



Mercy Notes

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Preparing for Pandemic Flu

Until the recent swine flu outbreak, the H5N1 avian flu virus, responsible for over 250 deaths since resurfacing in Asia in 2003, has been the focus of attention for public health researchers.

This issue of *Mercy Notes* offers a Lutheran perspective on pandemic influenza preparedness. It also offers resources to keep you abreast of pandemic flu developments and help you understand the guidelines developed by your state and federal government.

States Develop Pandemic Flu Guidelines

In April 2007, all state public health directors submitted pandemic flu preparedness plans to the Centers for Disease Control.

In February 2008, California publicly released its comprehensive guide for providing emergency services after a massive disaster. A primary difference between disaster care and the normal standard of care is a switch from an individual patient rights based standard of care to efforts to sustain as many in a community as possible. Scarce resources, including ventilators and other medical supplies, would be rationed. www.cdph.ca.gov/HealthInfo/news/Pages/PH08-09.aspx.

A story in *The Sacramento Bee* discussed the most startling aspect of the plan: Patients considered the most likely to survive will receive the highest level of care. California Department of Public Health Deputy Director for Public Health Emergency Preparedness Betsey Lyman said, "That can mean saying to an individual patient, I can't give you a ventilator because I don't have enough for everybody."

New York also developed a disaster plan for rationing medical resources. "Allocation of Ventilators in a Public Health Disaster," in the March issue of *Disaster Medicine and Public Health Preparedness*, stipulated that treatment will depend on prognosis for recovery. Patients considered less likely to survive will not be placed on ventilators, and patients may be removed from ventilators against their wishes. Medical staff is directed to administer alternative care, including sedation, to prevent patients suffering "air hunger." Staff will follow guidelines for terminating life support and providing palliative care. The report warns facilities to expect a "significant increase in demand for palliative care." Read *The New York Times* story www.nytimes.com/2008/03/25/health/25vent.html?_r=1&ref=science&oref=slogin.

Iowa developed similar ethical guidelines in "An Ethical Framework for Use in a Pandemic" from the Iowa Department of Health. Read www.idph.state.ia.us/common/pdf/publications/panflu_ethical_guidelines_manual.pdf.

North Carolina released flu pandemic ethical guidelines in April 2007. In the preface, the task force co-chairs noted that during a disaster "the value of the common good" must take precedence over individual rights. See pages 51–57 of the 100 page report (www.nciom.org/projects/flu_pandemic/flureport.pdf) for comments on rationing ventilators and other resources.

Essential Workers

In October 2008, the Johns Hopkins Berman Institute of Bioethics released revised guidelines on who should be considered essential workers during a pandemic. The guidelines recommended health care workers and those who ensure continuity of public goods and services be given priority access to vaccinations and medical treatment. The expanded list also designates grocery store employees, public utility and sanitation workers, truck drivers, and communications workers as essential workers.

The institute suggested that local businesses, as well as middle income and wealthy families, prepare for self-sufficiency in the event that public activities are restricted. The intent of this suggestion is to enable the government to focus its resources on low income individuals and others unable to prepare for an extended quarantine.

Sources: California Department of Public Health, Iowa Department of Health, Medical News Today, New York State Department of Health, North Carolina Institute of Medicine, *The New York Times*

Commentary

Deciding Who Lives and Who Dies During a World Pandemic

by Rev. Dr. Robert W. Weise

Former Secretary of the U.S. Department of Health and Human Services Michael O. Leavitt said, "Pandemics are global in nature, but their impact is local. When the next pandemic strikes, as it surely will, it is likely to touch the lives of every individual, family, and community. Our task is to make sure

that when this happens, we will be a nation prepared."

As Christians, our task is to be informed on this subject, to pray, and to continue to care — always — for our neighbor. Our faith receives the blessings of our Lord. This includes the gift of medical technology and treatment that

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is used to sustain and bring comfort — not death — to those afflicted with disease or bodily trauma. We pray for those in the medical community who must present difficult choices to those whose lives may be in jeopardy. Part of living the life of Christ in this biotech century is to be informed so that, in Christ, our thinking is structured always to care — not to kill.

One area that will require proactive Christian discussion and forethought is how to decide who receives treatment with a mechanical ventilator during a public health disaster, such as pandemic flu, and how much input families and patients will have regarding withholding or withdrawing ventilator treatment.

In recent years, several articles have been published addressing the issue of deciding who will live and who will die during a pandemic health disaster. Who will be treated with a ventilator will depend on the availability of ventilators and the medical community's subjective judgment based on established ethical guidelines. As things now stand, during worst-case scenarios, those considered least likely to recover will not be afforded ventilator treatment.

The urgent, proactive nature of our understanding of this issue is based on the history of pandemic influenza outbreaks, the bubonic plague, and more recently, the avian flu virus.

