

British Columbia's Pandemic Influenza Response Plan (2012)

*An Ethical Framework for Decision Making: Supporting British
Columbia's Pandemic Influenza Planning and Response*

September 2012

TABLE OF CONTENTS

Acknowledgements.....	3
Executive Summary.....	4
1. Introduction.....	5
1.1 Background	5
1.2 Ethical Commitments	5
1.3 Process	5
2. The Ethical Principles.....	6
2.1 Using the Principles	7
2.2 The Individual Principles	7
3. Resources.....	10
3.1 BC Pandemic Ethics Advisory Group	10
3.2 A Guide to Ethical Decision Making.....	11
4. Moving Forward	11
Appendices.....	Error! Bookmark not defined.
Appendix A: H1N1 Influenza Pandemic Fact Sheet	Error! Bookmark not defined.
Appendix B: Pandemic Ethics Advisory Group Draft Terms of Reference.....	12
Appendix C: Sample Guide to Ethical Decision Making	13
Appendix D: References.....	30
Appendix E: Endnotes	31

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We also acknowledge the contributions of members of BC's Clinical Ethics Advisory Group, BC's H1N1 Pandemic Influenza Response Plan Clinical Care Advisory Group and BC's H1N1 Clinical Care and Logistics Committee who gave generously of their time and expertise when asked for input.

EXECUTIVE SUMMARY

Ethics encompass thoughts about values, duties, and the consequences of actions for others.¹

Ethical decisions in the health care sector, therefore, are made on a daily basis. Such decisions are influenced by factors including societal norms, philosophy and values. They also occur within the context of professional codes of ethics that guide health professionals' ethical decisions about how to protect and enhance the health of patients and populations.²

With an increased recognition that the volume and complexity of ethically challenging decisions may increase during an influenza pandemic, the Office of the Provincial Health Officer and the Ministries of Health Services and Healthy Living & Sport set out to develop a guiding framework for the health care sector.

This framework aims to:

- 1) Serve as a transparent guide for ethical decision making before, during and after an influenza pandemic
- 2) Encourage integration of shared values into health care practices and treatment and funding decisions
- 3) Contribute to improved health outcomes and service delivery, and maximize human and financial resources
- 4) Increase public awareness of and confidence in policies
- 5) Increase public awareness and preparedness for an influenza pandemic

A list of ethical principles³ is provided to support ethical planning and coordinated management of pandemic issues in ways that:

- Are fair, accountable, transparent, inclusive and flexible
- Promote solidarity, reciprocity and respect
- Minimize harm and keep things in proportion

The ethical principles that underpin the framework are:

- Respect
- Minimizing the harm that a pandemic could cause
- Fairness
- Working together
- Reciprocity
- Keeping things in proportion
- Flexibility
- Good decision making
 - Openness and transparency
 - Inclusiveness
 - Accountability
 - Reasonableness

Two resources have been identified to support consistent application of the ethical principles:

- 1) A Pandemic Ethics Advisory Group to support health authorities and the Ministries of Health Services and Healthy Living & Sport in planning and managing ethical issues that arise before and during an influenza pandemic.
- 2) A Draft Guide to Ethical Decision Making prepared by Fraser Health Authority to support health authorities and clinicians through the process of allocating scarce resources and responding to ethical dilemmas.

This framework does not provide detailed instructions for responding to ethical dilemmas on a case-by-case basis. Instead, it identifies the ethical principles that should guide allocation strategies and processes. Health authorities are encouraged to use this provincial framework to inform influenza pandemic planning and response activities.

1. INTRODUCTION

“One of the characteristics of a public health crisis is that health needs overwhelm available human and material resources. Difficult decisions must be made about how, where and to whom resources should be allocated. Medical science provides valuable information to help make these decisions. However, science alone is insufficient.”⁴

1.1 Background

An influenza pandemic will place extraordinary and sustained demand on the health system. Resources, including supplies, equipment and staff, are likely to be in short supply. Many crucial ethical questions arise in pandemic influenza preparations and response about how best to allocate these scarce resources. These include: Should some individuals have prioritized access to certain resources? Should resources be used to protect persons who are taking risks to help others, because they are contributing to everyone’s survival? Should

patients be removed from ventilators so that others more likely to benefit can be given a chance at survival?⁵

If essential questions are not anticipated and properly addressed in planning, the response efforts could be seriously hindered. In order to respond effectively and efficiently during a pandemic, it is necessary to consider these ethical dilemmas while there is still time for careful deliberation.

Examples of Ethical Issues During a Pandemic⁶

- ◆ Who should get the limited supply of medicine?
- ◆ Who will be prioritized for finite ventilated hospital beds?
- ◆ How will health care workers manage competing obligations?
- ◆ When should hospitals cancel elective surgeries or restrict hospital visitation?

(See Appendix A for H1N1-specific fact sheet.)

