Interactive Ethics
The Ethics Program and STARS invites comments on the ethics dilemma that follows. Students should send their comments by e-mail to ethics@utsouthwestern.edu. We will post your comments with your initials, school name, and class subject (or anonymously if you prefer). At the end of the comment period, we also will post a perspective from the ethics program.

CASE FOR OCTOBER-DECEMBER 2010
(closed for comments)

Cholera Epidemic
In 2006, after a 22-year civil war, South Sudan in Africa had become an independent state. The new capital of South Sudan, Juba, was flooded with Northern refugees and other people. Crowding led to an outbreak of cholera, overwhelming the local health facilities. Cholera is a disease caused by a particular kind of bacteria. The disease is spread by diarrhea and poor sewer sanitation. The disease causes severe diarrhea, which can quickly lead to dying of thirst. A non-governmental agency, Doctors Without Borders, sent Dr. Delan Devakumar, a cholera expert, and his team to Juba to treat the outbreak. Dr. Devakumar’s team chose only to treat people with cholera for two reasons. (1) They could provide treatment of cholera free of charge. (2) They did not want to interfere with local doctors or discourage the new government from developing its own healthcare. Unfortunately, epidemics of measles and meningitis (a life-threatening infection of the nervous system) also broke out in Juba at the same time. Many people sick with cholera also developed these (and other) diseases. Many patients ended up coming to Devakumar’s Cholera Treatment Centre who had cholera and other diseases.

Questions:
1. Does Dr. Devakumar have a professional duty to treat people with diseases other than cholera? Why or why not?
2. Consider the viewpoints of the “stakeholders” (people who care about the outcome of this problem). What would be their points of view about the problem in question 1? Consider (a) the viewpoint of Dr. Devakumar, (b) the health department of the new Sudan government, (c) the doctors practicing in the Sudanese community, (d) the patients with only cholera, and (e) the patients with other diseases, with or without cholera.
3. Which is more important for a doctor to consider:
   a. His or her duty to the patient in front of them?
   b. Or the doctor’s duty to help the country establish a functioning healthcare system for all?

Student Responses

12.2.10

1. Dr. Devakumar has a professional duty to treat all patients (as many as he is able to) no matter what disease they possess. The doctor swore an oath to help patients and ease suffering when possible, not to ignore them if they possess another disease, one that he had not originally accounted for. As a doctor, he has the ability and most likely the supplies to treat those dying patients. Thus, as a doctor and a human being, Dr. Devakumar has a professional and moral, respectively, responsibility to help those patients and to do all he can to cure or treat those patient's disease.
2. (a) Dr. Devakumar's point of view would believe that he is a hero doctor that is giving up his time and money to help save human lives in a foreign country and help treat patients with cholera that would not normally have access to the treatments they need. He also would believe that he is justified in his decision to only treat cholera patients, because this will allow a national healthcare system to develop. (b) The health department of the new Sudan government most likely has the point of view that the Doctors Without Borders program is helping ease the stress of large amounts of sick cholera patients in the Sudan, but also threatening the future development of a national healthcare system for Sudan, something which could save thousands of lives in the future. (c) The doctors in Sudan most likely have the point of view that they are appreciative of the help that Doctors without Borders is providing in treating the sick patients in the country, but also believe that the DWB program could harm the future development of a national healthcare system for Sudan, something which could save thousands of lives in the future. (d) The patients with cholera would have the view point that they are grateful for the treatments they are receiving, but also believe that they should be receiving priority treatment over any other patients because that was the original and primary purpose of the clinic. (e) The patients with other diseases most likely have the point of view that they should be receiving treatment for their individual diseases, whether or not the disease they have is cholera, because they believe they have as much of a right to life and to treatments for diseases as any other patients.

3. It is much more important for a doctor to consider the immediate needs of a patient in front of them rather than the needs of a national health care system. First, the health care system is would be finished and start helping people well into the future, while treating a patient provides for immediate aid to a human being and may result in the saving of a life now. Second, there is no guarantee that the new healthcare system will prove viable or even productive in the society, while doctors treating individual patients is always helpful to the patients and at least attempts to save lives at all times rather than ignoring a patient to hope for an eventual setup of an unconfirmed healthcare system. Finally, a doctor has a responsibility to a patient to treat them and do all they can to save the patient's life if it is in jeopardy, but has no duty to a government to try to set up a new healthcare system, especially at the expense of human lives that could have been saved if they were treated for the diseases they were ill with.

E.S.

