

GLIDE

Global Infectious Disease Ethics Collaborative



Webinar: 11th January 2022

Chasing after certainty and creating uncertainty: lessons from Global Health

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Summary:

How can people be provided with good quality medicines at a time of supply chain crisis? How and why do doctors prescribe off-label drugs? How do patients manage precarity in daily contexts that are imagined stable? How do knowledge-producing organisations reduce data complexity for the sake of clarity? All these questions are united by a leitmotif of uncertainty unfolding between people and institutions in increasingly complex environments, often marked by precarity, power asymmetry and structural violence.

In this webinar, we direct a transdisciplinary gaze at Global Health uncertainty as a contemporary force to be reckoned with, tracing ways in which public health nexuses and institutionalized practices pursue certainty and create uncertainty as a byproduct of their functioning. The speakers will reflect on the above-mentioned questions by zooming into everyday contexts of a laboratory managing several possible interpretations of data, therapeutic navigations of Haitian oncology patients, the Covid-19 crisis in Brazil, the 2014 Ebola outbreak in West Africa, challenges with maintaining supply chains in Low- and Middle-Income countries, and new kinds of uncertainty resulting from minimally invasive autopsies.

The goal of this webinar is therefore paradoxical: to bring a degree of clarity and certainty to the overwhelming Global Health uncertainty. While achieving this goal is practically impossible, together with the audience we hope to jointly draw on key lessons that could be translated into new policies and frameworks for a better and more nuanced understanding of the complexity of 21st century biomedicine, outlining the ways in which uncertainty manifests and poses sharp challenges for science and society.

Arsenii Alenichev

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Reducing the uncertain knowledge to misconceptions- alienating people and their lifeworlds.

Health care knowledge is often uncertain in real-world contexts, and this uncertainty poses an obstacle for global public health interventions. As the result, deviations from scientific knowledge are routinely labelled as ‘misconceptions’, ‘myths’ and ‘misestimations’ among target populations, such as in contexts of the 2014 Ebola outbreak in Liberia and Covid-19 in Ghana. However, a careless projection of this discourse on behalf of powerful institutions could quickly become a cruel taunt, especially in contexts where biomedicine is one way of understanding health, care and body among many others, and where limited access to formal education and healthcare comes to the fore. Eliminating the ‘misconceptions’ in such contexts is impossible without addressing the social pain created by the colonial past, the neocolonial integration of the South into the world markets, and other forms of power asymmetries that subtly continue into the present. This leads to an awkward conclusion that the careless application of bioethical discourse of ‘misconceptions’ risks becoming unethical.

Kate Enright

Wellcome Trust DPhil Student (Population Health)
Ethox Centre & Wellcome Centre for Ethics and Humanities | University of Oxford, United Kingdom

Perspectives on sourcing medical products of uncertain quality

Giving a patient a medicine of uncertain quality - one that may cause harm or fail to work - seems intuitively wrong. Yet international Non-Governmental Organisations operating in Low-Income and Middle-Income Countries must grapple with this option when supply chains fail, or if unanticipated health needs arise. This talk seeks to provide an overview of how uncertain medical product quality may arise and, using a real-world case, offers differing perspectives on its relative importance in the delivery of humanitarian health programming.

Rebecca Henderson

MD/PhD candidate, College of Medicine, University of Florida , the USA

Where Evidence Fails: Caring for Cancer without Certainty in Haiti

Oncology, as a field of biomedical practice, is built from the evidence of clinical trials in which precise dosages, schedules, and drug combinations are tested to dictate and discipline care and shed light on survival statistics and outcomes. In Haiti, limited technology structures access to knowledge about the bodies of patients presenting for care for cancer. Against a global backdrop where cancer as an entity is known at a molecular scale, uncertainties about the cancer present (or absent) in the bodies of patients dictate treatment decisions, lead to paralysis, and dominate futures. In Haiti, the uncertainty of cancer is only one part of larger landscape of uncertainties that include the stability of governments, the likelihood of earthquakes, and the possibility of kidnapping.

Nicole C. Nelson

Associate Professor, Department of Medical History and Bioethics at the University of Wisconsin–Madison, the USA

Resolving and preserving uncertainty in science

When there are multiple possible interpretations of a piece of information, does one always prevail? And if so which one? This talk will provide a close-up look at how uncertainty is resolved in some instances and preserved in others, using case studies from laboratory work. It will examine how local cultures and power hierarchies contribute to these dynamics, and the implications for global health.

Beatriz Thome & Gail Geller

Professor Adjunto, Centro de Bioética/Departamento de Cirurgia, Escola Paulista de Medicina (EPM) Universidade Federal de São Paulo (Unifesp)
Director of Education Initiatives and a Professor in the Department of Medicine, Johns Hopkins University

The Ethical Implications of Uncertainty for Clinical Practice: The Case of Covid-19 And the Understanding of Evidence.

Insofar as uncertainty is intrinsic to healthcare, the competence to make decisions without solid evidence is of paramount importance to practitioners. In the course of a public health emergency of international concern, which factors impact the decision-making process? What counts as evidence for practicing physicians? What should be the limits of off-label prescribing, and what are the ethical implications of this practice?

Halina Suwalowska

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Minimally Invasive Autopsy – navigating uncertainties of death

In order to address the cause-of-death uncertainty in global health and to minimise longstanding sensitivities and reservations about full autopsies in the Global South, funding bodies such as the Bill and Melinda Gates Foundation have advocated minimally invasive autopsies (MIA). This talk will provide an overview of social and ethical challenges in the implementation of MIA in the Global South. I show that while MIA technology has been introduced as a solution to enduring cause-of-death uncertainty, the development and deployment of technologies such as these always constitute interventions in complex social and moral worlds, and, in this respect, are both solutions to and causes of new uncertainties that need to be addressed.