1.2 Ethical Commitments

Broadly, the government is guided by ethical commitments for implementing its pandemic planning and management actions. The common good will be pursued in ways that:

- Are fair, accountable, transparent, inclusive and flexible,

- Promote solidarity, reciprocity and respect,
- Minimize harm and keep things in proportion.

1.3 Process

A number of other jurisdictions have developed comprehensive ethical frameworks to assist decision makers with ethical aspects of decision

making during an influenza pandemic.⁷ These frameworks, many developed through extensive processes with the input of a wide range of

experts and public members, provided the basis for this framework.

The framework has been reviewed by a number of diverse provincial groups with expertise in ethics, clinical care and public health including BC's:

- Clinical Ethics Advisory Committee- composed of ethicists and ethics experts from BC's health authorities
- H1N1 Pandemic Influenza Response Plan Clinical Care Advisory Group - composed of medical experts

- H1N1 Clinical Care and Logistics Committee - composed of health authority experts in operations and pandemic planning

This report will be reviewed and updated through an appropriate process beginning in 2010, on an ongoing basis as our collective understanding and experience evolves. A review will solicit stakeholder input, including public feedback, to ensure all issues are addressed thoroughly.

Mechanical Ventilators: An Ethical Challenge

Concerns are commonly raised about the supply and availability of health-related resources ranging from prevention (vaccines and personal protective equipment such as surgical masks and N95 respirators), to first-line treatment (antivirals) and critical care treatment (mechanical ventilators).

While this ethics framework can address all of these health care resources, it is acknowledged the distribution of ventilators, a life-saving intervention, raises unique ethical questions.

Ventilating patients requires specific and intensive care by health professionals. During an influenza pandemic, demand on these resources may be high. It will be necessary to optimize the use of all ventilator capacity and deploy health care professionals for the maximum benefit of the population.

Health authorities and the Ministry of Health Services are looking at measures to ensure adequate staffing levels, reduce non-urgent demand, and manage increased demand.

2. THE ETHICAL PRINCIPLES⁸

BC's ethical framework includes core ethical principles that should underpin decision making during an influenza pandemic. It also identifies resources to support ministries and health authorities' ethical planning and management of pandemic issues.

The framework aims to:

- 1) Serve as a transparent guide for ethical decision making before, during and after an influenza pandemic;
- 2) Encourage integration of shared values into healthcare practices and treatment and funding decisions;
- 3) Contribute to improved health outcomes and service delivery, and maximize human and financial resources;
- 4) Increase public confidence in and acceptance of policies;
- 5) Increase public awareness and preparedness for an influenza pandemic.

“The value of an ethical framework to guide rationing decisions depends on how well it addresses varying levels of scarcity, clarifies connections between abstract principles and concrete rationing dilemmas and solutions, and reflects the community’s values.”⁹

Equal concern and respect is the fundamental principle that underpins this ethical framework. This means that:

- Everyone matters
- Everyone matters equally- but this does not mean that everyone is treated the same
- The interests of each person are the concern of all of us, and of society
- The harm that might be suffered by every person matters, and so minimizing the harm that a pandemic might cause is the central concern.

2.1 Using the Principles

The principle of equal concern and respect draws together a number of different ethical principles, each of which is outlined below. The individual principles are numbered for convenience but are not ranked in order of significance -- they are all important.

When a particular decision has to be made, using the list of principles can help to ensure that the full range of ethical issues is considered. It is not, however, a checklist for *the one right answer*.

In thinking about the principles, decision-makers will need to use the best information that is available to them at that time (for example, about the likely effects of a particular decision). Whether or not a decision was ethically appropriate has to be judged in relation to the situation that existed at the time it was made, rather than by reference to facts that only became apparent at a later stage.

2.2 The Individual Principles

Sometimes, there will be tension both within and between these principles-- in weighing different sorts of harm, and in trying to both minimize harm and to be fair, for example.

There are often no absolute right answers. A judgement may have to be made on the priority to be given to each element of a principle and to the principles themselves in the context of particular circumstances. Sometimes, use of the first seven principles may indicate that more than one possible decision would be ethically justifiable and would accord with the fundamental principle of equal concern and respect. In such a case, the principle of good decision-making should be used to decide which one to take.

1 - Respect

This principle means that:

- People should be kept as informed as possible
- Whenever possible, people should have the chance to express their views on health care decisions that affect them
- People’s personal choices about their treatment and care should be respected as much as possible
- When people are unable to make their own health care decisions and have not provided any written expressed wishes to refuse or consent to future health care (such as a representation order or a no CPR order), then those who must decide for them should do so in accordance with the current

legal framework in BC, in consideration of what the person may have wanted and supported by the standards and duties of the health care providers involved in the decision at the time.