Although Dr. Devakumar is considered to be an expert in cholera, as a medical professional he should be and feel obligated to her the people of Juba as he can. As a professional it is almost safe to say he has at least a general education in other diseases, therefore he should use his knowledge to help those who are in need.

2. (a) Dr. Devakumar should have very little hesitation when it comes to helping people with other diseases. As a medical professional, he has taken an oath and has sworn to help those in need. Of course by him treating those others, this could raise tension between himself and the Sudanese government as they are trying to establish a health care system. (b) By all means, the government of Sudan would be totally against Dr. Devakumar trying to treat those without cholera, but in reality they should realize his help is necessary. I believe that they could make a mutual agreement and Sudan's healthcare system and the doctor and his team could work together to help the people of Juba. (c) The doctors of the Sudanese community should be open to his help because they could potentially learn a great deal from his practice thus, helping out their communities health care system. Once again a mutual agreement should be made, and both teams should be able to work together with the health of the people as the top priority. (d) The patients with only cholera should be okay with letting Dr. Devakumar helping others, because he is helping them as well. In fact, more than likely those with cholera probably
have at least one other family member who is suffering with another disease and they should be more than welcome for the doctor to help them as well. (e) The patients with other disease with no doubt obviously would love to have Dr. Devakumar's help. They should have the opportunity to get healthy if possible along with those who have cholera.

3. As a devoted medical professional Dr. Devakumar should consider his patients much more important than his relations with the country of Sudan. In my opinion, if Sudan's healthcare system and the doctor are willing to work together they can help treat the patients in need at the time and help establish a functioning healthcare system for all. At the end of the day, it is more important to save lives that are at stake right at that moment before trying to establish a system.

M.S- Plano West Senior High School

12.2.10

1. I believe that Dr. Devakumar and his staff do not have the professional duty to treat all types of diseases when his primary and only reason for stationing in South Sudan. The second reason for deciding to treat the disease in the first place clearly backs this point. He states that he "[does] not want to interfere with local doctors or discourage the new government from developing its own healthcare," meaning that this is one way to help contain the outbreak and hopefully help reduce the number affected, yet he and his staff have no intentions of preventing the state from eventually developing a system where they can treat the citizens effectively themselves. Not only is this important, but also if the health department and all the remaining doctors in practice in the state become accustomed to Dr. Devakumar treating all sorts of patients, it would probably negatively affect them when Dr. Devakumar leaves.

2. (a) As a doctor, Dr. Devakumar probably wants to do all that he can to help the people of South Sudan (why would he be there if not), but he probably also sees it as a potentially huge burden. Neither he nor his staff were prepared to do so, so clearly it would be not only an inconvenience to them but it would probably be difficult to figure out how to cost effectively treat multiple diseases which they had never anticipated. (b) The health department of the Sudan government would probably be more than willing to receive help from anyone they can find, especially since being in control of everything is new to a newly independent state, yet I could easily see the people of the health department relying on Dr. Devakumar to treat anyone and everyone while they take their time catching up. Meaning, Dr. Devakumar and his staff would be their 'crutch' and what is to say they don't "milk the cow" for as long as they can? This is not to say that the health department has poor intentions just that it is easy to adjust to someone else taking care of a major issue. (c) Along with the health department, the doctors would probably benefit from not having to treat as many patients at such an extent. Of course some might prefer to do so because it ultimately means more money in their pockets, but it also means less exposure to the disease as well as less stress and less burden on their particular shoulders. (d) For the patients with ONLY cholera, it would make sense for them to not favor Dr. Devakumar treating everyone because it would mean that they receive more attention and specific treatment yet it would not be surprising if a few fell outside this line because they have a family member or someone close who they want to receive treatment as well. (e) Of course from the viewpoint of the stakeholders they are in favor of Dr. Devakumar treating all diseases because this would mean better healthcare in general. There is clearly a reason why these potential patients have these problems and have yet to get them fixed, so whether or not Dr. Devakumar is supposed to or even able to treat them, they would definitely want him and his staff to do so.

3. It is easy for someone to say that the doctor should focus on each individual and their particular case and decides whether or not he should help based on the extent of their sickness, yet it is more important for a doctor to be able to detach themselves when needed and look at the big picture. In this case, the
big picture being performing the duties the doctor was intended to do, and helping someone help
themselves by letting the country establish their own functioning healthcare system.

