

ETHICS AND ALLERGY

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ABSTRACT

Medical ethics uses specific methods and approaches to examine moral situations in health care. It has become increasingly important with the impressive advances in healthcare technology. The best-known approach to medical ethical dilemmas is that of the four principles, namely, beneficence, non-maleficence, respect for autonomy and justice, but even this approach has problems when the principles conflict. In allergy we should advocate for our patients' rights, promote best allergy practice, establish codes of ethics for dealing with the industry, and promote ethical allergy research. A new approach is to develop an *ethics of responsibility*, in which we accept responsibility for the world which we have created. This responsibility is to other people, to our environment and also to future generations.

INTRODUCTION

I have become increasingly interested in medical ethics as a result of my work in intensive care, and yet ethical questions affect all of medical practice, including allergy. In this article I attempt to define some concepts, and then apply ethical principles to some problems as they may affect allergy practice.

DEFINITIONS^{1,2}

Morality is concerned with relations between people and how they can best live in peace and harmony. The goal of morality is to protect a high quality of life for an individual or for a community as a whole. Morality consists of many values and duties based on various beliefs.

Values describe objects or things that we hold dear, for example, life. Moral values describe qualities that constitute 'the good life' related to how people are best able to live in peace and harmony with others.

Duties refer to the actions that we carry out as a response to claims on us, and can be imposed on us either by ourselves or by others. Moral duties are actions which we carry out to play a part in building a society in which we are able to live in peace and harmony with others.

Ethics is a systematic reflection on morality. It uses specific methods and approaches to examine moral situations, and questions assumptions about existing components of moralities. It is meant to give answers to questions about how men and women should act in certain situations. Medical ethics relates specifically to ethics as applied to health care.

MEDICAL ETHICS

Medical ethics dates back to the time of the ancient Greek philosophers, when Hippocrates, the founder of Western medicine, proposed the physician's oath. Doctors today still swear to a modernised version of this oath. Until very recently health workers were not really aware of the importance of good moral philosophy in health work.² We received little formal training in ethics and the language and examples used in our instruction were often alien to us. Busy practical jobs often leave us very little time to reflect on the ethics of our endeavours. Yet bioethics has become increasingly important as medical technology advances, even though many of the issues date back to ancient times.³ As an example, one of the major problems currently facing us in South Africa is that of fair distribution of scarce resources, the fundamental issue being that of distributive justice. But justice is the central question addressed in Plato's *The Republic*, written in about 375 BCE!

The four principles of medical ethics

The approach to medical ethics in terms of the four principles is known as 'principlism' and is well respected around the world.⁴ These four principles are beneficence, non-maleficence, respect for autonomy and justice (Table I).

Table I. The four principles of biomedical ethics⁴

- Beneficence (helping patient)
- Non-maleficence (not harming patient)
- Respect for autonomy
- Justice

The principle of beneficence requires that, in moral problem situations, our first concern ought to be the benefit and interests of the patient. This implies that we ought to strive to provide the best available treatment to the patient and that we ought to acquire the ability and knowledge to treat disease competently. This principle may come into conflict with other principles, such as justice.

The principle of non-maleficence requires that we take care not to do something that may harm the patient or his/her interests during treatment. For example, euthanasia is seen as being in conflict with this principle.

Respect for the autonomy of the patient is a recent principle, but for many it is viewed as one of the most important biomedical principles. It states that each human individual is, in most instances, the champion of his/her own interests and destiny. A person should always be treated as an end and not as a means to an end, an idea popularised by Immanuel Kant. This means that a person has the right to decide about his/her own health care and treatment. It has become increasingly important in medical research, where a patient has the right to fully informed consent and to decide about his/her participation in a study.

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Justice has become increasingly important because of the high cost of health care and the necessity therefore for some form of rationing. The question is whether there is a certain minimum of health care for which the state ought to take responsibility. If health care is regarded as a human right, it may have significant financial implications for the state.

The four principles are a useful approach to ethical decision-making in medicine, and they are well recognised internationally. They are, however, not without problems. The first is what to do if the principles conflict, e.g. beneficence and justice. The second problem is to decide to whom and to what they apply. In any doubtful situation, one should weigh and balance the principles against each other and come to a decision as to what in that situation is the most compelling one. As an example, if an HIV-positive patient refuses to inform his/her sexual partner of the result and also refuses to permit the doctor to do so, what ought the doctor to do? How does one weigh up the principle of respect for patient autonomy versus the principle of beneficence?

