

Enhancing the Legitimacy of Public Health Response in Pandemic Influenza Planning: Lessons from SARS

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Overview of Presentation

- SARS and Lessons Learned
- Research Program on Communicable Disease Impacts
- Ethical framework for Ontario Pandemic Influenza Plan

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- Stem cells, with ethics
- Return of a Mongolian native
- EU seeks to calm fears on bird flu

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Bush cites U.S. plans against bird flu risk

By **Brian Knowlton** International Herald Tribune
WEDNESDAY, OCTOBER 5, 2005

WASHINGTON President George W. Bush said Tuesday that he was working to prepare the United States for a possible deadly outbreak of avian flu.

If an epidemic appears, he said, he has weighed whether to quarantine parts of the country and whether to

are," he said of avian flu. "We're trying to put plans in place." A bipartisan group of senators have been pressing Bush to prepare for a bird-flu emergency. His sense of urgency appeared to have been heightened, as well, by the widespread criticism of the response to the two hurricanes that battered the Gulf Coast.

humans have little defense against it. It kills about half of those infected.

But Bush, in devoting a long and detailed reply to the subject of bird flu, appeared intent on promoting readiness and raising the public's awareness, as well as demonstrating his own. He referred to the "H5N1

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Pandemic's hard choice

who to help?: Ethicist issues warning

Tom Blackwell; with files from Janice Tibbetts
National Post; with files from CanWest News Service

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Flu pandemic 'catastrophe' for Canada

Oct. 18, 2005. 06:37 AM

A bird flu pandemic could paralyze Canada's manufacturing sector for more than a year and cost the country hundreds of millions of dollars in medical costs, the Conference Board of Canada says. Sketching a worst-case scenario, the board warns up to 1.6 million Canadians could die, Nicolaas van Rijn and John Goddard report. [\[Full Story\]](#)



