

The ethics of Zika

Exploring the questions around the outbreak

KEYUR DOOLABH Supervisors: Dominic Wilkinson, Julian Savulescu, Michael Selgelid, Lucius Caviola

Background

When the Zika virus infects pregnant women, there is an increased chance their baby will be born with a disability called **Congenital Zika Syndrome (CZS)**. Zika is an ethically complex disease, since it mainly affects fetuses, but there has been very little literature analysing the ethics of Zika.

Zika also exemplifies a philosophical idea called the **non-identity problem**. One way to reduce the incidence of CZS is for women to use contraception to **delay their pregnancy** while they are at risk of being infected with Zika. Unlike other interventions, contraception prevents CZS in a baby by preventing that baby from existing at all, since a **different baby** is born later instead. The non-identity problem asks if there is a **relevant moral difference** between these two types of interventions.

Aims

To explore the ethical issues raised by Zika, and suggest ways forward where possible based on empirical and ethical analysis.

Methods – empirical and ethical aspects

Empirical analysis: survey of public's prioritization of Zika interventions, and their moral intuitions on the non-identity problem.

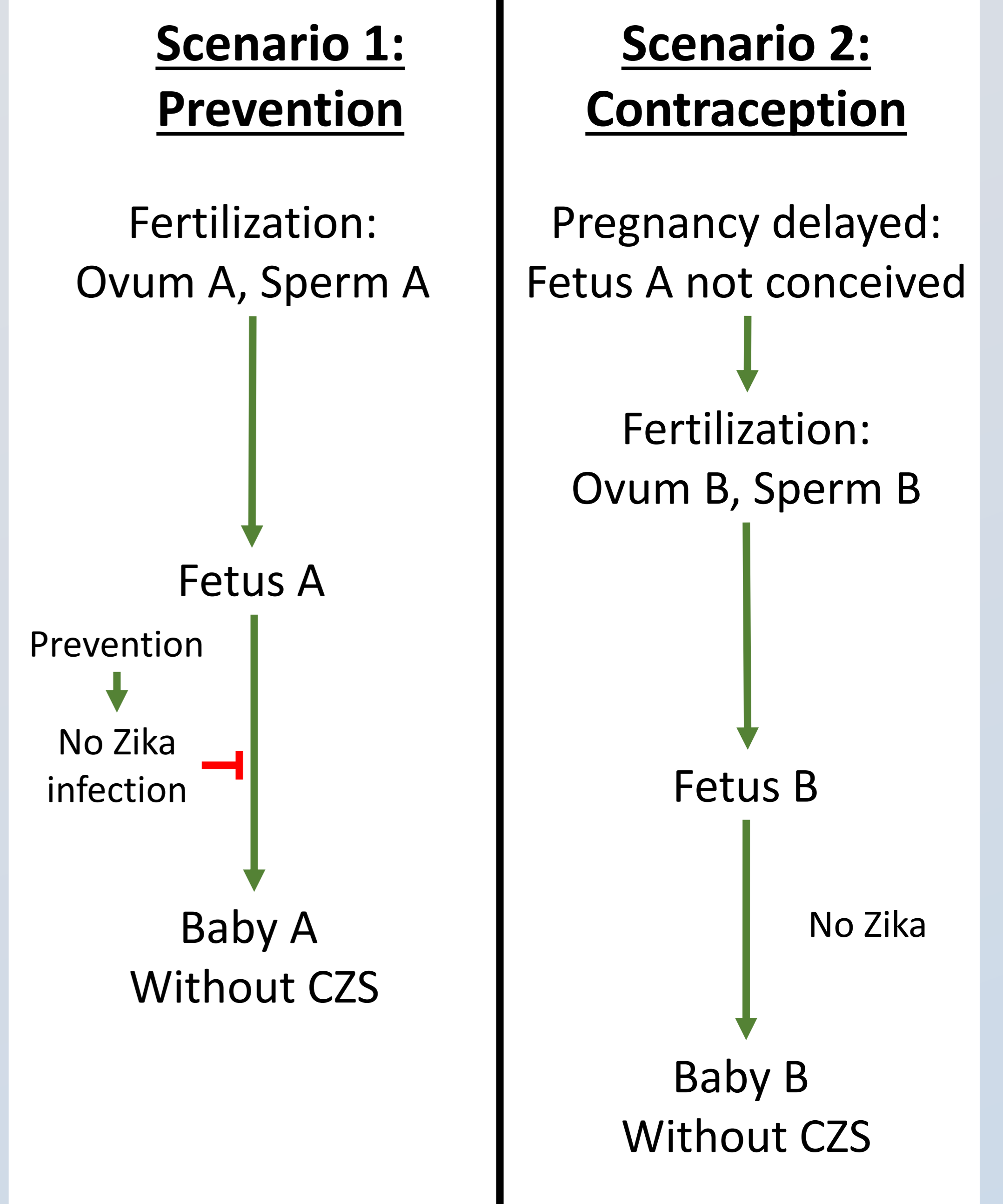
Ethical analysis: Reviewed literature, critically appraised arguments and made suggestions on how to tackle the outbreak.

Finding from these two aspects were **compared** to give each other **context**.

Results – Empirical analysis

The survey gathered 98 valid responses from the North American general public. Participants clearly preferred some interventions over others. Participants favoured interventions that **did not change babies' identity**.

The non-identity problem



Results – Ethical analysis

Areas discussed:

- Proportionality in public health
- Surveillance and consent
- Resource allocation
- Quarantine
- Mass gatherings and travel
- Screening cut-offs
- Novel interventions
- The non-identity problem
- Termination of pregnancy
- Genetically modified mosquitos

Conclusions

- Screening tools should be more specific rather than sensitive to avoid excess strain on healthcare systems
- Empirical risk analysis should inform public health advice for mass gathering events like the Olympics
- Contraception should not be ruled out as an intervention because of the non-identity problem
- Abortions should be made accessible for those at risk of CZS
- Genetically modified mosquitos should be used, but need to be monitored for human and ecological harms

