

Alberta Health



Alberta's Ethical Framework for Responding to Pandemic Influenza

January 2016



Foreword

Alberta's Ethical Framework for Responding to Pandemic Influenza (AB Ethics Framework) is based on the extensive work completed by British Columbia, the UK, and Alberta. It has been reviewed by the three lead organizations, Alberta Health, Alberta Health Services (AHS) and Alberta Emergency Management Agency (AEMA). As Alberta's planning for pandemic influenza evolves, the AB Ethics Framework will be reviewed and updated regularly to reflect new learnings.

The AB Ethics Framework is based on a consistent set of well-recognized ethical principles and outlines a transparent and clear process to assess potential choices against. The purpose of this document is to assist in making public health decisions on pandemic influenza related ethical dilemmas. It may also assist Albertans in understanding the ethical implications of their own decisions during a pandemic influenza event. This framework is not intended for use in making clinical ethical decisions. For more information on clinical ethics see the following link <http://www.albertahealthservices.ca/info/Page6671.aspx>.

Table of Contents

Foreword.....	2
Introduction.....	4
History of Pandemic Influenza Ethics in Alberta.....	4
Understanding Ethical Tensions in a Pandemic.....	5
Ethical Framework for Responding to Pandemic Influenza	6
Ethical Principles.....	6
Individual Principles	7
1. Respect	7
2. Minimizing the harm caused by pandemic influenza.....	7
3. Fairness.....	8
4. Working together.....	8
5. Reciprocity.....	8
6. Keeping things in proportion	9
7. Flexibility.....	9
8. Good decision-making.....	9
i. Openness and transparency	9
ii. Inclusiveness.....	9
iii. Accountability	10
iv. Reasonableness	10
Ethical Decision-Making Tools	10
Formal Decision-Making Mechanism(s)	11
Appendix 1 – Ethical Considerations Assessment Worksheet.....	12
Ethical Considerations Assessment.....	13
Summary of Decision	13
Appendix 2 – Pandemic Influenza Planning Joint Advisory Committee and Alberta Health Pandemic Influenza Group.....	14
References	15

Introduction

Public health ethics focus on the health and interests of a population and are distinct from clinical ethics which focus on the health and interests of the individual. For example, in public health ethics, decision-makers may have to decide which segment of the population should be prioritized for the pandemic influenza vaccine (e.g., seniors, pregnant women) when the initial batches are approved and available. In contrast, clinical ethics would be used to decide if vaccine is an appropriate intervention for an individual patient based on a number of factors including their condition and personal wishes. Alberta's Ethical Framework for Responding to Pandemic Influenza (AB Ethics Framework) does not replace clinical judgment nor is it a checklist for a single, clear conclusion. Ethics should be considered within a larger decision-making context¹ (e.g., scientific evidence, program considerations such as logistics or treatment strategies, legal considerations). For direction on clinical level ethics, health care providers should contact the AHS Clinical Ethics Service or refer to their professional body as appropriate.

The AB Ethics Framework is a resource to help planners and strategic policymakers from Alberta Health, Alberta Health Services (AHS) and Alberta Emergency Management Agency (AEMA) consider ethical implications of the choices they face. The framework provides a widely recognized, consistent set of principles to work through and outlines a transparent and understandable process to assess the potential choices. This framework can be used to assist in making decisions on common pandemic influenza-related ethical dilemmas such as vaccine priority decisions, compensation for health care workers, antiviral prioritization and many others.

History of Pandemic Influenza Ethics in Alberta

Pandemic influenza occurs when a novel influenza A virus, to which most humans have little or no immunity, acquires the ability to cause sustained human-to-human transmission that leads to a rapid worldwide spread. When exposed to the new virus, most people become ill as they have no immunity. This can lead to overwhelming demand on the health system and the need to make ethically challenging decisions surrounding the allocation of scarce resources (i.e., staff, equipment and supplies).

In 2003, the Alberta Clinical Subcommittee on Pandemic Influenza Planning recommended that Alberta Health form a committee to address ethical issues that could arise during a pandemic influenza in Alberta. In 2007, the committee completed "Pandemic Ethics: Navigating through Complexity: A Map for Decision Making" intended to provide core values and a systematic approach to guide policy makers. In response to 2009's pH1N1 event, AHS and Covenant Health published "Clinical Ethics and Pandemic Influenza: an ethics framework to guide clinicians' decision-making".