There should be the widest possible involvement of people in planning for a pandemic. During a pandemic, the urgency of the situation may mean that it is not possible to consult widely (or indeed at all). However, treating people with respect means keeping them informed of the situation, what is happening and what is going to happen, as much as possible.

People's choices about their treatment and care are very important. This does not mean that they are entitled to have treatment that those caring for them consider would not work or is not suitable for them. It may not be possible to provide all the treatment that people would like and that might benefit them.

2 - Minimizing the harm that a pandemic could cause

During a pandemic, some harm is likely to be unavoidable. This principle means that there is a need to:

- Try to minimize the spread of a pandemic if it reaches this province
- Minimize the risk of complications if someone is ill, for example by the appropriate use of antivirals
- Learn from experience, both at home and abroad, about the best way to fight the pandemic and to treat people who are ill
- Minimize the disruption to society caused by a pandemic.

'Harm' is a broad concept and this principle is intended to cover the physical, psychological, social and economic harm that a pandemic might cause. Examples of actions relevant to

minimizing harm include those that save lives, that support the health service in saving lives, and that are designed to ensure that society copes with and recovers from the pandemic.

3 - Fairness

The principle of fairness means that:

- Everyone matters equally but may not be treated the same
- People with an equal chance of benefiting from health resources should have an equal chance of receiving them; however, it will not be unfair to tell people who could get the same benefit from an intervention at a later date to wait.

The implications of the principles of minimizing harm and fairness arise in many planning and policy decisions. So, in considering a particular decision, a first question might be: How could harm be minimized? Then it is necessary to ask: Would it be fair to do this? Could the same outcome be achieved in a fairer way? This involves thinking about the interests of everyone who may be affected by the decision. There needs to be good reasons to treat some people differently from others, which the decision-maker should be prepared to explain. Decision-making also needs to be fair, which is considered part of the principle of good decision-making below.

4 - Working together

This principle means:

- Working together to plan for, and respond to, a pandemic
- Helping one another
- Being prepared to share information that will help others, without compromising the privacy and dignity of the individuals involved.

Because a pandemic will affect the whole of society, it is important that the different public

agencies (such as health and social care services and the voluntary sector) collaborate at both provincial and regional levels. Similarly, there needs to be appropriate coordination between planning and response activities at provincial, regional and local levels.

Health and social care staff will have particular roles to play in responding to the pandemic. Sometimes, if reasonable to do so, this may mean using their skills where they are most needed, even though this may involve them acting outside their normal area of expertise. The Ministry of Health Services is working with partners (Health Employers Association of BC, Worksafe BC and BC's Occupational Health and Safety Association for Healthcare) and stakeholders (health care unions, colleges and associations) to develop a comprehensive set of health human resource plans and guidelines for pandemic influenza.

5 - Reciprocity

The principle of reciprocity is based on the concept of mutual exchange. Therefore:

- If people are asked to take increased risks, or face increased burdens, during a pandemic, they should be supported in doing so, and the risks and burdens should be minimized as far as possible.

Some people, including health and social care staff, may face very heavy burdens in trying to help us through a pandemic; it is important to think about how to minimize those burdens.

6 - Keeping things in proportion

This principle means that:

- Those responsible for providing information will neither exaggerate or minimize the situation and will give people the most accurate information that they can
- Decisions on actions that may affect people's daily lives, which are taken to protect the public from harm, will be

proportionate to the relevant risk and to the benefits that can be gained from the proposed action. Proportionality requires that the least restrictive means possible is used when limiting liberty and freedom in the face of a pandemic. For example, hospitals or long term care centres may restrict visitations to prevent patients from exposure to pandemic influenza.

At the start of a pandemic, much will remain unknown about how it is going to affect people and the country as a whole. However, things need to be kept in proportion. The media and other people responsible for communication will have an important role to play in ensuring that people know what the real situation is and what they need to do, without exaggerating or minimizing the situation.

7 - Flexibility

This principle means that:

- Plans will be adapted to take into account new information and changing circumstances
- People will have as much chance as possible to express concerns about or disagreement with decisions that affect them.

8 - Good decision-making

Respect for this principle involves the following components:

- i. Openness and transparency

This means that those making decisions will:

- Consult those concerned as much as possible in the time available
- Be open about what decisions need to be made and who is responsible for making them

- Be as open as possible about what decisions have been made and why they were made.
- ii. Inclusioness

This means that those making decisions will:

 - Involve people to the greatest extent possible in aspects of planning that affect them
 - Take into account all relevant views expressed
 - Try to ensure that particular groups are not excluded from becoming involved. Some people may find it harder to access communications or services than others, and decision-makers need to think about how to ensure that they can express their views and have a fair opportunity to get their needs for treatment or care met
 - Take into account any disproportionate impact of the decision on particular groups of people.
- iii. Accountability

This means that those responsible for making decisions:

 - Are answerable for the decision that they do or do not make.
- iv. Reasonableness

This means that decisions should be:

 - Rational
 - Not arbitrary
 - Based on appropriate evidence
 - The result of an appropriate process, taking into account how quickly a decision has to be made and the circumstances in which a decision is made
 - Practical- what is decided should have a reasonable chance of working.

