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Exploring the Ethical Dilemma of Typhoid Mary: An Application of Kidder's Resolution Principles in Public Health

According to DeBoer, understanding the reciprocal relationship between science and its impact on society is important to the nature of science (DeBoer, 1991). The impacts of public health, which is focused on the science of preventing diseases and promoting health through organized societal efforts, are significant and wide-ranging. Public health influences not just individual health outcomes, but also economic, political, and social systems. Thus, given its intricate relationship with society, a comprehensive understanding of the ethical aspects of public health is crucial for informed decision making and policy formation. In the early 1900s, public health was characterized by germ panic and was focused on addressing the spread of infectious diseases (Tomes, 2000). The case of Mary Mallon, also known as “*Typhoid Mary*”, raises several ethical issues related to disease control, personal liberties and medical decision making. Since the issue in this case is not merely a right versus wrong issue but a right vs right issue, this paper will analyze these issues in detail using Kidder's paradigms and resolution principles.

The Paradigm: Individual versus community

The issue of individual freedom versus the common good is evident in the Dirty Hands case; thus, this case can be characterized by the individual versus community paradigm. To prevent the spread of typhoid, Mary's freedom of movement and career were stripped away by the Department of Health without a hearing or trial. This restriction was based on *Jacobson v. Massachusetts*, which stated that the liberty secured by the Constitution of the United States is subject to reasonable conditions deemed essential to the safety of the community. This raises the question of whether it is ethical to restrict an individual's freedom for the greater good of society. Autonomy gives individuals the right to make their own decisions and act in accordance with their own values and beliefs if they do not harm others. Mary Mallon's case raises issues about the extent to which the state can restrict an individual's autonomy in the interest of public health. Dr. George Soper was

the lead epidemiological investigator of a typhoid outbreak in Oyster Bay, New York –where he discovered Mary Mallon. Due to his experience investigating and stopping many epidemics, Soper claims to have been known as an epidemic fighter. Priscilla Wald highlights, in a journal article on social control science, that Dr. Soper’s early descriptions of his discoveries about the Oyster Bay outbreak exhibited a characteristic similarity between epidemiological investigations and detective stories (Wald, 1997). Although some of his investigative processes are questionable, he was thorough in his investigation of the Oyster Bay epidemic. He traced down Mary as the suspected typhoid carrier. In his account of his interactions with Mary, he alleges that he was diplomatic in his approach but also confessed that he made a bad start during his first interaction with Mary. He recounted Mary being angry and his narrow escape from her charging at him with a carving fork. After his two failed attempts at confronting Mary and the high possibility of losing contact with her, Soper reported her to the New York City Department of Health. Soper alleged Mary was a menace to society and his hypothesis was that Mary was a “living culture tube and chronic typhoid germ producer” (Soper, 1939). The Department of Health favored Soper’s recommendation and proceeded to attempt to obtain specimens from Mary – first peacefully and then using authoritative power. Mary’s allegedly violent actions to both Dr Soper and the Department of Health marked her as an elusive and dangerous person of interest. This behavior fueled the narrative that became the archetype “*Typhoid Mary*” – an asymptomatic but dangerous carrier of typhoid. Mary’s labeling as a carrier can be seen as an example of how societal norms and perceptions shape an individual’s identity and perceived threat to society. Mary’s violent response and attempts to flee from the Department of Health can be seen as a manifestation of her perceived threat to her own identity and others, as well as a lack of understanding and trust in the authorities and the situation. At the root of this issue is the relationship between the power dynamics of knowledge and understanding between health care professionals and society. She was labeled and arrested without proper explanation and engagement with her. Arguably, this reduced her to a passive object of medical and public health intervention, rather than acknowledging her as a person with human dignity. This prompts contemplation about the duties of medical and health practitioners to educate and communicate effectively and ethically with the public, and the significance of obtaining informed consent and preserving individual autonomy in public health interventions.

Kidder's Ethical Resolution Principles

Rules-based

Kidder's rules-based principle dictates appropriate behavior regardless of consequences (Edgar, 2002). The principle states that ethical actions must abide by existing laws and regulations, as well as moral and ethical codes. First, in terms of legal compliance, Mary Mallon's detainment was carried out in accordance with the state's public health laws at the time, which gave health officials the power to isolate carriers of infectious diseases to prevent their spread (Aimone, 2010). Second, the principle of informed consent, which requires that individuals be informed of their medical status and have the right to decline treatment, was not fully followed in Mary's case (Shah, Thorton, Turrin, & Hipkind, 2022). However, the understanding of typhoid at the time was limited and it can be argued that the health officials acted with the goal of protecting public health. Lastly, Mary's restriction of freedom and involuntary quarantine raises ethical concerns about the treatment of individuals who may pose a risk to public health but are asymptomatic. The actions of the health officials align with Kidder's rules-based principle in terms of following the law and safeguarding public health, but questions arise about their conformity to ethical standards regarding individual rights and informed consent.

