Knowing too much: an ethical difficulty.

In 1979, William Campbell, a scientist employed by Merck and Company, hit upon the idea that one of the company’s veterinary products, Ivermectin, might be a remedy for ‘river blindness’ in humans. River blindness is a disease that afflicts the poor of tropical Africa and South America. It is caused by a parasitic worm, which burrows beneath the skin and commences breeding there. Its offspring colonise the skin to such an extent that some people are driven to suicide by the itching that accompanies the growth of these subcutaneous parasites. If Campbell was correct in his surmise, then Merck would be able to cure river blindness cheaply and safely. Hence he recommended that Ivermectin be evaluated for its suitability in human trials.

The problem was that development of a form of Ivermectin suitable for human consumption, together with the trials required for approval of the new drug, would cost more than $100 million. The regions in which river blindness flourished would be unlikely to return a profit on Merck’s investment. A second problem was that proper distribution networks were not available for distribution of the drug in the areas where it was most needed. A third problem was that even if the drug could be produced and distributed in the tropics, a black market in it could develop that would undermine Merck’s sales of Ivermectin for animals. In other words, the risks to Merck from Campbell’s suggestion were likely to offer a very poor return all round and could potentially damage the company’s market in veterinary products. On the other hand, it held the patent for a drug that could potentially save millions of lives and that could improve the living conditions of generations: how could it fail to ascertain whether this drug worked on humans; how could it keep this knowledge to itself?

In these circumstances, what should Merck do? What options would be available to it? Is it possible to rank these options according to ethical acceptability?

Additional factors
Factors you might wish to take into consideration are that in the late ‘seventies the market was increasingly difficult for drug companies. Merck’s profits were being squeezed. Competition was being encouraged by new laws in the pharmaceutical area. In the U.S., Medicare had moved to the greater use of generic drugs, thus putting some of Merck’s best selling brand names under pressure. Remember also that Merck was under an obligation to look after the investments of its shareholders.
What Merck Did

Management were disinclined to pursue Campbell’s suggestion, given the risks involved. Against this, however, they set the lives and health of millions. In other words, some Merck managers felt so strongly about the ethical issue of possessing knowledge that could prevent great suffering that they persuaded the firm to undertake the development of Ivermectin for human use. That development took seven years but resulted in a drug that could treat river blindness successfully with just one pill each year. Unfortunately, there were no purchasers for the drug. The US Government and WHO declined, as did many other agencies and governments despite Merck’s attempts to persuade them.

Is there anything more ethically that Merck should have done?

The company answered this question for itself: it decided to give the drug away.

The problem with this decision is that there was no distribution channels for this drug. So Merck financed a project with WHO to distribute it and prevent its diversion into black markets for use on animals. This strategy has been successful and millions of people have been treated successfully against river blindness.

Did Merck do the right thing?