

# Responding to British Columbia’s Overdose Public Health Emergency - An Ethics Framework

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## Introduction

British Columbia is in the midst of a public health emergency due to unprecedented increase in the number of opioid overdose deaths across the province. Responding to this public health emergency requires complex decisions, often needing to balance multiple values and priorities.

In December 2016, the Ministry of Health engaged the Provincial Forum for Clinical Ethics Support and Co-ordination to provide guidance in the development of this Ethical Decision Making Framework. This team previously provided excellent guidance to the B.C. Ebola Preparedness Task Force. While many lessons can be carried forward from that experience, there are distinct considerations that are unique to caring for people who use drugs in an ethical and non-judgemental way.

This is not the first time an ethical framework has been applied to caring for people who use drugs. In 1999 the Canadian HIV/AIDS Legal Network considered the legal and ethical issues associated with injection drug use and HIV, concluding that there is an ethical imperative to provide services and treatment (including medication) to assist people regardless of their drug use. In addition, they highlighted the ethical responsibility not to impose certain behaviours (e.g. abstinence) on people that are beyond their ability to achieve. <sup>i</sup>

The framework identifies a series of core values for decision making, and includes a practical, decision-making tool to support the systematic analysis and articulation of complex decisions and outcomes. The document provides a framework for making ethically justified and transparent decisions concerning policies and guidelines related to overdose response.

## Components of an Ethical Decision <sup>ii</sup>

Ethical decision making is supported by an agreed upon and clearly articulated set of beliefs, values and principles, and a tool to assess the ethical implications of a potential solution to an ethical question.

### Beliefs, Values, and Principles

The following are the basic beliefs, values, and principles which affect decision making – importance of world view, principles of health care ethics, moral character, and the importance of facts and knowledge.

#### A) World View

We must be aware of the world views (the fundamental beliefs about what is true and valued in the world) held by all the stakeholders. We must be respectful of the diverse views of various cultures, religions, and lifestyles while upholding the following principles:

- Substance dependence is viewed as a health concern
- A commitment to distributing the goods and services for health care (prevention, diagnosis, treatment, and care) to all persons according to their need regardless of social standing, or perceived merit or moral worthiness.

- Substance dependence, like many health issues, has underlying complex social and moral conditions but these should never deter providing such patients/clients with appropriate treatment and care.

## B) Principles of Health Care Ethics

Four principles of health care ethics that are fundamental to an ethical decision making process related to overdose response in BC are beneficence, non-maleficence, respect and justice/fairness.

### Beneficence

One should promote good health/well-being, and prevent harm for all stakeholders, including: patients/clients, health care providers, health care organizations, community-based organizations, and the constituencies they serve. In decision-making consider the following:

- **Excellence:** Provide the best possible evidence-based care and ensure health care providers are equipped to do this.
- **Prevention:** Make every effort to address fundamental causes of harm and improve the social determinants of health. Effective solutions must address both immediate and long term needs and incorporate preventive measures.
- **Accountability:** Incorporate methods of measuring and reporting outcomes and results and for correcting wrongs and managing grievances.

### Non-maleficence

One should do no harm (immediate or long term) to any stakeholder, including: patients/clients, health care providers, health care organizations, community based organizations, and the constituencies they serve. In decision-making consider the following:

- **Harm reduction:** Without adopting merely a palliative care approach to the treatment of those who use drugs, a primary objective is to reduce overdoses and deaths, even if that means implementing measures that may fall short of cure or eradicating substance dependence.

### Respect

One should respect the dignity and worth of others. In decision-making consider the following:

- **Transparency:** Provide clear and accurate information about decisions and the rationale for them, especially to all who are most affected. Communicate this information throughout the process.
- **Trust:** Seek to foster mutual respect and trust between all parties. Avoid measures that erode trust as these can generate significant harm.
- **Veracity:** One should tell the truth.
- **Confidentiality/Privacy of patients/clients:** One should, with very limited exceptions, respect the privacy rights of patients/clients.
- **Confidentiality/Privacy of health care providers:** One should, with very limited exceptions, respect the right of individuals who approach leaders with concerns or for consultation, to determine to what extent information about this should be communicated to others.
- **Cultural/ Religious Awareness and Sensitivity:** Learn about cultural and religious considerations important to patients/clients and colleagues and provide a culturally safe interaction/ environment.
- **Fidelity:** Keep promises and nurture relationships so that others can trust.
- **Respect for Autonomy:** Ensure informed consent is obtained and whenever possible, patient's/client's choices are respected.

