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Search the Resource Library: ASPR TRACIE General Hurricane Resources ASPR TRACIE Topic Collections Click here for a full list of comprehensively developed Topic Collections Page 2 EthicsTopic Collection December 12, 2018 Healthcare providers have an obligation to deliver care and services consistent with professional ethics standards. In the event of a catastrophic natural or human-caused disaster, these obligations can become complicated under crisis standards of care when difficult decisions may need to be made about allocation of resources. Consistency, fairness, effectiveness, and transparency—which are all part of medical disaster planning—are best achieved by engagement with stakeholder communities so that planning incorporates the values. The resources in this Topic Collection include lessons learned from recent disasters, educational and training materials, and plans, tools, and templates that can help healthcare professionals, planners, and communities identify, plan for, and address ethical challenges they may face before, during, and after a disaster. (Please note: ASPR TRACIE also developed a comprehensive Topic Collection on Crisis Standards of Care, which focuses on systems and processes including clinical aspects of crisis care. The “Ethics” category of the Ebola/VHF Topic Collection contains topic-specific resources.[Note that in some cases, specific ethical frameworks or conclusions differ from other authors’ approaches/experiences. There is broad acceptance of the foundations of disaster ethics, but sometimes differing opinions about how the details are applied or the systems implemented—particularly evident between the ethics community and the clinical community. Readers are encouraged to look at a variety of sources when developing plans.]Each resource in this Topic Collection is placed into one or more of the following categories (click on the category name to be taken directly to that set of resources). Resources marked with an asterisk (*) appear in more than one category. Must Reads The speaker for this one-hour, 23 minute video discusses his experience working in West Africa during the 2014-2015 outbreak. He is a pediatric physician, and discusses his experiences, including ethical challenges he experienced in the care of children with Ebola. The authors conducted a series of 15 discussions with 324 members of the public and health-related professionals to characterize the public’s values regarding how scarce mechanical ventilators should be allocated during an influenza pandemic, and to inform a statewide scarce resource allocation framework. The authors formed a working group and developed a list of SARS-related ethical issues and values by a consensus process. They also developed a framework for looking at the ethical implications of the SARS outbreak, including 10 key ethical values, and five major ethical issues faced by medical decision makers. The authors contrast the principles underlying everyday triage with those underlying disaster triage. They note that a “lack of standards and distinct guidelines” could cause distress for nurses, who are expected to act against their normal standards and inclinations when caring for patients during a disaster. Duty to Care This policy statement focuses on ethics in emergency medicine. Section D (“The Emergency Physician’s Relationships with Society”) covers resource allocation, promoting resource stewardship, disaster response, and public health promotion. This article begins with a description of nurse-involved scenarios that could occur during a public health emergency. It explains the “duty of care” concept, and highlights how obligations (to family, self, to anticipate and prepare for emergencies) may be considered by nurses prior to an emergency to help with planning and reporting to work. This paper (which provides perspective from the UK National Health Service with potential relevance to U.S. health settings) considers whether non-professional healthcare professionals have an obligation to work during a pandemic, and, if so, whether professional obligations outweigh others they may have (e.g., to their families). The authors explore if workers should be compelled to work, and propose that any compulsion involve, “a larger pool of people with the relevant skills and abilities” as that is a more equitable approach. The authors highlight the factors that influence healthcare workers’ decisions in disaster situations relative to the amount of danger they actually faced. They share information related to guidelines from medical professional organizations about duty to provide care despite risk, moral reasoning behind providing care during disasters, and the effect of fear on behavior. The importance of effective risk communication and its ability to enable informed decision making is also emphasized. The authors examine reasoning for and against healthcare workers’ duty to treat, especially in light of an infectious disease pandemic. They also include practical recommendations for consideration. This document discusses the values that pharmacists should use to inform decision-making during large-scale public health emergencies, such as influenza pandemics. The Severe Acute Respiratory Syndrome outbreak challenged the notions of the extent of duty to care