Post pH1N1 2009, the Minister of Health authorized the Health Quality Council of Alberta (HQCA) to conduct a formal review of the provincial response. Recommendation #17, "Alberta Health and AHS develop and maintain an ethical framework and strategies to guide operational and clinical decision-making that is understood by the public" was accepted by the Minister in principle, as some work had already been done in the province and it was felt that a public health ethical framework should be initiated at a national level.

In 2014, as part of the revision of Alberta's Pandemic Influenza Plan, this framework was developed to assist policymakers in the absence of a finalized national approach. A detailed literature review and environmental scan were conducted to identify the leading practices most applicable to Alberta. The review revealed that the principles found in British Columbia's ethical framework were based largely on the work done by the United

¹ Public Health Agency of Canada. *Canadian Pandemic Influenza Plan for the Health Sector*. (2011, September 13). Retrieved from <http://www.phac-aspc.gc.ca/cpip-pclcpi/index-eng.php>

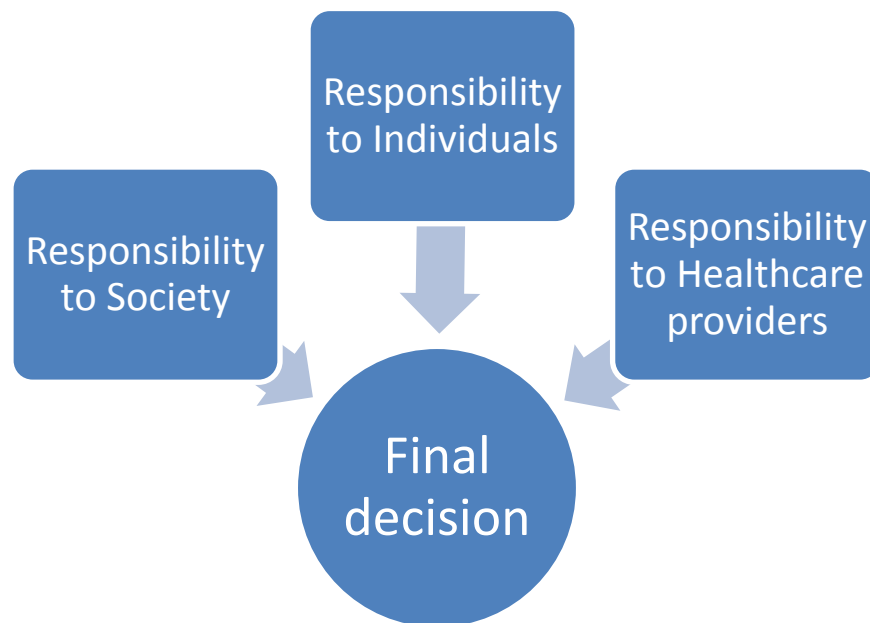
Kingdom (UK) Department of Health. In addition, this framework aligns with the University of Toronto's Joint Centre for Bioethics' "Stand on Guard for Thee: Ethical Considerations in Preparedness Planning for Pandemic Influenza", which contributed to the Canadian Pandemic Influenza Plan (CPIP) and was significantly influential in the World Health Organization's global pandemic influenza ethics consultation, "Global Consultation on Addressing Ethical Issues in Pandemic Influenza Planning".

The AB Ethics Framework is based on the extensive work completed by British Columbia, the UK, and Alberta. It has been reviewed by three lead organizations, Alberta Health, AHS and AEMA, as well as a number of provincial groups with policy, ethics and technical expertise including the Alberta Pandemic Influenza Planning Joint Advisory Committee and the Alberta Health Pandemic Influenza Planning Task Group (Appendix 2).

This framework aligns with the current principles and model for ethical decision-making found in the CPIP. As this and other leading practice documents are revised, and as Alberta's planning for pandemic influenza evolves, AB Ethics Framework will be reviewed and updated to reflect new learnings.

Understanding Ethical Tensions in a Pandemic

When a risk like a pandemic influenza affects a population, the health system is obliged to respond to the needs of the affected individuals, society, and healthcare providers that put themselves at risk for the good of others. Ethical tensions are inevitable; in an effective health system these tensions are held in a dynamic balance. For example, individual freedoms might be affected through restricting access to certain locations or confining people through quarantine; the decision to temporarily implement these public health measures must be weighed against the social and economic functioning of the community. In cases where responsibilities to individuals and groups are held in tension, decision-makers can use the ethical principles to find the best possible solution.



