

COVID-19 Ethics Framework Information for Providers

This document will evolve as information related to COVID-19 emerges and changes. This document is intended to support discussion and decision-making related to COVID-19. Questions and feedback may be directed to Jennifer Dunsford jdunsford@wrha.mb.ca.

Jennifer Dunsford, Dr. Bonnie Cham, Katarina Lee, Dr. Merril Pauls and Dr. Tyler Peikes have all contributed to this document.

Ethics resources are available to support discussions related to organizational decisions, including triage, priority setting, resource allocation, policies, and application/implementation of organizational directives. Support for discussions related to the ethical implications of decisions at the policy/system level as well as at those affecting individual patients, families and populations is also available.

Basic Assumptions

- This tool will be used when there is time to deliberate, e.g. the situation does not involve a life-threatening emergency. In life-threatening emergencies, basic clinical criteria are appropriate.
- The decision-making processes in pandemic/disaster situations are different from those used in normal, day-to-day situations. Nevertheless, decisions must be justifiable and rationale for each decision should be provided.
- The primary goal of the health care system during a pandemic is to maximize benefits and ensure their equitable distribution. This means allocating scarce resources to have the greatest impact and save the most lives, while providing appropriate symptomatic care.
- People come from varying levels of advantage. Organizational decisions should not further disadvantage those already negatively impacted by structural disadvantage. We need to ensure that we are doing everything possible to ensure all people have the resources and supports to equitably fulfill public health orders.

Resource Allocation Decisions

- When supply of resources is challenged, allocation will be prioritized based on the following principles:
 - Those most likely to survive or recover considering the patient's values (adults) and maintain potential for an open future (child);
 - Maintenance of a safe and skilled health care and critical infrastructure workforce and the ability to continue critical functions;
 - When clinical considerations do not identify significant differences, allocate resources in a fair and unbiased manner.
- Policies that are developed, (and the results that stem from their application) must be monitored and evaluated on an ongoing basis to ensure criteria remain relevant, appropriate and fair.
- Leadership/teams responsible for any finite resource (e.g. beds, ventilators, vaccine, IV fluid, personal protective equipment, nurses, etc.) should develop a triage process for determining how each resource will be allocated in times of scarcity that is consistent with the above principles.

- Ethics resources are available to support discussions. Teams should consider the following factors when developing their process:
- 1. When there are strong values and/or significant risks involved, a mechanism for shared decision support may be required. Involvement of people with clinical, ethical, critical theory/critical social sciences, or spiritual health expertise, as well as people with decision-making authority from finance and leadership. An appeals/review mechanism is also strongly encouraged.
- 2. Clear communication of processes, decisions, criteria, algorithms, etc. must be provided, *including the rationale*, in order to demonstrate respect and build trust.
- 3. All decisions should be based on the principles and guiding values listed below.

Ethical Public Health, Policy and Procedure Decisions

- Several essential principles should be included in any discussion of public health interventions (Upshur, 2016). These include:
 - Harm: does the intervention/action limit the liberty or autonomy of any individuals or groups? Does the action set out to:
 - Prevent harm to individuals or groups other than those who are being restricted?
 - Improve the well-being of individuals or groups other than those who are being restricted?
 - Prevent individuals or groups from doing harm to others by constraining them?
 - Improve the well-being of individuals or groups by constraining them?
 - Pursuing the least restrictive or coercive means: Can the same ends be achieved in a way that is less restrictive of the liberty of individuals or groups?
 - Reciprocity: Does the action impose ethical duties or burdens on certain individuals or groups? If yes, will they be helped or compensated?
 - Transparency: Did all stakeholders participate in the decision-making process? Was the decision-making process dominated by one group? Was there interference?

Making and evaluating policy decisions are fundamentally ethical processes. Decisions around allocation of limited resources should be based on criteria that are established on the following principles of fair process:

- Reasonable: decisions about policy are based on evidence and agreed-upon guiding values, and made by people with knowledge of the likely impacts on those who will be affected.
- Open and transparent: Decisions and decision-making criteria are appropriately communicated and accessible so that people know the basis on which decisions are being made.
- Inclusive: Meaningful stakeholder consultation is essential to ensuring that decisions and criteria are reasonable and relevant to the situation.
- Responsive: There is a mechanism to ensure decisions and processes are reviewed and revised periodically as needed.
- Accountable: Process/criteria/decision is documented and enforceable.

