

Clinical Ethics and Pandemic Influenza

October 2009

Introduction

Clinical decision-making based on sound and consistent health ethics principles underlies effective and fair patient care, population health strategies, and healthcare delivery. In an emergency, disaster, or public health crisis, guidance by, and adherence to, a clinical ethics framework assume even greater importance. Clinical Ethics provides a process of considering and evaluating choices for action when people face unfamiliar, difficult, and complex circumstances, and when they ask “What is the right thing to do?”

Planning and preparation for a global pandemic threat was initiated a number of years ago. Specific planning and preparation for Pandemic (H1N1) 2009 Influenza A has been underway for many months. The ability of the Pandemic (H1N1) 2009 virus to infect up to 35% of the population, our incomplete knowledge of its biology and clinical manifestations, and uncertainty about the effectiveness of vaccination and antiviral treatments pose significant and complex challenges for our healthcare system - a system that operates daily at or near full capacity.

As the pandemic progresses, many difficult system and individual patient decisions may arise: How do we prioritize clinical service delivery if the burden of illness exceeds our strategies to increase capacity? If significant numbers of our staff and physicians become ill, how will we re-deploy our remaining human resources to ensure the most effective delivery of essential and high priority services? In the worst case scenario, if we must choose which patient will receive priority for particular kinds of care, how will we make the best decisions?

AHS Clinical Ethics and the Pandemic

In *preparing* for the challenges and the difficult decisions related to Pandemic (H1N1) 2009, it was essential to incorporate clinical ethics principles into our detailed strategies from the very outset of planning. In addition, we must have immediate access to clinical ethics support and advice *during* the pandemic to deal with both unavoidable and unpredictable scenarios. Finally, as the system *recovers* from the pandemic, we must debrief and learn from our experience as there may still be questions regarding the difficult decisions made during the height of the crisis.

AHS, Covenant Health, and many of the former health entities that comprise them, have benefited immensely from clinically-oriented ethics support services. In creating the AHS Pandemic (H1N1) 2009 Response Plan (shared with Covenant Health), we elected to integrate members of the AHS and Covenant Health Clinical Ethics team into all planning and steering groups. This has ensured that we have developed, and are now implementing, fair, transparent, and ethically sound strategies. Furthermore, we have assembled a cadre of health ethics experts ready to assist in guiding, on short notice during the pandemic, system or individual patient decisions that are unexpected or more complex than anticipated. In essence, the AHS

Pandemic (H1N1) 2009 Response Plan has *proactively* incorporated clinical ethics principles in advance, and is ready to *react* to ethically challenging scenarios as they arise during the pandemic.

The AHS–Covenant Health “Pandemic Influenza Ethics Framework”

The AHS-Covenant Health “Pandemic Influenza Ethics Framework” was developed during the past year and was approved on July 8, 2009. It is the foundation upon which ethical input and influence into pandemic preparedness has been based. The Framework outlines the broad principles and decision-making parameters that have guided pandemic planning and, if required, will assist health care providers and managers in making difficult moral decisions during pandemic influenza. The pandemic may present unfamiliar choices and circumstances for providers and for the public. Thinking about these issues in advance helps all of us – health care leaders and providers, patients and their families, and the public - be better prepared.

The Framework is a resource to help us reach our ultimate and mutually shared goals during the pandemic: to reduce illness, death, and social disruption. Although the Framework identifies common ethical goals and values in pandemic planning, we must also recognize that health care providers have unique ethical identities and obligations. Physicians, nurses, and allied professionals are bound to codes of conduct describing duties specific to those professions. While serving patients, providers also continue to have important duties to themselves and to their families. On occasion, these obligations compete with each other and cause good people to ask themselves “what is the right thing to do?”

What Values Have Guided Planning? What Values Will Guide Us During the Pandemic?

This Pandemic Influenza Ethics Framework defines a value as “a fundamental principle of primary importance to an individual or group.” No decision is value-neutral. In healthcare, values such as respect for the person; respect for peoples’ ability to make choices for themselves; preserving health and saving life; being transparent and open about decisions; treating people fairly; and the duty to provide care, all form the basis for clinical and management decisions we make every day. We also recognize the need to base all decisions on the best information available.

In a pandemic or crisis, our fundamental values do not change, but the relative importance we assign to various values might change. For instance, people in our society value their individual freedoms very highly. But some of those freedoms may rightly be limited in the face of a public emergency, when the common good must be protected. As well, people in our society usually accept that reasonable restriction in access to some services may be necessary for the greater need of all during a time of public emergency.

AHS and Covenant Health have embraced **five key value sets** to guide decision-making and actions during a pandemic. To help stakeholders easily remember these value sets, the acronym “**ROUTE**” has been coined. The order of naming these value sets; however, does not imply that one is more important than another.

The five key value sets are:

R - Reciprocity

O - Openness, Transparency and Inclusiveness

U - Utility

T - Toward Saving Lives and Preserving Health

E – Equity and Proportionality

R – Reciprocity – providing something in return.