3. RESOURCES

It is the role of the Ministry of Health Services to clarify the ethical principles that should be reflected in decision making by health authorities during an influenza pandemic. As

part of the Ministry's responsibility to support the health care sector two additional resources have been identified.

3.1 BC Pandemic Ethics Advisory Group

BC's Pandemic Ethics Advisory Group (PEAG) will be created as a critical resource to support health authorities and the Ministry of Health Service (MoHS), the Ministry of Healthy Living & Sport (MHLS) planning and management of ethical issues which arise before and during a pandemic (See Appendix B).

BC PEAG will:

- Discuss, in advance of an influenza pandemic, planning exercises and strategies to inform management of ethical issues that may arise during a pandemic;
- Coordinate and share ethical decision making tools and materials that the MoHS, MHLS and health authorities can access on a voluntary basis;

- Provide advice and expertise to health authorities/ministries that require consultative support.
- Convene weekly during a pandemic by teleconference with MoHS, MHLS and health authorities to support partners' management of emerging ethical issues;
- Review and summarize how health authorities and ministries managed ethical issues and provide lessons learned in a report after the pandemic.

3.2 A Guide to Ethical Decision Making

Created by Fraser Health Authority, this tool can support decision-makers through the process of allocating scarce resources and

responding to ethical problems (See Appendix C).

4. MOVING FORWARD

It is the duty of government to plan for a severe influenza pandemic. This includes tackling difficult ethical issues head on. The allocation of resources is a challenging subject that requires the health care sector and the public to confront the reality that many resources may be scarce during an influenza pandemic. By identifying such issues, clarifying principles which underpin planning and response, and working through difficult ethical decisions in advance, our society is in a stronger position to make and accept difficult decisions.

This framework builds on the work of other jurisdictions and on processes that are already taking place in BC. Decision makers are

encouraged to use the ethical principles and tools during influenza pandemic planning and response. The framework can also frame discussions as we move forward in the development of additional resources to support ethical decision making.

Questions or comments?
Email hlth.pandemic@gov.bc.ca.

For more information on the Ministry's influenza pandemic and H1N1 planning activities, visit: www.gov.bc.ca/h1n1.

Appendix A: Pandemic Ethics Advisory Group Draft Terms of Reference

British Columbia Pandemic Ethics Advisory Group Draft Terms of Reference

A. PURPOSE

The Advisory Group will provide advice to the Ministry of Health Services (MoHS), the Ministry of Healthy Living & Sport (MHLS) and health authorities on ethical issues related to resource allocation during an influenza pandemic.

B. GOALS

To facilitate communication and informed use of ethical principles in the allocation of scarce resources during an influenza pandemic.

C. DUTIES

1. Discuss, in advance of an influenza pandemic, planning exercises and strategies aimed to inform management of ethical issues during a pandemic.
2. Coordinate and share ethical decision making tools and materials that MoHS, MHLS and health authorities can access on a voluntary basis.
3. Provide advice and expertise to health authorities/ministries that require consultative support.
4. Convene weekly, by teleconference, with MoHS, MHLS and health authorities to support partners' management of emerging ethical issues.
5. Review and summarize how health authorities and ministries managed ethical issues and provide lessons learned in a report for Leadership Council.

D. MEMBERSHIP

1. Membership of the Advisory Group will include:

- a) Ethicists,
- b) Individuals involved in supporting and/or managing ethics processes in health authorities and health ministries,
- c) Clinicians,
- d) Other relevant individuals involved in pandemic planning.

E. OPERATIONAL PROTOCOL

1. The Advisory Group will have two co-chairs, one from MoHS and another elected from among its members.
2. The Advisory Group will receive secretariat support, as required, through the Corporate Policy and Research Branch of MoHS.
3. The Advisory Group will teleconference monthly between November and January (or more frequently, as required) and will convene weekly teleconferences according to provincial contingency planning protocols, with additional meetings as required at the discretion of the co-chairs.
4. The co-chairs will determine time and duration of meetings.
5. Members may not assign delegates to the Advisory Group.
6. Agenda packages will be circulated to members no later than two working days in advance of meetings.
7. All members of the Advisory Group are expected to maintain confidentiality with respect to all business of the Advisory Group, unless directed otherwise by the co-chairs.

