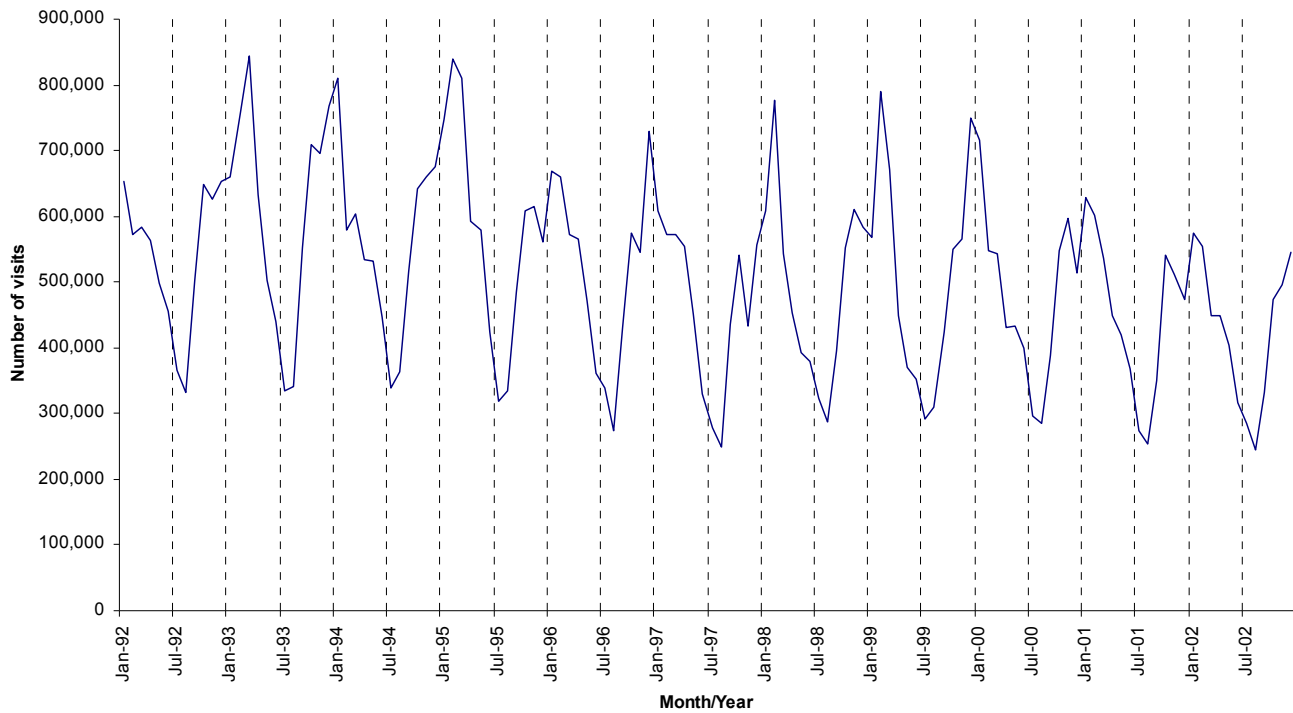


# Ethical Considerations in Preparedness Planning for Pandemic Influenza

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University of Toronto  
Emergency Management Summit  
Washington DC February 2008

6.1 Time series of respiratory ambulatory visits to primary care providers, age and gender aggregated, 1992-2002



Note: "Respiratory ambulatory visits" include all ambulatory visits to a physician for COPD, asthma, pneumonia or respiratory infectious diseases.



# Outline

- Rationale for ethics & pandemic planning
- Development of an ethical framework
- Framework as a guide for decision making
- Key recommendations from *Stand on Guard for Thee*
- Additional considerations
- Discussion

# Will it be a 'health tsunami' or 'health Y2K'?



# Evolution of Ideas

- Sunnybrook Pandemic Planning Committee requests ethics assistance
- Working Group formed through Joint Centre for Bioethics U of T
- *Ethics in a Pandemic Influenza Crisis: Framework for Decision Making*
- Adopted into Ontario Plan and Toronto Academic Health Sciences Network Plan
- *Stand on Guard for Thee*
- *WHO Global Consultation*

# What is bioethics?

- Bioethics involves critical reflection on moral/ethical problems faced in health care settings toward:
  - deciding *what* we should do
  - explaining *why* we should do it and
  - describing *how* we should do it
    - (Dr Barb Secker)

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## TODAY IN HEALTH & SCIENCE

Stem cells, with ethics

Return of a Mongolian native

EU seeks to calm fears on bird flu

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## Bush cites U.S. plans against bird flu risk

By **Brian Knowlton** International Herald Tribune

WEDNESDAY, OCTOBER 5, 2005

**WASHINGTON** President George W. Bush said Tuesday that he was working to prepare the United States for a possible deadly outbreak of avian flu.