Here is one example of this principle: Health care providers will be asked to expose themselves to more risk than usual by caring for people infectious with the pandemic virus. Our workers, by providing service, will also face more challenges in caring for, and protecting, their family members. In return for the extra risks health care providers will assume, AHS and Covenant Health, as well as partners such as Alberta Health and Wellness, will do their best to protect our workers (for example, through the provision of appropriate protective equipment and early vaccination and treatment programs), to compensate them fairly, and to help them in some reasonable way to manage their personal responsibilities to their families.

O - Openness, Transparency and Inclusiveness – communicating decisions; being upfront with plans and decisions; engaging the people who are most affected.

As pandemic strategies are developed and implemented, we must share information and knowledge on difficult topics and on everyday issues with providers, planners, and the public. This will serve to build trust and includes *everyone* in our efforts to limit disease and save lives. As well, if we believe wisdom resides in all community members, we should, where possible, make use of that wisdom.

U – Utility – paying the greatest attention to the overall benefit to society; maximizing the greatest good and minimizing overall harm.

In times of emergency, we must place the overall good of society at the forefront of our decisions and practices. During the pandemic, we may alter our usual practices. For example, we may need to over-ride individual clinician-patient relationships by requiring health care providers to be re-deployed to mass vaccination clinics or influenza assessment centres.

T - Toward Saving Lives and Preserving Health

The main goal of the AHS Pandemic (H1N1) 2009 Response Plan is to minimize illness, death, and disruption to society. However, our health care system's resources, physical and human, are limited. Despite our best planning, and expansion of existing services and facilities, the burden of H1N1 disease may very well exceed our ability to provide all care in the usual fashion and timeframe. In this setting, we will need to re-allocate limited resources to support the services and treatments that are deemed to be the most essential or of highest priority, as well as those of greatest urgency.

E - Equity and Proportionality - treating people fairly and in balanced ways

Equity means applying resources to treat *all* people with *similar conditions* and circumstances in a *similar manner*. When we decide how to use limited resources, decisions about “who to treat and how to treat” will be based on clinical grounds, and not on living location, social status, wealth, or other clinically unimportant distinguishing features.

Proportionality means we will make decisions and take action in *proportion* to both the expected benefit and the expected burden for people. Public health measures, for example closing a school if need be, will be in proportion to the degree of risk to the population.

Decision-Making Process

Front line staff, managers and leaders may be faced with difficult clinical and ethical challenges during the pandemic. To make the best possible decisions, we will need to ask ourselves: What facts need to be determined? What things need to be considered? How do we weigh different aspects or perspectives?

It is helpful to have a logical and thorough outline that articulates and explains our approach to such decisions. The following steps are helpful in thinking through ethical issues, in support of making the best decision possible. They are not intended as a checklist, but more a way of guiding our thinking and not every step applies or is necessary in every decision.

1. **Define the issue or problem**
2. **Clarify the facts as much as possible**
 - Establish the facts of the issue: e.g. who, what, where, when, why, how.
 - Establish what is not known.
 - Describe the relevant factors: e.g. medical, social, economic, political, legal, and religious / cultural.
3. **Identify all stakeholders and their perspectives**
 - Identify who needs to be consulted.
 - Identify who can make the decision
4. **Analyze the values**
 - What values are apparent and most important?
 - Determine if any of the values are in conflict. What values are being affirmed?
 - What values are being negated?
5. **Identify alternative courses of action in light of guiding values**
 - What are the medically and ethically supportable options? What are the pros and cons of each option, including doing nothing?

6 **Make a decision**

What option best incorporates the needs of the individual and the community, aligned with the mission, vision, values and strategic directions of the organization?

Are there contingency plans in case the decision does not have the intended outcome?

7. **Implement the decision**

Who will implement the decision? How and when will the decision be communicated to all stakeholders?

What process and criteria will be used to evaluate the decision and its outcome?

8. **Review the decision**

What did we learn from this decision? Would we approach the same issue in the same way again?

Establishing Formal Ethics Decision-Making Mechanisms

Planning for, and managing, a pandemic crisis requires the availability of ethics experts to assist clinicians, managers, and planners who may be faced with difficult clinical and ethical decisions. Patients and family members should also be able to access ethics experts through the normal mechanisms that currently exist, i.e. the clinical teams caring for them. In order to guide system decisions and provide consistent advice throughout the province, ethics experts must have a mechanism to interact with executive and management teams.

Consistency in bedside decision making - a requirement for equity and fairness for the entire population - will be enhanced through this mechanism. The ethics resource must be able to respond rapidly, and conversations and decisions documented for future reference.

In order to ensure timely and consistent clinical ethics support during the pandemic, a **“Rapid Response Clinical Ethics Consultation Service”** has been developed. This service will leverage the clinical ethics resources that are already established and functioning at AHS and Covenant Health sites, while also addressing where there may be gaps in coverage. The intent is to meet the needs of front line staff, clinicians, pandemic planners, and executive who may be faced with a decision that requires ethical consideration.