ETHICS, ALLERGY AND ALLSA

The European Academy of Allergy and Clinical Immunology (EAACI) identified seven major areas in ethics, which they felt should be considered for future intervention.⁵ These are summarised in Table II: (i) a better humane approach to the allergic patient; (ii) definition and respect of patients' rights – environmental issues, preventive measures, informed consent, smoking policy; (iii) clinical issues – doctors' rights, relationship with complementary and alternative medicine; (iv) relations with industry – congress participation, gifts, research; (v) a code of ethics for members, including conflicts of interest; (vi) research issues – research ethics, publications, new technologies; and (vii) to establish a central European Committee on Ethics in Allergology.

Table II. EAACI: Focus areas in ethics

- Humane approach to the allergic patient
- Definition and respect of patients' rights
- Clinical issues
- Relations with industry
- Code of ethics for members
- Research issues
- Establishment of a central European Committee on Ethics in Allergology

ALLSA should take the lead with regard to ethical practice in allergology in South Africa. We should advocate for a comprehensive approach to the allergic patient, and ensure that our members and other colleagues are kept informed of this approach. We should facilitate respect of patients' rights in terms of the principle of autonomy. Patients should be kept informed about treatment issues and should be co-deciders in their treatment plan. We must participate in establishing treatment algorithms, e.g. for asthma and allergic rhinitis, and ensure that we advocate evidence-based treatment which is also cost-effective. We should also intercede with policy-making bodies such as the Medicine Control Council on treatments such as immunotherapy.

ALLSA already has representation on FLAG (the Food Legislative Advisory Group) through Harris Steinman. It is vital that we continue to have input at this level so as to ensure that patients have access to accurate food

and drug labelling. We should publicly support the state's policy on smoking and tobacco advertising.

An area where I believe ALLSA could play a vital role is regarding relations with the pharmaceutical industry and in research. We have always had a very good relationship with industry, which has even had representation on our executive committee. The Society would be unable to function without the support of the industry: income from congresses and from journal advertising is used to fund our activities, and our research awards are fully funded from two pharmaceutical companies. This close relationship has occasionally proved problematic. An example that comes to mind is the trade symposium at a congress, which was not clearly advertised as such and which caused both ALLSA and the company concerned severe embarrassment. The ALLSA Excom resolved at a recent meeting that authors of articles in our journal and speakers at congresses will henceforth be encouraged to declare any conflict of interests.

ALLSA is a major supporter of research in allergology through the UCB-ALLSA and GlaxoSmithKline-ALLSA research awards. It is incumbent upon the Society to promote ethical research, and to ensure that institutional review boards have properly assessed all projects considered for funding. One danger in South Africa is that a large amount of research consists of industry-funded pharmaceutical trials. These trials generate income, but are frequently designed to ensure registration of a product for a specific indication, and contribute very little to scientific knowledge. Protection of patients' best interests is paramount. A recent analysis of asthma trials in children concluded that therapeutic studies comparing inhaled corticosteroids to placebo in children with persistent asthma are unethical.⁶

CONCLUSION

Because health workers intervene in people's lives, they can make a difference, for better or for worse. Seedhouse² considers that work for health is a moral endeavour because it can release more or less human potential, and the more enhancing the potential liberated, the higher the degree of morality produced by an intervention. The point of treating someone's disease or allergy is to enable that person to achieve more of whatever potential s/he has to live a fulfilled life. We wish to remove the obstacles to that potential not because the obstacles are undesirable *per se*, but so as to release the good they are blocking.

I would like to conclude this article by drawing on the ideas³ of Professor Anton van Niekerk, Head of the Bioethics Unit at the University of Stellenbosch. He points out two important aspects of our current understanding of morality and ethics. Firstly, humans and the products of their technology are neither essentially good nor essentially bad. The problem does not lie with the technology but with what is being done with it. He feels one should distinguish between things that are *inherently bad* and the *bad uses* to which things can be put. The problem with some of the new medical technologies is not that they are essentially bad, but that they may be abused, e.g. the potential of using cloning to create a super race. There is no logical or complete ethical code that will conclusively fit this contemporary ambivalent morality.

