

HHS Pandemic ISSUES Ethics Framework

In preparing for and responding to a pandemic, our health system will face a multitude of difficult decisions. Current circumstances require that our health system acts as good a steward of available resources. **Stewardship** requires that we protect and develop resources and be accountable for investing those resources wisely to ensure public health and patient well-being. Decisions should be made according to a fair process and guided by ethical principles. Incorporating ethical principles into pandemic plans with transparency and buy-in from stakeholders builds trust, consistency and legitimacy. Further, discussions of ethical issues can help address fears of the unknown, and improve cooperation and acceptance of difficult decisions made for the common good.

Principles to guide decisions:

Ethical decisions in a pandemic may be guided by the following principles¹:

- **Utility:** Focused on the results of actions such that benefits outweigh the harms. Utility should be applied to achieve the greatest good for the greatest number of people.
- **Fairness:** Promoting a just distribution of resources, as well as just access to resources.
- **Non-maleficence:** Decisions should strive to limit harm wherever possible. This requires considering the differential benefits and burdens to individuals, as well as available alternatives to relieve pain and suffering.
- **Proportionality:** Restrictions to individual liberty and measures taken to protect the public from harm should not exceed what is necessary to address the actual risk. Moreover, individuals from vulnerable groups should not be disproportionately affected by a decision where harm is unavoidable.
- **Equity:** Promote just/fair access. Equity requires that all persons be treated in the same way unless relevant differences exist, and that special attention is paid to actions that might further disadvantage the already disadvantaged or vulnerable.
- **Reciprocity:** Reciprocal obligations are owed to patient populations particularly burdened by our health system's efforts to preserve capacity in a pandemic. Reciprocal obligations are also owed to physicians and staff who place themselves at higher personal risk to provide care to patients.
- **Solidarity:** Responsibility of leaders and decision-makers to build, preserve and strengthen inter-professional, inter-institutional, and inter-sectoral collaboration.

Principles to guide decision-making processes:

Decision-making processes should be guided by the following principles:

- **Transparency:** Decisions should be communicated to individuals and the public. Justifications, based on the values and principles in this document, should accompany these communications.
- **Consistency:** Decisions should be consistent, so that all persons in the same categories are treated in the same way, unless relevant differences exist.
- **Inclusiveness:** Decisions should be made explicitly with individuals' views in mind, and where possible there should be opportunities to engage individuals in the decision-making process.
- **Accountability:** There are mechanisms in place to ensure that decision makers are answerable for their actions and inactions. Defense of decisions should be grounded in evidence and in the ethical values and principles outlined in this document.
- **Trust:** Trust is enhanced by upholding the process values enumerated above. In particular, ongoing communication with stakeholders will be essential to engendering trust.

Pandemic ISSUES Ethical Decision-Making Tool

Ethics involves supporting decision-making processes that ensure we treat people fairly, remove barriers to accessing health services, respect patients' privacy, communicate effectively, and make sure the hospital is a safe place for all. This Decision-Making Tool is primarily intended to assist in making decisions in event of a pandemic. It is to be used in conjunction with the ethical principles outlined on page one.

Step	Description	Worksheet
1. <u>Identify</u> issue, decision-making process	<ul style="list-style-type: none"> • Reflect: what is your gut reaction? • State the question or dilemma as you currently see it • Determine best process for decision-making and key stakeholders 	"Given ____, what decisions or actions are ethically justifiable?"
2. <u>Study</u> the Facts	<ul style="list-style-type: none"> • Perspectives of all stakeholders (<i>staff, patients, community, partners, etc.</i>) • Evidence (<i>risks, benefits, impact on quality or services, best practices</i>) • Resource Implications (<i>human, financial</i>) • Contextual (<i>internal/external directives, legal considerations, past cases, cultural issues</i>) 	
3. <u>Select</u> Reasonable options	<ul style="list-style-type: none"> • What are the realistic options • Look for more than two 	<u>Alt 1:</u> <u>Alt 2:</u> <u>Alt 3:</u>
4. <u>Understand</u> Values and Duties	<ul style="list-style-type: none"> • Consider relevant principles, duties and values to the options (<i>e.g. Principles listed on pg. 1</i>) • What are the relevant legal requirements, professional standards and policies? (<i>e.g. HHS Mission, Vision & Values; Legislation; HHS Policies</i>) • Are key values, duties, principles or standards in conflict? 	
5. <u>Evaluate</u> and Justify Options	<ul style="list-style-type: none"> • What are the possible harms/benefits to various stakeholders of various options? • Choose the option with best consequences and alignment with duties, principles and values • State clear reasons for your choice; anticipate questions and criticisms 	<u>Alt 1:</u> <u>Alt 2:</u> <u>Alt 3:</u>
6. <u>Sustain</u> and Review Plan	<ul style="list-style-type: none"> • Identify how best to implement, communicate, and document decisions • Review/reevaluate decisions on ongoing basis • Reflect on lessons learned for future cases • Does this situation point to a systems or organizational cultural problem? (<i>e.g. policy gap</i>) 	

