


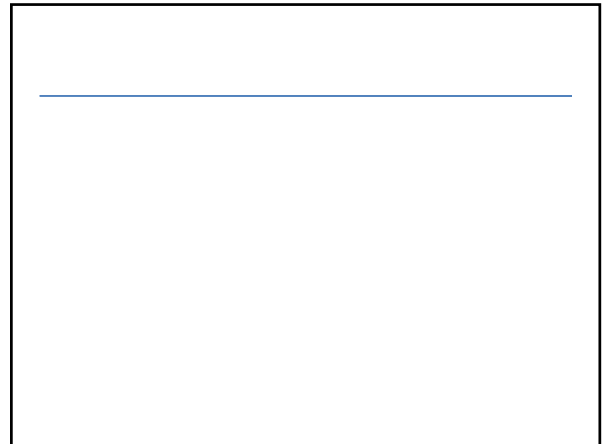


Ethical Considerations in Pandemic Response

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Objectives

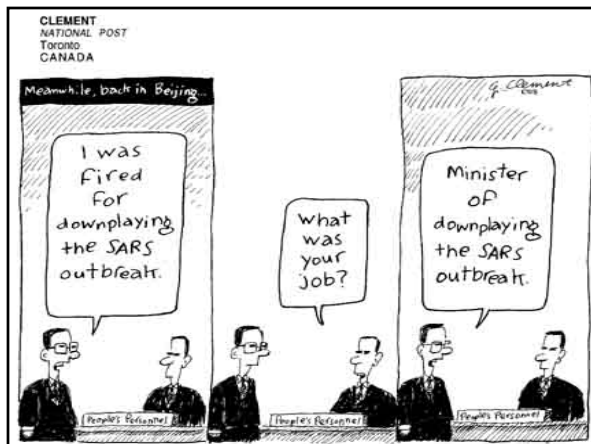
- ✓ To describe the shift of ethical lens in an influenza pandemic: from biomedical ethics to public health ethics
- ✓ To highlight key ethical dilemmas that required attention in H1N1 outbreak
 - > Priority-setting of scarce resources
- ✓ To introduce a public health ethics framework

From William Stewart



“The time has come to close the book on infectious diseases. We have basically wiped out infection in the United States.”

William Stewart, Surgeon General 1967



Importance of infectious diseases to ethics

- ↻ Neglect of dilemmas inherent to infectious disease
- ↻ Yet of immense historic and future significance
- ↻ Crossing border from personal to global ethics
- ↻ Reinforcing our universal vulnerability
- ↻ Challenging traditional concepts

Traditional bioethical principles

AUTONOMY


BENEFICENCE

NON-MALEFICENCE

JUSTICE

8

From autonomy



Autonomy is
a form of personal liberty of action
where the individual determines his or her course of action in accordance with a plan chosen by him or herself


Contemporary liberal theory has yet to take account of the fact that men are not mushrooms." *Susan Moller Okin*

To relationality

Agency is not isolated but it is inherently relational

↓

Victims and vectors



"Infectious disease reminds us that we are related in our vulnerability."
Leslie Francis

Integrated levels of reflection


- + Personal Ethics
- + Clinical Ethics
- + Professional Ethics
- + Organizational Ethics
- + Public Health Ethics
- + Global Health Ethics



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Complex relationships

- Microbiology
 - Immunology
 - Clinical medicine
 - Epidemiology
 - Psychology
 - Law
 - Zoology
 - Anthropology




Public health vs. clinical practice

- ↪ Population vs. the individual
- ↪ Common good vs. individual rights
- ↪ Systems of practice vs. personal decision
- ↪ Community needs vs. liberty and autonomy
- ↪ Social determinants vs. agency and responsibility

Importance of ethics to infectious diseases

1. **Priority-setting in allocating access to scarce resources**
2. **Shared decision-making of practices and policies**
3. **The duty to care of health care workers in high risk environments**
4. **The tension between the public good and individual rights**
5. **Public/community engagement in policy decisions**
6. **Transparency and accountability in complex situations**
7. **Collaborative capacity surge**
8. **Global governance and data sharing**
9. **Research ethics**
10. **Privacy rights**



Hospital VIPs get H1N1 vaccine with no regrets

10 November 2009

Hospital board members who received the scarce H1N1 vaccine defended their position at the head of the queue Monday, even after the province's chief medical officer of health said they do not belong in the priority groups.

