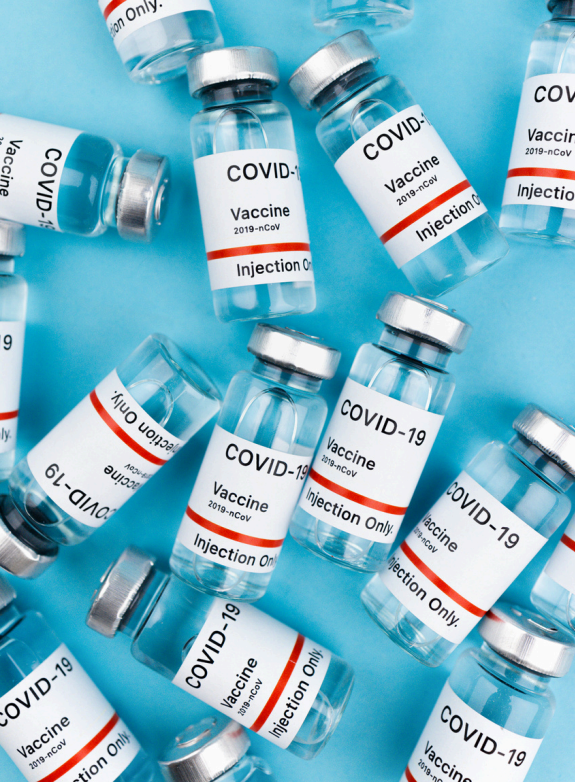
Bioética, Justiça Distributiva e Pandemias

Resumos.
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O presente documento é uma coletânea de resumos/*abstracts* das palestras que serão ministradas no III Workshop BIOJUSPAN (Bioética, Justiça Distributiva e Pandemias), projeto de pesquisa do CNPq, que ocorrerá nos dias 11 e 12 de Novembro de 2024 na UFRJ (Universidade Federal do Rio de Janeiro).





Alberto Giubilini (University of Oxford)

Moral and political obligations in a pandemic

A pandemic changes our moral and political obligations, because it requires us to act differently to meet some of the same standards of harm minimization that we have in normal times. Such changes in moral and political obligations bring about ethical and political disagreements that are often less salient in normal times. However, this disagreement typically arises against a background of widely shared ethical and political values that are relevant to public health – such as harm prevention, solidarity, fairness, a principle of easy rescue, the idea of collective responsibilities. Those values also include a shared sense of proportionality in the way such principles are balanced against self-interest and other personal values. The way in which proportionality applies to those values and principles is, ultimately, what a pandemic calls into question, revealing differences in the way our ethical and political views shape the way those values and principles are specified and qualified.

Alcino Bonella (UFU)

Ethics for extensive use of CHIMs (Controlled Human Infection Models)

Controlled human infection models (CHIMs) have been used in modern times to accelerate the development of new vaccines, enhance knowledge, identify correlates of protection, and understand pathogen behaviour and vaccine modifications, among other objectives. However, they were not immediately utilised during the Covid-19 pandemic. I argue here that the same ethical considerations applied to their use in pandemics justify their use for new vaccines in normal circumstances, as well as for the broader application of CHIMs to advance biological knowledge and the development of new medicines in general.

Alessandro Pinzani (UFSC)

Closing the Knowledge Gap? On Thomas Pogge's Proposal of an Ecological Impact Fund

The recent COVID-19 pandemic showed that the knowledge gap between economically and technologically advanced countries and the rest of the world can have deadly effects. While the former swiftly developed vaccines that were distributed primarily to their citizens, the latter had to cope with the consequences of the virus and received vaccines only later. A similar scenario is likely also in the next future, when countries will have to take urgent mitigation and adaptation measures against the negative effects of climate change. While the richer countries (which are directly and indirectly responsible for most emissions past and present) will count on advanced technology, the poorer countries (which will suffer most the effects of emissions) will be left on their own because the available technology is likely to be protected by the present patent system. For this reason, Thomas Pogge has proposed the creation of an Ecological Impact Fund (EIF) that will make the necessary technology available to poorer countries for free (the innovators will be paid with the money collected by the EIF). The presentation will discuss and assess Pogge's proposal.

