

CONFRONTING EPIDEMICS **Perspectives from History, Ethics, and the Arts**

University of Virginia School of Medicine
Center for Health Humanities and Ethics

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Consultants

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Welcome to **Confronting Epidemics—Perspectives from History, Ethics, and the Arts**. This two-week, six-module course explores historical and contemporary societal, ethical, and artistic responses to selected epidemics of infectious or contagious disease, particularly responses to the plague, including the Black Death in medieval and early modern Europe, cholera outbreaks in 19th century England and elsewhere, the 1918 global influenza pandemic, and HIV/AIDS in the late 20th century, with lessons for the current Covid-19 crisis and beyond. Each module addresses circumstances of and responses to these disease outbreaks, each of which transformed medical, social, political, and cultural institutions and perspectives. Each module also invites reflection on the professional and personal impact and implications of what you're learning.

Module 1: Introduction to epidemics, including historical overview, and to the approach of this course

Module 2: Plague, including the Black Death, in Europe

Module 3: Cholera in the 19th Century

Module 4: 1918 Global Influenza Pandemic

Module 5: HIV/AIDS in the United States

Module 6: Covid-19 and Beyond

Learning objectives: You will be able to

- Broaden your perspective on epidemic infectious disease through an understanding of selected epidemics in history
- Gain greater understanding of practical ethical/bioethical questions arising in the public health and medical management of epidemic disease
- Appreciate human responses to epidemics, as represented in literature, film, and visual art
- Bring insights from history and culture into current sociopolitical, ethical, health care, and human responses to epidemic disease, particularly the current Covid-19 outbreak

- Cultivate an interest in the humanities and arts in general, yielding long-term intellectual and creative enrichment and enhancing *aequanimitas* in your busy, complex, and sometimes risky career
- Reflect on your own professional formation and personal development in a time of public health and medical crisis

Schedule: The six modules are being offered across two weeks, 23 March through 3 April 2020, with class materials and activities, including assigned readings and required reflective exercises, apportioned and alternated across the ten weekdays. You'll have some assigned engagement every day for those ten days.

Course process: You will learn largely via self-study. You will complete assigned readings and viewings, engage in required creative and reflective exercises, and write in response to instructors' questions and prompts, with your writings kept in a personal electronic portfolio to be reviewed by the instructors at the end of the course.

A UVA Collab site for the course has been created, with all students given access and also instructed via email how to log into Collab. Most required readings are posted on Collab, under the Resources tab. Other readings/viewings can be accessed directly online, via hyperlinks provided in the syllabus.

At intervals during the course, you'll engage with one another, remotely via Zoom or another platform of your choice, in your Foundations of Clinical Medicine (FCM) small groups (but without coaches). In these sessions, you'll share your work and reflect together. We will conduct two live class sessions via Zoom, the first on Tuesday morning, 24 March, at 10:00 am; you'll be invited to join by Robin Hardy-Small, the FCM coordinator. Our concluding Zoom sessions, on Friday, 3 April, will be class specific (9:00 am, Class of 2021; 10:30 am, Class of 2022).

Work expectations: You're expected to devote a minimum of 6-8 hours of work to each module. This being a UVA course, the UVA Honor Code applies, and we expect you to abide by it.

Our course is anchored by the book *Pandemics: A Very Short Introduction* (Oxford University Press, 2016) by UVA history professor Christian McMillen. You may read *Pandemics* online for free (thank you, UVA Health Sciences Library!). While selected chapters are required reading for this course, we strongly encourage you to read the entire book.

Participants who wish to pursue further, more focused study on a selected topic may do so. We have a list of supplemental resources, all of which can be obtained online or via delivery from Amazon or another online marketplace; most supplemental works require personal purchase.

CONFRONTING EPIDEMICS

Perspectives from History, Ethics, and the Arts

Syllabus and Schedule

Monday, 23 March: PREPARATION

1. Start your personal electronic portfolio by creating a dedicated folder to hold your responses to readings and exercises.
2. Complete this required reading (on Collab Resources):
 - Charles Rosenberg, "What Is an Epidemic? AIDS in Historical Perspective," *Daedalus* 1989, 118(2):1-17
3. Complete this reflective activity:

Preparing for and enduring an infectious disease pandemic involves many kinds of waiting. Read the suite of short texts (on Collab) about waiting, including in medical settings. Respond briefly in writing, and post this to your portfolio.