THE VANCOUVER SUN

Memo to hockey players: You're not on the flu-shot priority list

5 November 2009

Let's see, this week's priority list for the limited H1N1 vaccine includes pregnant women, people with compromised immune systems, some critical health care workers, and, oh yes, hockey players.

While health officials were scrambling to cope with a crimp in the vaccine supply line, a health official in Alberta, since fired, opened a special clinic for the Calgary Flames hockey players and their families.



Politicians first in line to get cancer drugs: Report

Posted By KEVIN CONNOR, QMI AGENCY
Posted 2 days ago

Politicians and top bureaucrats from provinces across the country have better access to cancer drugs and treatment than their constituents, according to Cancer Advocacy Coalition Canada.

It is unclear if that is the case in Ontario, because legislatures wouldn't give out the information.

"We had exceptional assistance from across the country, with the exception of Ontario, who did not choose to report their SPF drug benefit program," Chris Bonnell, an insurance and health-care consultant for the coalition, said.

Prostate Cancer Study
CONTRASTS REQUIRED: Take the online screener to see if you may qualify.
www.PCAresearch.com

GENTRYS
Free Personal

Book Early for Spring!

What is at stake?


- What constitutes an essential service?
- Who is essential to essential services?
- How ought allocation decisions be made?
- By whom should allocation decisions be made?
- Who ought to have priority for access to resources?
 - Those that are sickest or those most likely to survive?
 - To save the most lives or give everyone an equal chance?
 - Give special consideration to vulnerable populations?
- What considerations should be taken into account in making these decisions?

Importance of ethics to infectious diseases

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↙ **UNCERTAINTY** ↘

Katrina: Access to treatment



- Hospitals: most critically ill patients first
- Firefighters: least ill patients first and most ill later
- Helicopter Pilots: pregnant women and babies

H1N1: Access to vaccines

Target group	SAGE (WHO)	U.S. (CDC)	ECDC	UK
Health care workers	✓	✓+ emergency medical services personnel	✓	✓= frontline health + social care workers
Pregnant women	✓	✓	✓	✓
High risk conditions: < age 65 > Age 65	✓	✓	✓	✓ ✓
Household contacts of: Children < 6 months immunosuppressed		✓	✓	✓
Healthy children	✓	✓	D< age 2 ✓ all children	
Healthy adults : < age 65 > Age 65	✓ ✓	D= age 24 (✓)		
Critical infrastructure			✓	

Uncertainty

Can we make decisions based on **evidence-based assessments of risk?** (Coker et al.)

+


Or must we rely on decisions carrying **varying levels of empirical certainty?** (Callahan)

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Basis for decision → scientific analyses *and* value systems

Ethics as anchor

Need a **moral compass** to navigate through crisis

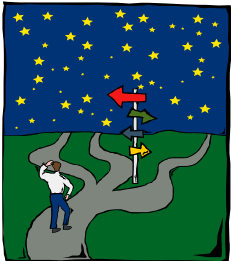


Framework can guide the **how, why, when and by whom?**

Ethical framework as guide

Decision-making for and during a pandemic influenza outbreak ought to be:

1. *guided* by ethical decision-making **processes**
2. *informed* by ethical **values**





Accountable	There should be mechanisms in place to ensure that decision-makers are answerable for their actions and inactions. Defence of actions and inactions should be grounded in the 14 other ethical values proposed below.
Inclusive	Decisions should be made explicitly with stakeholder views in mind, and there should be opportunities to engage stakeholders in the decision-making process.
Open and transparent	The process by which decisions are made must be open to scrutiny and the basis upon which decisions are made should be publicly accessible.
Reasonable	Decisions should be based on reasons (i.e. evidence, principles, and values) that stakeholders can agree are relevant to meeting health needs in a pandemic influenza crisis. The decisions should be made by people who are credible and accountable.
Responsive	There should be opportunities to revisit and revise decisions as new information emerges throughout the crisis. There should be mechanisms to address disputes and complaints.