Daniel de Vasconcelos Costa (UERJ)

Exploring the idea of an Ethics of Pandemic Communication

Throughout the COVID-19 pandemic, it became clear that there was another kind of pandemic going on, one that became known as "infodemics", which is the proliferation of "fake news". Attempts to address this pandemic of misinformation have paved the terrain for a new area of communication (or miscommunication) called "pandemic communication". In my presentation, I will explore the possibility of an ethics of pandemic communication. I will consider (i) what pandemic communication is. It will be argued that it is a special intersection of risk and science communication. As such, it must include and address issues from both media fields, especially, the ethical ones. Then, (ii) I will explore how we could have an ethics of pandemic communication. There are two relevant aspects at play here. First, (iii) there is what we might call "internal ethics of pandemic communication", an ethics that focuses on the internal structure of pandemic communication, of what it must do to be an ethical pandemic communication. Second, (iv) there is what we might call "external ethics of pandemic communication", which focuses on the behavior of the media consumer and on ethical commandments that consumers must follow if they are to act morally.

Darlei Dall'Agnol (UFSC)

The best medicine for pandemic times: EBM & PCM

In "The fiasco of evidence-based medicine exposed by the COVID-19 pandemic," Couto and Miles argued that EBM (Evidence Based Medicine) was not well prepared to deal with the new virus (SARS-CoV-II) and the new disease. The main reason was that in the absence of RCTs, doctors panicked (inaction). To avoid this paralysis, we should then "return to traditional medical reasoning and practice, which remains the basis of an authentic person-centered healthcare." (Couto; Miles 2020, p.162). Throughout this work, I will critically discuss whether this claim is true by analysing how both EBM and PCM (Patient Centred Medicine) dealt with the Covid-19. First, I will reconstruct the main tenets of each approach. As it is perhaps well-known, EBM is composed of three main principles: (i) best research evidence; (ii) clinical expertise; (iii) patient values (cf. Guyatt et al. 2015, p.65; Strauss et al. 2019, p.1). On the other hand, PCM is based on four ingredients: (i) exploring not only disease, but the illness experience; (ii) considering the patient as a whole person; (iii) finding common ground) and enhancing the patient-doctor relationship (Mitchel, Loughlin, 2023; Stuart et al., 2004). In the second part, I will argue that, if we avoid some common misrepresentations of both EBM and PCM, for example the reductionist tendency of the biomedical model and the inflationist propensity of the biopsychosocial model, there is no incompatibility between these two approaches. Finally, I will propose a model to integrate MBE & PCM into a an integral philosophy of medicine (IPMed) capable of dealing in a better way with the challenges of pandemic as well as non-pandemic times.

Fernando Maurício da Silva (UFSC)

Alocação de recursos escassos: Razões de priorização ou razões de suficiência?

O debate sobre alocação de recursos de saúde pode dizer respeito à priorização de pacientes para receber ou não recursos em esgotamento no ambiente hospitalar em contexto pandêmico. Muitos fatores estão em jogo: urgência, probabilidade de benefício, gravidade da condição, tempo de espera, idade, relação custo-efetividade e equidade. A equidade, contudo, não se deixa explicitar como os fatores anteriores mais ou menos associados a questões técnicas. Diante disso, os especialistas costumam adotar duas alternativas: recusar a equidade como critério relevante e tratar a alocação de recursos como assunto estritamente médico; ou formular algum critério de equidade que permita interpretar os outros fatores. Isso tende a inclinar muitos autores a um compromisso suficientarista, prioritarista, igualitarista ou utilitarista. Há também quem recomende não colocar o problema entre equidade e eficiência, mas entre chances justas e melhores resultados. Isso pode significar a tensão entre benefícios e justiça. Além disso, qualquer abordagem sobre justiça distributiva em alocação de recursos de saúde poderá se envolver com a pergunta: Como especificar o limite suficiente? Trata-se de razões de suficiência e razões de priorização. Essas razões em conjunto, contudo, podem ser interpretadas como parte de uma distribuição justa de recursos de saúde em esgotamento.



