

ETHICS AND ALLERGY PRACTICE

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INTRODUCTION

When I was an undergraduate student we were taught the principles of biomedical ethics, but Latinate terms such "beneficence" and "non-maleficence" meant very little to me. This was also the era of "the doctor knows best", so that patient autonomy was not taken very seriously. Four experiences fostered my interest in medical ethics:

1. My work in paediatric intensive care, which often requires very difficult decision making;
2. Working and interacting with Professor Louis Reynolds, who sensitised me to issues of human rights and children's rights in particular;
3. A course in medical ethics, starting in 2000, offered by Professor Solly Benatar at the Colleges of Medicine of South Africa, in which he made ethics come alive; and
4. The invitation to give a talk on "Ethics and Human Rights in South Africa" at our annual Academic Year Day at the Faculty of Medicine and Health Sciences at Stellenbosch University in 2002.

The two other speakers in this session were Professor Louis Reynolds and Professor Anton van Niekerk, the Head of the Centre for Applied Ethics in the Department of Philosophy at Stellenbosch University. Professor Van Niekerk had established an MPhil in Applied Ethics, and many medical professionals had done this course, which offered specialisation in bioethics as one of the tracks in the second year of study. Professor Mariana Kruger, currently the Executive Head of the Department of Paediatrics and Child Health at Stellenbosch University, strongly encouraged me to do the MPhil when we were external examiners at the University of the Witwatersrand in December 2000, and I eventually embarked on it in 2004. I graduated in 2008 after finalising my dissertation, which was titled "HIV in the Paediatric ICU – An Ethical Challenge".

ETHICS AND ALLERGY IN SOUTH AFRICA

The first paper combining ethics and allergy that I presented at an ALLSA congress addressed ethical issues regarding allergy practice, including the rights of patients to access therapy and the doctor-patient relationship. Subsequently ALLSA congresses regularly included ethics

topics, such as ethical issues in treating children and the relationship between the pharmaceutical industry and the medical profession. Professor Matthias Haus gave valuable contributions and insights with his unique perspective at three congresses. My first article addressing ethical issues in allergy was "Ethics and Allergy", published in *Current Allergy & Clinical Immunology* in 2004.¹ Subsequently "Vaccination and ethical issues" was published in the November 2009 issue.² I was gratified when the Editors, Professors Eugene Weinberg and Heather Zar, decided to include an ethics section in every issue of *Current Allergy & Clinical Immunology*. This has provided people interested in ethics and medical law with the opportunity to publish in a Journal that is ISI accredited, and our members and readers have also been able to acquire ethics CEU's by answering the questions in each issue.

The list of ethics articles and authors published in the ethics section to date are listed in Table I (see next page).

ETHICS AND ALLERGY IN THE LITERATURE

Jason Behrmann obtained his PhD from the University of Montreal in 2012 with a thesis titled, "Ethics in Health Policy for Allergy: A Practical Approach for Decision-Makers".³ He subsequently published an article in *Allergy, Asthma and Clinical Immunology* in 2013 on "The paucity of ethical analysis in allergology". In this article he made the point that "the amount of ethical reflection and research in allergology is limited at best".⁴ He identified less than 50 articles addressing the issue of ethics and allergy, and few of them addressed ethical concerns as they pertained to the practice of allergology. Much of the subject matter involved research ethics, particularly in the field of asthma, and in particular, concerns around placebo-controlled trials of new anti-inflammatory medication in asthma.⁵⁻⁹ Very little attention was paid to allergy issues in public health and health policy.⁴

One clinical area that has generated interest is that of food allergy. Wendy Hu and Andrew Kemp have written a number of articles discussing how to quantify the risks of peanut allergy, and the uncertainties involved in counselling