Reciprocity	Reciprocity requires that society support those who face a disproportionate burden in protecting the public good, and take steps to minimize burdens as much as possible.
Individual liberty	In a public health crisis, restrictions to individual liberty may be necessary to protect the public from serious harm. Restrictions to individual liberty should be proportional, necessary, and relevant; employ the least restrictive means; and be applied equitably.
Equity	All patients have an equal claim to receive the health care they need under normal conditions.
Protection of the public from harm	To protect the public from harm, health care organizations and public health authorities may be required to take actions that impinge on individual liberty. Decisions makers should: weigh the imperative for compliance; provide reasons for public health measures to encourage compliance; and establish mechanisms to review decisions.
Privacy	Individuals have a right to privacy in health care. In a public health crisis, it may be necessary to override this right to protect the public from serious harm.

Priority-setting

- FAIR INNINGS**
Public health. Who should get the influenza vaccine when not all can? Emanuel and Wertheimer (2006)
 “A life-cycle allocation principle based on the idea that each person should have an opportunity to live through all the stages of life is more appropriate for a pandemic.”
- PURE EGALITARIAN**
The moral importance of choosing people randomly. Peterson (2008)
 “It would be better to distribute vaccine by setting up a lottery. The argument for this view is based on a purely consequentialist account of morality, i.e. an action is right if and only if its outcome is optimal. However, unlike utilitarians, I do not believe that alternatives should be ranked strictly according to the amount of happiness or preference satisfaction they bring about.”

Priority-setting

- UTILITARIAN: “SOCIAL” VALUE**
Ethics and severe pandemic influenza: maintaining essential functions through a fair and considered response. Kass et al. (2008)
 “While some have suggested that scarce medical countermeasures be allocated primarily to first responders and then to the sickest, we suggest that an ethical public health response should set priorities based on essential functions.”
- UTILITARIAN AND EGALITARIAN**
Rationing of influenza vaccine during a pandemic: ethical analyses. Zimmerman (2007)
 “Competing principles for vaccine rationing are utilitarianism and egalitarianism ... A framework that uses multiple principles to address influenza vaccine rationing in light of a shortage is recommended.”

Priority-setting

- LET LOCATION OR STATUS SET PRIORITY
- LET SURGE CAPACITY SET PRIORITY
- LET PURCHASING POWER SET PRIORITY
- AGAINST THIS BACKDROP:
 “The solutions we seek to the practical problems of moral choice depend entirely on the conceptual framework we use to define what we think right or wrong, good or bad.”
 Pellegrino, 1993

Credit: C. McDougall, National Collaborating Centre for Healthy Public Policy

What is at stake?

- ➔ How do we define, and who defines, what is an acceptable level of risk?
- ➔ How do we make decisions within a context of a lack of evidence of the effectiveness of interventions?
- ➔ How, and by whom, should decisions and processes be designed and implemented?
- ➔ In what ways can we promote a dialogue with those most affected, the community of citizens?
- ➔ How do we establish a common sense of purpose?

Conclusions

“In the midst of a crisis where guidance is incomplete, consequences uncertain, and information constantly changing, where hour by hour decisions involve life and death, fairness is more important rather than less.”

Bell et. al. 2004

“Perhaps all of us should be considering the kinds of persons, roles, and society we want to work to create in advance of crisis.”

Dwyer and Tsai, 2008