China

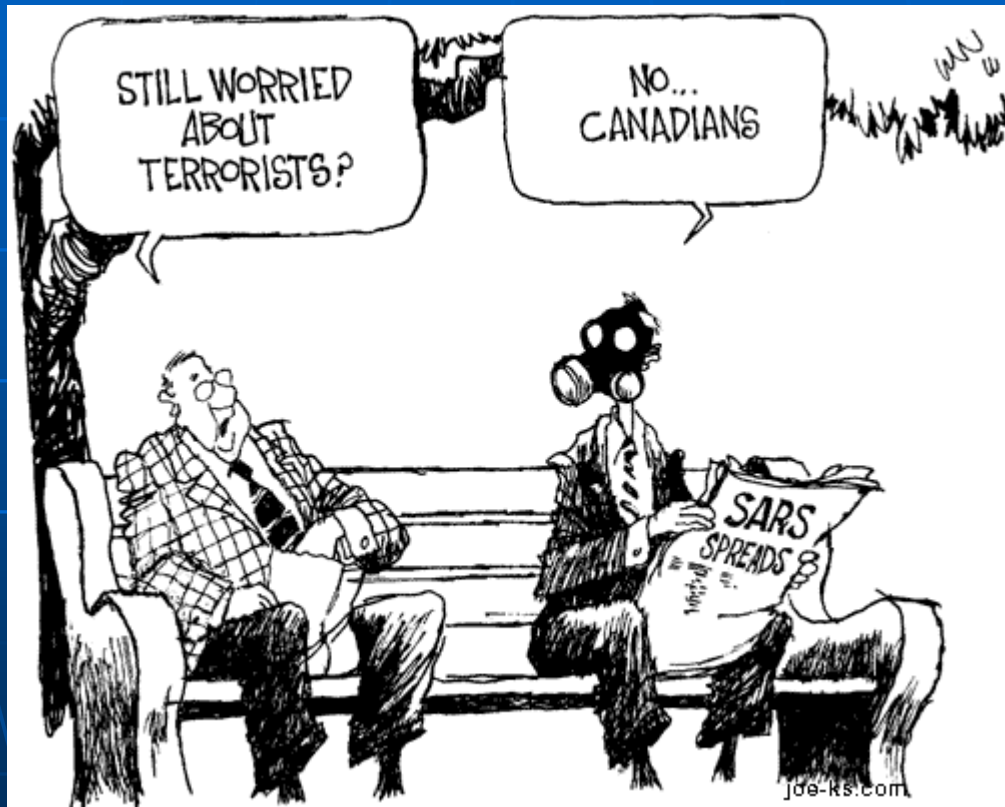


Romania



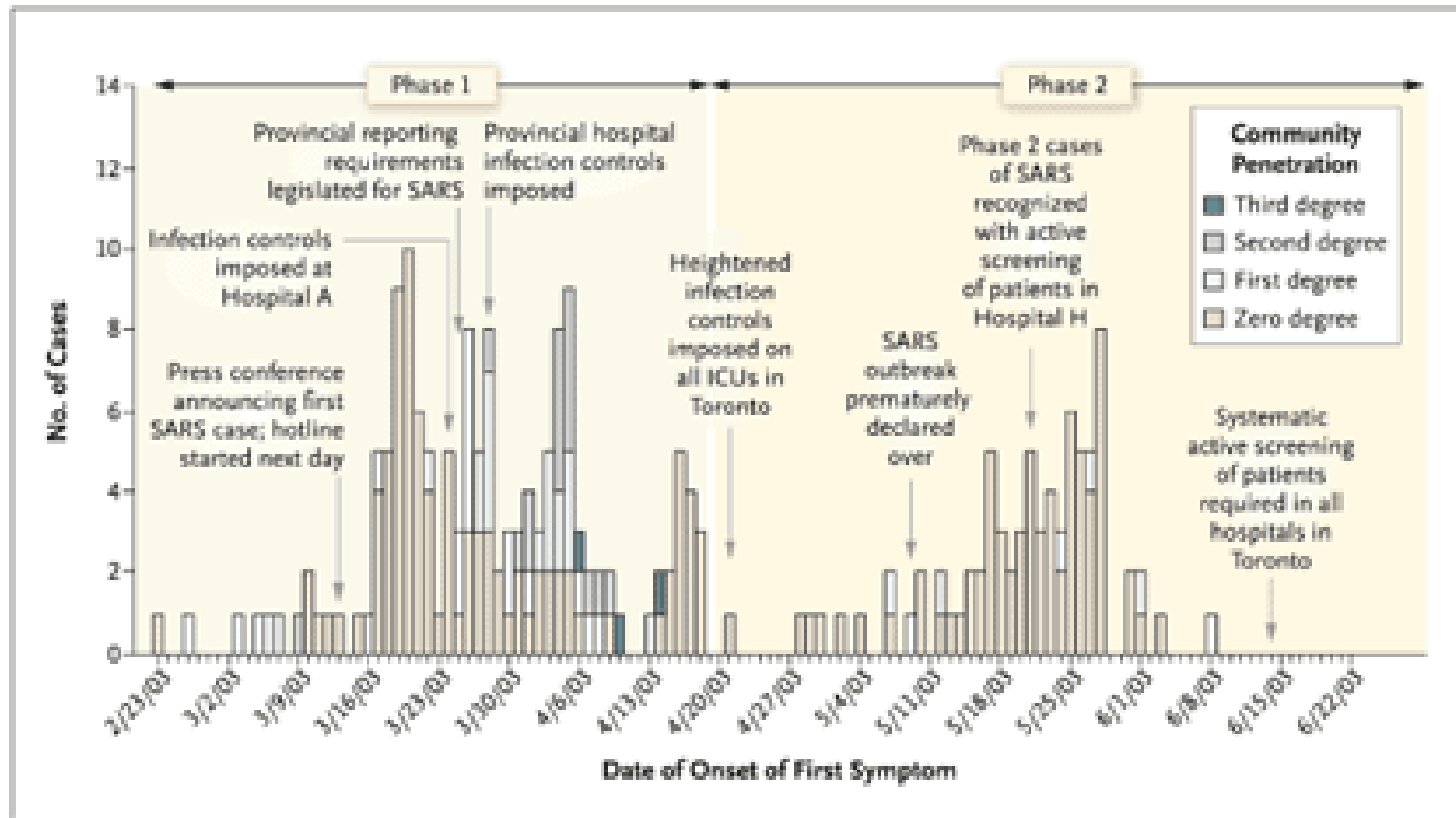
SARS !





