Establishment of Public Health and Medical Ethical Advisory Board

Background

Under everyday conditions, healthcare is provided to individuals based on a healthcare provider’s experience, knowledge and available resources. Healthcare providers rely upon international, national, and state regulations and recommendations to determine appropriate treatment measures. In addition, healthcare providers depend on the federal government to determine standards and guidelines for the use of medical equipment, supplies and medications. Hospitals and other healthcare facilities trust the expertise of their staff and well-known standards to determine appropriate levels for clinical care for those they provide service.

Everyday expectations of the public is that they will receive the appropriate health care for their illness from a qualified health professional who may provide medications and medical treatment using various types of medical equipment. An overriding belief is that the care, medications and supplies will be available when needed. In an emergency or sustained disaster, these assumptions may be incorrect. Current medical ethics guidelines are not designed to adjust rapidly to drastic changes in resources during and following emergencies. This may lead to delayed, faulty, inconsistent decisions by medical providers and facility administrators.

Issue

While Public Health guidelines for prioritization of medication distribution during a pandemic influenza event are currently available; there is little guidance or protocols regarding allocation of personnel, medical supplies, scarce resources and altered standards of care.

Although current all-hazards plans address the framework of a response necessary to treat a large number of ill patients, existing plans would benefit from a set of well-developed ethical guidelines that provide consensus based guidance on the allocation of scarce resources along with potential alterations in usual standards of care.

There is a need for a formal, inter-agency ethics advisory committee to evaluate and address ethical issues relating to the provision of care during a Pandemic Influenza and other emergencies.

Recommendation:

Establish an Ethics Advisory Board to address ethical issues related to a Pandemic Influenza event and other emergencies or resource shortages and provide advice/recommendations to the State Health Officer.
General Mission

♦ Establish a \textit{Code of Ethical Principles} following review of established ethical models from other jurisdictions such as New York City’s ventilator guidelines and organ transplant methodology. A series of scenarios would be used to deliberate and refine the principles and recommendations.

♦ \textit{Develop a process} to provide recommendations to the State Health Officer.

♦ \textit{Identify key groups} who will make decisions regarding ethical issues in resource allocation and patient care during a pandemic event and develop protocols to ensure timely ethical decision-making.

♦ \textit{Develop statewide pandemic event specific ethical standards and guidelines}, including standards of care, which align with CDC Pandemic Influenza Ethical Guidelines. Consider current published guidelines; what morally relevant criteria will be employed to assign higher or lower priorities to groups of individuals; determining arching within the predetermined goal of preserving the functioning of society during a Pandemic Influenza as well as identify who will determine individuals or groups of persons as ‘key’ to the preservation of society; which health services to maintain and which to defer during an event; development of a process for timely decision-making during an event; development of altered standards of care; and training of non-medical personal to provide medical care during times of healthcare personnel shortages such as a Pandemic Influenza.

♦ \textit{Meet with Subject Matter Experts} as needed to vet procedures, recommendations, etc.

Membership:

The Board would consist of 13 voting members to provide wide representation that is not too large and an odd number in the event a vote needs to be cast. This group would provide ongoing advice to the State Health Officer and respond to the State Health Operations Center (SHOC) as a Multi-Agency Advisory Committee (MAC).

Suggested members:
♦ Member of Medical Ethics Board for each hospital (7);
♦ Medical Society of Delaware, Ethics Board (1);
♦ American Philosophical Association (1);
♦ Coordination and Quality Control, DHSS/DMS (1);
♦ DPH State Medical Director or DPH/PHPS Preparedness Medical Director (1);
♦ DPH Nursing Director or DPH/PHPS Nurse Consultant (1);
♦ DPH Clinic Services or Federally Qualified Health Center rep (1)

Meetings: Meetings would be held monthly for a one year trial period. A facilitator would be hired to provide direction, guidance, best practices and scenarios.
**Term:** After a year-long pilot, the Director of the Division of Public Health may formally establish the Board through regulation.

**Subject Matter Experts:** The Board recommendations should be vetted with SMEs representing applicable groups representing the following communities: Impoverished; Institutionalized (Long Term Care, Prisons, etc.); Race/Ethnicity; Rural; Children; Elderly; Physical, Behavioral, Developmental and Cognitive Disabilities; and those services by Emergency Medical Services, Home Health Care, Children, Elderly, etc.

**Legal Advice:** DPH Deputy Attorney General will attend meetings.