



COMMENTARY

To Quarantine or Not to Quarantine: An Ethical Perspective

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The case study on “To Quarantine or Not to Quarantine” brings to the fore the perennial tension between individual rights and public health. Though quarantine is medically effective, it is costly. As such, it must be ethically justifiable and implemented in a way that respects the civil liberties and those affected as well as the larger society.

I will address the ethical justification for the cardinal position of overriding individual rights for the public good using Ross Upshur’s principles as a framework. Upshur discusses four principles that must be met before public health officials implement autonomy-limiting strategies. These are the harm principle, the proportionality or least-restrictive-means principle, the reciprocity principle and the transparency principle.¹ Although these principles provide a framework for decision making during public health challenges, it is important that the interest of those directly affected by the communicable diseases is balanced against the interest of the general public within the context of the principles of human rights.

Beyond the consequentialist argument, the moral obligation not to harm others is the basic ethical justification for quarantine.² Thus, if quarantining exposed people prevents infection to others, it is justified. The harm principle indicates that there must be a clear and demonstrable scientific evidence of person-to-person transmission before instituting autonomy-limiting strategies such as quarantine and isolation.

Whereas isolation separates those affected by communicable diseases, quarantine separates and restricts the movement of those who are well but exposed to communicable diseases. Isolation is warranted in the case of the patient with multi drug-resistant tuberculosis (XDR-TB) who exposed more than 600 people on two flights and the woman with an active case of the measles who traveled through four US airports, potentially infecting hundreds on the airplanes in which she flew. Quarantine of those exposed, though appropriate in the two conditions would be more difficult to implement especially with the XDR-TB where the infected person travelled several countries exposing more than 600 people on two flights. Even the woman with an active case of measles who traveled through four US airports, potentially infecting hundreds on the airplanes, tracing and quarantining those exposed would be a difficult undertaking that might not be cost effective.

Assuming this was possible, isolation of the two infected people and quarantine of those exposed to XDR-TB and measles should be done with the principle of proportionality or least-restrictive-means being upheld. For the two infected people, they should be isolated and treated voluntarily. Failing that, they should be mandatorily isolated. Even though this will violate their civil liberties, they have knowingly violated the civil liberties of others by exposing hundreds of travelers to XDR-TB and measles. As the case study states “officials didn’t violate Andrew Speaker’s or the New Mexico woman’s liberties, but what about the interests of all the airplane passengers who spent hours with them, and now need to go

¹ Ross Upshur, “The Ethics of Quarantine,” *Virtual Mentor* 5 (2003), accessed Dec. 4, 2014, <http://virtualmentor.ama-assn.org/2003/11/msoc1-0311.html>.

² Matthew K. Wynia, “Ethics and Public Health Emergencies: Restrictions on Liberty,” *The American Journal of Bioethics* 7 (2007): 1-5.

through the trouble of getting tested and protecting their family and friends? There is more to public health ethics than protecting civil liberties.”³

The principle of least-restrictive-means is derived from the Siracusa Principles. According to the Siracusa Principles, any public health measures that are coercive must be “legitimate, legal, necessary, non-discriminatory and represent the least restrictive means appropriate to the reasonable achievement of public health goals.”⁴ Based on the principle of least-restrictive-means, if those exposed to XDR-TB and measles can be traced, public health officials should educate them on the need to be tested and followed up so they can protect their loved ones and others from being exposed to the same conditions they have been exposed to. Voluntary quarantine can be effective when people understand the need for it and should be offered first. If voluntary quarantine fails, orders for mandatory quarantine can be issued as a means of containing a public health challenge.

The principles of reciprocity and transparency are part of social justice, the core value of public health.⁵ For those affected to be isolated or quarantined, the principle of reciprocity must be upheld. If affected individuals are to give up some of their civil liberties in the interest of public health, the principle of reciprocity requires that society has a reciprocal obligation to help those so affected. This may range from providing them with the most basic needs such as adequate food and shelter to protecting their interests at work and ensuring they are not discriminated.

The principle of transparency requires that public health authorities communicate clearly and in a transparent manner, stating the justification for their actions. In addition, there should be avenues for those who feel their civil liberties have been infringed to appeal to the appropriate authorities. According to Upshur “If the above conditions can be met, there is a prima facie justification for the use of quarantine.”⁶

From the foregoing discussion, it seems obvious that the rights and interests of the general public should come before that of the non-compliant and infectious person during public health challenges. However, public health ethics raise issues central to any society committed to freedom and justice. Individual rights and civil liberties must only be curtailed when it is undeniably essential to protect the health of the larger society.

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³ Upshur, 135.

⁴ “The Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights,” UN Commission on Human Rights, September 28, 1984, E/CN.4/1985, accessed Dec. 7, 2013 <http://www.refworld.org/docid/4672bc122.html>

⁵ Lawrence O. Gostin, *Public Health Bioethics Briefing Book*, accessed Dec. 5, 2013, <http://www.thehastingscenter.org/Publications/BriefingBook/Detail.aspx?id=2246>

⁶ Upshur, 135.