

January 28, 2015

Lisa M. Lee, PhD, MA, MS
Executive Director
Presidential Commission for the Study of Bioethical Issues
1425 New York Ave. NW, Suite C-100
Washington, DC 20005

Sent via email to: info@bioethics.gov

Re: Public Comments on Ethical Considerations and Implications of Public Health Emergency Response with a Focus on the Current Ebola Virus Disease (EVD) Epidemic

Dear Dr. Lee:

The American Nurses Association (ANA) welcomes the opportunity to provide comments on ethical considerations and implications of public health emergency response, with a focus on the current EVD epidemic. As the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses (RNs), ANA is privileged to speak on behalf of its state and constituent member associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of healthcare settings. ANA members also include advanced practice registered nurses such as nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists, and certified nurse-midwives.

We appreciate the efforts of the Presidential Commission to consider this important topic. The Federal Register notice states that topics of particular interest to the Commission include ethical and scientific standards for public health emergency response. One such standard is ANA's *Code of Ethics for Nurses with Interpretive Statements*.¹ The *Code of Ethics for Nurses*, revised and reissued in January 2015, is a guide for carrying out nursing responsibilities in a manner consistent with quality in nursing care and the ethical obligations of the profession. Section 8.4, *Collaboration for Human Rights in Complex, Extreme, or Extraordinary Practice Settings*, addresses the importance of conforming to international emergency management standards and collaborating with public health officials. The topic of quarantine is mentioned in Section 8.2, *Collaboration for Health, Human Rights, and Health Diplomacy*.²

You also seek comments on the impact of quarantine or other movement restrictions on the availability or willingness of health workers to volunteer in disease-affected areas. ANA, along with

¹ American Nurses Association. (2015). Code of Ethics for Nurses with interpretive Statements. Silver Spring, Maryland. Available at: <http://www.nursingworld.org/MainMenuCategories/EthicsStandards/Tools-You-Need/Code-of-Ethics.pdf>.

² The need for quarantine is also recognized by Section 1.4, *The Right to Self-Determination*, which states in part: Individuals are interdependent members of their communities. Nurses recognize situations in which the right to self-determination may be outweighed or limited by the rights, health, and welfare of others, particularly in public health. The limitation of individual rights must always be considered a serious departure from the standard of care, justified only when there are no less-restrictive means available to preserve the rights of others, meet the demands of law, and protect the public's health.

the American Hospital Association and American Medical Association, supports the Centers for Disease Control and Prevention's (CDC) guidance on this topic, which is based on the best available scientific evidence.

ANA supports a policy of appropriate monitoring for health care workers who have cared for or been in contact with patients with EVD. Those who are not exhibiting symptoms of illness consistent with EVD do not require quarantine. Monitoring should follow recommendations outlined by the CDC based on risk levels and the presence or absence of symptoms, including regular monitoring of body temperature and oversight by a public health agency. If symptoms do occur, the appropriate next step is isolation and transport to a medical facility for further evaluation.

It's important to balance protection of public health and safety with individual liberties. Policies to protect the public from the transmission of EVD must be based on evidence and science. Mandatory quarantine for individuals who do not have symptoms or risk factors is not supported by science. Such actions undermine efforts to recruit sufficient numbers of volunteer nurses and other health care professionals to help contain the spread of the disease in West Africa.

ANA's position emphasizing evidence and science as the foundation for decision-making extends to proposals to ban travel to the United States from West African nations affected by the EVD outbreak. There is no evidence to suggest that a travel ban would be effective, and public health experts oppose it. A ban could be counterproductive, encouraging individuals to try to circumvent reporting and other systems. ANA supports the current requirements for those traveling to the U.S. from affected nations in West Africa, including health care professionals who have provided care to EVD patients. Once these individuals have passed initial screening, they must engage in monitoring according to CDC guidelines and reporting to the appropriate public health agency.

Finally, you request input on the ethical and scientific standards for collection, storage, and international sharing of biospecimens and associated data during public health emergencies. Section 9.4, *Social Justice in Nursing and Health Policy*, supports the development of standards that would permit the collection, storage and international sharing of biospecimens and associated data during public health emergencies.

We appreciate the opportunity to share our views on this matter and welcome the opportunity to discuss these issues in greater detail. If you have questions, please contact Cheryl Peterson, Senior Director, Nursing Programs, at cheryl.peterson@ana.org or 301.628.5089.

Sincerely,



Debbie D. Hatmaker, PhD, RN, FAAN
Executive Director

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President
Marla Weston, PhD, RN, FAAN, ANA Chief Executive Officer