and resulted in changes to selected codes of healthcare provider ethics. The authors examine the concept of duty of care and associated risks and obligations providers have during a public health emergency. Education and Training The speakers provide a definition and legal overview of crisis standards of care (CSC), illustrate how the principles of CSC apply to disaster medical care, and share how to apply CSC into emergency planning. An overview of ethics and disaster response is also included, as are lessons learned from recent incidents (e.g., Hurricane Maria, the 2014 Ebola outbreak, and the earthquake that struck Haiti in 2010). This course is comprised of ten modules which illustrate the role of public health in addressing the ethical issues that may arise after a terrorist attack. The speaker provides an overview of ethical decision-making during public health emergencies and teaches participants how to make decisions with local partners during a disaster. Links to the slides and the actual recording are provided. This 18-page learning module discusses the importance of community engagement as it relates to public health emergency planning and response efforts; ways in which community engagement can facilitate ethical public health planning and response; and different ways to engage communities in public health decision making both domestically and internationally. This course highlights the ethical challenges that accompany public health disasters (e.g., resource allocation, evacuation, restriction of individual rights). This one-hour, 42-minute webinar discusses how all choices healthcare professionals must make in the delivery of care in humanitarian settings are problematic. The presentation focuses on dilemmas of competency, and dilemmas of patient selection, and ways to address those dilemmas. General Guidance on Disaster Ethics The authors attend to “map” public health ethics by defining the field and highlighting ethics-related features. This report was designed to help authorities operationalize the concepts first developed in the 2009 Institute of Medicine (now known as the National Academy of Medicine) document titled, “Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations: A Letter Report.” Volume 1, Section 3 provides an overview of legal and liability issues in catastrophic disasters. Legal and regulatory issues are a frequently discussed point in other areas of the document as well. Jennings, B., Arras, J., Barrett, D., and Ellis, B. (eds.). (2016). Emergency Ethics-Public Health Preparedness and Response. (Book available for purchase.) Oxford University Press. This book discusses, “ethical aspects of preparedness and response with specific application to public health policy and practice.” This presentation was given at the Integrated Medical, Public Health, and Response Training Summit. The speakers: shared an overview of palliative care; explained how it fits into Crisis Standards of Care research (and highlighted related ethical considerations during disasters); described a model of palliative care and how it was used in an exercise; and discussed firsthand experience in providing palliative care after disasters struck Haiti and Indonesia. This paper discusses nonideal moral theory and its application to bioethics in disaster situations. This approach “views moral dilemmas as situations where no choice is ideal and every option involves some element of unavoidable wrongdoing.” The authors formed a working group and developed a list of SARS-related ethical issues and values by a consensus process. They also developed a framework for looking at the ethical implications of the SARS outbreak, including 10 key ethical values, and five major ethical issues faced by medical decision makers. The author describes a set of four principles (based on a literature review) that can be used in the analysis of ethical issues in public health practice and may be helpful for analyzing potential emergency interventions. This document was created to help policy-makers, health care providers, researchers, and others prepare for the ethical issues anticipated to arise during infectious disease outbreaks. This World Medical Association statement includes a definition of “disaster” (with a focus on the medical aspects). The rest of the statement covers the following ethical principles and procedures: triage, relations with the patients, aftermath of disaster, media and other third parties, duties of pharmaceutical personnel, training, and responsibility. Haiti Earthquake and Ethics The author shares a provider’s experience allocating an oxygen tank in the intensive care unit at a hospital in Port-au-Prince, Haiti after the 2010 earthquake and lists the factors that influenced her allocation decision. (It is important to note that her decisions were consistent with frameworks developed by the Institute of Medicine and others; see also Titzhak, A., Sagi, R., Bader, T., et al. [2012] in this topic collection). The authors describe the multidisciplinary Healthcare Ethics Committee set up aboard the USNS Comfort after the 2010 earthquake that devastated Haiti. The principles and some of the processes the authors illustrate in the article can be applied to future disaster medical relief efforts. Medical responders to the earthquake that struck Haiti in 2010 identify and explain five