If an epidemic appears, he said, he has weighed whether to quarantine parts of the country and whether to

are," he said of avian flu. "We're trying to put plans in place." A bipartisan group of senators have been pressing Bush to prepare for a bird-flu emergency. His sense of urgency appeared to have been heightened, as well, by the widespread criticism of the response to the two hurricanes that battered the Gulf Coast.

humans have little defense against it. It kills about half of those infected.

But Bush, in devoting a long and detailed reply to the subject of bird flu, appeared intent on promoting readiness and raising the public's awareness, as well as demonstrating his own. He referred to the "H5N1

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Tuesday, October 18, 2005



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## Pandemic's hard choice who to help?: Ethicist issues warning

**Tom Blackwell; with files from Janice Tibbetts**  
National Post; with files from CanWest News Service

*Monday, October 17, 2005*

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“ 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.”

Iseron & Pesik 2003



# Rationale Ethical Guidelines

- Government and health care leaders will need to make decisions based on values
  - Values based leadership may be the glue that holds society together in an intense crisis
  - History will judge today's leaders on how well they prepared for and acted during the crisis and whether they treated people in an ethical manner

# Ethics & SARS – What did we learn?

Singer et al 2005 BMJ

Ethics and SARS:  
lessons from Toronto

Ten key ethical values



## Ethics and SARS: lessons from Toronto

Peter A Singer, Suzanne E Denton, Mark Bernstein, Abraham S Daar, Bernard M Dickson, Susan K Macklin, Ross I D Utman, Linda Wright, David Zlotnick, Susan

The SARS epidemic since its onset in Toronto in mid-2003 has focused attention on the need to improve the response to the next epidemic. This article reviews ethical issues that need to be resolved to improve the response to the next epidemic.

The outbreak of severe acute respiratory syndrome (SARS) in the Toronto area earlier this year forced medical and government workers to make hard choices about what information and what decisions about disease prevention were on the line for them and were the people most affected by the choices? Decision makers had to balance individual freedoms against the common good, how the personal duty against the duty to treat sick people and economic losses against the need to contain the spread of a deadly disease. Such decisions have to be guided by both scientific knowledge and ethical considerations. The SARS outbreak showed that Canada as a country is not fully prepared to deal with the ethical issues.

### Evaluating ethical issues

We formed a working group to identify the key ethical issues and values most important for an analysis of ethical dimensions of the SARS epidemic. The final list of issues and values emerged from a consensus process and found to have face validity and a credibility. We then developed a framework for looking at the ethical implications of the SARS outbreak, identifying 15 key ethical values relevant to SARS issues, and then major ethical issues listed by decision makers.

We examined the underlying ethical values for the three major issues and then looked at how each was upheld. The following case studies illustrate the issues and use as examples of some problems.

### Ethics of quarantine

A medical clerk is asked by public health officials to conduct at home quarantine of a 70-year-old female apparently SARS. She wants to simply tell them this could not happen and not do anything.

How ethical values were associated with this issue starting with individual liberty. Even the most highly valued individual liberties have to be balanced against



a second value—risk of protecting the public from harm caused by the uncontrolled movements of people who may be infectious. Under the value of proportionality, authorities increasing public health power should do so in a way that is relevant, legitimate, and necessary. They should use the least restrictive methods that are reasonably available to limit infectious liberties and should apply restrictions without discrimination.

The value of transparency requires stakeholders to be fully informed about issues, including the risks and benefits, particularly if they affect their health, wellbeing, and personal liberty. Finally, the value of reciprocity requires society to ensure that those quarantined receive adequate care and do not suffer undue economic penalties.<sup>1</sup>

### Privacy of personal information and public need to know

A nurse at a hospital called by SARS task force advised her a doctor, after weighing the risk of having the disease spread to his patients and placing a burden of extra work on her and colleagues, she was asked a consent form to send the information to SARS. She felt the officials should be aware the nurse felt she was unable to care people who may have been on the unit that they should be told for SARS.

Although the individual has a right to privacy, the state can curtail this right if it would greatly help protect the public from serious harm. As a general rule, the privacy and confidentiality of individuals should be protected unless a well-defined public health goal can be achieved by making personal information public.

In the initial stages of the outbreak, authorities around the world in limited SARS in Canada from China, and how close to the family members because they believed secondarily provide additional public health benefits. Although public health officials took great pains to avoid leaking identity and illness, the leaking of SARS to the community had been reported from China,

Journal of  
Lancet  
London  
2003; 362: 1111-1112  
Singer, Peter  
and others  
The authors  
acknowledge  
the assistance  
of the  
Ontario  
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**Key ethical values**

- Individual liberty
- Protection of the public from harm
- Proportionality
- Transparency
- Privacy
- Protection of community from under investigation
- Duty to provide care
- Equity
- Solidarity



# 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

# 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

# Lessons from Katrina

Darr, K. **Katrina: Lessons from the Aftermath.**  
*Hospital Topics* 2006, 84(2) p30-33

During a crisis situation like Katrina or impending avian flu pandemic "*rules of thumb and situational ethics are not likely to produce societally desirable results*".