## Justice/ Fairness

One should uphold and pursue all aspects of justice/fairness. In decision- making consider the following:

- **Equity/ Distributive Justice:** This is the principles of "similar treatment for similar cases." The goods and services (e.g. prevention, diagnosis, treatment, and care) and the burdens (e.g. shortages, rationing) for health care should be distributed to persons according to their need rather than according to ability to pay, merit ("worthiness"), contribution to society, power or influence, etc. Where this is not the case, consider:
  - Promise keeping – recognize agreements and commitments that the Ministry of Health has already made to the area of service and/or the constituency group.
  - Appropriateness –serve the mission and goals, and assess whether the service is related to some exceptional responsibility.
  - Emergency needs – determine if the service meets an emergency or crisis situation that must be addressed immediately or it will be too late to be of assistance.
  
- **Procedural Justice:** The process of decision-making should be fair.
  - Those most affected by the decisions have good opportunity to participate in meaningful ways in the process (taking into account language, culture, and formal education of affected groups).
  - The criteria used for allocating resources are available to all.
  - Decision-makers have adequate and relevant information to make a fair decision.
  
- **Administrative Justice:** Policies and programs should be enacted, carried out, and administered fairly.
- **Compensatory Justice:** Compensation for labour and services rendered should be fair, and in turn, services provided for compensation received should also be fair.
- **Social Justice:** A just society is one that takes care of its most vulnerable and those who have suffered systemic discrimination.
- **Sustainability:** Resources should be allocated fairly and strategies that are sustainable over the long-term should be prioritized.
- **Efficacy:** Policies and programs should be justified by good outcome data. Maintain plans of proven efficacy, and improve or modify those that fall short or fail.
- **Reciprocity:** Every means possible should be sought to aid stakeholders in adhering to policies and practices, and to the extent possible, compensation built into the program for burdens and sacrifices.

## C) Moral Character

Moral character is the inner and distinctive core of a person from which moral decisions and actions spring. It consists primarily of dispositions or traits of character that are persistent and stable; they exist even when no one else is watching (for example, kindness, trustworthiness, hopefulness, patience, fortitude, courage). In decision- making consider the following:

- Policy and program responses should accord with the kind of people we seek to be and the kind of community we seek to foster.

- The process for arriving at a decision and the way the decision is carried out, should foster and enable good moral character and an ethos of positive relationships.

#### D) Importance of Facts and Knowledge

We have an obligation to evaluate internal and external sources of evidence and information, to determine whether we have accurate information about options and their effects in the short and long term, and to act on the best information available. In decision- making consider the following:

- Initiatives should be grounded in the best evidence and clinical practices.
- **Precaution** - There may be an obligation to act before we have perfect knowledge about a potentially devastating threat.

## Decision Making Guide

Ethical decision making should be based on the above components (e.g. ethical beliefs, values, and principles) and strive to answer the question: “Out of all the available options, which most accords with the components listed above?”<sup>iii</sup>

**Step 1:** Name the question or issue you are trying to address. What is the ethical issue? Why is there difficulty in coming to a decision?

**Step 2:** Review the components listed above and propose actions/solutions.

**Step 3:** Complete the following checklist asking if the proposed actions/solutions meet beliefs, values and principles indicated:

