Ethical Tensions in

Planning for

Public Health Emergencies

Emergency Preparedness

"The capability of the public health and health care systems, communities, and individuals, to prevent, protect against, quickly respond to , and recover from public health emergencies, particularly those whose scale, timing, or unpredictability threatens to overwhelm routine capabilities."

Nelson C, et al , AJPH Apr, 2007

A Premise:

In order to plan for and successfully manage widespread public health emergencies, clinicians , institutions and the general public must be willing to accept a major "paradigm shift" in ethical perspectives.

Typically cited impediments to planning

- Policies and practices

- Limited facility options

- Funding limitations

- Sharing equipment

- Sharing staff

- Organizational issues

- Legal concerns

- Public relations concerns

What's missing on this list ?

Serious tensions when shifting professional paradigms :

Medical ethics to Public Health ethics
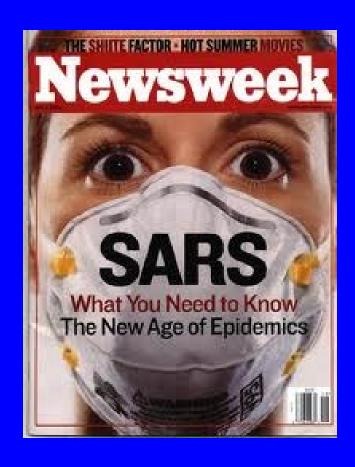
Lessons from Toronto

Singer P, et al BMJ Dec 6, 2003

A medical clerk is asked by public health officials to remain at home in quarantine for 10 days because of possible exposure to SARS. She wants to comply but fears this could cost both her job and her apartment.

A nurse at a hospital affected by SARS feels unwell and has a fever. After weighing the risks of having the disease against losing income and placing a burden of extra work on her colleagues, she decides to take a commuter train to work. She is later found to have SARS. Medical officials choose not to name the nurse but use the media to warn people who may have been on her train to be tested for SARS.

An intensive care unit nurse is afraid of contracting SARS at work and infecting her husband and three small children. She feels torn between the potential danger to her family and her professional duties.

Surgery for a patient with breast cancer is postponed during the SARS outbreak, increasing the anxiety of the woman and her family about the spread of her disease

More tough questions

- How will hospitals, physicians respond to policy-driven practice ?

- How will hospitals, physicians respond to mandated sharing ?

- How much personal risk should health care workers be expected to accept ?

- How far beyond standard scope of practice should doctors and nurses be expected to venture ?

-How will physicians and public respond to triage protocols

- How will physicians and public respond to restraints on personal/professional freedom?

- How will physicians/public respond to prioritization policies for scarce resources (vaccines, ventilators)?

- Should people stockpile scarce supplies ?
- Should children have priority over the elderly, health care workers, or other essential services ?
- What will happen to "privacy" ?
- Who should make such decisions and how ?
- How will public trust in gov't and health care system be maintained ?

Can we look to principles of medical ethics ?

Hippocratic Oath (450 B.C.)

" I will follow that method of treatment which, according to my ability and judgment, I consider to be to the benefit of my patient and abstain from whatever is harmful or mischievous."

A.M.A. (1847): " *The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions…influence his attention to them.*"

A.M.A. (1990): *"The patient has the right to make decisions regarding the health care that is recommended by his or her physician. Patients may accept or refuse any recommended medical treatment*

Principles of Medical Ethics
("The Georgetown Mantra")

Autonomy

Beneficence

Non-Maleficence

Justice

Framework for medical ethics analysis

1) Is there an ethical problem ?
2) Gather the facts; clinical, situational; need more facts ? Why ?
3) What are the choices under consideration?
4) What might be the consequences of these choices to the patient, to other stakeholders?
5) What ethical principles do these choices represent ? Are they in conflict?
6) Can you think of alternatives not yet considered that might relieve the conflict ?
7) What *should* be done? How would you weigh and balance the conflicting principles ?

Public Health

John Snow and the

Broad Street Pump

1849

What is Public Health ?

" Public health is what we, as a society, do collectively to assure the conditions for people to be healthy"

Inst of Medicine 1988

"…we as a society…"

- Individuals can   Individuals cannot

    eat right   safe foods, water

    drive safely   safe roads

    seek medical care   ensure access

    wash hands   sanitation

    stop smoking   public places

    get vaccines   control ID outbreaks

"…assure the conditions…"

-includes educational, social , environmental factors

-recognizes that complete physical and mental health cannot be guaranteed even in most organized and socially conscious societies

"…for people to be healthy."