 - Jamie Samson, "The Other Kingdom," *Hektoen International*, 17 March 2020
 - Robert Lee MacCameron, "Waiting for the Doctor" (painting), in Editor's Newsletter, *Hektoen International*, 17 March 2020
 - Elizabeth Bishop, "In the Waiting Room" (poem)
 - Clayton Dalton, "In Boston, Doctors Wait," *The New Yorker*, 21 March 2020
4. Begin your "Journal of Our Plague Year":

There's a long tradition of eyewitnesses to epidemics keeping journals during a "plague year"; such journals are some of our most valuable historical records of tumultuous times in personal, family, and civic life. In light of this tradition, keep a journal during this period, reflecting on your personal and professional life in the context of the Covid-19 pandemic. Write entries daily during this course—and beyond. As this course proceeds, your journal should place your personal and professional experiences in dialogue with previous outbreaks where appropriate.

For starters—

 - Write an entry—any length, any format—about how you, as a medical student, are experiencing (from an enforced distance) the Covid-19 pandemic and associated preparations/interventions.
 - Write about your impressions of social distancing as practiced in your daily life.

Tuesday, 24 March: INTRODUCTION

1. Watch video of introductory session with Professors Marcia Day Childress, James F. Childress, and Christian McMillen
2. Complete these required readings (on Collab Resources unless otherwise indicated):
 - Christian McMillen, "Introduction," in *Pandemics: A Very Short Introduction* (Oxford University Press, 2016), pp 1-6
<https://ebookcentral-proquest-com.proxy01.its.virginia.edu/lib/uva/detail.action?docID=5848242>
 - David Morens, Gregory Folkers, Anthony Fauci, "Emerging Infections: A Perpetual Challenge," *Hektoen International*, reprinted from *Lancet Infectious Diseases* Nov 2008, 8(11):710-719

- Priscilla Wald, "Introduction" and "Epilogue," from *Contagious: Cultures, Carriers, and The Outbreak Narrative* (Duke Univ Press, 2008) (entire book is online, for free, at Duke Univ Press website: <https://www.dukeupress.edu/Explore-Subjects/Syllabi/Navigating-Pandemic-Syllabus>)
 - Zuzanna Stanska, "Plague in Art: 10 Paintings You Should Know in the Times of Coronavirus," *DailyArt Magazine.com*
 - Start on readings for Wednesday
3. Complete a portfolio posting:
Considering these readings, respond in writing to ONE study question (see study question list)—your choice of question. Your portfolio posting in response to a question should be 1-2 pages in length.
 4. Write a journal entry

Wednesday, 25 March: PLAGUE, ESPECIALLY THE BLACK DEATH

1. Complete these required readings (on Collab Resources unless otherwise indicated):
 - Christian McMillen, "Plague," in *Pandemics: A Very Short Introduction* (Oxford University Press, 2016), pp 7-30
<https://ebookcentral-proquest-com.proxy01.its.virginia.edu/lib/uva/detail.action?docID=5848242>
 - Rosemary Horrox, *The Black Death* (excerpt), University of Manchester Press, 2013.
<https://web.stanford.edu/class/history13/Readings/Horrox.htm>
 - *The Plague Book: "Orders thought Meete ..."* UVA Health Sciences Library's online exhibit. A full digital copy of a 16th-century English plague book issued under the authority of Queen Elizabeth I, with instructions for quarantine, handling of bodies, recipes for preventive and curative medicines, etc. Read the superb "Overview" by UVA historian Duane Osheim and "Advices for Preventing and Curing Plague" by Anne McKeithen, then browse the original document (with modern English transcript provided):
<http://historical.hsl.virginia.edu/plague.html>
 - Jessica Mellinger, "Fourteenth Century England, Medical Ethics, and the Plague," *AMA Journal of Ethics*, 2006, 8(4):256-260
 - Erin Maglaque, "Inclined to Putrefaction," *London Review of Books* 2020 (20 Feb) 42(4)
 - Hugh Willmott, Peter Townend, Diana Mahoney Swales et al, "A Black Death Mass Grave at Thornton Abbey: The Discovery and Examination of a Fourteenth-Century Rural Catastrophe," *Antiquity* 2020, 94(373):179-196
 - Erin Blakemore, "Why Plague Doctors Wore Those Strange Beaked Masks," *National Geographic*, 2020 (12 March)
<https://www.nationalgeographic.com/history/reference/european-history/plague-doctors-beaked-masks/>
2. Complete a portfolio posting:
Considering these readings, respond in writing to ONE study question (see list)—your choice of question, but don't choose the question you chose previously. Your portfolio posting in response to a question should be 1-2 pages in length.
3. Write a journal entry