Appendix B: Sample Guide to Ethical Decision Making

This draft guide will be updated shortly. It is currently being prepared for independent publication. For further information please contact Bashir Jiwani bashir@bjethicsincorporated.ca

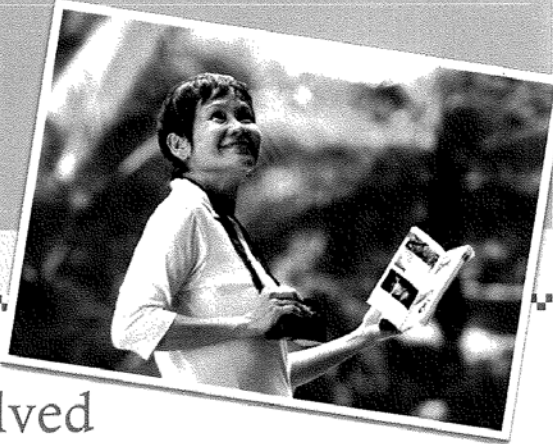
Values

Evidence

Good Decisions


A map to the best decision, all things considered

Bashir Jiwani, PhD



The Steps Involved

1. Establishing The Terms	8. Engagement	
2. Getting The Question Straight	9. Making a Decision	
<hr/>		
3. Looking At The Evidence	10. Education	
4. Identifying And Prioritizing What's Important	11. Communication	
5. Brainstorming Options	12. Downstream Support	
6. Evaluating Possible Options	13. Implementation	
7. Making a Preliminary Decision	<hr/>	
	14. Evaluation and Sustainability	
	15. Responding To The Decision	



Integrity

If integrity is about walking our talk, and if we're not clear on what our talk is, then how can we walk it?

Integrity

Step 1: Complete the form about the decision team

Who are the members of the decision team?	Name:	Position:
Who is the team leader?	Name:	Position:
To whom will the team present its findings?	Name:	Position:
What is the outcome the team is mandate to achieve?	<input type="checkbox"/> Decision <input type="checkbox"/> Recommendation <input type="checkbox"/> Issue Analysis (with no recommendation or decision) <input type="checkbox"/> Other:	
If there is disagreement in the group, how is this disagreement to be handled?	<input type="checkbox"/> Strong Consensus (the group will deliberate until everyone is in general agreement about the actual decision) <input type="checkbox"/> Procedural Consensus (the group will deliberate until the point at which while there is not agreement on the actual decision, everyone is in general agreement that the process is fair and that the decision is reasonable) <input type="checkbox"/> Majority Rule (the group will deliberate until a majority of participants (measured by vote) agrees on the actual decision) <input type="checkbox"/> Stamina Rule (the group will deliberate until the most passionate and vocal member outlasts the rest of the group) <input type="checkbox"/> The leader of the group will make the final decision <input type="checkbox"/> Other:	
Do group members agree to the following:	1. The group's attitude towards different, and sometimes difficult to hear and unpopular perspectives on issues will be to actively seek out and meaningfully engage these	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. The group will meaningfully engage affected stakeholders before making a final decision or recommendation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Group members will treat each other with unconditional positive regard and empathetic understanding.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4. The group will defend facts with evidence	<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 2: Identify the Key Question

Questions that need to be addressed:

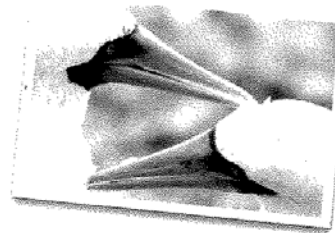
Clarifying the task

- This step involves clarifying exactly what work is being done by the decision.
- The question we ask will determine the type and scope of answer we get.
- We want to ensure that the group is working on the same problem and asking the right question to help solve that problem.
- Many questions will present themselves; the challenge is decide which should be addressed in the time immediately available

The Key Question the team will focus on:

Tips for Success

- Avoid yes or no questions to allow a broad range of answers
- Questions that begin with "What" or "How" work well.
- Only include descriptors about which there is explicitly shared agreement.
- Pose your question in neutral terms.
- Focus on a broad question that, if answered well, will likely include more specific ones and will provide meaningful direction for moving forward.
- Some questions are really about missing information, while others are about how we should deal with an issue – it is the latter that we want to choose, we will get to the missing information in the next section



Ethics

IS NOT about the God Squad or
Ethics Police
IS NOT just compliance with rules
IS about the systematic analysis of what
we think is true and what we think is
important

Step 3: Looking at the Evidence

Clarifying the task

- List:
 1. The facts that are true of the context, and with any evidence we might have on which the fact is based
 2. What information is missing, that we can find out (and who will do this research)
 3. What information is missing and about which assumptions will have to be made
- One goal of this is to ensure a shared understanding of the situation, including areas that may be unsettled or controversial, against which the decision is being made.
- Another is to ensure that decisions are made on the best evidence available.
- The extent to which they are will in part determine how ethically justified our answer is.
- Beliefs that are contentious or unclear should especially be made explicit.

