Pandemic planning: Practical Ethics in an Emergency

Rob Butcher
Itinerant Ethicist
rbutcher@healthethics.ca
Lessons from SARS

• The shift in the model/framework of care, from a patient-centred, individual rights/individual professional practitioner approach
• to a public health, community-centred model.
Lessons from SARS

• The challenges of the duty to provide care in situations of personal risk.
The limits of planning

• Cannot identify all possible contingencies
• Too much detail may well be wasted effort
• Plan for decision-making in the time of crisis
Pandemic decision-making process values (Joint Centre for Bioethics)

- Decision-making processes and structures should exhibit the following values:
  - Accountability
  - Inclusiveness
  - Openness and transparency
  - Reasonableness
  - Responsiveness
Accountability

• Accountability for decision-making means ensuring that the decisions are reasoned and can be explained.
• The “TV” test.
Inclusiveness

• The decision-making process should include the affected stakeholders.
Openness and transparency

- The process of decision-making – and the reasons should be clear, open and readily understood.
Reasonableness

• Decisions should be reason and evidence-based.
Responsiveness

- The decision-making process should be able to adapt to changing conditions quickly and effectively.
- There should be the opportunity to revise and revisit decisions as new information emerges.
Content Values

- Duty to provide care
- Equity
- Individual liberty
- Privacy
- Proportionality
- Protection of the public from harm
- Reciprocity
- Solidarity
- Stewardship
- Trust
Duty to provide care
Equity

• All patients have an equal claim to treatment
Individual liberty

- Restricting liberty is, in principle, a bad thing – however, it may be justified…
Privacy

• Privacy is a general good, however, privacy may be overridden...
Proportionality

• Use least restrictive means of achieving the required objective.
Protection of the public from harm
Reciprocity

• Reciprocal support is owed to those on whom we make especially onerous demands.
Solidarity

- We are all in this together
Stewardship

- Just and effective use of scarce resources
- Consideration of competing options in a “zero-sum” game.
Trust

• Earned not owed.
Key Ethical Issues

• The duty to provide care
• Restriction of liberty for the public good
• Resource allocation and priority setting.

• STAND ON GUARD FOR THEE: Ethical considerations in preparedness planning for pandemic influenza
• A report of the University of Toronto Joint Centre for Bioethics Pandemic Influenza Working Group 2005
• http://www.jcb.utoronto.ca/people/documents/upshur_stand_guard.pdf
The Duty to Provide Care

• Is there a duty on health care workers to provide care even under conditions of personal risk?

• Yes:
  – Professional commitments
  – Vocation
  – Service
  – Patient need
  – Contractual Obligation
Yes But…

• How much risk?
• What are the reciprocal employer obligations to provide a safe working environment?
• How does the employer help staff deal with competing obligations?
My personal pandemic plan

• Identify personal, family, domestic responsibilities exacerbated in a pandemic
• Identify other commitments that need to be managed
• Identify supports/strategies
• Be aware of employer supports
Trust

- In each other
- In credible public health information
- In employer commitment to employee health and well-being
Restriction of Liberty

• Quarantine
• Who decides (authority)
• Who pays?
  – Self quarantine
  – Quarantine by employers
  – Government mandated quarantine
Emergency pandemic triage

- Development of a Critical Care Triage Protocol for Pandemic Influenza: Integrating Ethics, Evidence and Effectiveness: Andrea Frolic, Anna Kata and Peter Kraus
- Healthcare Quarterly Vol.12 No.4 2009
- https://pdfs.semanticscholar.org/1a53/3c9d049358dd5a9ad4778f66eb6edcd537fb.pdf
The set up

• Even after traditional methods of triage what happens if vastly more people need access to ventilators than there are ventilator available?
Hamilton model

• Supplementary criteria for priority access:
  – Health care providers (multiplier effect)
  – Essential services/workplace exposure
  – Caregivers
  – Fair innings/life cycle (priority to young)
  – Prognosis
  – Utilitarian approach – try to maximise the benefit in utilisation of a scarce resource
Hamilton process

• Consultation only with internal stakeholders

• *we did not engage in a community stakeholder feedback process to determine how acceptable these criteria would be to the people of Hamilton at large.* (p.60)

• If you ask HCP who should be saved first – they say: Me!
The alternative

• First come first served
• Lottery

• Kantian approach, we are each of us equal in our need.
• The Queensway-Carleton story
The alternative

- When decisions must be made between patients within a level of priority as described in Stage 2, prioritize patients using a fair and unbiased procedure that does not discriminate between patients based on factors not relevant to their clinical situation (e.g., race, social value, sex, age) such as:
  - First come, first served (where queuing is consistent with regular clinical practice), or
  - Other procedure that is developed and sanctioned by affected stakeholders (e.g., dividing dose among more than one patient, random selection)
Random allocation

- Ethical Framework for Resource Allocation During the Drug Supply Shortage
  - MOHLTC 2012
“Stand on Guard for Thee”

Document by the University of Toronto Joint Centre for Bioethics online at:

www.utoronto.ca/jcb/home/documents/pandemic.pdf