Ethical Framework for Responding to Pandemic Influenza

This section is taken directly from British Columbia's "An Ethical Framework for Decision Making: Supporting British Columbia's Pandemic Influenza Planning and Response". Small adjustments have been made to the content for applicability to Alberta.

Ethical Principles

Equal concern and respect underpin this ethical framework. This means that:

- Everyone matters.
- Everyone matters equally - but this does not mean that everyone is treated the same.
- The interests of each person are the concern of all of us, and of society.
- The harm that might be suffered by every person matters, and so minimizing the harm that a pandemic influenza might cause is the central concern.

Equal concern and respect draws together a number of different ethical principles, each of which is outlined below. The individual principles are numbered for convenience but are not ranked in order of significance.

When a particular decision has to be made, using the list of principles can help in considering a range of ethical issues. It is not, however, a checklist for *the one right answer*.

In thinking about the principles, decision-makers will need to use the best information that is available to them at that time. Whether or not a decision was ethically sound has to be judged in relation to the situation that existed at the time it was made, rather than by reference to facts that became apparent at a later stage.

Often, there will be tension both within and between these principles - for example, in weighing different sorts of harm, and in trying to both minimize harm and to be fair.

There are often no absolute right answers. A judgement may have to be made on the priority to be given to each element of a principle and to the principles themselves in the context of particular circumstances. Sometimes, use of the first seven principles may indicate that more than one possible decision would be ethically justifiable and would be in accordance with the fundamental principle of equal concern and respect. In such a case, the principle of "good decision-making" (#8, below) should be used to decide which one to take.

Individual Principles

1. *Respect*

This principle means that:

- People should be kept as informed as possible.
- Whenever possible, people should have the chance to express their views on health care decisions that affect them.
- People's personal choices about their treatment and care should be considered as much as possible.
- When people are unable to make their own health care decisions and have not provided any written expressed wishes to refuse or consent to future health care (such as identification of goals of care), then those who must decide for them should do so in consideration of what the person may have wanted and supported by the standards and duties of the health care providers involved in the decision at the time.

Respect applies to all individuals including patients, health care workers and the general public. There should be the widest possible involvement of people in planning for a pandemic influenza. The urgency of the situation may mean that it is not possible to consult widely (or indeed at all); However, treating people with respect means keeping them informed of the situation, what is happening and what is going to happen, as much as possible.

People's choices about their treatment and care are very important. Respect means balancing people's personal choices with the reality of the situation. For example, this may not mean that people are entitled to have the treatment of their choice if those caring for them would not consider it effective or is not suitable for them or if treatment resources were limited.

2. *Minimizing the harm caused by pandemic influenza*

During a pandemic influenza, some harm is likely to be unavoidable. This principle means that there is a need to:

- Try to minimize the spread of a pandemic influenza if it reaches Alberta.
- Minimize the risk of complications for the ill, for example, through the appropriate use of antivirals.
- Learn from experience, both at home and abroad, about the best way to fight the pandemic influenza and to treat people who are ill.
- Minimize the disruption to society caused by pandemic influenza.

This principle is intended to cover the physical, psychological, social and economic harm that pandemic influenza might cause. Examples of actions relevant to minimizing harm include those that save lives, support the health service in saving lives, and are designed to help society cope with and recover from pandemic influenza.

3. *Fairness*

The principle of fairness means that:

- Everyone matters equally but may not be treated the same.
- People with an equal chance of benefiting from health resources should have an equal chance of receiving them; however, it may be considered fair to tell people who could get the same benefit from an intervention at a later date to wait.

The implications of the principles of minimizing harm and fairness often arise together in many planning and policy decisions. So, in considering a particular decision, a first question might be: How could harm be minimized? Then it is necessary to ask: Would it be fair to do this? Could the same outcome be achieved in a fairer way? This involves thinking about the interests of everyone who may be affected by the decision. There needs to be good reasons to treat some people differently from others, which the decision-makers should be prepared to explain. The decision-making process also needs to be fair, which is considered part of the principle of good decision-making (#8 below).

4. *Working together*

This principle means:

- Working together to plan for, respond to, and recover from pandemic influenza.
- Helping one another.
- Being prepared to share information that will help others, without compromising the privacy and dignity of the individuals involved.

Because pandemic influenza will affect the whole of society, it is important that different agencies collaborate and coordinate at provincial, regional and local levels.

