

Delaware Public Health and Medical Advisory Board: Prioritization of Ethical Values

Ethical values to guide decision-making (in order of priority)

Value	Description	Example
Protection of the Public from Harm	<p>A foundational principle of public health ethics is the obligation to protect the public from serious harm. This principle requires that citizens comply with imposed restrictions in order to ensure public wellbeing or safety. To protect the public from harm, hospitals may be required to restrict public access to service areas (e.g. restricted visiting hours), to limit availability of some services (e.g. elective surgeries), or to impose infectious control practices (e.g. masks or quarantine).</p> <p><i>When making decisions designed to protect the public from harm, decision makers should:</i></p> <ul style="list-style-type: none"> • Weigh the medical and moral imperative for compliance • Ensure stakeholders are made aware of the medical and moral reasons for public health measures • Ensure stakeholders are aware of the benefits of compliance & the consequences of non-compliance • Establish mechanisms to review these decisions as the public health situation changes and to address stakeholders concerns or complaints 	<p>When making the decision to quarantine individuals, protection of the public from harm must be weighed against individual liberty. Note that while the ethical value of individual liberty is often in tension with the protection of the public from harm, it is also in individuals' interests to minimize harm to others.</p>
Stewardship	<p>In our society, both institutions and individuals will be entrusted with governance over scarce resources, such as vaccines, antivirals, ventilators, hospital beds and even health care workers. During a pandemic influenza outbreak, difficult decisions about how to allocate material and human resources will have to be made, and there will be collateral damage as a result of these allocation decisions. Those entrusted with governance roles should be guided by the notion of stewardship. Inherent in stewardship are the notions of trust, ethical behaviour, and good decision-making.</p> <p><i>Decision makers have a responsibility to:</i></p> <ul style="list-style-type: none"> • Avoid and/or reduce collateral damage 	<p>A hospital's decision to stock-pile antiviral medication must consider whether this is an effective way of protecting staff from infection, where the money for stockpiling will come from, and whether that money could be put to better use elsewhere.</p>

that may result from resource allocation decisions

- Maximize benefits when allocating resources
- Protect and develop resources where possible
- Consider good outcomes (i.e. benefits to the public good) and equity (i.e., fair distribution of benefits & burdens)

Trust

Trust is an essential component in the relationships between clinician and patient, between staff and the organization, between the public and health care providers, and between organizations within a health system. In a public health crisis, stakeholders may perceive public health measures as a betrayal of trust (e.g. when access to needed care is denied) or as abandonment at a time of greatest need. Decision-makers will be confronted with the challenge of maintaining stakeholders' trust while at the same time stemming an influenza pandemic through various control measures. It takes time to build trust.

Decision-makers should:

- Take steps to build trust with stakeholders before the crisis hits not while it is in full swing
- Ensure decision making processes are ethical and transparent to those affected stakeholders

Early engagement with stakeholders may go some distance to justify stakeholder confidence in decision-makers' trustworthiness. In part, the value of trust is respected and promoted by following the ethical *processes* outlined above.

Equity

The principle of equity holds that, all things being equal, all patients have an equal claim to receive needed health care. During influenza pandemic, however, tough decisions will need to be made about which health services to maintain and which to defer because of extraordinary circumstances.

Measures taken to contain the spread of a deadly disease will inevitably cause considerable collateral damage. In an influenza pandemic, this will extend beyond the cessation of elective surgeries and may limit the provision of emergent or necessary services.

Decision-makers must strive to:

- Preserve as much equity as possible between the interests of patients [afflicted

In allocating scarce resources, the value of equity could guide in developing fair criteria for allocation while consideration is given also to compensation for those who will not meet inclusion criteria yet are entitled to receive care.