Jean-Christophe Merle (Universität Vechta)

The demographic blind spot in the fight against climate change, pandemics and deteriorating health condition

On the one hand, our time is experiencing circumstances propitious to the emergence of new pandemics: mainly demographic pressure on natural environments - which favors the emergence of zoonosis - and - partly connected to it - the development and expansion of ways of life that are more resources consuming and significantly contributing to climate change. Last but not least the progress of medical care reinforces both of these circumstances. Admittedly, on the other hand, technical progress makes it possible to produce the same amount of consumption goods using less resources. Yet, both evolutions are far from balancing one another. The former prevails. Two aspects of the current public debate are especially striking, as compared to previous stages of the debate. (i) Whereas one currently emphasizes the importance of changing part of one's way of life for tipping the balance, and whereas one intensively discusses coercive or incentivizing means to operate the required change, the huge demographic growth of both the last and the next decades is much less an issue than it was half a century ago, and one more easily contents oneself with a mere limited decrease of the demographic growth rate in the last and the next decades. (ii) Although one knows that the final catastrophe for humankind as a species is - at least - possible, one contents oneself more easily with addressing restrictions to one's way of life that are most likely to turn out to be insufficient, and distributive problems, whereas global demographic policy becomes a relatively neglected issue, especially in Western countries with a dramatically aging population. (The current debates on migrations are not related to the final catastrophe for the whole humankind, but to other issues). Measures for dramatically lowering the global reproduction rate could be imagined, for instance by analogy with measures for reducing greenhouse gas emissions. Yet, they may be not less 'repugnant' to the majoritarian moral intuitions as the 'repugnant conclusion' from the mere aggregation paradox presented by Parfit in the case of a dramatic increase of the global population, although possibly for other reasons, some of them pertaining to distributive concerns about social and global justice. Yet, enduring inaction in this matter is most likely to significantly increase both the risk of a final catastrophe, and of pandemics, and distributive problems related to growing global inequalities, for instance in health condition. Thus, this paper will inquire into the reasons for such a normative repugnance, which may turn out not to be grounded in moral theories like Kantian deontology or some version of utilitarianism.

Lisa Forsberg (University of Oxford)

Vaccination, purpose, and permissibility

There is a widespread assumption that vaccination should be voluntary, that is, that recipients' consent is required ('the consent assumption'). In this paper, I argue against the consent assumption, by considering an argument that has been made in respect of interventions employing medical means for the purposes of crime-prevention. According to this argument, which I call the argument from purpose, the acceptance of a consent requirement in respect of such interventions assumes that they are best understood as primarily (standard, therapeutic) medical interventions whose permissibility should be assessed against the standards of medical ethics, rather than interventions whose permissibility should be assessed against the standards of criminal justice ethics. This assumption relies on a mismatch between purpose and permissibility norms that requires justification. I consider a parallel argument, according to which the acceptance of a consent requirement in respect of vaccination assumes that vaccination is best understood as a primarily (standard, therapeutic) medical intervention whose permissibility should be assessed against the standards of medical ethics, rather than an intervention whose permissibility should be assessed against the standards of public health ethics for public protective interventions. I go on to consider three objections to the argument from purpose applied to vaccination: (i) that a consent requirement remains in place in respect of vaccination, regardless of purpose, because vaccination interferes with our bodies; (ii) that the argument from purpose mischaracterises the nature and purpose of vaccination; (iii) that the standards of public health ethics are not permissive, or are not as permissive as I have suggested, of nonconsensual interventions, and (iv) that the argument from purpose cannot be generalised from criminal justice to public health because recipients are criminally liable in the former but not the latter case. I argue that none of these objections are insurmountable, and that nonconsensual vaccination is much more easily justified than often thought. I end by considering some implications of my arguments.



