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2009 : March 2009 - New Hot Papers : Heidi Malm

**NEW HOT PAPERS - 2009**

**March 2009**



**Heidi Malm talks with *ScienceWatch.com* and answers a few questions about this month's New Hot Paper in the field of Social Sciences, general.**



**Article Title: Ethics, pandemics, and the duty to treat**

Authors: Malm, H;May, T;Francis, LP;Omer, SB;Salmon, DA;Hood, R

Journal: AM J BIOETH

Volume: 8

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Year: 2008

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(addresses have been truncated)

**SW: Why do you think your paper is highly cited?**

The *American Journal of Bioethics* has broad appeal, an extensive and diverse readership, and excellent methods of making manuscripts available on-line for comments before they come into print. Further, the article itself addresses a very timely topic—healthcare workers' duty to treat in times of pandemics—that is of interest to academicians and practitioners in medicine, law, philosophy, public health, and government, both nationally and internationally.

**SW: Does it describe a new discovery, methodology, or synthesis of knowledge?**

The article provides a very detailed philosophical/logical critique of five arguments that have been commonly proffered in favor of healthcare workers' duty to treat, but which, surprisingly, had not been subject to the kind of critique needed to determine (a) the range of any such duty across the various fields of healthcare work and (b) the applicability of the arguments in times of fast-moving, infectious diseases (e.g., **avian flu**, Ebola) which increase the health risk to the workers themselves and alter the conditions under which the care is provided.

To put it in another way, it is easy to proclaim that, "Yes, they do have a duty to treat even at increased risk to themselves," or that "No they don't," when what was really needed was careful attention to such things as (a) the referent of "they," (b) the moral/ethical grounds for the duty, c) the professions' respective codes of ethics, (d) the social contracts between society and the professions, etc., etc. The article provides that attention.

**SW: Would you summarize the significance of your paper in layman's terms?**

I intended the whole article to be presented in layman's terms, although it does

*"there are huge social and political implications related to this issue and this general subject area, and I trust many, many scholars and practitioners will continue to address it."*

include a section on moral theory. More to the point, the article examines five commonly offered grounds for claiming that healthcare workers have a "duty to treat" even at increased risk to themselves, and it maintains that none of the arguments is currently sufficient to ground the kind of duty that society would need were society to be hit with a fast-moving, deadly, infectious disease, such as a humanly transmissible avian flu. The article also offers, though less centrally so, some suggestions to help rectify the problem.

Any given reader may not like the conclusions of the particular arguments: (I, too, wish some were different). But the logical reasoning is sound. And its implications for pandemic planning are clear. A conclusion (*e.g.*, that healthcare workers have a duty to treat) isn't true just because someone wants it to be true or that because it would be good for society if it were to be true.

**SW: How did you become involved in this research, and were there any particular problems encountered along the way?**

I became involved in this topic when a colleague, one of the co-authors, asked me to join a "working group" on pandemic planning. I believe I was initially asked to join because of my background in moral and legal theory as it they relates to the duty to prevent harm. The group received funding and started researching several issues related to pandemic planning.

**SW: Where do you see your research leading in the future?**

Members of the group are currently finishing manuscripts on allocation strategies for flu vaccines and the need for compensation for quarantine-induced harms. I'm back to working on other issues related to ethics and preventive medicine, in particular, ethical issues related to medical screening for diseases such as cancer, as well as the furthering of evidenced-based medicine.

**SW: Do you foresee any social or political implications for your research?**

Well, there are huge social and political implications related to this issue and this general subject area, and I trust many, many scholars and practitioners will continue to address it. But, as for this particular article or my research—I can't be so arrogant as to claim such implications.

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KEYWORDS: PHYSICIANS; OBLIGATION; BIOTERRORISM; SARS; PREPAREDNESS; INFLUENZA; CARE.



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