Table I: CACI Ethics articles to date

YEAR	ISSUE	AUTHOR / TITLE
2004	August	Kling – Ethics and allergy
2009	November	Kling – Vaccination and ethical issues
2010	June	Kruger – The ethical approach to evidence-based medicine
2010	August	Kling – Conflict of interest
2010	November	Kling – Confidentiality in medicine
2011	March	Kling – Off-label drug use in childhood asthma
2011	June	Hattingh – Towards a shared ethics of global climate change
2011	August	Kling – Professionalism, education and allergy
2011	November	Kling – Ethical Issues in Treating Children
2012	March	Kling – Truth telling in clinical practice: Is it ever OK to lie to patients?
2012	June	Naidoo – Colleagues and substance abuse – what are my ethical responsibilities?
2012	August	Marian – Severe allergies and the law: the case of anaphylaxis
2012	November	Kling – The “Choosing Wisely” campaign and ALLSA’s ethical responsibilities
2013	March	Kling – The “difficult” patient: may I refuse to treat him?
2013	June	Kling – Allocating treatment for rare allergic diseases – the rule of rescue
2013	August	Fisher – Assent to participate in healthcare research
2013	November	Naidoo – Drug-abusing patients – can I refuse to treat them?
2014	March	Naidoo – Invitation to participate in clinical trials – what are my ethical responsibilities?
2014	June	Naidoo – Obtaining informed consent for surgery
2014	September	Kling – Danger at the frontier – Social media and Ethics
2014	December	Kling – Is it OK to accept gifts from my patient?

families of affected children as to this risk.¹⁰ Should clinical decisions include the preferences of the parents? How do we assess what is in the best interests of the child? Making parents the primary decision makers may result in excessive parental anxiety and reduced quality of life. Additionally, if every child with peanut allergy, regardless of risk, has to be issued with an adrenaline autoinjector, the cost implications would be significant. Society also plays a role in terms of the value placed on the life of a child. The authors conclude that doctors should acknowledge the uncertainty regarding the risk of a severe reaction, explain to parents (and the child,

if old enough) the relative risks, harms and burdens, and support families in making decisions.

Another important ethical area in allergy practice is addressing the needs of the food allergic child in school and crèches, and implementing fair policies regarding food allergies in schools. The conflict involves respecting the confidentiality of the food allergic child and avoidance of stigmatisation, while addressing issues of risk and harm. The food allergic child also has the right to be educated in safe environment, and exposure to food allergens may

cause harm. At the same time it is essential to be fair to other children so that their rights are not infringed.

Most guidelines on food allergy policies in schools address two issues: (1) management of an emergency situation (anaphylaxis) and (2) prevention of exposure to and/or accidental ingestion of a food allergen.¹¹ Management of anaphylaxis involves training of staff to recognise the emergency and to treat it using injectable adrenaline. It may also require indemnification of the person administering the injection. Prevention may be achieved by strict policies that prohibit any sharing of food or food containers between children, and the creation of “allergen-free” areas in cafeterias or classes. Experts advise that care should be exercised to prevent the isolation of the food allergic child from other children. They also advise that the food allergy should not prevent the child from participating in all school activities, including outings. Total bans on food allergens such as peanuts are usually not effective, although they do reduce allergen exposure, and they also infringe on other (non-food allergic) children’s rights.¹¹ In crèches and preschools, however, where young children do not have the capacity to avoid major allergens, food bans may be justifiable.¹¹

ETHICAL ISSUES AND ALLERGOLOGY IN SOUTH AFRICA: THE FUTURE

I think we have come a long way since my first article on “Ethics and Allergy” in 2004.¹ Many of the ALLSA congresses include at least one presentation on ethics, and the ethics section in *Current Allergy & Clinical Immunology* is included in every issue. We have a Governance Charter

and regularly review our conflicts of interest and our relationships with the industry. We have become sensitised to ethical issues involving children and allergy and asthma research, and ethical issues in clinical practice. We have developed guidelines for allergy testing and management of allergic disorders. Where I do believe we need improvement, however, is in policy development and advocacy for patients with allergic problems. Allergy is a neglected aspect of both under- and postgraduate curricula. We need to ensure that doctors are properly trained in allergy so that they are able to recognise and manage allergic disorders appropriately and cost-effectively. We must also advocate for equity of access to health care services and to appropriate treatment, including expensive therapies if necessary, for people with allergic diseases.

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