considerations they took into account when treating repeat patients. They concluded that “responders can permissibly give a degree of priority to existing patients over newcomers” after a disaster. The speakers provide a definition and legal overview of crisis standards of care (CSC), illustrate how the principles of CSC apply to disaster medical care, and share how to apply CSC into emergency planning. An overview of ethics and disaster response is also included, as are lessons learned from recent incidents (e.g., Hurricane Maria, the 2014 Ebola outbreak, and the earthquake that struck Haiti in 2010). The authors share experiences with field hospital issues in an austere environment and how healthcare practitioners addressed resource dilemmas. They describe their triage protocols and how they managed ethical dilemmas. The project team had to make challenging ethical decisions about whom to treat and how to do so with scarce resource during their response in Haiti. Medical providers tried to answer, “How should these decisions be made? Who should make them? And how should medical aid workers deal with a limited supply of resources?” This webpage includes links to videos and a discussion guide. After the 2010 earthquake that struck Haiti, medical staff from the Israeli Defense Forces Medical Corps field hospital responded and was the only facility that had the capability to ventilate children and neonates during the first week after the disaster. The authors provide an overview of five case studies and the decision-making processes they went through using a tool developed for ventilator allocation during an influenza pandemic. Plans, Tools, and Templates The authors highlight several real-life cases involving ethical issues encountered by humanitarian aid workers and propose an ethical framework to assist with the decision-making process. The framework includes a ten-step process modelled on tools used in the clinical setting that promotes a transparent decision-making process, and the authors make organizational recommendations that will help healthcare facilities and disaster aid providers implement the framework. This guidance can help disaster planners incorporate ethical considerations into their documents, exercises, and other preparedness activities. The author provides a concise summary of disaster ethics principles and linkages to long-term care. This website includes links to several critical crisis standards of care (CSC) resources and tools including the MN CSC Framework (released in November 2018) which provides an overview of the actions the state will take in response to a CSC situation. The framework also includes operational annexes for Ethics, Legal, EMS, Hospitals, and Public Engagement. The site also contains other resources including a summary report on community engagement, pandemic, and other resources. This document reviews key literature related to scarce resource allocation developed by 2009; discusses relevant ethical and legal considerations; and provides detailed recommendations for the implementation of a plan development process in support of scarce resource allocation during a public health emergency. This ethical framework is designed to assist planners and strategic policy makers with ethical aspects of decisions they face before, during and after an influenza pandemic. It may also help clinicians and other health and social care professionals with decisions they need to make in the same context. The authors provide an overview of the Minnesota Pandemic Ethics Project, an effort focused on rationing scarce health resources during a severe influenza pandemic. The authors list seven recommendations that can help vulnerable populations (and those who serve and treat them) before, during, and after an influenza pandemic. Public Engagement The authors conducted a series of 15 discussions with 324 members of the public and health-related professionals to characterize the public’s values regarding how scarce mechanical ventilators should be allocated during an influenza pandemic, and to inform a statewide scarce resource allocation framework. They concluded that awareness of how “the values expressed by the public and front-line clinicians sometimes diverge from expert guidance in important ways,” should inform policy making. The Minnesota Pandemic Ethics Project developed ethical frameworks for allocating scarce medical resources during a severe influenza pandemic and gathered a community-based panel to facilitate related exchanges. This article describes the types and timing of public engagement methods, the strengths and challenges, and how the methods fit together. This report was designed to help authorities operationalize the concepts first developed in the 2009 Institute of Medicine (now known as the National Academy of Medicine) document titled, “Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations: A Letter Report.” Volume 1, Section 3 provides an overview of legal and liability issues in catastrophic disasters. Legal and regulatory issues are a frequently discussed point in other areas of the document as well. The purpose of this study was to explore how lay people, general practitioners, medical students and other health professionals evaluate the fairness of ten allocation principles for scarce medical resources. The authors found