Lucas Oliveira (UFMG)

A report of Brazilian first attempt of ethical approval of a Controlled Human Infection Model: criticisms and perspectives

During 2023 and 2024 there was the first attempt of ethical approval of a controlled human infection model (CHIM) in Brazil. The project was titled “Phase 1 Clinical Trial for safety and feasibility of controlled human infection studies with *Necator americanus* in Brazil for testing vaccines”. The project was funded by the Wellcome Trust and conducted by researchers from the Federal University of Minas Gerais, CT-Vacinas, George Washington University and Baylor College of Medicine. Hookworm disease is one of the most important parasitic infections in humans. It is estimated that more than 500 million people are infected worldwide, with the highest number of cases found in sub-Saharan Africa, Southeast Asia and South America. There are no vaccines for worms, including hookworm, although, there are effective drugs to treat the infection. Hookworm disease is especially serious in children and pregnant women, in whom chronic infection causes iron deficiency anemia. Nevertheless, in adults, the main symptoms are gastrointestinal symptoms and skin reaction, with no reports of serious adverse events in past human challenge trials. The final study protocol established that only graduated healthy non-pregnant adults would be able to participate in the challenge study after a robust process of education and engagement leading to a fully competent and informed consent. The research would be conducted by trained researchers, in safe hospital facilities, respecting all the best scientific practices and with proper medical screening and monitoring. The risk to third parties would be practically null, since only participants with proper sewage would be selected, avoiding the spread of the pathogen. Despite of fulfilling all the ethical criteria demanded by the World Health Organization and many bioethicists, the National Ethical Committee (CONEP) reprovved the research, even with the approval of the local Ethical Committee (COEP/UFMG). The National Committee argued that the risk-benefit balance was not clear in the project, specifically due to the intentional infection of healthy people. In this context, the presentation intends to analyze the arguments used by CONEP and debate future perspectives for the use of human challenge studies in Brazil, especially after the approval of a novel legislation regarding human experimentation.

Marcelo de Araújo (UFRJ) e Pedro Fior (UFRJ e IFRO)

The Pandemic Treaty and the case for enhanced human rights for the overshoot generation

In the context of international discussions around a pandemic agreement following the global mismanagement of the COVID-19 pandemic, we explore an additional concern that negotiating parties should be aware of regarding the role of climate change in causing more frequent and severe pandemics. We argue that negotiating parties should recognize not only differences in levels of development and capacities between states in health promotion and disease control, but also differences in vulnerabilities among generations, focusing, in particular, on the generation that will live during the temperature overshoot through the mid-21st century. An important intergenerational implication of this climate overshoot is that negotiating parties have strong normative reasons to materialise, as quickly as possible, pandemic preparedness and response measures agreed upon them in enhanced human rights for the overshoot generation in order to protect them from the worst consequences of future pandemic outbreaks.



Marco Antônio Oliveira de Azevedo (Unisinos)

Does knowledge circulate? Epistemological and ethical reflections on the reciprocal influences of circles of laypeople and experts during COVID-19

One of the characteristics of the era in which we live is the way in which information is disseminated among groups and individuals through digital networks. New digital technologies have effectively enhanced the development of traditional social networks, expanding and reconfiguring them, overcoming the limitations of traditional forms of social organization. This theme leads us to think about how science develops and disseminates in our time among different audiences (particularly among researchers, experts, clinicians and laypeople), given this new emerging technological environment. The COVID-19 pandemic has shown in a surprising way how the circulation of opinions through social media affects the production, dissemination and consolidation of scientific knowledge. Consider, for example, the drastic change in the WHO's position on the recommendation that the population wear cloth masks between April and June 2020, at the height of the COVID-19 pandemic. Influenced by the position of academic groups, until April 2020, the WHO did not recommend the use of cloth masks by the general population (see here: <https://apps.who.int/iris/handle/10665/331693>). However, on June 5, just over a month later, this guidance changed (See here: [https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)). See also: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31142-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext)). Some governments had already made independent decisions on the subject before the WHO changed its recommendation. However, opinions were quite conflicting for a long time. In the media, both favorable and negative opinions about the usefulness of masks circulated, with various claims about risks and harms (increased CO2 inhalation by users, risk of lung cancer, bacterial pneumonia, among others), generating fears and confusion among laypeople. In addition, there was a certain mismatch during the pandemic between the opinions of some scientists, experts, clinicians and laypeople about how to prevent and treat COVID-19. These divergences significantly affected the decisions of health authorities. So, how can we properly understand this dynamic and sometimes conflicting interaction between laypeople, clinicians, experts and scientists and its influence on decision-making about public policies? What are the best epistemological explanations for these "mismatches"? How can we properly understand this dynamic and sometimes conflicting interaction between laypeople, clinicians, experts and scientists? I intend to show how Ludvik Fleck's epistemology can help us understand this dynamic interaction between different circles of opinion and knowledge. Some consequences on the issue of shared decision-making will be addressed.