	<p>with the influenza] and those who need urgent treatment for other diseases</p> <ul style="list-style-type: none"> • Ensure procedural fairness in decision-making 	
Solidarity	<p>SARS heightened the global awareness of the interdependence of health systems and the need for solidarity across systemic and institutional boundaries in stemming a serious contagious disease. An influenza pandemic will not only require global solidarity, it will require a vision of solidarity within and between health care institutions.</p> <p><i>Solidarity requires:</i></p> <ul style="list-style-type: none"> • Good, open and honest communication • Open collaboration, in a spirit of common purpose, within and between health care institutions • Sharing public health information • Coordinating health care delivery, transfer of patients, and deployment of human and material resources 	<p>Territoriality between hospital departments and between health care institutions needs to be overcome with good communication and sense of common purpose in order to provide equitable care across jurisdictions</p>
Reciprocity	<p>Reciprocity requires that society supports those who face a disproportionate burden in protecting the public good and takes steps to minimize their impact as far as possible. In an influenza pandemic, measures to protect the public good are likely to impose a disproportionate burden on health care workers, patients, and their families. Health care workers may face expanded duties, increased workplace risks, physical and emotional stress, isolation from peers and family, and in some cases, infection leading to hospitalization or even death. Similarly, quarantined individuals or families of ill patients may experience significant social, economic, and emotional burdens.</p> <p><i>Decision-makers and institutions are responsible for:</i></p> <ul style="list-style-type: none"> • Easing the burdens of health care workers, patients, and patient's families in their hospitals and in coordination with other health care organizations • Ensuring the safety of their workers, especially when redeploying staff in areas beyond the usual scope of practice 	<p>The provision of antiviral medication and/or vaccination to hospital staff for prophylaxis is one way hospitals can ensure the safety of their workers who may be exposed to greater than usual risks in discharging their duty to care.</p>
Proportionality	<p>Proportionality requires that restrictions to individual liberty and measures taken to</p>	<p>The decision to close an emergency room must consider if the potential</p>

	<p>protect the public from harm should not exceed what is necessary to address the actual level of risk to, or critical need of, the community.</p> <p><i>Decision makers should:</i></p> <ul style="list-style-type: none"> • Use least restrictive or coercive measures in limiting or restricting liberties or entitlements • Use more coercive measures only in circumstances where less restrictive measures have failed to achieve appropriate public health ends. 	<p>harm in keeping the emergency room open is significant enough to warrant its closure.</p>
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<p>Duty to Provide Care</p>	<p>The duty to provide care and to respond to suffering is inherent to all health care professionals' codes of ethics. In an influenza pandemic, demands on health care providers and the institutions in which they work will overwhelm resources. Health care providers will have to weigh demands from their professional role with other competing obligations to their own health, to family and friends. Health care workers will face significant challenges related to resource allocation, scope of practice, professional liability, and workplace conditions.</p> <p><i>Decision makers should:</i></p> <ul style="list-style-type: none"> • Work collaboratively with stakeholders and professional colleges in advance of an influenza pandemic to establish practice guidelines • Work collaboratively to develop fair and accountable processes to resolve disputes • Provide supports to ease this moral burden of those with the duty to care • Develop means through which institutions will handle appeals or complaints, especially with regards to work exemptions, or the vaccination/prophylaxis of staff 	<p>Health care workers who are at increased risk because they are caring for patients with influenza must weigh familial obligations, and obligations to self with their professional duty to care. In addition, they may also have to comply with vaccination or antiviral regimens for prophylaxis which may conflict with their individual liberty.</p>
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<p>Individual Liberty</p>	<p>Individual liberty is a value enshrined in health care practice under the principle of respect for autonomy. Under usual circumstances, health care providers balance respect for individual autonomy with a duty to protect individual patients from harm. In a public health crisis, however, restrictions to individual liberty may be necessary to protect the public from serious harm. Patients, staff, and members of the public may all be affected</p>	<p>Social distancing strategies that employ visitor restrictions in hospitals must be necessary for the protection of the public and must be proportionate to the threat being allayed.</p>
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	<p>by such restrictions.</p> <p><i>Restrictions to individual liberty should:</i></p> <ul style="list-style-type: none"> • Be proportional to the risk of public harm • Be necessary and relevant to protecting the public good • Employ the least restrictive means necessary to achieve public health goals • Be applied without discrimination
<p>Privacy</p>	<p>Individuals have a right to privacy in health care. In a public health crisis, it may be necessary to override this right to protect the public from serious harm. A proportionate response to the need for private information requires that it be released only if there are no less intrusive means to protect public health.</p> <p><i>Decision makers should:</i></p> <ul style="list-style-type: none"> • Disclose only private information that is relevant to achieve legitimate and necessary public health goals • Release private information only if there are no less intrusive means to protect public health • Determine whether the good that is intended is significant enough to justify the potential harm that can come from suspending privacy rights, (e.g. the harm from stigmatization of individuals or particular communities) • Provide public education to correct misconceptions about disease transmission and to offset misattribution of blame to particular communities <p>The need to conduct contact tracing of possibly infected people might require that particular groups or even individuals are identified publicly. The need to do so must be weighed against the potential harm of exposing communities and individuals to stigmatization.</p>