Thursday, 26 March: CREATIVE/REFLECTIVE ACTIVITY #1. My Ideal PPE

1. Consider the evolution of "personal protective equipment" (PPE) worn by physicians and other health professionals as they care for persons with contagious diseases. Review images of physicians' and other health professionals' PPE from history (Collab Resources). Consider the efficacy of such PPE from the standpoints of science (of the time and in our time) and the sense of personal physical and psychological safety that the wearers gained from wearing such protective gear.
 - Design and draw (or otherwise create) your own ideal PPE for working with contagious/infectious persons: What makes you feel safe? What does it mean to be safe?
 - Share your PPE design and drawing/creation with your FCM mates
 - In writing, describe and explain your PPE design and the choices it reflects
2. Organize and meet via Zoom with your FCM group to discuss your coursework thus far and to share your ideal PPE designs and drawings/creations
3. Write a journal entry

UPDATE 26 March—

We're modifying your FCM group meeting agenda for today, to focus on questions of ethical medical practice, institutional policy, and health care professional safety urgently raised by the Covid-19 pandemic. This is hard stuff, practical medical ethics such as you've likely not seen before, nor may you see again in your career.

READ the attached *Washington Post* article from late last night (25 March), "Hospitals Debate an Impossible Question: Should They Resuscitate Patients?"

<https://www.washingtonpost.com/health/2020/03/25/coronavirus-patients-do-not-resuscitate/>

Our attachment also includes the hyperlink to the actual article, in which are embedded some videos (and see two links at the end of our document that are embedded in the actual article).

CONSIDER and DISCUSS THE ARTICLE IN YOUR GROUP, using these framing considerations

- As Covid-19 cases soar in the US, hospitals, physicians, nurses, and others face a dire shortage of personal protective equipment (PPE). As a result, hospitals are starting to modify, reduce, or totally avoid using some emergency procedures, especially cardiopulmonary resuscitation (CPR), for patients with Covid-19, in order to protect their staff. No doubt, these new protocols will increase the chances that some patients with Covid-19 will die. The counterargument is that limiting CPR for Covid-19 patients will save more lives by reducing the risk of Covid-19 infection for the medical team who lack essential PPEs.
- Generally, hospitals do not withhold needed CPR except with the patient's or family's authorization. However, some hospitals' policies allow medical teams to withhold CPR when it would be futile for a particular patient. What is new and ethically controversial is the possibility of withholding CPR from a *specific group of patients* because of the risk to the medical team. Another approach is to modify the resuscitation procedures used on patients with Covid-19 to reduce the risks to medical personnel—examples include creating a barrier by putting a plastic sheet over the patient or reducing the number of responders to codes involving such patients.

Following this conversation, DISCUSS your imagined best PPE designs/creations in light of these practical ethics considerations and the concerns they raise for you.