Addressing the problem of the ambivalence of moral phenomena in this situation, Van Niekerk makes a plea for the need to develop an *ethics of responsibility*. He argues that the crisis in morality and moral reflection that we currently encounter is a result of the undermining of traditional forms and the basis of moral decision-making and morality. Some moral philosophers are urging for a return to virtue-ethics or character-based

ethics, i.e. an ethics that is based on role models in small communities. But this does not take into account how complex our world has become, and Van Niekerk does not believe that this approach to ethical decision-making will address modern ethical dilemmas. We have to accept responsibility for the world in which we live and which we create by means of science and technology. We must be prepared to be held accountable for our inventions, designs and decisions; this accountability is to other people, to the environment and to future generations. An ethics of responsibility is an ethics that does not claim infallibility in decision-making, but is a commitment to accountability. Therefore Van Niekerk argues for ethical sensitisation of students and healthcare workers to morally controversial aspects of their practices.

I would like to appeal to ALLSA members that we become morally sensitised in our practices and in so doing contribute to the betterment of our colleagues, our patients and ourselves.

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Declaration of conflict of interests: I have been a recipient of an ALLSA-GlaxoSmithKline research award; a speaker for MSD; sponsored by AstraZeneca to Asthma for Africa Congress in 2003; member of CiplaMedpro Advisory Board, and have conducted clinical trials of asthma therapy in children.

PRODUCT NEWS

INTRODUCING XYZAL

XYZAL (levocetirizine) is a fast-acting and effective, once-daily antihistamine treatment, indicated for allergic rhinitis and chronic idiopathic urticaria in adults and children from 12 years of age.

One of the most recently launched antihistamines, Xyzal has a dual mechanism of anti-allergic action, combining an effective antihistaminic action with anti-inflammatory properties.^{1,4} This action and these properties are thought to be behind its efficacy in reducing nasal congestion.^{1,2} Xyzal works rapidly, up to 2 hours faster than another of the most recently introduced antihistamines and effectively controls symptoms over 24 hours, also providing better coverage.³

Xyzal is a well-tolerated medicine with a low incidence of side-effects. It is a non-sedating antihistamine which does not influence cognitive and psychomotor function, and hence does not impair concentration or the ability to perform daily activities.⁹⁻¹³ Furthermore, Xyzal has very low potential to interact with other medications a patient might be taking.

Xyzal is the pharmacologically active enantiomer of the racemic compound, cetirizine dihydrochloride (Zyrtec). Zyrtec has been available as a leading therapy for allergic rhinitis and chronic urticaria for more than 15 years, thus providing added confidence about Xyzal's safety and tolerability in long-term use.

Xyzal is available in 5 mg tablets.

Efficacy of Xyzal

A range of clinical trials have demonstrated the excellent efficacy of Xyzal in both allergic rhinitis and chronic urticaria.^{1,7}



In a comparative trial between Xyzal 5 mg and Deselex (desloratadine) 5 mg, in patients with seasonal allergic rhinitis (SAR), Xyzal demonstrated not only a faster onset of action versus desloratadine (1 hour vs 3 hours), but also superior symptom control.³ Similar results have also been obtained in patients suffering from SAR with Xyzal 5 mg compared with loratadine 10 mg.⁴

In patients with perennial allergic rhinitis (PAR), Xyzal 5 mg has demonstrated superiority over placebo¹ and a faster onset of action over standard-therapy loratadine 10 mg in a Vienna Challenge Chamber (VCC) study.⁵

In the first trial using the new WHO Allergic Rhinitis and Impact in Asthma (ARIA) guidelines for the classification of allergic rhinitis, Xyzal demonstrated efficacy in patients with persistent allergic rhinitis. The XPERT™ trial showed that Xyzal was significantly more effective than placebo in patients who had allergic rhinitis for more than 4 days per week and lasting at least 4 consecutive weeks (persistent allergic rhinitis).⁶

Xyzal 5 mg has been shown to be a fast and effective treatment for the worst symptoms of chronic idiopathic urticaria.⁷

References on file.

