British Columbia’s H1N1 Pandemic Influenza Response Plan (2009)

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

October 15, 2009
# 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 ............................................................................................................. 12  
   Appendix A: H1N1 Influenza Pandemic Fact Sheet ......................................... 12  
   Appendix B: Pandemic Ethics Advisory Group Draft Terms of Reference ...... 13  
   Appendix C: Sample Guide to Ethical Decision Making ............................... 14  
   Appendix D: References ................................................................................... 31  
   Appendix E: Endnotes ...................................................................................... 32
The authors gratefully acknowledge the individuals and organizations who contributed to this report. We especially acknowledge the UK Department of Health, the Minnesota Department of Health and the University of Toronto Joint Centre for Bioethics whose thoughtful and thorough ethical frameworks for decision making during an influenza pandemic informed the development of this report.

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. 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.

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 principles 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.”

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? 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 Pandemic**

- 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. 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 Principles

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.
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.

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.

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.

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 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
o Be as open as possible about what decisions have been made and why they were made.

ii. Inclusiveness

This means that those making decisions will:

o Involve people to the greatest extent possible in aspects of planning that affect them

o Take into account all relevant views expressed

o 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

o Take into account any disproportionate impact of the decision on particular groups of people.

iii. Accountability

This means that those responsible for making decisions:

o Are answerable for the decision that they do or do not make.

iv. Reasonableness

This means that decisions should be:

o Rational

o Not arbitrary

o Based on appropriate evidence

o 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

o 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: H1N1 Influenza Pandemic Fact Sheet

H1N1 INFLUENZA PREPARATIONS IN B.C.’S HEALTH CARE SYSTEM

Pandemic planning has been going on for years at the global, national, provincial and regional health authority levels. As a result of this planning, the Province of British Columbia is already well prepared for large scale spread of flu with a health care system ready to respond quickly, efficiently and appropriately.

Vaccines:
The federal government has ordered 50.4 million doses of the vaccine which is set to arrive in the province in November (or possibly earlier). All British Columbians who need and want the H1N1 flu vaccine will be able to get it.

Once the vaccine arrives in British Columbia, people will be able to get immunized at their doctor’s office or at an immunization clinic set up especially to deliver the vaccine. Consultations are underway that would allow pharmacists to deliver vaccinations as well.

Antivirals:
B.C. has a public stockpile of ten million doses of antiviral drugs, such as Tamiflu, which will be adequate to treat all British Columbians who may need them. These antivirals are mainly used for people at high-risk for influenza and administered only after they have flu symptoms.

As of October 1, the provincial pandemic stockpile of antivirals has been released. This supply is intended for treatment for those with flu-like symptoms, not for prevention. The pandemic stockpile is intended to be free of charge for all patients with a valid prescription, whether or not they are B.C. residents or have PharmaCare coverage. This includes patients visiting the province and those with federal coverage through the RCMP, Non-Insured Health Benefits, Veteran's Affairs, or the Canadian Forces.

Pandemic Stockpile:
Currently across B.C., the provincial health care system has a robust pandemic stockpile, including:

- A 26-week supply of critical personal protective equipment (N95 respirator masks, gowns, gloves, etc.).
- Additional orders in place to boost the stockpile of masks to a 46-week supply
- 1001 ventilators, including 25 that are on order

B.C. is currently undertaking some predictive modelling – using the H1N1 experience in the southern hemisphere countries as a baseline – to determine what necessary health care preparations are needed during a pandemic. Each health authority holds its own stockpile, including equipment such as N95 masks, gloves, syringes, hand sanitizer, etc. Health authorities and the Province are assessing the pandemic stockpile inventory and will address any gaps if necessary.

Health authorities and the Ministry of Health Services are currently looking at measures to ensure adequate staffing levels and to manage increased demand of health care services.
Appendix B: 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 C: 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

Good Decisions

A map to the best decision, all things considered

Bashir Jiwani, PhD

The Steps Involved

1. Establishing The Terms
2. Getting The Question Straight
3. Looking At The Evidence
4. Identifying And Prioritizing What’s Important
5. Brainstorming Options
6. Evaluating Possible Options
7. Making a Preliminary Decision
8. Engagement
9. Making a Decision
10. Education
11. Communication
12. Downstream Support
13. Implementation
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?
## Step 1: Complete the form about the decision team

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who are the members of the decision team?</td>
<td>Name:</td>
<td>Position:</td>
<td></td>
</tr>
<tr>
<td>Who is the team leader?</td>
<td>Name:</td>
<td>Position:</td>
<td></td>
</tr>
<tr>
<td>To whom will the team present its findings?</td>
<td>Name:</td>
<td>Position:</td>
<td></td>
</tr>
<tr>
<td>What is the outcome the team is mandate to achieve?</td>
<td>- Decision&lt;br&gt;- Recommendation&lt;br&gt;- Issue Analysis (with no recommendation or decision)&lt;br&gt;- Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If there is disagreement in the group, how is this disagreement to be handled?</td>
<td>- Strong Consensus (the group will deliberate until everyone is in general agreement about the actual decision)&lt;br&gt;- 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)&lt;br&gt;- Majority Rule (the group will deliberate until a majority of participants (measured by vote) agrees on the actual decision)&lt;br&gt;- Stamina Rule (the group will deliberate until the most passionate and vocal member outlasts the rest of the group)&lt;br&gt;- The leader of the group will make the final decision&lt;br&gt;- Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do group members agree to the following:</td>
<td>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</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>2. The group will meaningfully engage affected stakeholders before making a final decision or recommendation</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>3. Group members will treat each other with unconditional positive regard and empathetic understanding</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>4. The group will defend facts with evidence</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>What we know for sure...</th>
<th>Our evidence for this is...</th>
</tr>
</thead>
</table>