S.R. -Plano West Senior High School

12.2.10

Being a medical professional, Dr. Devakumar has a duty to treat all the patients that come into his care,
no matter of the disease that they are inflicted with. Even if the other diseases don’t fall within the scope
of the doctor’s expertise, he should still attempt to cure them to the best of his abilities or at least ease
their discomfort as much as possible. Nevertheless, despite all this, I agree with the doctors’ conditions
with which they chose the patients to help. The “Doctors without borders” program, though great in its
activities, would not remain there forever. Treating all the diseases in the cities would make the nation
dependent on such programs, preventing it from developing any of its own health care. This way, by only
treating patients with a specific disease, the program of doctors was helping the people as well as the
future of their nation.

2. I think that in Dr. Devakumar’s opinion, he would think himself to be obligated to treat all the patients
that came in his care. He would want to oblige to the laws of restricting his care to specific patients, but
he would also not be able to keep himself from helping a patient if faced with the situation. (b) I think that
the Sudanese government would welcome but also in other ways reject the interference of the doctors.
The government would be happy that their people were being helped with proper medical treatment.
However, they might limit the program to the extent of the treatment that they are providing. The
government would want to encourage their own health care system and their own medical professionals
so that they would be able to further improve the overall health care system for their nation in the future.
(c) The local doctors and facilities might seem as welcome to the existence of the new programs as the
people. In their opinion, these programs would take away their patients, thus making them suffer losses.
They do not consider, however, that the doctors of the program do not provide their help for selfish
needs, but they do so to improve the health of their patients. (d) I think that the patients that already have
cholera wouldn’t care if the doctors treated the other patients. However, they might think that they should
have greater access to the doctors since they were their original patients. (e) The patients with diseases
other than cholera wouldn’t have any reason to complain if they doctors decided to treat them as well.

R.G - Plano West Senior High School

12.2.10

1. No. Dr. Devakumar does not have an ethical duty to treat these patients; however the reasons given
for not doing so are not terribly sound. While both of those reasons are technically true I feel that a better
reason to treat only cholera would be simply that it was their purpose for coming in the first place.
Cholera seems to be the most deadly and widespread threat in the region and it would be much more
efficient to treat one thing over and over again than to be constantly switching gears for other things. In
the end I look at it as a numbers game. I feel that more people could be helped if the team was to focus
solely on one disease and that possibly the time it would take to treat other illnesses would cost more
people there lives in the end. I feel as though I do not know enough about the situation though so it is hard for me to take a definite stance. In the end my belief is that the doctors should try and save as many people as possible and that could mean turning away some people.

2. (a) I feel that it would probably be very hard for him to turn away patients in need but if it is better in the end then he made the right decision. (b) the health department and really any government institution only care about statistics they would agree with my stance. (c) the fellow doctors would look down upon turning away people in need (d) the patients with cholera would feel more secure knowing that everything possible was being done to help them and without delays (e) would feel cheated and abandoned.

3. The statistics—save as many people as possible whatever it takes.

M.D.R. – Plano West Senior High School

12.2.10

1. Dr. Devakumar does not have the professional duty to treat the patients that came down with measles and meningitis because he is an expert in only cholera. Though every extra hand would be beneficial, Dr. Devakumar should not have been the primary physician for those patients, and only those who have cholera. He could have also given his expert advice on how cholera and the other diseases interacted, but did not have the professional duty to treat the other patients.

2. (a) Dr. Devakumar's point of view is that he is providing his expert help for the patients with which he can. Due to the fact that cholera and meningitis/measles are completely different illnesses, he is helping more than hurting the lives of the patients. (b) The health department of Sudan's new government's point of view is thankful due to the fact that Dr. Devakumar can give them vital information on how to treat and cure cholera, something which they did not have prior to him visiting. (c) The doctors in the Sudanese community feel more of a pressure to treat so many new patients and see Dr. Devakumar as a helping hand, not as a burden. Dr. Devakumar is treating patients that the Sudanese doctors might not have gotten to in time, and thus making it easier on them. (d) The patients with only cholera are obviously thankful for Dr. Devakumar's help because he is an expert and without him, they might have gotten sicker, or have even died. (e) The people with other diseases are happy to see a doctor in the first place, regardless of whether or not said doctor is Dr. Devakumar.

3. The doctor's duty to the patient in front of him is the most important responsibility that he should concentrate on. Dr. Devakumar is a traveling doctor, and shouldn't have a major say in the Sudanese healthcare policies anyway. Dr. Devakumar should have focused the most on his patients because that patient could get better and become a Sudanese doctor who helped said healthcare system, or any number of things. The risks if Dr. Devakumar helped create the healthcare system are that he could have a biased opinion that would be harmful instead of beneficial to the country, and could always fail. Dr. Devakumar's expertise in the patient's illness will ensure their recovery and life to follow, and will treat each patient equally.