Milene Consenso Tonetto (UFSC)

Ethical Principles for Addressing Brazil's Land-Use Emissions

This paper explores the ethical and practical implications of the principle of Common but Differentiated Responsibilities and Respective Capabilities (CBDR), specifically focusing on Brazil's significant land-use emissions. The analysis emphasizes the urgent need to address the shrinking global carbon budget and highlights the critical role of deforestation in exacerbating emissions. Addressing climate change is crucial, as rising temperatures are projected to intensify health risks, including epidemics and pandemics, which will compound existing vulnerabilities. By proposing a principle that places greater emphasis on our duties toward environmental protection—incorporating biodiversity protection and sustainable development—the paper contends that low- and middle-income countries, such as Brazil, have responsibilities that include reducing emissions and halting deforestation. If these nations can achieve sustainable development without significant deforestation or fossil fuel use at reasonable costs, maintaining a high-emissions trajectory would be unjustifiable, representing a prima facie duty to pursue lower-emission alternatives.

Romina Rekers (Universität Graz)

Fair Allocation of Pandemic Burdens: A Heuristic Strategy from Climate Change Justice

Since the beginning of the COVID-19 pandemic, the debate on global pandemic ethics has focused mainly on the allocation of scarce medical resources and the identification of beneficiaries (Emanuel et al. 2020; Dos Santos Costa & Essar 2021). Less attention has been paid to the allocation of the burdens to contribute to pandemic preparedness and response. The WHO pandemic treaty adopts several substantive and procedural principles (JECKER, 2022; SCHAEFER et al., 2023). Responding to the burden-sharing question, the zero draft of the treaty incorporated the principle of common but differentiated responsibilities. The revised draft of the pandemic treaty considers three alternatives regarding the allocation of pandemic burdens that are under debate (WHO, 2023b). Some of these versions establish a limit to the degree of differentiated responsibility by requiring only a "commensurate degree" of responsibility. This limit considers the duties of the states that produce scarce pandemic resources, like vaccines, with their own residents, and it is compatible with moderate nationalism (EMANUEL et al., 2021). At the same time, it recognizes that efforts made by funder countries give them some priority over their pandemic supplies (MURALIDHARAN et al., 2022). We adopt a heuristic strategy that takes advantage of the learning potential of the climate justice debate and considers different principles of justice that inform different versions and interpretations of the principle of common but differentiated responsibilities.



Santiago Truccone (Universität Graz)

Climate Enrichment and Global Health

Climate change is affecting the physical health of people around the world. Evidence includes increased mortality and morbidity from extreme heat events, as well as an increase in food and waterborne illnesses and the spread of vector-borne and zoonotic diseases. In addition, climate-related aquatic pathogens and contaminants have increased the risk of such health threats. These impacts will be worse in the global South. The question then arises: who should bear the costs of the health impacts of climate change in the global South? Given that the developed countries of the global North have historically emitted more greenhouse gases than their developing counterparts, and that the latter will be disproportionately affected, it might seem that the inhabitants of developed countries should bear a greater share of the burden of addressing the health challenges that climate change is likely to exacerbate in the global South. Yet these developed countries tend to deny or minimise the significance of their historical greenhouse gas emissions in the global distribution of climate burdens, since most of the climate burdens fall on people living in these states today, who are not themselves morally responsible for historical emissions. I argue that even if people currently living in the global North are not morally responsible for historical emissions, they should still bear a greater share of the responsibility for addressing climate-related health problems. This obligation arises because they have benefited from "climate enrichment". According to the principle of climate enrichment, the current generation in the developed countries has benefited at the expense of current members of the developing countries. As a result, there is a compelling argument for the inhabitants of developed countries to bear a greater share of the burden of addressing the health threats that climate change will cause in the global South.