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.
<table>
<thead>
<tr>
<th>What we know for sure...</th>
<th>Our evidence for this is...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The person responsible for getting this information...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What we don't know but can find out...</th>
<th>The person responsible for getting this information...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What we don't know and will have to guess about...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Our decision enable front line workers to treat every individual with respect</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our criteria are consistent across the region</td>
<td>5=crucial</td>
</tr>
<tr>
<td>Our decision support front-line workers</td>
<td>3=very important</td>
</tr>
<tr>
<td>Our decision allow for transparent management of conflict of interest</td>
<td>1=important</td>
</tr>
<tr>
<td>We provide resources to those with the ability to pay for it</td>
<td>5=crucial</td>
</tr>
<tr>
<td>We provide resources to people from a certain race</td>
<td>3=very important</td>
</tr>
<tr>
<td>We provide resources to people from a certain religion</td>
<td>1=important</td>
</tr>
<tr>
<td>We provide resources to people from a certain linguistic background</td>
<td>5=crucial</td>
</tr>
<tr>
<td>We provide resources to people from a certain ethnicity</td>
<td>3=very important</td>
</tr>
<tr>
<td>We ensure that those who are dependent have access to their care givers (e.g. children have access to parents)</td>
<td>1=important</td>
</tr>
<tr>
<td>We save life of any quality and duration</td>
<td>5=crucial</td>
</tr>
<tr>
<td>We save life of high quality and any duration</td>
<td>3=very important</td>
</tr>
<tr>
<td>We save life of any quality and longer duration</td>
<td>1=important</td>
</tr>
<tr>
<td>We privilege those who have lived fewer years</td>
<td>5=crucial</td>
</tr>
<tr>
<td>We support people from vulnerable social groups</td>
<td>3=very important</td>
</tr>
<tr>
<td>We preference those who have the highest socioeconomic status</td>
<td>1=important</td>
</tr>
<tr>
<td>We protect people like us</td>
<td>5=crucial</td>
</tr>
<tr>
<td>We treat those who face the need for services first</td>
<td>3=very important</td>
</tr>
<tr>
<td>Our decision be respectful of human autonomy</td>
<td>1=important</td>
</tr>
<tr>
<td>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)</td>
<td>5=crucial</td>
</tr>
<tr>
<td>We provide the highest quality of service but to a limited number of individuals</td>
<td>3=very important</td>
</tr>
<tr>
<td>We provide services to those who will have the maximal health gain</td>
<td>1=important</td>
</tr>
<tr>
<td>We provide services to those who will have maximal health gain within minimal</td>
<td>5=crucial</td>
</tr>
</tbody>
</table>
What's Important - Our values

Continued

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

- 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.
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!
Clarifying the task

- Look at the possible solutions (from Step 5) to see which ones best live up to the values that most important.
- List the highest priority values (from Step 4) in the first column.
- Choose five of the options brainstormed and list them in the top row.
- Systematically check each of the selected options against each of the most important values.

Tips for Success

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

List Options
here ➔

List most
important values
here ↓

Values

Can be instrumental - important because they give us something of greater importance to us
Or intrinsic – they are important for their own sake.
Step 7: The Preliminary Decision

Tips for Success

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

(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 uncomfortable having needs for daily living that they are capable of meeting themselves and the practice of which are intrinsically 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.
An Ethical Framework for Decision Making: Supporting BC's Pandemic Influenza Planning & Response

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

<table>
<thead>
<tr>
<th>We commit to engaging (Details on ensuing pages)</th>
<th>Broad Time Line</th>
<th>Leads</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Physicians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Patients/ Clients/ Residents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Families/ Loved Ones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Groups in the public</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Others</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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!
Step 8: Engaging Staff

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
Step 8: Engaging Physicians

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
Step 8: Engaging Patients/Residents/Clients

<table>
<thead>
<tr>
<th>Specific Audience</th>
<th>Education vehicle</th>
<th>How a discussion forum will be created</th>
<th>How feedback will be obtained</th>
<th>How feedback will be responded to</th>
<th>Lead</th>
<th>Time Line</th>
</tr>
</thead>
</table>

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
### Step 8: Engaging Families & Loved Ones

<table>
<thead>
<tr>
<th>Specific Audience</th>
<th>Education Vehicle</th>
<th>How a discussion forum will be created</th>
<th>How feedback will be obtained</th>
<th>How feedback will be responded to</th>
<th>Lead Time Line</th>
</tr>
</thead>
</table>

**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
### Subgroups of the broader public

<table>
<thead>
<tr>
<th>Specific Audience</th>
<th>Education vehicle</th>
<th>How a discussion forum will be created</th>
<th>How feedback will be obtained</th>
<th>How feedback will be responded to</th>
<th>Time Line</th>
</tr>
</thead>
</table>

Public input can provide
Appendix D: References


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.


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.


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.


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.

Appendix E: 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


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.


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


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.