Tips for Success

- Ensure that what gets listed here are beliefs about the world (things that are true or false) and not values (what is important to us).
- Beliefs about the world usually involve declarative sentences with some form of the verb *to be*.
- The goal is to ensure that the team making the decision is on the same page, looking at the same picture.
- List only those beliefs about which it is important that everyone agree, including things that may be contentious and relevant.

What we know for sure...

Our evidence for this is...

A Fact

Is a belief that is true.

The more evidence that we have for a belief, the more likely it is a fact.

The quality of a belief will depend on the evidence we have to support it.



4

What we know for sure...	Our evidence for this is...
<p>T</p>	
What we don't know but can find out...	The person responsible for getting this information...
What we don't know and will have to guess about...	

5

[illegible][illegible][illegible]

What we know for sure...		Our evidence for this is...	
<p>T</p>			
What we don't know but can find out...		The person responsible for getting this information...	
What we don't know and will have to guess about...			

Clarifying the task

- This step is where values are made explicit.
- First brainstorm everything that is important that the decision should live up to (column 1)
- Then prioritize this list (column 2)
- The resulting list will be the criteria against which the quality of different options will be judged.
- The values become the criteria by which the various possible solutions to the question can be judged.
- All-important considerations should first be named and listed, regardless of degree of importance. (So a consideration offered by any group member should be accepted.)

Articulating values

- It's important that we

Step 4: What's Important Our values

Tips for Success

- Try to use complete sentences, answering the question, "Whatever our answer to the question, it is important that..."
- When a consideration is identified as important, explore whether it is important for its own sake or because it gives us something else of more importance.
- If the latter, be sure to capture the intrinsic value on the list.
- Assign each item a numerical value reflecting its relative importance:
5=crucial; 3= very important; 1=important

Whatever our response to the key question, it is important that...

Priority:
5= crucial; 3=very
important;
1=important

Our decision enable front line workers to treat every individual with respect
 Our criteria are consistent across the region
 Our decision support front-line workers
 Our decision allow for transparent management of conflict of interest
 Our decision support the integrity of the health care provider
 We provide resources to those with the ability to pay for it
 We provide resources to people from a certain race
 We provide resources to people from a certain religion
 We provide resources to people from a certain linguistic background
 We provide resources to people from a certain ethnicity
 We ensure that those who are dependent have access to their care givers (e.g. children have access to parents)
 We save life of any quality and duration
 We save life of high quality and any duration
 We save life of any quality and longer duration
 We privilege those who have lived fewer years
 We support people from vulnerable social groups
 We preference those who have the highest socioeconomic status
 We protect people like us
 We treat those who face the need for services first
 Our decision be respectful of human autonomy
 We maximize the health system's ability to respond to as many people as possible regardless of quality (during the public health emergency/ over the long term)
 We provide the highest quality of service but to a limited number of individuals
 We provide services to those who will have the maximal health gain
 We provide services to those who will have maximal health gain within minimal

What's Important- Our values Continued

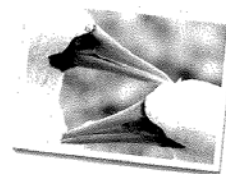
Whatever our response to the key question, it is important that...

Priority:
5= crucial; 3=very
important;
1=important

We minimize emotional pain and suffering of the patient
 We minimize physical pain and suffering of the patient
 We minimize emotional pain and suffering of the family
 We minimize physical pain and suffering of the family
 Our decision preserve and promote trust between the public and the health system providers
 Our decision enable us to successful recover from the public health emergency
 Our decision enable us to support people who are perceived to be doing (or have the
 potential to do) great things for our society
 Our decision maximize social solidarity
 Our decision minimize economic burden to society

Values

Can be instrumental - important because they give us
 something of greater importance to us
 Or intrinsic – they are important for their own sake.



7

Step 5: Brainstorm Options

Possible ways of answering the key question

We should

Clarifying the task

- List possible ways the key question might be answered.
- This step is aimed at creating the room for creatively exploring what kinds of things, conventional or not, might meet the criteria indicated and answer the key question.
- Options should just be listed and not judged.

Tips for Success

- Have the discussion leader explain the brainstorming exercise.
- Invite members to provide possible ways of answering the question.
- If anyone challenges an option or offers critical feedback, acknowledge the challenge but don't engage it; ask that this evaluation be held until the next step.

Brainstorming

Just because an idea is named, it doesn't mean that's what we'll do!

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

- When doing this as a group, put the list of prioritized values next to the list of possible options (flipcharts are helpful for this).

Step 7: The Preliminary Decision

Tips for Success

- Use as simple language as possible.
- Spell out key value interpretations and commitments.
- Provide the reasons why some values are privileged over others.

Clarifying the task

- First build a preliminary solution that takes the best of all of the options from Step 6.
- Then spell out the values this solution best lives up to.
- Identify any values that the solution doesn't live up to.