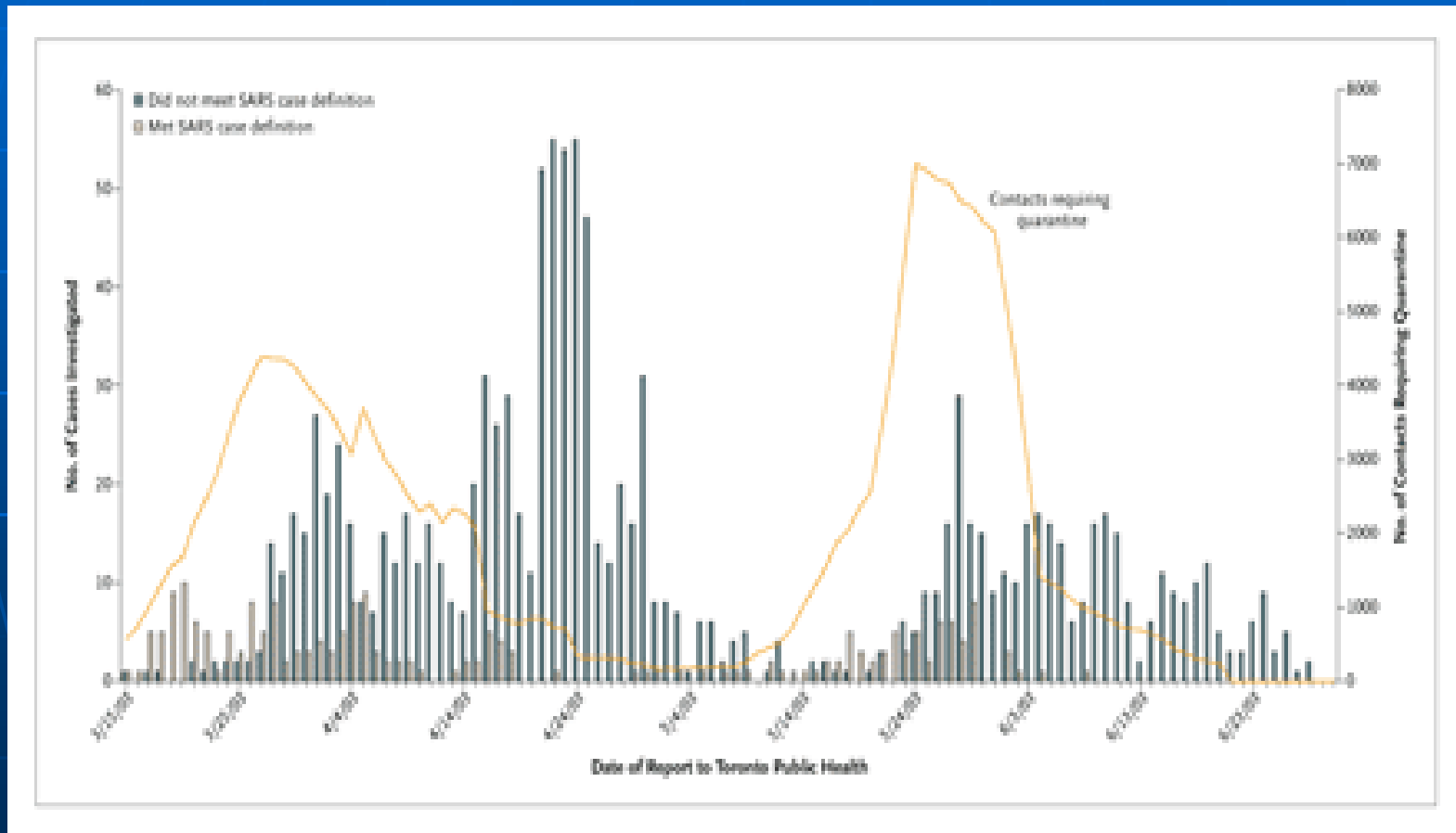
Summary of Toronto SARS Experience

Source Svoboda et al. NEJM 2004



Summary of Toronto SARS Experience

Source Svoboda et al. NEJM 2004



SARS AND HEALTH CARE WORKERS IN TORONTO

- 40% of probable cases in Toronto outbreak were health care workers
- 2 nurses and one physician died
- Hundreds in quarantine
- Psychological impact substantial
- 45% of nurses in one survey scored above the GHQ-12 cut point for psychological stress
- 65% of respondents report SARS related concerns for personal or family health
- In aftermath many considering alternative careers