Friday, 27 March: CHOLERA + A CREATIVE/REFLECTIVE ACTIVITY #2

1. Complete these required readings/viewings (on Collab Resources unless otherwise indicated):
 - Christian McMillen, "Cholera," in *Pandemics: A Very Short Introduction* (Oxford University Press, 2016), pp 60-72
<https://ebookcentral-proquest-com.proxy01.its.virginia.edu/lib/uva/detail.action?docID=5848242>
 - Charles Rosenberg, "Introduction," *The Cholera Years: The United States in 1832, 1849, and 1866* (University of Chicago Press, 1962, 1987), pp 1-9
 - Videos on YouTube about John Snow and London's Broad Street Pump:
MedicalLondon: <https://www.youtube.com/watch?v=Pq32LB8j2K8>
HarvardX: <https://www.youtube.com/watch?v=INjrAXGRda4>
 - Howard Brody, Michael Russell Rip, Peter Vinten-Johansen et al, "Map-making and Myth-making in Broad Street: The London Cholera Epidemic, 1854," *Lancet* 2000, 356:64-68
 - Tom Koch, Kenneth Denike, "Crediting His Critics' Concerns: Remaking John Snow's Map of Broad Street Cholera, 1854," *Social Science and Medicine* 2009, 69:1246-1251
 - Graphic cholera—two political cartoonists' images from 19th century London popular press
2. Complete a portfolio posting:
Considering these readings, respond in writing to ONE study question (see list)—your choice of question, but don't choose the question you chose previously. Your portfolio posting in response to a question should be 1-2 pages in length.
3. Write a journal entry
4. CREATIVE/REFLECTIVE ACTIVITY #2: Virtual Visits—Online Museums and Concerts (There's also a GUIDE to this activity in Collab's Reflective/Creative folder)
Leading art museums around the world—among them, the Louvre, the Metropolitan Museum of Art, the Whitney, the Hermitage, the Van Gogh Museum—are making virtual tours of their collections and/or particular exhibitions available online, for free public access while people are self-isolating. Similarly, some classical music institutions, including the Metropolitan Opera in the US and the Berlin Philharmonic in Germany, have opened their archives for free public viewing of performances; other sorts of music concerts and performances may also be available online at no cost. Google your way to a museum or a concert/performance, take a free tour or attend a concert.
Write and post to your portfolio a short reflection (~1-2 paragraphs) responding to one work of art or music you engaged during your visit.
5. Start on readings/viewings for Monday

Monday, 30 March: 1918 INFLUENZA

1. Complete these required readings/viewings (on Collab Resources unless otherwise indicated):
 - Christian McMillen, "Influenza," in *Pandemics: A Very Short Introduction* (Oxford University Press, 2016), pp 89-102

<https://ebookcentral-proquest-com.proxy01.its.virginia.edu/lib/uva/detail.action?docID=5848242>

- Jeffery Taubenberger, "The Origin and Virulence of the 1918 'Spanish' Influenza," *Proceedings of the American Philosophical Society*, 2006, 150(1):86-112
 - Howard Markel, Harvey Lipman, J. Alexander Navarro et al, "Nonpharmaceutical Interventions Implemented by U.S. Cities During the 1918-1919 Influenza," *JAMA* 2007, 298(6):644-654
 - David Morens, Jeffery Taubenberger, Anthony Fauci. "The persistent legacy of the 1918 influenza virus," *New England Journal of Medicine*, 2009 (16 July), 361(3):225-229. <https://ncbi.nlm.nih.gov/pubmed/19564629>
 - Andrew Legan (SMD2019), *Spanish Influenza in Albemarle County and Charlottesville* (exhibit), UVA Health Sciences Library, fall 2018.
 - UVA Medical Center Hour series—*Influenza! 1918-2018* (Medical Center Hour videos are viewable for free on YouTube channel UVAMCH): <https://www.youtube.com/user/UVAMCH/videos>
 - Carol Byerly, "Worst-Case Scenario: Influenza and War," 12 Sept 2018
 - Jeffery Taubenberger MD PhD, "On the Centenary of the 1918 Flu: Remembering the Past and Planning for the Future," 31 Oct 2018
 - Ellen Bryant Voigt and Marianne Boruch, "Voices in Remembrance of the 1918 Influenza: *Kyrie*," 14 Nov 2018
 - Ellen Bryant Voigt, *Kyrie: Poems* (WW Norton, 1995) + background document about *Kyrie*
 - Jim Harris, "November 2018: The 1918 Flu Pandemic," *Origins: Current Events in Historical Perspective*, Ohio State University, 2018
 - Portraits of the artist in an influenza pandemic
 - Egon Schiele, last paintings/drawings, 1918
 - Edvard Munch, two self-portraits, 1918-1920
2. Complete a portfolio posting:
Considering these readings, respond in writing to ONE study question (see list)—your choice of question, but don't choose the question you chose previously. Your portfolio posting in response to a question should be 1-2 pages in length.
3. Write a journal entry

Tuesday, 31 March: CREATIVE/REFLECTIVE ACTIVITY #3. Making Memory

1. Write a 55-word story capturing one particular personal or professional experience—a vivid moment to remember—you've had during the current Covid-19 crisis.

