“Making patients’ tumors go away is gratifying,” Dr. Chapman (a medical oncologist at Sloan Kettering Cancer Center) told critics. “But that’s not the business I’m in. I’m in the business of making people live longer. That’s what I want to do.”

“It’s much easier to tell patients, ‘We’ll try this for six weeks; if it’s working, great, if not, we’ll shift you right away to the other trial,” said Dr. Jeffrey A. Sosman of the Vanderbilt Ingram Cancer Center in Nashville. “That’s how I’m going to be able to live with the randomization.”

But Dr. Michael Atkins, director of the cancer clinical trials office at Beth Israel Deaconess Cancer Center in Boston, urged him to consider what he thought was the greater good: “Even though it is painful, I think completing a clean Phase III trial and determining if there truly is a survival benefit for PLX would have major value for the field and future patients.”

What are your opinions on how very scarce drugs (or vaccines) should be allocated during an epidemic, when choices need to be made about reserving those drugs for health care workers, versus other types of workers, versus patients? What are the most compelling arguments for both sides of this debate?

"Meanwhile the two potential Ebola vaccines, currently in clinical trials, will have initial safety data in November 2014. If proved safe, they should immediately be first given to health care workers and other front line staff like burial and sanitation workers, the WHO experts concluded."

An August WHO consultation recommended that efficacy trials first recruit health care workers, as they are at high risk and provide a critical service. But the latest meeting "stopped talking about health care worker and started talking about front-line caregiver," Ballou says, which means everyone from doctors and nurses to janitors, people who collect the bodies, and gravediggers.