differences among the groups regarding what each considered to be “fair,” and advise “decision makers” to determine if ethicists, health professionals, and the general public should have equal input into scarce resource allocation protocols. This paper discusses a series of stakeholder workgroups (comprising ethicists, lawyers, clinicians, and local and state public health officials, as well as community members) conducted by the Massachusetts Department of Public Health-Harvard Altered Standards of Care Working Group in 2006 to consider issues such as allocation of antiviral medications, prioritization of critical care, and state seizure of private assets. The planning process and principles for equitable allocation of resources identified by the project may be helpful to other organizations/jurisdictions developing altered standards of care plans. In this book chapter, the author provides: an overview of different approaches to the ethics of allocating scarce medical interventions; a brief recap of social scientific research on the allocation of scarce medical resources; an examination of different ways in which public preferences could matter to the ethics of allocation; ways in which social scientists could learn from ethics as they conduct research into public preferences regarding the allocation of scarce medical resources. Resource Allocation and Triage This webpage briefly describes the 4 main principles for allocating limited health care resources discussed in the American Medical Association’s Code of Medical Ethics Opinion 11.1.3. The authors conducted a series of 15 discussions with 324 members of the public and health-related professionals to characterize the public’s values regarding how scarce mechanical ventilators should be allocated during an influenza pandemic, and to inform a statewide scarce resource allocation framework. They concluded that awareness of how “the values expressed by the public and front-line clinicians sometimes diverge from expert guidance in important ways,” should inform policy making. Bigoney, R. (2017). Ethical Decision-Making During a Disaster. This slide presentation by a hospital CMO discusses ethical considerations for making resource allocation decisions during a disaster, and provides practical guidance for plan development and implementation. Descriptions of the respective composition and roles of resource distribution teams used by the author’s facility are included. The authors compare and contrast need principles, maximizing principles and egalitarian principles with regards to rationing scarce medical resources. Overall, the authors believe that the general public supports a combination of the three principles (based on a study conducted with a relatively small sample where participants reacted to a scenario where they were given a fictional amount of money to use to treat one of four patients with completely different health challenges and demographics). Daniels, N. (1988). Am I My Parent’s Keeper?. (Book available for purchase.) The author presents a principled way to allocate healthcare and other resources to different age groups in our society. His argument is rooted in a theory of distributive justice. Daniels, N. and Sabin, J.E. (2009). Setting Limits Fairly: Can We Learn to Share Medical Resources?. (Book available for purchase.) Oxford University Press. The authors emphasize that without consensus on how to allocate medical resources, a fair decision-making process should be established to help healthcare providers set reasonable limits. The authors summarize key elements contained in the Institute of Medicine work on crisis standards of care. Written for the emergency medicine community, this paper is intended to be a useful adjunct to support discussions related to the planning for large-scale disaster events. This article provides information on the history and evolution of the practice of triage. It includes a chart detailing the “continuum of triage” from “most resources, most social order, to fewest resources, chaos.” (Part II by Moskop and Iersson is also annotated in this collection.) In this webinar, the speaker discusses when healthcare resources should be rationed, why healthcare resources should be rationed, and the ethical justification for rationing resources. Webinar participants will learn more about: 1) what triggers indicate that healthcare resource rationing is necessary, 2) what actions can be taken to ration healthcare resources, 3) what general treatment priorities should be implemented, and 4) why stakeholder validation is vital. This webinar covers four topics about resource allocation: 1) who allocates scarce healthcare resources during a crisis, 2) how crisis triage officers are selected and trained, 3) how crisis triage officers should function, and 4) how the use of risk communication techniques can help maintain the trust of healthcare workers and the public. More information on the use of risk communication during a crisis in which scarce resources need to be rationed is provided in this webinar. The purpose of this study was to explore how lay people, general practitioners, medical students and other health professionals evaluate the fairness of ten allocation principles for scarce medical resources. The authors found differences among the groups regarding what each considered to be “fair,” and