Care-based

Kidder's care-based principle argues that ethical decision-making should be guided by the goal of maximizing the wellbeing of those affected by the decision (Edgar, 2002). It is important to consider Mary's wellbeing and how the Department of Health's decision to isolate her on North Brother Island affected her quality of life. Mary was subjected to an isolated life and was not allowed to work or handle food, which likely had an impact on her mental and emotional wellbeing. On the other hand, the Department of Health has a duty to protect public health and prevent the spread of infectious diseases. Since the knowledge and understanding of typhoid was still evolving at the time, Mary's condition as an asymptomatic carrier posed a threat to public health. Consequently, isolation was an ideal option to protect the public. Moreover, it is arguable that confining Mary saved her from the harm she could have caused to many and thus was a good decision for her wellbeing.

Ends-based

Justice is the principle that individuals should be treated equally and fairly, without discrimination (Edgar, 2002). The treatment of Mary Mallon raises questions about discrimination and the unequal distribution of burdens in the fight against disease. Mary was forced to live on North Brother Island for the rest of her life and was not allowed to work as a cook or handle food for others, even though she never showed symptoms of the disease herself. This restriction on her freedom of movement and her career was justified by the Department of Health based on public health, but it can be argued that this restriction was not applied equally to other carriers of the disease and thus Mary was treated akin to a prisoner. A counterargument to this perspective on the treatment of Mary is that the decisions made by the Department of Health were necessary to protect the greater good. Milton Rosenau, a leading public health figure, argues that Mary's confinement was reasonable considering the state of knowledge about typhoid at the time and her potentially apprehensive behaviors. Mary was not a criminal but her condition –a carrier of the typhoid bacillus combined with the nature of her occupation– required ongoing isolation and treatment, and thus the restriction on her freedom was justified (Wald, 1997). Additionally, it could be argued that Mary being Irish and her occupation as a cook may have contributed to the way she was treated by the Department of Health. It could be argued that she was discriminated against because of her social status and ethnicity while some other germ carriers were met with more leniency. A counterargument to this perspective is that Mary was not necessarily targeted for discrimination, but her situation was unique due to her being the first known healthy carrier of typhoid in the state and the potential threat she posed to the public's health. The Department of Health had an ethical obligation to take the necessary measure to prevent the spread of the disease, regardless of the personal impact on Mary.

Based on Kidder's ends-based approach to ethical decision-making, Mary's quarantine can be considered justified due to the potential for a larger spread of typhoid had she not been isolated. The recorded number of cases and deaths (53 cases and 3 deaths) attributed to her, although not extensive compared to other later known carriers, is likely understated and the potential for further harm to society outweighed her individual rights. Additionally, due to her prior unreliability and lack of cooperation, the greater good for society supports her isolation.

Trilemma

In this case, the health officials had to choose between allowing Mary to continue spreading the typhoid disease, isolating her to prevent the spread, or finding a way to treat her without infringing on her rights and autonomy. Should individuals who are sick or pose a threat to public health and those around them be detained? Carriers of disease can be viewed as intentional spreaders of illness and death or as unaware victims of their own bodies or as victims of society's wrongdoing (Leavitt, 2004). Regardless of how carriers of diseases are viewed, the evil is not in their possession of a disease but in their potential to become menaces to society. Based on Kidder's trilemma, the win-win situation in this case would be an intervention that recognizes and respects the individual victim (Mary) with an intention to treat humanely while protecting public health.

Conclusion

The story of Mary Mallon raises important ethical questions about the balance between personal liberties and public health – a clear case of Kidder's right versus right regarding the individual versus community. This case highlights the need for a careful balancing of ethical principles in the face of public health emergencies, and the importance of ensuring that individuals are treated fairly and with dignity, regardless of their social status or ethnicity. The Mary Mallon case will remain a historical case of public health decisions and its impact on individuals, society, and the media.

Self-Reflection

In reflecting on my analysis of the Dirty Hands case, I realized the complexity of the situation and the ethical dilemmas it posed. The case brought up multiple perspectives which helped me understand the difficulty in balancing two rights to create a win-win situation. As I analyzed the case using Kidder's paradigms and resolution principles, I saw the interplay of ethical considerations and the need for informed decision making in the public health domain. It was insightful to read briefly about the historical context of germ panic and how it influenced the actions of public health officials, the media and society – especially since I unfortunately got to experience COVID-19. The case was a reminder of the importance of considering all aspects of an ethical dilemma and being aware of the potential impact of decisions. I struggled in analyzing the situation without giving winding analyses but decided to try to take an objective viewpoint – especially after reading Dr Soper's lengthy account but not having access to Mary's account. My

preferred ethical lens is the responsibilities lens so I was initially surprised by my initial reaction after reading the case –Mary should not have been detained but should have been educated. However, upon further reading and introspection during analysis of the ethical dilemma, I considered it valid that she was isolated. In general, when faced with a dilemma in life and trying to act, I usually ask myself: “would I be okay if everyone in the world had to do the same thing?” In this case, I thought about putting myself in Mary’s shoes and hope I would be more reason-guided in understanding the predicament. I thought about if it was not me or Mary but someone I cherish, would I be okay if they were basically banished to an island for the rest of their lives? I decided that if it were me, I would not respond based on emotions but logic and search for knowledge. If it were someone I cherish, I would hope they are rational-thinking and would not have been evasive after being given a first shot at freedom. It is not a crime to be sick, but it is one’s malicious or ignorant actions after gaining information that could make one criminal.

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