# Katrina & the varying perceptions for priority setting in evacuation



- **Hospital** → most critically ill patients first
- **Firefighters** → least ill patients first & most ill later
- **Helicopter Pilots** → pregnant women & babies



# How should influenza vaccine be distributed?

From: Emanuel & Wertheimer Public Health. Who should get influenza vaccine when not all can? Science 2006 312 (5775) : 854-5

## Examples of differing perspectives:

- National Vaccine Advisory Committee & Advisory Committee on Immunization Practices (NVAC & ACIP)
- Life-cycle Principle LCP
- Investment refinement **of LCP**

## Priorities for Distribution of Influenza Vaccine

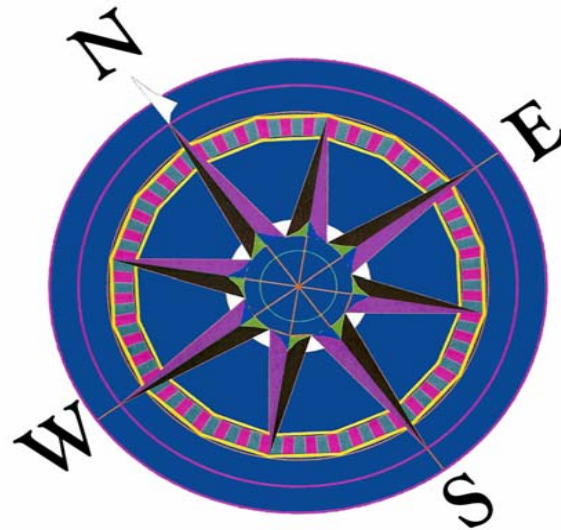
Tier*	NVAC and ACIP recommendations (subtier) <sup>†</sup>	Life-cycle principle (LCP)	Investment refinement of LCP including public order
1	<p>Vaccine production and distribution workers</p> <p>Frontline health-care workers</p> <p>People 6 months to 64 years old with <math>\geq 2</math> high-risk conditions or history of hospitalization for pneumonia or influenza</p> <p>Pregnant women</p> <p>Household contacts of severely immunocompromised People</p> <p>Household contacts of children <math>\leq 6</math> months of age</p> <p>Public health and emergency response workers</p> <p>Key government leaders</p>	<p>Vaccine production and distribution workers</p> <p>Frontline health-care workers</p>	<p>Vaccine production and distribution workers</p> <p>Frontline health-care workers</p>
2	<p>Healthy people <math>\geq 65</math> years old</p> <p>People 6 months to 64 years old with 1 or more high-risk conditions</p> <p>Healthy children 6 months to 23 months old</p> <p>Other public health workers, emergency responders, public safety workers (police and fire), utility workers, transportation workers, telecommunications and IT workers</p>	<p>Healthy 6-month-olds</p> <p>Healthy 1-year-olds</p> <p>Healthy 2-year-olds</p> <p>Healthy 3-year-olds</p> <p>etc.</p>	<p>People 13 to 40 years old with <math>&lt; 2</math> high-risk conditions, with priority to key government leaders; public health, military, police, and fire workers; utility and transportation workers; telecommunications and IT workers; funeral directors</p> <p>People 7 to 12 years old and 41 to 50 years old with <math>&lt; 2</math> high-risk conditions with priority as above</p> <p>People 6 months to 6 years old and 51 to 64 years old with <math>&lt; 2</math> high-risk conditions, with priority as above<sup>‡</sup></p> <p>People <math>\geq 65</math> years old with <math>&lt; 2</math> high-risk conditions</p>
3	<p>Other health decision-makers in government</p> <p>Funeral directors</p>	<p>People with life-limiting morbidities or disabilities, prioritized according to expected life years</p>	<p>People 6 months to 64 years old with <math>\geq 2</math> high-risk conditions</p>
4	<p>Healthy people 2 to 64 years old</p>		<p>People <math>\geq 65</math> years old with <math>\geq 2</math> high-risk conditions</p>

\* Tiers determine priority ranking for the distribution of vaccine if limited in supply. <sup>†</sup>Subtiers in purple text establish who gets priority within the tier (starting from the top of the tier) if limited vaccine cannot cover everyone in the tier; prioritization may occur within subtiers as well. <sup>‡</sup>Children 6 months to  $< 13$  years would not receive vaccine if they can be effectively confined to home or otherwise isolated.