JCB Report

- Identified 10 key values
- 6 key issues
- Proposed as framework for analysis and as a decision aid
- Submitted to Naylor Commission and published in British Medical Journal

Research Program

- Grant funded for further conceptual research into four areas: Use of restrictive measures in public health, duty to care, priority setting in public health emergency, global governance
- Qualitative study: 200+ depth interviews: Health Care Providers, Managers, Regulators, Members of Public, Community Leaders, Faith based leaders
- Results directly relevant to pandemic plan

SARS: Key Ethical Issues

1. Health care workers' duty to care, and the duty of institutions to support them
2. Naming names, naming communities: privacy of personal information and public need to know
3. Organizational response: priority setting and minimizing impact
4. When public health trumps civil liberties: the ethics of quarantine
5. SARS in a globalized world
6. Issues in Research Ethics

Duty to Care: Lessons Learned

- health care professionals have a duty to care for
 - the sick
 - themselves in order to care for the ill
- duty not to harm others by communicating diseases.
- limit to personal risk is unclear

Duty to Care: Lessons Learned

- institutions have a reciprocal duty to support and protect health care workers, and to help them cope with very stressful situations
- need for clear expectations of employees
- reward, not penalization for following safe practices
- recognition of heroism by the public & institutions

Key Questions

- What obligations do health care professionals have for the care of patients capable of transmitting disease to them?
- What are the obligations of institutions to their employees in such situations?
- Consider legal requirements, ethical codes, professional and regulatory bodies, public expectations.

Public Need to Know:

Lessons Learned

- the state has the right to override the individual's right to privacy in cases of serious public health risks, when revealing private medical information would help protect public health
- privacy and confidentiality of individuals should be protected unless a well-defined public health goal can be achieved by the release of this information to the general public

Organizational Issues:

Lessons Learned

- important to control spread of disease, but we must pay as much attention to the rights of non-infected pts needing urgent medical care
- need accountability for making reasonable decisions, transparency & fairness
- need to communicate accurate information to the public, including risks & benefits of strategies & decisions

Key Questions

- How can resources best be allocated in public health/infectious disease emergencies?
- What principles of resource allocation can be invoked to ensure a just and equitable access to services?

Quarantine: Lessons Learned

- At times, interests of protecting public health override some individual rights, such as freedom of movement.
- At such times, society has a duty to:
 - inform people of the situation
 - explain the reasons
 - do as much as possible to assist people whose rights are being infringed.
 - Canadian public felt they were performing civic duty

Key Questions

- How legitimate are the use of restrictive measures to control communicable diseases?
- What are the limitations of individual liberty and in a public health emergency?
- What conditions must be met to make these limitations ethical (including considerations of quarantine, privacy, international travel)

Siracusa Principles

- Public health may be invoked as a ground for limiting certain rights in order to allow a state to take measures dealing with a serious threat to the health of the population or individual members of the population. These measures must be specifically aimed at preventing disease or injury or providing care for the sick and injured.

Non-Derogable Rights

- No state party shall, even in time of emergency threatening the life of the nation, derogate from the Covenant's guarantees of the right to life; freedom from torture, cruel, inhuman or degrading treatment or punishment, *and from medical or scientific experimentation without free consent*; freedom from slavery or involuntary servitude; the right not to be imprisoned for contractual debt; the right not to be convicted or sentenced to a heavier penalty by virtue of retroactive criminal legislation; the right to recognition as a person before the law; *and freedom of thought, conscience and religion*. These rights are not derogable under any conditions even for the asserted purpose of preserving the life of the nation.

SARS in a Globalized World: Lessons Learned

- SARS is a wakeup call about global interdependence, and the increasingly rapid spread of diseases.
- health is a global, public good
- there is a need to strengthen the global health system to cope with infectious diseases in the interests of everyone, including people in the richer nations.
- will require global solidarity and cooperation in the interest of everyone's health.