One rule: Your story must be EXACTLY 55 words—no more, no fewer. Any format. Complete sentences optional. Particular details welcome. Title optional--and title words don't count toward your 55. (Note: the preceding text is 55 words, the length of your story.)

Keep your 55-word story in your portfolio.

2. Read three short essays about practicing physicians' 55-word story writing (in Collab Resources (Reflective/Creative Exercises):
- Anne Scheetz, Mary Fry, "The Stories," *JAMA* 2000, 283(15):1934
 - Amy Christianson, "More Stories," *JAMA* 2002, 288(8):931
 - Amy Christianson, "Years of Stories," *JAMA* 2009, 302(10):1042

3. Meet with your FCM group via Zoom (or your platform of choice) to discuss coursework thus far, share your weekend museum/concert adventures, and your 55-word stories. Keep notes about your conversation's highlights, but you needn't file a report about this session.
4. Complete a portfolio posting:
Respond in writing to THIS question: Going back generations, has the story of your family been seriously affected or changed by one of the 20th-century epidemics covered in this course (or another epidemic in the last century), and in what ways?
5. Write a journal entry
6. START your HIV/AIDS study for Wednesday by watching the film *And the Band Played On*.

Wednesday, 1 April: HIV/AIDS

1. Complete these required readings/viewings (on Collab Resources unless otherwise indicated):
 - Christian McMillen, "HIV/AIDS," in *Pandemics: A Very Short Introduction* (Oxford University Press, 2016), pp 103-118
<https://ebookcentral-proquest-com.proxy01.its.virginia.edu/lib/uva/detail.action?docID=5848242>
 - *And the Band Played On* (film, 1993), based on the book by Randy Shilts, *And the Band Played On* (1987). An account of the emergence of HIV/AIDS and response to the epidemic by all relevant parties in public health, clinical care, science, media, religion, politics, public policy, and the public. The film is available on-line in several locations. Some are free; some charge fees. Following is a free one: <https://www.youtube.com/watch?v=oKthBMpST7Q>)
 - *How to Survive a Plague* (film, 2012), David France (dir). A prize-winning documentary that profiles late-1980s activists who helped to identify and distribute promising treatments for HIV/AIDS in order to save those suffering from the disease. Watch online via UVA Library at <https://digitalcampus-swankmp-net.proxy01.its.virginia.edu/uva296909/watch?token=438DE6B742AABE19> (must be watched on Chrome or Firefox—won't work on Safari)
 - Michaelen Doucleff, "Researchers Clear 'Patient Zero' from AIDS Origin Story," *NPR Now*, October 26, 2016. Read or listen here: <https://www.npr.org/sections/health-shots/2016/10/26/498876985/mystery-solved-how-hiv-came-to-the-u-s>
 - James Childress, "Mandatory HIV Testing and Screening," in *AIDS and Ethics*, ed., Frederic G. Reamer (New York: Columbia University Press, 1991), pp 50-76 (excerpt: 70-73)
 - Abigail Zuger, Steven Miles, "Physicians, AIDS, and Occupational Risk: Historic Traditions and Ethical Obligations," *JAMA* 1987, 258(14):1924-1928
 - Kate Scannell, *Death of the Good Doctor: Lessons from the Heart of the AIDS Epidemic* (Cleis Press, 2012) (excerpts from physician's memoir)
 - Office of NIH History, *In Their Own Words ... NIH Researchers Recall the Early Years of AIDS*: https://history.nih.gov/nihinownwords/docs/page_04.html
2. Complete a portfolio posting:
Considering especially the Zuger/Miles and Scannell readings, respond in writing to THIS question: In the wake of fears about the risks of caring for HIV/AIDS patients in the early years of the epidemic, especially before anything was known about the cause or transmission of the disease, physicians Zuger and Miles called for a "virtuous physician" and physician

Scannell sought to be a "good doctor." What guidance did these ideals of physicianhood provide, and what problems or limits did their proponents encounter in practice? Your portfolio posting in response to the question should be 1-2 pages in length.