(A snapshot of the table to be completed on the next page)
For the question...

We recommend that...

This allows us to best...

This solution does not...

We think this is OK because...

Entry examples	
For the question...	How should we respond to patients who resist rehabilitation therapy?
We recommend that...	Patients should be pushed to enhance their capacity to deal with the tasks of daily living, and should be expected to manage those tasks for which they are capable.
This allows us to best...	Ensure patients have as much independence as possible.
This solution does not...	Always respect the immediate choices of patients who may be comfortable having needs for daily living that they are capable of meeting themselves and the practice of which are instrumentally important for increasing their capacity to take on other tasks, looked after by other caregivers.
We argue that this is justified because...	We define patient wellbeing as having as much independence as possible and we think it is more important to understand and live up to a patient's meaningfully held values and beliefs than to follow immediate directions because we think this better respects their dignity and ability to make autonomous decisions

Being Transparent Can



- Help those impacted to better understand why the decision was made
- Make it easier for others to contribute:
 - More or better evidence
 - Reasons for weighting the values differently
- Increase the likelihood that the decision will be carried out, even if those who must do so, disagree with it
- Help those affected to better understand the organization's values and their own
- Help all concerned to live with greater integrity.

10

Step 7: The Preliminary Decision

For the question...

**Salient facts (evidence
both available and
missing)...**

We recommend that...

**This recommendation
allows us to best...**

**The recommendation
does not...**

**We argue that this is
justified because...**



Step 8: Engagement

To Inform the decision process

We commit to engaging
(Details on ensuing pages)

Broad Time Line

Leads

- ☐ Staff
- ☐ Physicians
- ☐ Patients/Clients/Residents
- ☐ Families/Loved Ones
- ☐ Groups in the public
- ☐ Others:

Clarifying the task

- Identify the different stakeholder groups affected by the issue – these will likely include
 - Staff
 - Physicians
 - Patients and Families
 - The public
- For each stakeholder group, ask:
 - What specific individuals and groups should be asked to share their perspectives on the issue?
 - What is the level of engagement required with the group?
 - What education will the group require to be able to provide meaningful input?
 - What is the best mechanism for receiving this input?

Engagement leads to

Legitimacy: from having those affected by a decision meaningfully involved in making it

Best practice: from greater accuracy of information about context and reasons for acting

Trust: from those affected being provided open and honest information, and having their input genuinely sought

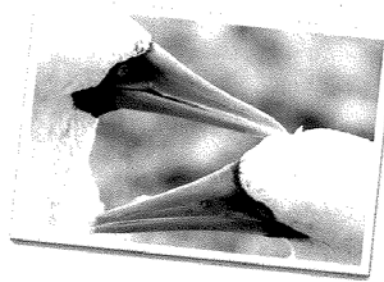
Compliance: from those who might disagree still going along because they trust a process that meaningfully includes them

Tips for Success

- Think about who *should* be involved, not just who is easiest to involve
- Seriously consider engaging the public – even though this may be difficult
- Explore whether it is possible to institutionalize engagement strategies so this not simply ad hoc work
- Check to see what organizational resources are available to support you
- Don't be scared by divergent perspectives – diversity is a source of strength!

12

Step 8: Engaging Staff



Specific Audience	Education vehicle	How a discussion forum will be created	How feedback will be obtained	How feedback will be responded to	Lead	Time Line

Staff can provide

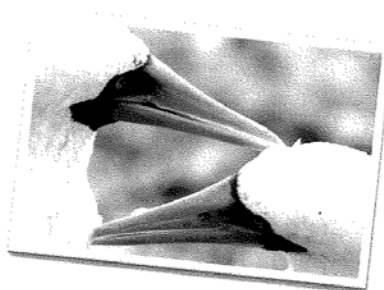
Technical information about the issue

Contextual information about relational dynamics and system function

Personal information about their own values and what causes them distress

13

Step 8: Engaging Physicians



Specific Audience	Education vehicle	How a discussion forum will be created	How feedback will be obtained	How feedback will be responded to	Lead	Time Line

Physicians can also provide

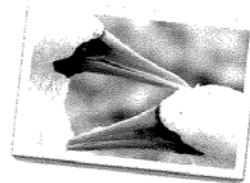
Technical information about the issue

Contextual information about relational dynamics and system function

Personal information about their own values and what causes them distress

14

Step 8: Engaging Patients/Residents/Clients



Specific Audience	Education vehicle	How a discussion forum will be created	How feedback will be obtained	How feedback will be responded to	Lead	Time Line

Those served by the service can offer

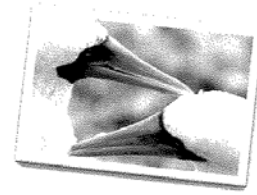
Contextual information about how they are affected by the system

Outsiders' views of system operations

Personal information about their own values and what causes them distress

15

Step 8: Engaging Families & Loved Ones



Specific Audience	Education vehicle	How a discussion forum will be created	How feedback will be obtained	How feedback will be responded to	Lead	Time Line

Family members & loved ones offer

Contextual information about how their loved ones are affected by the system

Contextual information about how they are affected by the system

Outsiders' views of system operations

16

Step 8: Engaging

Specific Audience	Education vehicle	How a discussion forum will be created	How feedback will be obtained	How feedback will be responded to	Lead	Time Line
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Standard Error in parentheses

Appendix C: References

Caring in a Crisis: the Ethical Obligations of Physicians and Society during a Pandemic, Canadian Medical Association, 2007.

