

Recommendations of Geisinger Medical Center Bioethics Review and Advisory Committee to Geisinger Health System Pandemic Influenza Preparedness Group

Background

A strain of influenza has been identified in birds worldwide (avian flu). This virus (H5N1) has similarities to the Spanish flu, which caused the death of 5% of the world's population in 1918. Should human to human transmission of this virus develop, a pandemic with profound social, economic and healthcare consequences is possible. The Geisinger Bioethics Review and Advisory Committee has been asked to provide recommendations on the ethical considerations of an avian flu pandemic to the Geisinger Pandemic Influenza Preparedness Workgroup.

Ethical considerations

The Geisinger Bioethics Review and Advisory Committee has utilized as its model a report of the University of Toronto Joint Centre for Bioethics Pandemic Influenza Working Group, *Stand on Guard for Thee: Ethical considerations in preparedness planning for pandemic influenza* (November 2005).

That group identified ten substantive values and five procedural values to guide ethical decision- making for a pandemic influenza crisis.

Substantive values				
Individual liberty	Protection of the public from harm	Proportionality	Privacy	Duty to provide care
Reciprocity	Equity	Trust	Solidarity	Stewardship
Procedural values				
Reasonable	Open and transparent	Inclusive	Responsive	Accountable

The Toronto group identified **four key ethical issues** that need to be addressed in pandemic planning:

1. Health care workers' duty to provide care during a communicable disease outbreak.

The duty to care for the sick is a primary obligation for health care workers because (a) health care workers have greater ability to provide care, (b) health care workers assumed this risk by freely choosing their profession and (c) the healthcare profession and healthcare institutions have an implied social contract to provide care. A code or statement of expected ethical conduct by health care workers in high risk situations ought to be promulgated proactively. Most observers support the expectation that health care workers have an obligatory duty to provide care.

However, some would consider this duty to be supererogatory, or in the least, balanced against competing obligations to family.

The following should be considered:

To maximize the willingness of healthcare workers to treat pandemic flu patients and thereby assume increased risk, health care institutions need to consider their social contract with health care workers.

Recognize the increased risk to healthcare workers and make every effort to minimize risk of illness by providing appropriate protection, including vaccinations, antiviral therapy, personal protective equipment, negative pressure work environments and cohorting by disease.

Provide additional compensation for health care workers who assume increased risk as well as providing compensation should he/she become infected, to include disability and life insurance protection.

Establish proactively the response to a healthcare worker's decision not to provide care, e.g. to care for his/her own family. When people are treated as fairly as possible, volunteerism is more likely to prevail. Mandates for care should be exercised using the least restrictive measures and applied without discrimination or needless coercion.

2. Restricting liberty in the interest of public health by measures such as quarantine.

This will more likely be addressed by public health and governmental agencies. However, healthcare institutions should establish policies for identifying patients with flu symptoms and policies for communication of patient identities to public health agencies.

3. Priority setting, including allocation of scarce resources such as vaccines and antiviral medicines.

A rationale for allocation of scarce health care resources should be discussed with the public and established in advance. "Epidemics force us toward utilitarian conclusions, justifying the use of distribution schemes that favor the most useful over the neediest, so the most useful can best serve the overall telos of a functioning society." (Zoloth L, Zoloth S *Am. J. Bioethics* 6: 5-8, 2006).

Gostin (*JAMA* 295;5: 554-556, 2006; *JAMA* 295;14:1700-1704) has provided specific guidance regarding factors to be weighed in making these utilitarian decisions. Allocation ought to consider the extent that priority for resources ought to be provided to:

- meet medical need/vulnerability;
- preventive health/public health countermeasures, e.g. ring vaccinations;

- maintain scientific/medical functioning (e.g. to scientists and laboratory workers developing flu countermeasures), to healthcare workers, epidemiologists and health officials;
- preserve social functioning and critical infrastructure, to include first responders (ambulance, fire, humanitarian assistance), security (police, national guard, military), essential products/services (water, food, pharmacies), critical infrastructure (transportation, utilities, telecommunications) and sanitation (undertakers, cemetery workers, garbage/infectious waste personnel);
- promote intergenerational equity, possibly providing greater benefit to younger, healthier persons;
- preserve social justice/equitable access, i.e. avoidance of preferential allocation to the rich, powerful, politically connected
- maintain global perspective, allowing for fair rationing of resources to poorer countries.

4. Governance implications, such as travel advisories.

On a regional level, this must include the ethical role of a tertiary health care center regarding capabilities and limitations in supporting other hospitals, nursing homes and healthcare facilities.

While not emphasized by this study group, “collateral damage” to other patients must also be considered. Healthcare institutions must decide which medical/surgical services to maintain and which to place on hold in order to support care for pandemic patients. They must weigh risks, benefits and opportunity costs so that patients with non-pandemic influenza illnesses receive equitable access for care of these illnesses, e.g. myocardial infarction patients. Non-infected patients also have a right for healthcare access.

An essential element of the ethical responsibilities of a health care organization is to provide open, transparent, timely and ongoing education of healthcare workers, patients and the community. Education regarding ethical and clinical dilemmas in preparing for and providing health care for a pandemic is critical. A clear understanding of the respective roles of health care institutions, the community and individuals should maximize response to a pandemic.

Respectfully Submitted
 Bioethics Review and Advisory Committee
 April 13, 2006