3. Write a journal entry

Thursday, 2 April: COVID-19 and CREATIVE/REFLECTIVE ACTIVITY #4: Making My Map

1. Complete these required readings/viewings (on Collab Resources unless otherwise available):
 - Christian McMillen, "Epilogue," in *Pandemics: A Very Short Introduction* (Oxford University Press, 2016), pp 119-121
<https://ebookcentral-proquest-com.proxy01.its.virginia.edu/lib/uva/detail.action?docID=5848242>
 - WATCH Michael Osterholm, "Deadliest Enemy: Our War Against Killer Germs," Hayden-Farr Lecture 2019, UVA Medical Center Hour, 6 Nov 2019:
<https://www.youtube.com/watch?v=pDBsunPVnO8&t=15s>
 - David Morens, Peter Deszak, Jeffery Taubenberger, "Escaping Pandora's Box—Another Novel Coronavirus," *New England Journal of Medicine*, 26 Feb 2020
 - John Hick, Paul Biddinger, "Novel Coronavirus and Old Lessons—Preparing the Health System for the Pandemic," *New England Journal of Medicine*, 25 March 2020
 - Alexandra Minna Stern, Howard Markel, "Pandemics: The Ethics of Mandatory and Voluntary Interventions," adapted from "Influenza Pandemic" in *From Birth to Death and Bench to Clinic: The Hastings Center Bioethics Briefing Book for Journalists, Policymakers, and Campaigns*: <https://www.thehastingscenter.org/briefingbook/pandemic/>
 - Laura Kolbe, "What 'Distributive Justice' Means for Doctors Treating Covid-19," *New York Review Daily*, *New York Review of Books*, 19 March 2020
 - Douglas White, Bernard Lo, "A Framework for Rationing Ventilators and Critical Care Beds During the COVID-19 Pandemic," *JAMA*, online, 27 March 2020
 - David DiSalvo, "I Spent a Day in the Coronavirus-Driven Feeding Frenzy of N95 Mask Sellers and Buyers and This Is What I Learned," *Forbes*, (online), 30 March 2020
2. Complete a portfolio posting:
Considering these readings, respond in writing to ONE study question (see list)—your choice of question, but don't choose a question you chose previously. Your portfolio posting in response to a question should be 1-2 pages in length.
3. CREATIVE/REFLECTIVE ACTIVITY #4: Map your journey through medical school, from entry to expected end (and beyond graduation, if you like), including this coronavirus-caused hiatus.

Draw your map however you like, using blank paper of any size, whatever materials you choose (crayons, markers, colored pencils, paints, etc.), and any visual format you wish (roadmap, geographical/topographical map, board game, graph or chart, comic panels, timeline, etc.).

What does your journey look like? What are its milestones, high and low points, drudgeries and the standout experiences—how do you represent these? How do you represent goals and growth, obstacles and setbacks? How do you integrate and illustrate important personal experiences into your professional journey? How do you depict the coronavirus interruption and its anticipated impact on your journey once "normal" life resumes? How do you visually represent uncertainty?

Photograph/scan your map and upload it into your portfolio. Also, you might post your map on your fridge.

4. Meet with your FCM group to discuss coursework so far, share your maps, and arrive at ONE QUESTION/CONCERN that your group thinks needs consideration as we go forward from this course. SEND your question/concern to the Professors Childress by 4:00 pm TODAY. One group member will email your group's question/concern to woolf@virginia.edu; please identify your group by your year and your FCM coach's name.
5. Write a journal entry