Christian MD et al. Development of a triage protocol for critical care during an influenza epidemic. *Canadian Medical Association Journal*. 2006; 175: 1377-81.

Code of Ethics for Registered Nurses-Appendix D: Ethical Considerations for Nurses in a Natural or Human-Made Disaster, Communicable Disease Outbreak or Pandemic, Canadian Nurses Association, 2008 Centennial Edition.

Ethical considerations in developing a public health response to pandemic influenza, World Health Organization, 2007.

For the Good of Us All: Ethically Rationing Health Resources in Minnesota in a Severe Influenza Pandemic, Minnesota Department of Health, 2009.

Good Decisions – A Map to the Best Decision, all things considered, Fraser Health Authority

Implementing Ethical Frameworks for Rationing Scarce Health Resources in Minnesota During Severe Influenza Pandemic, Minnesota Department of Health, 2009.

Influenza Pandemic Preparedness Plan, Commonwealth of Massachusetts, 2006.

Lin JY, Anderson-Shaw L. Rationing of resources: ethical issues in disasters and epidemic situations. *Prehospital Disaster Medicine*. 2009; 24: 215-221.

Meeting the Challenge of Pandemic Influenza: Ethical Guidance for Leaders and Health Care Professionals in the Veterans Health Administration, Pandemic Influenza Ethics Initiative Workgroup of the Veterans Health Administration's National Centre for Ethics in Health Care, 2009.

"Pandemic Influenza Preparedness: An ethical framework to guide decision-making," *BMC Medical Ethics* 2006, 7:12.

Responding to pandemic influenza: The ethical framework for policy and planning, UK Department of Health, 2007.

Stand On Guard For Thee: Ethical considerations in preparedness planning for pandemic influenza, University of Toronto Joint Centre for Bioethics Pandemic Influenza Working Group, 2005.

White DB et al. Who should receive life support during a public health emergency? Using ethical principles to improve health allocation decisions. *Annals of Internal Medicine* 2009; 150: 132-138.

Appendix D: Endnotes

¹ Canadian Program of Research on Ethics in a Pandemic- Ethics FAQ
http://canprep.ca/index.php?option=com_content&task=section&id=3&Itemid=150

² *Caring in a Crisis: the Ethical Obligations of Physicians and Society during a Pandemic*, Canadian Medical Association, 2007. And *Code of Ethics for Registered Nurses-Appendix D: Ethical Considerations for Nurses in a Natural or Human-Made Disaster, Communicable Disease Outbreak or Pandemic*, Canadian Nurses Association, 2008 Centennial Edition.

³ Adapted from: *Responding to pandemic influenza: The ethical framework for policy and planning*, UK Department of Health, 2007 and *For the Good of Us All: Ethically Rationing Health Resources in Minnesota in a Severe Influenza Pandemic*, Minnesota Department of Health, 2009.

⁴ “Pandemic Influenza Preparedness: An ethical framework to guide decision-making,” *BMC Medical Ethics* 2006, 7:12.

⁵ *For the Good of Us All: Ethically Rationing Health Resources in Minnesota in a Severe Influenza Pandemic*, Minnesota Department of Health, 2009.

⁶ “Pandemic Influenza Preparedness: An ethical framework to guide decision-making,” *BMC Medical Ethics* 2006, 7:12.

⁷ *Responding to Pandemic Influenza: The ethical framework for policy and planning*, UK Department of Health, 2007 and *Stand on Guard for Thee: Ethical considerations in preparedness planning for pandemic influenza*, University of Toronto Joint Centre for Bioethics, 2005 and *For the Good of Us All: Ethically Rationing Health Resources in Minnesota in a Severe Influenza Pandemic*, Minnesota Department of Health, 2009

⁸ Adapted from: *Responding to pandemic influenza: The ethical framework for policy and planning*, UK Department of Health, 2007 and *For the Good of Us All: Ethically Rationing Health Resources in Minnesota in a Severe Influenza Pandemic*, Minnesota Department of Health, 2009.

⁹ *For the Good of Us All: Ethically Rationing Health Resources in Minnesota in a Severe Influenza Pandemic*, Minnesota Department of Health, 2009, p. 12.