A.L. – Plano West Senior High School

12.2.10

1. Yes, Dr. Devakumar does have a professional duty to treat people with diseases other than cholera. As a physician, it is Dr. Devakumar's duty to treat each patient that comes to him, regardless of his or her disease. Physicians are considered to be people who save lives every day. While Dr. Devakumar is “a
cholera expert”, it is assumed that he still has some kind of background in other types of illnesses and would be able to treat patients who were suffering from diseases and illnesses other than cholera. To save as many lives as possible and to prevent even more diseases from spreading, it would be Dr. Devakumar’s duty to treat patients with illnesses such as measles and meningitis in Juba. Also, even though Dr. Devakumar and his team do “not want to interfere with local doctors or discourage the new government from developing its own healthcare”, it would not be appropriate to leave the patients with no healthcare alternative, as it does not seem that local doctors are equipped to treat such diseases at this point.

2. (a) From Dr. Devakumar’s point of view, it is crucial to help cure the people of Juba from their sickness with cholera. Not only is it the ethical thing to do as a medical professional, but it is also obvious that Dr. Devakumar truly wants to help his patients because 1) he is providing the healthcare free of charge and (b) he is trying to cure his patients without largely interfering in the country’s current healthcare program. The health department of the new Sudan government is probably skeptical of Dr. Devakumar’s interference. Although they clearly do not have the resources at this time to treat the cholera epidemic and the outbreak of other diseases, they probably would like to promote their own healthcare as opposed to that of Dr. Devakumar. Therefore, the health department probably does not view it as Dr. Devakumar’s “duty” to treat the patients. (c) The doctors practicing in the Sudanese community likely have beliefs similar to those of the health department of the Sudanese government. On one hand, the doctors probably do not want to be overstepped and overshadowed. On the other hand, however, they are probably grateful for the assistance Dr. Devakumar has provided. Dr. Devakumar’s experience with cholera has probably brought new resources and information to the area. (d) The patients with cholera must feel like it is Dr. Devakumar’s duty to treat them. Since the disease was quickly spreading and people were dying of thirst, it was necessary to have some type of interference in these patients’ treatments. They are also probably interested in having the patients without cholera treated so that other diseases do not continue to spread. (e) The patients with other diseases certainly believe that it is Dr. Devakumar’s duty to treat patients with diseases other than cholera. Since these patients have diseases other than cholera themselves, they are interested in Dr. Devakumar’s assistance since their government and local doctors are not providing enough care.

3. It is more important for a doctor to consider his or her duty to help the country establish a functioning healthcare system for all in the long run. Before this can happen, however, it would be necessary for the doctor to care for the patient in front of them. By helping the patient in front them, the doctor will eventually lead the country on a path to creating a functioning healthcare system for everyone by treating and eradicating many diseases. Without trying to establish a functioning healthcare system for all, many people in the country will continue to get diseases and go untreated because of the fact that healthcare will still remain largely inaccessible to many people for various reasons.

L.H.- Plano West Senior High School

12.2.10

1. Dr. Devakumar does not have a professional duty to treat the people of South Sudan for other diseases other than cholera. The reason is because Dr. Devakumar does not specialize in measles or meningitis; he is a cholera expert. He has no obligation to try helping cure the other diseases. Now this may sound redundant, but he went there specifically for cholera. Seeing as this was being done for free, he should only be doing what he was sent to do and to use his supplies to help him cure the cholera patients, which were most likely geared toward helping get rid of the cholera epidemic anyway.
2. (a) Now from Dr. Devakumar’s point of view, he would most likely feel it is his duty as a man of the medical field, to use whatever is in his power to help give his patients the best quality of life possible, even if that means going a bit above and beyond what he and his team were originally intended to do. (b) The healthcare department of the new Sudan department would most likely be happy that other agencies and doctors are willing to help ease the burden of the epidemic and wouldn’t mind Dr. Devakumar doing more than just curing cholera to help the people of South Sudan. (c) Now the doctors could go both ways. Ethically, they should be happy to have extra help in fixing the epidemic. However, financially, if there are other doctors, like Dr. Devakumar, taking away their business, by giving away treatments for free, it can be frustrating. (d) The patients only with cholera would probably prefer that Dr. Devakumar only focus on treating the cholera epidemic. That way, they get their disease fixed faster and have more resources to be used on them. (e) The patients with other diseases I am sure would be overjoyed to hear Dr. Devakumar start treating other things that cholera. For them, it would be free health services, which is obviously very desirably, especially in those conditions.