Guiding Values

Decisions and decision-making processes should be based on a set of agreed-upon values that guide and support the process and its outcomes.

In a pandemic, the ethical considerations for organizational decisions include (but are not limited to):

- Individual liberty: Personal freedoms can be restricted if measures are proportional, necessary, relevant, use the least restrictive means possible, and applied as equitably as possible.
- Solidarity: At times during a pandemic, the public good must be prioritized over a person or group's (e.g. a department or site) preferences. Cooperation between individuals, health regions, provinces, and nations is essential.
- Protection of the public: Decisions focus on minimizing harm and maximizing the benefit to the public good, recognizing that infringements on the rights of any group are unacceptable.
- Proportionality: Any restriction should not exceed what is necessary to protect the public or address the actual level of risk.
- Privacy: Obligations to safeguard personal privacy rules are followed unless or until there is a risk to the public in maintaining an individual's privacy.
- Duty to Provide Care: Health care providers and first responders have a duty to provide required care unless the care required poses an unreasonable safety risk to the provider.
- Reciprocity: During a pandemic, there is a need to support and/or compensate those who bear a disproportionate burden in protecting the public good as much as possible.
- Equity: Each person has an equal right to the highest standard of health but everyone might not be treated the same. Those who most need and can derive the greatest benefit from resources ought to be offered resources.
- Stewardship: We have an obligation to use resources appropriately to achieve equitable outcomes without disproportionate impact across communities.

Workbook resources follow.

Further ethics resources can be found at <https://sharedhealthmb.ca/covid19/providers/ethics-framework/>.

Ethical Framework for Resource Allocation Decisions - Workbook

Procedural Considerations

Reasonable	
What is the evidence for the decision?	
What values have informed the decision?	
Who has been involved in the decision making? Have relevant experts been involved and political interference absent?	
Transparent	
How is the decision being communicated?	
How are affected parties being informed of the basis for the decision?	
Inclusive	
How have stakeholders been consulted?	
Responsive	
Are people who are affected by the decision informed of the reasons for it?	
What is the process if someone affected by the decision does not agree? e.g. appeals process	
When and how will the decision be reviewed or evaluated?	
Accountability	
Who is ultimately accountable for the decision?	
Do they have the supports they need to implement it effectively?	

Assessing the Solution

Guiding Values					
Value	Would the solution...	Yes	No	Only If...	N/A
Individual liberty	Respect choice as much as possible?				
Solidarity	Support cooperation and collaboration between and among individuals and teams?				
Protection of the public	Minimize risk of exposure? Minimize harm? Maximize the benefits to the public?				
Proportionality	Minimize restriction or coercion as much as possible? Respond effectively to the level of actual or known risk?				
Privacy	Respect the privacy of patients and providers? Maintain obligations under PHIA where possible? Permit privacy breach in the public interest?				
Duty to provide care	Assist providers to understand their responsibility (duty) to provide care and live up to this even when it involves exposure to some risk of harm? Ensure providers are appropriately protected from risks as they do their work? Minimize risk to providers?				
Reciprocity	Ensure that where someone is impacted by a decision, they are given the reasons for the decision and, where appropriate, appealing the decision through the appropriate channels? Provide for compensation or redress for those disproportionately affected by the decision? Ensure that people affected are able to comply, e.g. that there is assistance or support to follow the direction				
Equity	Ensure patients are given the best care (not necessarily treatment) possible? Ensure resources and care are the required level and type of intervention to achieve desired health outcomes. Ensure non-COVID-19 patients continue to receive appropriate and timely care? Ensure people from structurally disadvantaged populations are not further disadvantaged?				

COVID-19 Ethics Framework for Clinical Decisions

When facing a patient care-related ethical decision specific to a particular person, identify the resources that can help you resolve it, such as your team, a supervisor, trusted colleague, or ethics resource.

The tool below is adapted slightly from the [WRHA Ethics Decision Making Guide](#) to provide guidance for health care providers working within the extraordinary circumstances that have been raised due to the COVID-19 pandemic.