# Why an Ethical Framework?

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

*Difficult decisions will have to be made. How, why, when & by whom?*



# Ethical Framework as a Guide in Decision-making

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

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





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## STAND ON GUARD FOR THEE

**Ethical considerations in  
preparedness planning for pandemic influenza**

November 2005

A report of the  
University of Toronto Joint Centre for Bioethics  
Pandemic Influenza Working Group

Ontario Health

## **Pandemic Influenza Plan**



June 2005

 Ontario

# Guiding Values

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


# Ethical Processes: A4R (Norman Daniels)

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

# Decision Review Process: Essential Features (Jennifer Gibson)

- Anticipating the need for decision review process prior to crisis
- Assessing pre-existing mechanisms - ensure they are sufficient & adhere to ethical principles





“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



# Key Ethical Issues

1. Duty to Care
2. Restrictive Measures
3. Priority Setting
4. Global Governance

# Ethical Issue 1: Duty to Care

## Recommendations

1. Professional colleges and associations should provide, by way of their **codes of ethics**, clear guidance to members in advance of a major communicable disease outbreak, such as pandemic flu. Existing mechanisms should be identified, or means should be developed, to inform college members as to expectations and obligations regarding the duty to provide care during a communicable disease outbreak.
2. Governments and the health care sector should ensure that:
  - a. **care providers' safety** is protected at all times, and providers are able to discharge duties and receive sufficient support throughout a period of extraordinary demands; and
  - b. **disability insurance and death benefits** are available to staff and their families adversely affected while performing their duties.
3. Governments and the health care sector should develop **human resource strategies** for communicable disease outbreaks that cover the diverse occupational roles, that are transparent in how individuals are assigned to roles in the management of an outbreak, and that are equitable with respect to the distribution of risk among individuals and occupational categories.

# Ethical Issue 2: Restrictive Measures

## Recommendations

1. Governments and the health care sector should ensure that pandemic influenza response plans include a comprehensive and **transparent protocol** for the implementation of restrictive measures. The protocol should be founded upon the principles of proportionality and least restrictive means, should balance individual liberties with protection of public from harm, and should build in safeguards such as the right of appeal.
2. Governments and the health care sector should ensure that the **public is aware** of:
  - i. the rationale for restrictive measures;
  - ii. the benefits of compliance; and
  - iii. the consequences of non-compliance.
3. Governments and the health care sector should include measures in their pandemic influenza preparedness plans to **protect against stigmatization** and to safeguard the privacy of individuals and/or communities affected by quarantine or other restrictive measures.
4. Governments and the health care sector should institute measures and processes to **guarantee provisions and support services** to individuals and/or communities affected by restrictive measures, such as quarantine orders, implemented during a pandemic influenza emergency. Plans should state in advance what backup support will be available to help those who are quarantined (e.g., who will do their shopping, pay the bills, and provide financial support in lieu of lost income). Governments should have public discussions of appropriate levels of compensation in advance, including who is responsible for compensation.

# Ethical Issue 3: Priority Setting

## Recommendations

1. Governments and the health care sector should **publicize a clear rationale for giving priority** access to health care services, including antivirals and vaccines, to particular groups, such as front line health workers and those in emergency services. The decision makers should initiate and facilitate constructive public discussion about these choices.
2. Governments and the health care sector should **engage stakeholders** (including staff, the public, and other partners) in determining what criteria should be used to make resource allocation decisions (e.g., access to ventilators during the crisis, and access to health services for other illnesses), should ensure that clear rationales for allocation decisions are publicly accessible and should provide a justification for any deviation from the pre-determined criteria.
3. Governments and the health care sector should ensure that there are **formal mechanisms** in place for stakeholders to bring forward new information, **to appeal** or raise concerns about particular allocation decisions, and to resolve disputes.

# Ethical Issue 4: Global Governance

## Recommendations

1. The World Health Organization should remain aware of the impact of travel recommendations on affected countries, and should make every effort to be as **transparent and equitable as possible when issuing such recommendations**.
2. Federal countries should utilize whatever mechanisms are available within their system of government to ensure that relationships within the country are adequate to **ensure compliance with the new International Health Regulations**.
3. The developed world should continue to **invest in the surveillance capacity of developing countries**, and should also make investments to further improve the overall public health infrastructure of developing countries.



# In addition...

- Mechanism to expedite research ethics review during a public health crisis
- Ethical treatment of animals – culling of birds
- Compensation for farmers
- Huge disparities between rich & poor people/nations hit by health crisis

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**Your feedback is welcome:**

Joint Centre for Bioethics University of Toronto

<http://www.utoronto.ca/jcb/home/main.htm>

# Additional Resources

- Bensimon CM, Tracy CS, Bernstein M, Shaul RZ, Upshur RE. A qualitative study of the duty to care in communicable disease outbreaks. Soc Sci Med. 2007 Dec;65(12):2566-75.
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