advise “decision makers” to determine if ethicists, health professionals, and the general public should have equal input into scarce resource allocation protocols. The authors examined peer-reviewed articles to determine “the prevalence and content of ethical guidance offered for disaster response, specifically around crisis standards of care (CSCs).” They found that the majority of the discussion in the reviewed articles focused on triage, and the general need for ethics in disaster response. This paper discusses a series of stakeholder workgroups (comprising ethicists, lawyers, clinicians, and local and state public health officials, as well as community members) conducted by the Massachusetts Department of Public Health-Harvard Altered Standards of Care Working Group in 2006 to consider issues such as allocation of antiviral medications, prioritization of critical care, and state seizure of private assets. The planning process and principles for equitable allocation of resources identified by the project may be helpful to other organizations/jurisdictions developing altered standards of care plans. In this article on the foundations of triage decision making, the authors discuss the “moral significance” of triage and summarize three principles of distributive justice that can guide triage decisions. (Part I by Iersson and Moskop is also annotated in this collection.) The authors present several ethical principles emergency medical care providers should take into account when developing a mass care triage plan. The authors evaluated four categories of resource allocation principles (treating people equally, favoring the worst-off, maximizing total benefits, and promoting and rewarding social usefulness). Because they determined that no one principle is comprehensive enough, they suggested combining them into “multiprinciple allocation systems.” The authors recommended the “complete lives system—which [prioritizes] younger people who have not yet lived a complete life, and also incorporates prognosis, save the most lives, lottery, and instrumental value principles.” In this book chapter, the author provides: an overview of different approaches to the ethics of allocating scarce medical interventions; a brief recap of social scientific research on the allocation of scarce medical resources; an examination of different ways in which public preferences could matter to the ethics of allocation; ways in which social scientists could learn from ethics as they conduct research into public preferences regarding the allocation of scarce medical resources. This paper details one of the first efforts intended to identify a statewide approach to allocating mechanical ventilators in the setting of a large-scale respiratory emergency event. The authors highlight the ethical principles that govern such decision making, with an emphasis on the “duty to plan,” the “duty to care,” and the “duty to steward resources.” The authors provide an overview of the Minnesota Pandemic Ethics Project, an effort focused on rationing scarce health resources during a severe influenza pandemic. The authors list seven recommendations that can help vulnerable populations (and those who serve and treat them) before, during, and after an influenza pandemic. The author shares two ethical principles for resource prioritization: utility and equity. He writes, “Although decision-making about access to intensive care will involve choices with immediate tragic implications, the ethical complexity of these choices is relatively modest (although decisions will not be easy): there are persuasive moral reasons for giving priority to patients who are expected to benefit most within the shortest time.” The authors contrast the principles underlying everyday triage with those underlying disaster triage. They note that a “lack of standards and distinct guidelines” could cause distress for nurses, who are expected to act against their normal standards and inclinations when caring for patients during a disaster. Winslow, G. (1982). Triage and Justice: The Ethics of Rationing Life-Saving Medical Resources. (Book available for purchase.) University of California Press. In this classic text, the author lays out model ethical frameworks for allocation of scarce, lifesaving resources. Zika and Ethics The authors provide an overview of ethical issues associated with Zika related to reproduction, prenatal diagnosis of serious malformations, and unjust disparities in health outcomes. They also share that the outbreak has reenergized interest in public health ethics (e.g., vector control, climate change, and resource disparity). Nuffield Council on Bioethics. (2016). Zika: Ethical Considerations. This document highlights Zika-specific ethical considerations related to public health ethics, research in developing countries, solidarity, the sharing of biological and health data, and the regulation of emerging biotechnologies. Agencies and Organizations This website includes links to Ebola-specific resources such as blogs, a training module, and organizations with pages or teams dedicated to the disease. Presidential Commission for the Study of Bioethical Issues. The Hastings Center. Pandemic Planning. This webpage includes links to articles on pandemic, Ebola, and Zika-related ethical issues.

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