The subject of public health is the health of *people*, not *individuals.*

Expansive scope of public health

Surveillance

Socioeconomics

Disasters

Genome

Global health

Environment

Health promotion

Immunizations

Public health ethics

How to justify the use of state police powers to constrain individual liberties

for the sake of the common good

Ethical Tensions

Autonomy

(self-determination)

Utility
(greatest good

greatest number)

Community
(common good)

Relative newcomer

American Public Health Association
Code of Ethics -   2002

Public Health Ethics (journal)- 2008

Medical *vs*. Public Health ethics

	Medical	Public Health
Autonomy	primary	secondary
Beneficence	risk/benefit to patient	greatest good
Nonmaleficence	do no harm	greatest good
Justice	fairness to individuals	to group
Decisions	practice standards	state powers

Framework for public health ethics analysis

What are the public health goals?

reduction in mortality/morbidity

- What is known about effectiveness of intervention in achieving above goals ?

strength of scientific evidence

- What are known or potential burdens ?

autonomy, privacy, confidentiality,

- Are there alternatives ?

  more effective? Less restrictive ?

- Are the burdens and benefits distributed fairly ? *distributive justice*

- Is the policy making process inclusive ?

  procedural justice, transparency, accountability, inclusiveness

Ethical principles during public health emergencies

Substantive:

- *Individual liberty* (maintain respect for)

- *Protect public from harm* (may require *individual* liberty restrictions)

- *Proportionality* (least restrictive measures)

- *Privacy* (may have to be overriden)

- *Duty to provide care* (at personal risk ?)

Procedural:

Reciprocity (preference to our protectors)

Equity (share the burdens fairly)

Solidarity (sacrifice for common good)

Transparency (decisions, reasons, actors)

Inclusiveness (stakeholder voice)

Accountability (match authority with responsibility)

Institute of Medicine
Key ethical elements

Fairness

Duty to care

Duty to steward resources

Transparency

Consistency

Proportionality

Accountability

Crisis Standards of Care

A Framework for Catastrophic Disaster Response, 2012

What should be the public health goal ?

Save the most lives ?

Save the most life-years ?

Safe the most life-cycle opportunities ?

Prioritize social value ?

Prioritize instrumental value ?

In your institution, city, state, region ?

"Translational ethics"

.

Who gets the last ventilator, based on what ethical reasoning ?

Who might categorically be denied the ventilator ?

Whose ventilator should be turned off and given to a higher ranking patient ?

Would your hospital share its last ventilator with another hospital to help them solve their triage problem ?

Crisis triage

Will physicians, institutions, the public accept non-voluntary withdrawal of life-supports ?

" Patient preference is not and cannot be the prime factor in devising a rationing system for ventilators. A public health disaster…will impose harsh limits on decision making autonomy for both patients and providers."

New York State Task Force on Life and the Law, 2007

" Access to a ventilator is provisional. That is, once a patient has been placed on a vent, that vent remains a community asset and is subject to being reallocated to another patient."

For the Good of Us All; Ethical Rationing of Health Resources in Minnesota in a Severe Influenza Pandemic

2010

" Patients who have a legitimate expectation of continued use of life-saving treatment may have the treatment withdrawn under extreme resource scarcity."

-Veterans Health Administration

" In the context of a pandemic…it can be justified that patients are extubated who may still benefit from such treatment."

- World Health Organization

" Treatment could be withdrawn without or against the patient's expressed wishes. "

- Institute of Medicine

Does this help resolve ethical tension ?

Triage decisions should be made by designated triage officers, not by direct patient care providers.

<u>Summary</u>

- During public health emergencies the goal will be to maximally protect the health of the public and to promote resiliency toward recovery.

- Individual liberties will be respected to the extent possible consistent with primary goal.

Summary, cont'd

Individual health care systems, hospitals, clinicians cannot set public health policy.

Allocation decisions (including triage) may be implemented under public health authority, absent voluntary compliance.

Summary, cont'd

State public health agencies are
   developing guidelines and protocols
   for allocation of scarce resources
   during disasters, with direct
   implications for patient care.

Summary, cont'd

These guidelines are based on best available scientific evidence and grounded in public health principles.

(fairness, duty to care, stewardship, transparency, proportionality, accountability,solidarity)

Summary, cont'd

These principles are in tension with *, and may override*, traditional medical ethics and the primacy of patient autonomy expressed in the individual physician-patient relationship.

Summary, cont'd

The successful implementation of state disaster protocols during crisis events will be heavily influenced by the professional and general communities' degree of understanding and acceptance of the meaning and implications of stated underlying ethical principles.

Bottom line: Planning matters

Serious

Ethical

Tensions

Ahead

Let's
Make sure
They're
On the
Agenda

Might
Have a
Calming
Effect