Friday, 3 April: CONCLUSION: LESSONS FROM THE PAST and MAPPING THE FUTURE

1. Complete these required readings (on Collab Resources)
 - Lawrence Gostin, Eric Friedman, Sarah Wetter, "Responding to COVID-19: How to Navigate a Public Health Emergency Legally and Ethically," *Hastings Center Report*, 2020 50:1-5.
 - Jennifer Senior, "The Psychological Trauma that Awaits Our Doctors and Nurses," *New York Times*, 29 March 2020 (opinion)
 - Christine Phelan Kueter, "Healing the Hurt That Doesn't Show: Four Tips on 'Stress Injury' in Health Care Workers," *UVA Today*, 31 March 2020
 - Alex Thomas, "True Tales from the Outbreak: Life in the Hot Zone," *Annals Graphic Medicine* (online from *Annals of Internal Medicine*), 31 March 2020 (free to public): https://annals.org/aim/fullarticle/2764037/annals-graphic-medicine-true-tales-from-outbreak-life-hot-zone?fbclid=IwARoudg4cJZJPn9l_ZKqIZUEPmXvWqaZdcWUFXmkZyYMnkOM4tNim48nlWpA
 - Christian Rose, "Am I Part of the Cure or Am I Part of the Disease? Keeping Coronavirus Out When a Doctor Comes Home," *New England Journal of Medicine*, 25 March 2020
 - Leslie Jamison, "Since I Became Symptomatic," *New York Review Daily*, *New York Review of Books*, 26 March 2020.
 - Perri Klass, "Coronavirus Vaccine Dreams," *The New York Times*, 16 March 2020
2. ATTEND THE CLOSING SESSION FOR YOUR CLASS:
9:00-10:00 am—Class of 2021
10:30-11:30 am—Class of 2022
You received a Zoom meeting invitation on 1 April from Robin Hardy-Small; sign in using your UVA Zoom account so you are registered for the session (we're taking attendance).

This closing session with Professors James F. Childress and Marcia Day Childress will
 - Look back and look ahead at the ethical challenges for medicine and public health during an epidemic
 - Reflect on professional/personal ethics and other human concerns in the evolving Covid-19 pandemic
 - Reflect on professional/personal preparedness: tools for practice, self-care, and strategies for coping
3. Write a brief, concise essay that maps the ethical terrain for you as a doctor in training during the coronavirus crisis now and in the future. Your essay should be 1-2 pages in length. Post your essay in your portfolio.

4. Submit your completed portfolio on Collab at the File Drop tab. Portfolio submissions to File Drop must be accomplished by **11:00 pm Saturday, 4 April**.
5. Write a journal entry
6. Each FCM group prepares and submits a one-page report on the group's activities and reflections since Wednesday. Again, one group member writes the report on behalf of the group and submits it in their own folder on File Drop (also email a copy to woolf@virginia.edu). In the report, give your class year, the group members' names, and the name of your FCM coach. Reports are due by **11:00 pm Saturday, 4 April**.
7. Complete the online course evaluation

Confronting Epidemics: Study questions

(some may not be pertinent to a particular outbreak)

- **Scientific knowledge about the infectious agent in an outbreak**: How sound or inadequate and how quickly obtained was the knowledge in a particular outbreak? How do the nature of the disease and its mode of transmission affect the societal and medical response?
- **Controversies in naming outbreaks**: What controversies have you observed in naming an outbreak—for instance, the so-called "Black Death" in 14th-century England and Europe and "Spanish flu" of 1918; the evolution of names for the HIV/AIDS epidemic; or the occasional insistence by some that our current Covid-19 pandemic results from the "Chinese virus"?
- **"Patient Zero" and early clusters of cases**: In many outbreaks, it has been possible to identify early clusters of cases, and, in a few outbreaks, "patient zero," at least for certain geographic areas. Why is this important but also problematic, as in HIV/AIDS and Covid-19?
- **Nonpharmaceutical interventions (NPIs)**: Currently, in the absence of therapeutic measures or a vaccine for Covid-19, the U.S. and many other countries are employing aggressive NPIs to try to control or mitigate the outbreak. What have you learned about the difficulties, limitations, and possible success of these measures from looking at other outbreaks?
- **Quarantine/isolation**: When, if ever, may or should the society/government impose and enforce isolation of patients with an infectious disease, or quarantine persons who have had an actual or suspected exposure but are not symptomatic? There are various ways to try to gain citizens' compliance (the so-called "Intervention Ladder"), ranging from persuasion, incentives/disincentives, etc., to coercion. What are the advantages and disadvantages of voluntary and mandatory individual quarantine/isolation? When, if ever, is it ethically justifiable to put a whole area, such as a city, under quarantine?
- **Allocation of medical resources**: Particularly in a novel outbreak, effective medical treatments may not be available. Still, access to medical care, such as hospital beds and the best available care, is important, but these may be overwhelmed, necessitating triage and rationing. Which ethical standards should be used to determine who gets access to what? How much weight should be given to urgency of need? To probability of survival/death? To the amount of resources used by a particular patient? To doing the greatest good for the greatest number of patients? Or doing the greatest good for society? How can care be limited for particular patients without abandoning them?