Working together also implies strong links at the international, national and inter-provincial levels. This includes both providing and seeking timely information from partners across Canada.

5. *Reciprocity*

The principle of reciprocity is based on the concept of mutual exchange. Therefore:

- If people are asked to take increased risks, or face increased burdens during a pandemic influenza, they should be supported in doing so, and the risks and burdens should be minimized as far as possible.

Some people, such as healthcare workers, may face very heavy burdens in trying to help us through pandemic influenza; it is important to think about how to minimize those burdens. An example of this could be providing those with the highest risk of contracting influenza at work with priority access to a vaccine.

6. *Keeping things in proportion*

This principle means that:

- Those responsible for providing information should neither exaggerate nor minimize the situation and should give people the most accurate information that they can.
- Decisions on actions that may affect people's daily lives, which are taken to protect the public from harm, should be proportionate to the relevant risk and benefits that can be gained from the proposed action. Proportionality requires that the least restrictive means possible is used when limiting liberty and freedom in the face of a pandemic influenza. For example, hospitals or long term care centres may restrict visitations to prevent patients from exposure to pandemic influenza.

At the start of a pandemic influenza, much will remain unknown about how it is going to affect people and the country as a whole. The media and other people responsible for communication will have an important role to play in helping people understand what the real situation is and what they need to do, without exaggerating or minimizing the situation.

7. *Flexibility*

This principle means that:

- Plans should be adapted to take into account new information and changing circumstances.
- People should have as much opportunity as possible to express concerns about or disagreement with decisions that affect them.

8. *Good decision-making*

Respect for this principle involves the following components:

i. Openness and transparency

This means that those making decisions should:

- Consult those concerned as much as possible in the time available.
- Be open about what decisions need to be made and who is responsible for making them.
- Be as open as possible about what decisions have been made and why they were made.

ii. Inclusiveness

This means that those making decisions should:

- Involve people to the greatest extent possible in aspects of planning that affect them.
- Decision makers should take into account all relevant views expressed.
- Work to make sure that particular groups are not excluded from becoming involved. Some people may find it harder to access communications or services than others, and decision-makers should consider how they can express their views and have a fair opportunity to get their needs for treatment or care met.
- Take into account any disproportionate impact of the decision on particular groups of people.

iii. Accountability

This means that those responsible for making decisions may have to justify the decisions that they do or do not make.

iv. Reasonableness

This means that decisions should be:

- Rational.
- Not arbitrary.
- Based on appropriate evidence, available at the time.
- The result of an appropriate process, taking into account how quickly a decision has to be made and the circumstances in which a decision is made.
- Practical- what is decided should have a reasonable chance of working.

Ethical Decision-Making Tools

Ethical decision-making tools are designed to encourage a systematic process for exploring in what way the ethical principles are reflected in a difficult decision. Depending on the context of the decision, these tools can be used by an individual or to facilitate a group discussion. The ethical principles contribute to but do not represent the entire decision-making process and should be used within a broader context when dealing with complex problems. When considering options, the goal should be to find a solution based on all information available and consider all relevant factors (scientific evidence, program considerations, policy considerations).

Generally, planners and policymakers will already be considering the ethical components of their recommended actions, even if not done so explicitly. Therefore, another key function of this kind of tool is to demonstrate in what manner the ethical principles were considered.

Many factors impact how decisions are made, such as familiarity with ethical issues, time constraints and the expertise of the group. Different tools are available to satisfy different needs. Two are outlined here; however, there are many tools which can be used in different contexts.

- **Ethical Considerations Assessment Worksheet** (Appendix 1)
Designed to assess already identified potential courses of action against the eight ethical principles and provide rationale for the recommended decision.
- **Good Decisions: A map to the best decision, all things considered**
Developed in BC and used in conjunction with their ethical framework. This is a longer, more complete guide that takes users from the first step of articulating the issue to identifying ethical concerns and finally a recommendation. This tool includes a step to determine who needs to be involved in a decision. It can also help users define the “key question” and identify which ethical issues are most important (<http://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/bc-pandemic-influenza-ethics-framework-2012.pdf> , p. 13-29).

Formal Decision-Making Mechanism(s)

Ethical decision making is a component of the established emergency management structures used during a response, as outlined in the Alberta Pandemic Influenza Plan (<http://www.health.alberta.ca/health-info/pandemic-influenza.html>).