| Does this Decision...   | Relevant Beliefs, Values, Principles  | Yes/No/N.A. (Describe) | Only If... |
|---|---|------------------------|------------|
| <b>Promote the wellbeing of people who use drugs by ensuring that:</b>  |   |                        |            |
| Substance dependence is viewed as a health concern  | Acknowledging worldviews  |                        |            |
| Both immediate needs and long-term needs are addressed, and preventative measures are incorporated.   | Beneficence<br>Prevention   |                        |            |
| Initiatives are grounded in the best evidence and clinical practice   | The value of knowledge/<br>information<br>Excellence                                      |                        |            |
| There is a system to measure and report outcomes and results of patient care initiatives  | Accountability<br>Efficacy  |                        |            |
| <b>Promote the wellbeing of care providers by ensuring that:</b>  |   |                        |            |
| They are equipped to provide the best possible care   | Reciprocity<br>Excellence<br>Procedural Justice<br>Compensatory Justice<br>Sustainability |                        |            |
| There are methods to address and correct shortcomings, wrongs, and to manage grievances   | Accountability<br>Efficacy  |                        |            |
| <b>Accord with the duties of health care organizations and the Ministry of Health</b>   | Beneficence<br>Sustainability<br>Accountability<br>Reciprocity                            |                        |            |
| <b>Do more good than harm by ensuring that:</b>   |   |                        |            |
| For all initiatives, an analysis of harm is carried that addresses: who/what is put at risk of harm, the potential severity of the harm, the probability of the harm occurring, short and long-term harm and, means to reduce risks of harm | Non-maleficence<br>Harm reduction   |                        |            |

|   |   |  |  |
|---|---|--|--|
| If we act before we have perfect knowledge, it is to avoid a potentially devastating threat   | Importance of facts and knowledge: Precaution   |  |  |
| The risks of harms and unintended consequences, as well as potential goods, are carefully considered in respect to harm reduction strategies  | Harm reduction  |  |  |
| <b>Respect for the dignity and worth of all parties is upheld</b>   | Respect<br>Acknowledging worldviews<br>Veracity<br>Confidentiality/ Privacy<br>Respect for Autonomy |  |  |
| <b>Uphold Justice and Fairness by ensuring that:</b>  |   |  |  |
| Goods, and services are distributed according to need   | Importance of worldview<br>Equity/ Distributive Justice   |  |  |
| Sustainability is attended to   | Sustainability  |  |  |
| Agreements and commitments already made to stakeholders are recognized  | Fidelity<br>Promise Keeping<br>Sustainability   |  |  |
| Those most affected by the decision have had opportunity for meaningful participation   | Transparency<br>Procedural justice<br>Stakeholder engagement  |  |  |
| Decisions (including rationales for policies and programs) are communicated to all, especially those who are most affected  | Transparency<br>Trust   |  |  |
| There is appropriate financial support to ensure that the actions/solutions can be enacted/carried out  | Administrative Justice  |  |  |
| A system for review that incorporates outcome data and provides a way to improve or modify plans is in place  | Efficacy  |  |  |
| <b>Reflect and foster good moral character by ensuring that:</b>  |   |  |  |
| Of all the available options, including the proposed methods and way of carrying it out, this one is most in accord with the kind of people we seek to be and the kind of community we seek to foster | Moral Character   |  |  |
| The process for arriving at a decision, and the way the decisions is carried out fosters and enables good moral character and an ethos of positive relationships.                                     | Moral Character   |  |  |

**Step 4:** Check to see whether the proposed actions/solutions live up to the components listed above. If it does not, revise the actions/solutions to ensure as many of the components are met as possible.

**Step 5:** If any of the components remain unmet, name them and articulate why it is important to move forward even though we cannot live up to them in this case.

**Step 6:** Describe the decision and rationale.

**A) The Decision:**

**B) Key Facts (or assumptions about the facts):**

**C) Rationale:**

- This policy **does not** live up to our commitment to...
- This is justified because...  
(For example: We believe that x is more important than a,b,c, because....)
- The harm that comes from not living up to these commitments can be minimized by...
- The policy **will require contingent actions** to live up to our commitments to...
- To meet these commitments, we will require...

**D) Where will the decision rest and who is responsible for ensuring it is revised if the facts change:**

## References

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<sup>i</sup> Canadian HIV/AIDS Legal Network. (1999). *Injection Drug Use and HIV/AIDS: Legal and Ethical Issues*. Author.

<sup>ii</sup> *VCH Leadership Ethical Decision Making Framework*, October 16 2012. Authors: Terry Anderson, Bethan Everett and Jenny Young and *VCH Ethicists and VCH Leadership Ethical Decision Making Framework - Distributive Justice*, October 16 2012. Author: Terry Anderson, VCH Ethicist. Used with permission.

<sup>iii</sup> This decision making tool was adapted from the *Ebola Virus Disease Ethical Decision Making Framework*, available from <http://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/ebola-virus-disease-ethical-decision-making-framework.pdf>.

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