Principles are listed in no particular order and are adapted from HHS Ethics Framework, The Ontario Ethics Pandemic Taskforce and the JCB Pandemic Influenza Working Group Report: Stand On Guard for Thee: Ethical Considerations in Preparedness Planning for Pandemic Influenza.

Pandemic Ethical Decision-Making Tool for Deferring or Altering Standard of Care

These guiding questions can help you and your team in making difficult decisions. Depending on the type of program or the kind of decision, you may not need to consider all the questions.

Criteria	Things to Consider
Risk to Patient (Treatment/ procedure)	<ul style="list-style-type: none"> • What length of time can the treatment be delayed before seeing a decline in the patient's condition? • What impact will deferral of treatment have on a successful outcome/prognosis? • What is the likelihood that delay in treatment will result in increased ER visits and/or need for in-patient admission? • If patient's condition worsens, could they be managed as an outpatient? • Can medical conditions/symptoms be reasonably managed while waiting for treatment/ procedure?
Risk to Patient (Discharge)	<ul style="list-style-type: none"> • Is patient able to be cared for in an alternative location? • Will discharging patient from therapy/program change overall health status? Outcome? Prognosis? • Can medical condition be reasonably managed while at home with virtual communication/contact? • Will discharge from current therapy/ program result in increased ER visits and/or need for inpatient admission?
Patient Preferences and Impact on Quality of Life	<ul style="list-style-type: none"> • What is the patient's capacity? (full, partial, none) • What is the patient asking for? What seems to be important to the patient? (i.e. family presence, pain management, surviving illness) • What are the patient's relevant values/wishes? What is the evidence of these? (i.e. Advance Care Plan, Advance Directive, Living Will, POA form, family conversations) • Can relief of pain and suffering (physical, emotional, spiritual) be reasonably managed? • What is the daily experience of the patient (i.e. ratio between moments of joy and moments of suffering)?
Health Care Provider/ Systems Considerations?	<ul style="list-style-type: none"> • Will providing treatment/intervention to the patient expose health care providers to more than usual risk, including through the consumption of resources required for providers' safety? • Do you anticipate that the change in the proposed treatment plan will result in moral distress? • Will alteration of standard of care impact patient population or community?

Prioritizing Patient Procedures and Treatments

Reflect upon the questions above. When determining an application to the priorities of a patient population, consider the effect of competing treatment options: e.g., will there be an effect on the ability to resolve the major disease process, will life expectancy be affected, what are the implications for symptom control and quality of life, and what are the broad economic implications and opportunity cost? If these outcomes are to be affected, can these be quantified?

When determining an application to the priority of an individual patient, think about their underlying illness, comorbidities, life expectancy, quality of life and standards of practice. Assign them to one of the priority groups below. In addition, as the pandemic lasts longer you may need to revisit the classification of your patients with your group to determine if their status has changed.

Priority 1	This is a situation that if the procedure/treatment is not immediately done, the patient will not survive (“life-or-limb” policy criteria).
Priority 2	Acute procedures/treatment where postponement will affect Quality of Life now and in the long-term; threat to survival unclear and/or dependant on progression of disease or illness
Priority 3	Acute procedures/treatment where postponement will affect Quality of Life now and in the long-term, but not be a threat to survival
Priority 4	Acute procedures/treatment where postponement will affect Quality of Life during the delay, but not lead to a worse long-term prognosis
Priority 5	Elective procedures/treatment that are intended to restore health but could potentially lead to requiring intensified support post-procedure / treatment e.g. ICU
Priority 6	Elective procedures/treatment that may be postponed without threat to life, albeit with negative effect on Quality of Life
Priority 7	Elective procedures/treatment that may be postponed without deterioration of the condition