Key Questions

- What are the global responsibilities of organizations and governments in the control of communicable diseases?
- How can transparency of communication and information sharing be maintained when the economic and social costs of advisories are so high
- An additional set of issues raised by gene patenting and biotechnology relating to equitable distribution of public health goods

Ethics and Pandemic Influenza Planning: The JCB Experience

- Multiple plans developed: hospital level, municipal level, provincial level
- Discernment of need at the hospital level for input from clinical ethics service particularly around resource allocation issues (ventilators etc)
- Clinical Ethicist brought to table and working group of interdisciplinary scholars in ethics convened

Integration of Levels of Ethical Reflection

- Clinical Ethics
- Professional Ethics
- Organizational Ethics
- Public Health Ethics
- Global Health Ethics

Ethics and Pandemic Influenza Planning: The JCB Experience

- Draft report included in hospital pandemic plan
- Provincial Ministry of Health invites membership for pandemic plan around issues of vaccines and antiviral medication
- Ethical Framework adopted and included in Provincial Pandemic Plan

Elements of Ethical Framework

- Focus on both decision making process and values informing the process
- Focus on inclusiveness, accountability and transparency
- Adapted from current theory (eg Daniels Accountability for Reasonableness)

Procedural Values

Value	Description
Open and transparent	Decisions should be publicly defensible. The process by which decisions were made must be open to scrutiny and the basis upon which decisions are made should be publicly accessible.
Reasonable	Decisions should be based on reasons (i.e., evidence, principles, values) that stakeholders can agree are relevant to meeting health needs in a pandemic influenza crisis and people who are credible and accountable should make them.
Inclusive	Decisions should be made explicitly with stakeholder views in mind and there should be opportunities to engage stakeholders in the decision-making process.
Responsive	There should be opportunities to revisit and revise decisions as new information emerges throughout the crisis as well as mechanisms to address disputes and complaints.
Accountable	There should be mechanisms in place to ensure that ethical decision-making is sustained throughout the crisis.

Substantive considerations

Guiding Value	Description
Individual Liberty	<p>In a public health crisis restrictions to individual liberty may be necessary to protect <i>the public</i> from serious harm. Restrictions to individual liberty should:</p> <ul style="list-style-type: none">• Be proportional, necessary and relevant• Employ the least restrictive means• Be applied without discrimination
Protection of the Public from Harm	<p>To protect the public from harm, hospitals may be required to take actions that impinge on individual liberty. Decision makers should:</p> <ul style="list-style-type: none">• Weigh the imperative for compliance• Provide reasons for public health measures to encourage compliance• Establish mechanisms to review decisions
Proportionality	<p>Proportionality requires that restrictions to individual liberty and measures taken to protect the public from harm should not exceed what is necessary to address the actual level of risk to, or critical needs of, the community.</p>

Substantive considerations

Privacy	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.
Equity	All patients have an equal claim to receive the health care they need under normal conditions. However, during a pandemic tough decisions will need to be made about which health services to maintain and which to defer. This may extend beyond the cessation of elective surgeries and may limit the provision of emergent or necessary services.
Duty to Provide Care	Inherent to all codes of ethics for health care professionals is the duty to provide care and to respond to suffering. Health care providers will have to weigh demands from their professional role with other competing obligations to their own health, to family and to friends. Moreover, health care workers will face significant challenges related to resource allocation, scope of practice, professional liability, and workplace conditions.

Substantive considerations

Reciprocity	<p>Reciprocity requires that society supports those who face a disproportionate burden in protecting the public good and takes steps to minimise burdens as far as possible. Measures to protect the public good are likely to impose a disproportionate burden on health care workers, patients, and their families.</p>
Trust	<p>Trust is an essential component of the relationships between clinician and patient, staff and the organisation, the public and health care providers or organisations, and between organisations within a health system[18]. Decision-makers will be confronted with the challenge of maintaining stakeholder trust while simultaneously implementing various control measures. It takes time to build trust.</p>
Solidarity	<p>As we learned from SARS, a pandemic influenza outbreak, will not only require a “new vision of global solidarity,”^[9] it will require a vision of solidarity within and between health care institutions.</p>

Ontario Pandemic Influenza Plan

- http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pa_n_flu_plan.html

Walt
Disney

I DON'T LIKE
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IS NEAR