From 1918–1919, the Spanish Virus Type A caused at least 675,000 deaths in the United States and up to 50 million deaths worldwide. The 1918 flu pandemic in Asia and Africa killed as many as 9 million. From 1957–1958, the Asian Virus Type A killed at least 70,000 people in the United States and up to 2 million worldwide. The Hong Kong Virus Type A struck from 1968–1969, killing 34,000 in the United States and 700,000 in other nations.

Martin Luther's Thoughts on Christian Aid of Neighbor

Martin Luther lived during the time of the bubonic plague – or Black Death – that hit Europe and the Mediterranean, killing thousands. In his brief paper, “Whether One May Flee from a Deadly Plague (1527),” he offered Christians a solid Christ-foundation should a pandemic health disaster occur. Luther wrote:

This I know well, that if it were Christ or his mother who were laid low by illness everybody would be so solicitous and would gladly become a servant or helper. Everyone would want to be bold and fearless; nobody would flee but everyone would come running . . . If you wish to serve Christ and to wait on him, very well, you have your sick neighbor close at hand. Go to him and serve him, and you will surely find Christ in him . . .

Luther is not saying that it is wrong to try to avoid a deadly pandemic. But Christian priorities dictate that you bear the burden of your neighbor before leaving your community. Luther's words remind us to pause and attend to serving and caring for others, as Christ serves and cares for us. We look at others as better than ourselves, and rather than seeking our own good, give them the advantage that they might be saved. This is the life of a Christian.

Selective Termination

Our Christian service does not discriminate. Therefore, we must loudly disapprove of any ageism issues that will certainly arise during a pandemic disaster. Ageism will result in treatment discrimination and selective termination of those elderly deemed financially or medically not worthy of a life. The value of human life – already reduced through elective abortions – will be further reduced.

Life is a continuum created and cared for by the Creator, the Lord Jesus Christ. Hence, we profess that all life – within or outside of the womb, whether young or old – is to be cared for and nourished with the Word of God that continues to tell us He is our refuge and strength.

If a pandemic disaster occurs, the medical community may be thrust into making difficult decisions about the allocation of mechanical ventilators and respirators. We pray health care providers will strive always to sustain life – not cause or contribute to death. We also pray they will plan ahead sufficiently to avoid making decisions about who is or

Further reading and resources:

- “Congregational Planning for Flu Pandemic” from LCMS World Relief and Human Care: www.lcms.org/ca/worldrelief/dnews/documents/200904_Congregational_Planning_for_Flu_Pandemic.pdf
- The Spring 2008 issue of the inter-Lutheran journal *Caring Connections* explores spiritual care and ministry and the role of neighbor during a pandemic crisis: www.lutheranservices.org/PDF/N4_CaringConnectionsSpring08.pdf.
- Helpful H1N1 flu information is available at the Centers for Disease Control and Prevention Web site: www.cdc.gov/h1n1flu/.
- A U.S. Department of Health & Human Services Web site provides updated pandemic flu information. It features a U.S. map that directs users to planning tips and guidelines for each state: www.pandemicflu.gov/whereyoulive/index.html.
- “Report on Pandemic Ventilator Policy Warns of Shortage” from *Homeland Security Today*: www.hstoday.us/content/view/2700/128/.
- “Lessons Found in History of Flu Pandemics” offers brief summaries of flu pandemics beginning with the 1918 Spanish flu: www.livescience.com/history/090430-flu-pandemic-history.html.

is not worthy of receiving a mechanical ventilator.

Regardless of the actions taken by the medical community, we serve our Lord Jesus Christ who was raised for the forgiveness of sins, and our neighbor. Therefore, our task is to make sure that, when and if a pandemic health disaster arises, we remain steadfast and immov-

able, always abounding in the work of the Lord Jesus Christ. Our faith, given by the Holy Spirit, holds to the Christ who is our hope, and hope in Christ does not disappoint us. In Christ, we are not afraid of a possible pandemic health crisis. We continue to believe, by faith alone, that Jesus Christ is the resurrection and life.



*Dr. Robert W. Weise,
Professor Practical Theology
Lutheran Foundation of St. Louis Chair of Pastoral
Ministry and Life Sciences
Concordia Seminary, St. Louis, Mo.*

Dr. Weise received M.S. and Ph.D. degrees in zoology from the University of Illinois and an M.Div. degree from Concordia Seminary. He has served as a professor of clinical hematology and as a parish pastor. He now occupies the Lutheran Foundation Chair of Pastoral Ministry and Life Science at Concordia Seminary in St. Louis, Mo.

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- Executive Director:
Rev. Matthew Harrison
- Managing Editor:
Dolliene Raabe, MSW, LCSW
- Graphic Designer:
Chrissy Thomas
- Copyeditor:
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