Experimental Ebola drug sparks ethical controversy

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The decision to use an experimental drug to treat two Americans infected with Ebola, while nearly 1,000 Africans have already died from the deadly epidemic, has sparked controversy—but US experts say it was ethically justified.

The World Health Organization announced Wednesday it was convening a special meeting next week to explore using experimental drugs in the West African outbreak, after two health workers from the US charity Samaritan's Purse were treated with a drug called ZMapp.

The experimental drug is still in an extremely early phase of development and had only been tested previously on monkeys. It has never been produced on a large scale. There is no proven treatment or cure for Ebola.

Samaritan's Purse members Kent Brantly and Nancy Writebol, however, have shown improvements since taking the drug.

Why not in Africa?

The news has prompted calls to make the drug available to hard-hit Guinea, Liberia and Sierra Leone.

Nigeria, where there have been seven confirmed cases so far, has already announced talks with the US Centers for Disease Control on the

possibility of getting access to ZMapp.

And three leading Ebola experts, including Peter Piot, who co-discovered the Ebola virus in 1976 and is director of the London School of Hygiene and Tropical Medicine, urged the drug be made more widely available.

"It is highly likely that if Ebola were now spreading in Western countries, public health authorities would give at-risk patients access to experimental drugs or vaccines," said the joint statement Wednesday, according to the Los Angeles Times.

"The African countries where the current outbreaks of Ebola are occurring should have the same opportunity," it added.

Mapp Pharmaceuticals, the US company behind the drug, said any decision to use the drug should be made by treating doctors within regulatory guidelines, and added it is working to increase production.

Risk the untested?

But US President Barack Obama said Wednesday afflicted countries should focus on proven public health measures, rather than an untested drug.

However, "I will continue to seek information about what we're learning with respect to these drugs going forward," he added.

Experts said extending the use of ZMapp is not cut and dry.

They also dismissed questions over the fairness of offering ZMapp first, and so far only, to the two white Americans who have been infected.

"When you have that high a fatality rate, the pressures might appear irresistable. but you do have to remember there is harm that can come from unproven treatments," said G. Kevin Donovan, director of Georgetown University center for bioethics.

He said Brantly and Writebol were good candidates for taking the risky drug, since their medical training would have helped them understand the extent of the danger.

Furthermore, he said, they were especially deserving because "these are people who deliberately put themselves in harms way."

Many of the dead have been African health workers and doctors, also infected while caring for patients. Sierra Leone's top Ebola doctor, Omar Khan, died July 29.

But Arthur Kaplan, director of New York University's medical ethics division, said the key difference is that "the religious mission (the Americans) worked for took it on themselves to find the drug," he said.

"I think we do need a system to ration scarce drugs, but no international group has suggested anything," he said.

He further stressed that even though they have had a good response so far, it is "far, far" from proven that the drug is actually beneficial.

"The ethical plan to follow is to redouble efforts to stop the epidemic by prevention."

Nancy Kass, a Johns Hopkins professor who formerly worked on the WHO's ethics committee, stressed that "there is a reason why drugs have to be tested before we give them to people."

It's "very easy to paint it as if there's nothing to lose," she said, but "I think there is something to lose."

Beyond the risk of the drug being harmful, it can be harder to understand the effects of a drug outside the controlled parameters of a study protocol, she said.

Whether it's ultimately worth it, is "a decision that should be made by the top experts in the world," Kass said, something she hopes will happen next week at the WHO.

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