
Ethics of quarantine: the West African Ebola crisis



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As West Africa is reeling from the devastating Ebola Virus Disease (EVD), there should be careful examination of public health measures, such as quarantine, implemented by the three most affected nations: Liberia, Sierra Leone and Guinea. Quarantine is a practice that is hundreds of years old—and even precedes the development of the germ theory—that was utilized globally to protect communities from infectious diseases.¹ However, with this practice came stigmatization as well as questions of whether it was ethical to infringe an individual's autonomy and the role and responsibilities that society or the governments "owe" an infected person.¹

Examining the 2014 EVD crisis against the backdrop of past political, economic and social sufferings, there is still a great responsibility that must be placed upon nations and health systems to uphold the ethical standards of public health measures, such as quarantine.² This paper utilized the four principles of Ross E. G. Upshur's Public Health Ethics Framework and compared actions taken by the "powers", namely government systems, public health departments and international health care organizations to the outcomes of the West African populations placed under quarantine in these regions.

By considering these four essential principles, there was a clear demonstration that quarantine

measures observed by affected countries infringed on an individual's autonomy, with a lack of consideration of physical and social needs along with a deficiency of transparency in government and health system procedures.³

If ethical frameworks such as Upshur's (2002) Public Health Ethics Framework were utilized, it would assist nations and public health systems in providing a transparent platform, while avoiding harms to the autonomy of the individual and appropriately addressing the needs of the population.²

Reflecting on how this crisis unfolded over the last 20 months raises a concern about the role of these higher "powers" in influencing how rapidly these nations' will recover from this difficult time. It is also important to consider the need for balanced investment in which there will not only be resources pooled to prevent a future EVD outbreak, but also to build strong and resilient health systems with continued provisions to overcome any other future outbreaks.²

Ultimately, the responsibility does not solely lie on the nations affected by EVD, but must ultimately be a global effort to ensure that there are appropriate networks of information, guidance and support so that ethical implications of public health measures become a priority rather than an afterthought.