Pandemic Influenza Planning: Ethical Framework
● **KAREN FAITH** BSW, Med, MSc, RSW  
  Director Clinical Ethics Centre  
  S & W  
  Joint Centre for Bioethics

● **JENNIFER L. GIBSON** PhD  
  Research Associate  
  Joint Centre for Bioethics  
  University of Toronto

● **ALISON THOMPSON** PhD  
  Clinical Ethics Fellow  
  Joint Centre for Bioethics  
  University of Toronto

● **DR. ROSS UPSHUR**  
  Primary Care Research Unit  
  S & W  
  Joint Centre for Bioethics
Outline

- Activities to date
- Overview of current draft of Ethical Framework
- Decision Review Process Template
- Where do we go from here?
“Collective forethought & a broad consensus would go far in helping to tackle the unique moral & ethical dilemmas that will arise when a catastrophic event occurs.”

Iserson & Pesik 2003
Activities to Date

- Clinical Ethics Centre invited to develop an Ethical Framework for S & W’s Pandemic Planning Committee

- Consultation process:
  - Joint Centre for Bioethics, U of T:
    - Clinical ethics
    - Organisational ethics
    - Public Health ethics
Activities to Date

- Ethical Framework now been vetted by:
  - Joint Centre for Bioethics, Clinical Ethics Group
  - S & W Pandemic Planning committee
  - MOHLTC (OHPIP) Consultation
  - Ethical Framework integrated in OHPIP
Why an Ethical Framework?

Decision-makers need a moral compass during public health crisis. Proportion of crisis unknown - framework needed that will guide.

*Hard decisions will have to be made. How, why, when & by whom?*
Ethics & Disaster & Bioterrorism – What can we learn?

Triage Iserson & Pesik 2003

- Civilian Triage
  - Most ill or vulnerable prioritized

- Battlefield Triage
  - Save those soldiers who can serve & protect

- Triage following Disasters (natural, man-made & industrial)
  - Balance between civilian & battlefield triage

- Triage following biochemical terrorism
  - Optimal use of resources to benefit most people- Senior clinicians decision-makers
Ethics & SARS – What did we learn?

Singer et al 2005 BMJ

Ethics and SARS: lessons from Toronto

Ten key ethical values
Collateral Damage
Bernstein & Hawryluck 2003 Critical Care

- Trust, truth-telling & relationships with colleagues
- Public infection & infection control ICU
- Professional integrity & relationships with patients/families
- Resource allocation
Ethical Processes: A4R (Norman Daniels)

- Ethical Decision-Making Processes are:
  - Open and Transparent
  - Reasonable
  - Inclusive
  - Responsive
  - Accountable
Guiding Values

- Individual Liberty
- Protection of the public from harm
- Proportionality
- Privacy
- Equity
- Duty to Provide Care
- Reciprocity
- Trust
- Solidarity
- Stewardship
Individual Liberty

- Autonomy rights- in tension with public good
  - Limitations to rights of individual during public health crisis
  - Proportionality, protecting public good, least restrictive means, without discrimination to certain groups
Protection of the Public From Harm

- Public well-being & safety- in tension with individual autonomy
  
  Compliance of individuals for public good
  Rationing –priority setting
  Least restrictive means used
  Transparency of consequences
  Individual’s interest in the well-being of community
Proportionality

- Personal liberty/rights - in tension with restrictions

Restrictions to individual/group in proportion to risk to public health

Justifies use of more coercive measures when least coercive measure have failed to achieve appropriate “ends”
Privacy

- Right to privacy in tension with demands of crisis for shared information

  Proportionality
  Protection from stigmatization
  Disclose only that which is necessary to protect public health
Equity

- All patients have equal claim - in tension with need to prioritize (triage) during crisis
  
  Preserve equity as much as possible
  
  Procedural fairness - maximize buy-in
  
  Fair criteria
  
  Stewardship
Duty to Provide Care

- Professional duty to respond - in tension with barriers (personal; organizational; societal)
- SARS revealed tensions
- Is there a difference in obligations when risk is known Vs. unknown?

Need for decision review process
Reciprocity

- Support for those enduring a disproportionate burden during crisis

Measures taken to address/minimize burden where-ever possible
Trust

- Fundamental value on all levels from bedside to boardroom

Maintaining trust - in tension with having to impose limits

Ethical processes

stewardship
Solidarity

- Interdependence - in tension with territoriality (individual/department/institutions)

Shared responsibility re: stewardship
Stewardship

- Decision-makers have obligations when allocating resources to:
  - Avoid/minimize collateral damage
  - Maximize benefits
  - Protect and develop resources

- Good stewardship entails consideration of:
  - Good outcomes (benefits to the public good)
  - Equity (fair distribution of benefits and burdens)
“In the midst of a crisis where guidance is incomplete, consequences uncertain, & information constantly changing, where hour by hour decisions involve life & death, fairness is more important rather than less.” Bell et. Al. 2004
Decision Review Process: Essential Features (Jennifer Gibson)

- Anticipating the need for decision review process prior to crisis
- Assessing pre-existing mechanisms & ensuring they adhere to ethical principles
Decision Review Process: Essential Features  (Jennifer Gibson)

- **Transparency re:**
  - Access for decision review
  - Criteria for review
  - Review process/leadership

- **Accountability:**
  - Monitoring outcomes
Where Do We Go From Here?

- These are “living” documents
- Approval to share widely
- OHPIP published June 2005
- JCB continuing to support development of the Ethical Framework