Prevention, care and control of tuberculosis (TB) raise strategic, technical and operational challenges. They also raise important ethical issues that must be addressed. For instance, TB particularly affects poor and vulnerable populations, and therefore social justice and equity must be at the heart of the response. TB is a lethal infectious disease, and care of patients and control of the disease raise questions of how to ensure balance of individual rights and liberties: protecting the rights of patients and those who are at risk of infection. Success in pursuing the Stop TB Strategy requires the application of ethical principles.

Governments have a responsibility to provide free and universal TB services. This obligation is grounded in their duty to fulfil the human right to health. Not only does TB treatment significantly improve the health condition of individuals, it also benefits the broader community by stopping the spread of a highly infectious disease. This duty extends to the provision of M/XDR-TB services. While countries are in the process of scaling up treatment, providing testing is a legitimate interim measure to estimate the magnitude of the problem and guide decisions about how best to treat M/XDR-TB patients.

Patients need to be fully informed and counselled about their treatment. Individuals have a right to know what is being done to their bodies; therefore patients undergoing TB testing and treatment should receive comprehensive information about the risks, benefits and alternatives available to them. As with any other significant medical intervention, the voluntary and informed decision of the patient is necessary to start TB treatment. Considerations of informed consent are also particularly relevant when diagnosis is offered although no treatment can be provided.
Health care providers have an obligation to support patients’ ability to complete therapy

There are several ethically sound strategies to support patients’ ability to adhere to treatment, including directly-observed therapy. Financial incentives can be useful, but should be managed carefully. It is crucial that patients should be engaged as partners in the treatment process, respecting their autonomy and privacy. If many patients have problems with adherence, this suggests the system has failed in providing a person-centred approach.

TB programmes and practitioners have a duty not to abandon their patients

There is a fundamental ethical obligation to provide palliative care to all patients in need. This means that even when all available curative treatments fail, patients should never be abandoned. Also, it is unacceptable to deny treatment based on predictions about non-adherence by particular patients.

Research on TB is necessary and should be conducted in an ethical manner

There is a need for further research on TB prevention, diagnosis, treatment and support. It is crucial that research be guided by the ethical principles articulated in international guidelines for biomedical research involving human subjects (such as the CIOMS & Declaration of Helsinki). In general, research should always ensure the dignity of the research subjects, and results should lead to a benefit for the affected population.