- Cultural factors: What cultural factors, including religious beliefs and practices, have appeared to thwart or enhance efforts to control or mitigate earlier outbreaks, and are there lessons for our response now to Covid-19? For example, how much does it matter if the country affected is more communitarian or more individualistic in its orientation?
- Artists' responses: How do artists in specific localities, geographic/political regions, and cultural groups respond to the impact of epidemic disease in their particular corner of the world? What can we learn from artists' immediate responses to disease outbreaks and also from later artists' memorializations of earlier epidemics?
- View of persons suffering from disease: How are persons who suffer from an epidemic disease viewed? What about the nature or cause of the disease or about the society and culture in which it occurs affects whether infected persons are viewed as victims, or are marginalized, stigmatized, etc.? What efforts have been undertaken to prevent and reduce discrimination against persons or groups affected by the disease?
- Vulnerable populations: Vulnerable populations, because of minority status, poverty, lack of employment, various health problems, limited or no health insurance, etc., often bear the heaviest brunt of an epidemic. What, if anything, has been done in past epidemics to mitigate the threats to them?
- Issues of language: New York City Mayor Bill de Blasio has stressed that, with Covid-19, we are now in a "war-like situation," and President Trump has accepted the role of "war president" in response to this pandemic. What are the advantages and disadvantages of the war metaphor so commonly used in confronting epidemics (as well as elsewhere in medicine)? What other issues of language, including ethical implications, did you notice in different epidemics?
- Outbreak narratives: Every disease epidemic takes shape and is communicated and known as a story, which evolves over time. Historical epidemics have their generally accepted master narratives (subject to "editing" when there's new evidence), while newer epidemics' narratives are messier, still under construction. Consider the narratives that represent the epidemic diseases we're considering. What are these outbreak narratives' common features as they address the origin, nature, impact, course, and end of an epidemic and society's response? How do they differ? How do these stories of epidemic disease call attention to urgent societal problems? How does scientific information figure in a story and its evolution? Whose stories are these?
- Role of mapping and graphing: Mapping and other graphic representations have been crucial in determining and communicating the nature and often the cause of a disease outbreak (e.g., 1854 cholera epidemic in London) and in predicting its future direction and extent (e.g., Covid-19 "flatten the curve" graphic). What lessons have you learned from mapping and graphing in different senses in various epidemics?
- Responsibility of medical and health professionals: How should health professionals' responsibilities in an epidemic be defined, and by whom? Historically, many physicians and other health professionals have continued to provide needed care even under dire and personally risky circumstances, while others have fled to safer environments or declined to provide care to all in need. As you reflect on earlier epidemics and on Covid-19, how would you characterize the medical profession's and the individual professional's responsibility in such contexts? Is such responsibility better thought of as a moral duty, a moral ideal, a virtuous response, or a personal choice? If there is a moral or professional duty to continue to provide care, are there limits when the front-line clinician's institution is unable to provide the necessary personal protective equipment (PPE)?

- Responsibility to and for medical and health professionals: How is this responsibility defined and put into practice? To what extent have societies and medical institutions recognized their responsibilities to and for medical and health professionals on the front line in treating patients in outbreaks? For instance, by providing the safest possible contexts for caring for infectious patients, by ensuring the availability of the adequate PPE, and the like? And by honoring them for their commitments and heroic actions?
- Questions of preparedness: These questions also ask what, if anything, we've learned from our past experiences. We have reasons to remember and memorialize catastrophic events, but we also have a strong propensity to forget—to move on—and in forgetting we may put ourselves at future risk, by a surprising lack of preparedness. How does what you have learned about different historical outbreaks illuminate our current responses to Covid-19?
- Transformative effects of epidemics: Some epidemics/pandemics not only result in major losses of life but also disrupt the society, culture, economy, and even the medical profession in dramatic, often permanent ways. Is the Covid-19 pandemic likely to be transformative? Why or why not? If yes, what major transformations do you foresee?

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