Work through the following steps to ensure all relevant factors have been considered. Some may be relevant, some not. **The questions listed here are a guide, not an exhaustive resource and there may be other relevant resources or considerations that need to be considered.** *If your area has a decision-making framework in use already, it can be substituted for this section to prevent the need for re-orientation.*

Please also bear in mind that ethics support for these discussions is available through the following resources:

Jennifer Dunsford
jdunsford@wrha.mb.ca

HSC Clinical Ethics Consultant on call
204.787.2071

Katarina Lee
Clinical Ethicist, Assistant Professor
St. Boniface Hospital and the Catholic Health Corporation of Manitoba
204.794.2511
klee13@sbgh.mb.ca

Ethics Decision-Making Guide

Section One - Identify the Problem

What is the problem? - Name the problem clearly.

- State the facts, including the clinical/medical situation if applicable
- What information is missing? Where can you get it?
 - Clinical or medical information
 - Clinical practice guidelines/practice tools
 - Models of care, Standard operating procedures
 - Advance medical care plan, identity of proxy/substitute decision maker
 - Leadership tables
- What do you need in order to move forward?
- What goals need to be considered?
 - Patient – based on patient's values as much as possible
 - System – to save the most lives; provide appropriate end of life/comfort care
 - Intervention – what are the goals of the proposed intervention? Are these goals achievable?

Who needs to be involved?

- Who will be affected by the decision?
 - Patient
 - Family
 - Providers
 - System
 - Other patients/community
- Who needs to participate in the discussion?
 - Leadership
 - People with decision-making authority
 - Incident command structures
- Can the decision be made locally or does it need to be escalated?
- Who needs to be aware?
 - Appropriate community leadership, representation, and/or experts
 - Communications
 - Spiritual Health/Social Work
 - Security
 - Law enforcement
 - Social services
 - Ethics services

Section Two - Reflect on the Problem

What ethical principles apply?

- Ethical principles are rules or obligations that guide action. Often, an ethical situation involves conflicts between and among principles. Discuss how you understand the following principles of biomedical ethics in relation to this particular situation:
 - Beneficence: Maximizing benefit, considering best interests. Will the person benefit?
 - Non-maleficence: Minimizing harm to the individual and others
 - Respect for autonomy: Supporting choice as much as possible
 - Informed consent – does the individual understand the risks, benefits, consequences or alternatives of the situation?
 - Solidarity: Collaborating and working together to protect public health
 - Justice: Fairness, equity, applying rules and criteria justly

What ideals, obligations, or duties need to be considered?

- Standards of practice
- Protection of the public
- Duty to provide care
- Equity - everyone matters but everyone might not be treated the same
- Trust/honesty
- Collaboration
- Stewardship

What other factors are relevant?

- What relationships are important? How are they affecting the situation?
 - Does the patient have effective/appropriate social or family supports?
 - What guidance or resources do you have for managing scarcity?
 - Are there financial considerations?
 - Are there power dynamics affecting the situation or the discussion? Marginalization, inequity, bias or discrimination?
 - Is safety a concern for the individual or wider community?

Section Three - Deliberate

What are the implications and likely outcomes of any potential solution?

- Think about the ripple effect of the situation. Very often, there is no perfect solution. Consider the likelihood and seriousness of both benefits and harms, to individuals, families and communities in the long term and immediately.
 - What risks and benefits do you anticipate?
 - How serious are the risks? How likely?
 - What might be the effect on the individual? The family?
 - What are the likely effects on the health care team? The community?
 - What will maximize good and minimize harm?
 - What can you do to mitigate or compensate for any risks or disadvantages?

Section Four - Identify a resolution

Based on all your deliberations and discussions, decide what is the best option. A plan for implementing the preferred choice is essential, including determining accountability. Document the decision and rationale.

- Consider how the decision will be communicated.
- Evaluate the process and outcome.
- Once the decision is made, communicated and implemented, it is important to debrief. Consider the process as well as the outcome.
 - Did the process work?
 - What worked well and what didn't?
 - Did it achieve the desired results?
 - Would you do the same thing again in a similar situation? If not, what are opportunities for improvement?

Address any moral distress or policy implications

- Ethical decisions can be fraught and emotional. The debriefing process can uncover moral distress and residue. It may identify structures, processes or policies that contributed to the issue. Validating and debriefing is essential.
 - What support do the decision makers and those who implemented it need?
 - Is there any moral distress or residue? Find opportunities to debrief or follow up.
 - Were broader policy issues raised? What will you do to escalate them?

References and Resources

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