3. A doctor’s duty is always to his patient. He has no responsibility in setting up a country’s healthcare system. His job is to treat his patient and increase his patient’s quality of life.

S.F. - Plano West Senior High School

12.2.10

1. Dr. Devakumar has a duty to treat the patients with diseases other than cholera because he is a healthcare professional and it is very wrong for him to neglect the patients that have other diseases.

2. (a) I think Dr. Devakumar would feel inclined to treat the patients because he is a healthcare professional and shouldn’t be choosing what disease to treat and what not to treat. (b) The health department of Sudan would probably want him to treat the other patients also because even though the other doctors in the country would lose some patients, it would be selfish to say that they cannot be treated by Dr. Devakumar. (c) The other doctors in the Sudanese community would be angry because they would be losing patients to him. They probably would not want him to treat the patients with other diseases no matter how bad it gets because they want the patients for themselves. (d) The patients with cholera would probably not like it very much because he was there to only treat the patients with cholera and they might not get treated as quickly. (e) I think that the patients with the other diseases would be grateful to Dr. Devakumar because he’s treating them also instead of telling them he can’t.

3. I think that the doctor’s duty to the patient in front of them is more important than helping the country build a functioning healthcare system because in a crisis, the actual help is needed more than building a foundation. If the patients are not helped then, the disease would keep spreading and people would keep dying.

M.K.

12.2.10

1. No, Dr. Devakumar does not have a professional responsibility to treat the patients with other diseases. It is clearly stated that if he does treat the patients with other diseases the country will be negatively affected and may never be able to learn and get the opportunity to develop their own healthcare. He should treat those only those patients with cholera and treat them only for what he is specialized in which is cholera.

2. (a) Dr. Devakumar must think that he doesn’t have a professorial duty to treat the people with the other disease but he must feel a sense of, not professional but, personal responsibility to do the right
thing and not let the person suffer for something that's not their fault which is not having a stable healthcare yet. (b)(c) The Health Department thinks that maybe these are doctors that they can learn from and be able to apply it to their own healthcare once Dr. Devakumar and his team leave. (d)(e) It is not the patient's fault that their country does not have a set healthcare so they must think that they should not be punished by not being treated for something that in the end is not their fault.

3. In any situation, the current people who are living and sick, their deaths should never be justified by the outcome that a certain country is trying to reach. The country should be able to accept help from foreign doctors to help treat the people who are currently diseased, while the country still is able to develop and stabilize their own healthcare.

A.M. - Plano West Senior High School

12.1.10

1. Dr. Devakumar does not have a professional duty to treat people with diseases other than cholera because that is not what he signed up for in the first place. That specifically was not his and the group's responsibility.

2. The stakeholders' points of view about the problem in question 1 could be that they might need all the help they can get, so, they would appoint Dr. Devakumar to the job. (a) The viewpoint of Dr. Devakumar may be either that he would be pleased to help out and treat people with diseases other than cholera or that he believes he should only do what he came there for. (b) The health department of the new Sudan government might see it as an opportunity to get help also, like the stakeholders' viewpoint. (c) As for the doctors practicing in the Sudanese community, they might not have the same materials, education, and information for the diseases, so they may want help, too. (d)(e) I think that the patients with only cholera and the patients with other diseases would definitely prefer having extra doctors on the spot, treating their diseases.

3. It is more important for a doctor to consider his or her duty to the patient in front of them.

M.L. – Coppell High School

12.1.10

1. It is not Dr. Devakumar's duty to treat people who have diseases other than Cholera. His intention is not to interfere with the local doctors or discourage the new government from developing its own healthcare.

2. (a) Dr. Devakumar did not want to develop his own healthcare system in their country, but he will treat the patients as best as he can. (b) The health department of Sudan did not really want Dr. Devakumar to take over the healthcare but they were thankful that they had someone who could take care of the Cholera within the people. (c) The doctors practicing the treatments did not want him to do their job by also treating other diseases that arose later on. (d) The patients only with cholera did not really have much of a problem with the issue because they only had the disease that Dr. Devakumar was given to treat. (e) The patients with other diseases with or without cholera may have some of a problem with the issue because they don't want to be treated by a person that isn't authorized to do so.

3. Most of the time, the job depends on what they are authorized to do. In this case, both circumstances are very important. The doctor needs to do their job properly while making sure that they keep an eye on what they might be doing wrong noted by the government.

S.R. – Coppell High School