Although we can and should identify potential situations ahead of time, planning scenarios cannot incorporate all potential factors that can affect the impact of a pandemic influenza. Some factors are population-wide and could affect all scenarios, such as seasonality, pre-existing immunity or antiviral resistance, whereas others may be setting-specific, such as the effects on a remote community. Because these impacts are hard to predict, some decisions will have to be made rapidly at the time of a pandemic influenza.

In order to assist the ethical decision-making process, mechanisms such as pre-established relationships and committees should be in place to bring the right expertise and decision-making capability to the table (e.g., Pandemic Influenza Planning Joint Advisory Committee, Alberta Health Pandemic Influenza Planning Task Group, Appendix 2). Membership should be determined by the group leading the pandemic influenza response so that the most relevant program area expertise is included.

Appendix 1 – Ethical Considerations Assessment Worksheet

Purpose:

To compare/weigh potential options against the eight ethical principles identified in Alberta's Ethical Framework for Responding to Pandemic Influenza (AB Ethics Framework).

To use this tool effectively, it will be necessary to review the Ethical Principles found on pages 5-9 of the AB Ethics Framework. This tool is intended to be used in conjunction with scientific, policy and program considerations and assumes some potential courses of action have been produced.

Instructions:

- Write each of the potential courses of action in the Option boxes along the top row.
- For each of the Ethical Principles, identify how each Option will or will not fulfill the responsibilities of that Ethical Principle.
 - If the Option does not fulfill the Ethical Principle, you may also wish to provide justification for why this Option may still be appropriate.
- Once all of the Options have been evaluated against the Ethical Principles, the table can be used to determine which Option(s) best addresses the ethical dilemma.
- The *Summary of Decision* then makes explicit the Option that is recommended based on the information in this table.

The following example is for illustrative purposes only and does not necessarily reflect corporate human resource policies.

Example: You witness a co-worker who has worked with the organization a long time taking stationary supplies out of the office.

Ethical Principles:	Option 1: Report this to your supervisor immediately.	Option 2: Confront the co-worker about what you saw.	Option 3: Do nothing.
Respect	This respects the workplace and your supervisor, as they will be informed of the incident. It doesn't necessarily respect the employee as he was not informed before the report.	This option incorporates respect, as it addresses the issue but gives the employee a chance to express their side of the story. Your supervisor may not be informed, but since inappropriate actions may be corrected, it may not be necessary.	This option does not reflect respect, as you have made no effort to understand what you saw or let your supervisor know if there is in fact an issue.
Keeping things in proportion	This option seems out of proportion. Without taking the time to understand the situation, one might actually report inaccurate information that could jeopardize the reputation of the employee.	This option is in proportion. It addresses the issue, but allows the employee to share their side of the story and possibly correct the inappropriate actions without losing face, especially since the supplies are not worth much money.	It could be argued that this option is proportional as the supplies are not worth much, and their loss won't greatly affect the business. Not reporting it will ensure that the employee's reputation is not duly or unduly affected.

Ethical Considerations Assessment

Ethical Principles:	Option 1:	Option 2:	Option 3:
Respect			
Minimizing the harm			
Fairness			
Working together			
Reciprocity			
Keeping things in proportion			
Flexibility			
Good Decision-Making			

Summary of Decision

For the question...	
We recommend that...	
This allows us to best...	
This solution does not...	
We argue that this is justified because...	

Appendix 2 – Pandemic Influenza Planning Joint Advisory Committee and Alberta Health Pandemic Influenza Group

Alberta Pandemic Influenza Planning Joint Advisory Committee

The Joint Advisory Committee (JAC) is made up of senior-level decision-makers from each of the three pandemic influenza lead organizations, Alberta Health, Alberta Health Services (AHS) and the Alberta Emergency Management Agency (AEMA). The JAC provides ongoing advice and coordination for pandemic influenza preparedness in Alberta.

Current members include:

Alberta Health

- Executive Director, Health Protection (Chair)
- Director, Emergency Planning and Preparedness
- Deputy Chief Medical Officer of Health

AHS

- Executive Director, Emergency/Disaster Management
- Special Project Lead, Emergency/ Disaster Management
- Senior Medical Officer of Health

AEMA

- Director, Central Operations

Alberta Health Pandemic Influenza Planning Task Group

The Task Group provides content expertise for the *Alberta's Pandemic Influenza Plan (APIP)* and related organizational / operational planning as required, and aligns the work across divisions and work units of Alberta Health.

The Task Group is made up of technical expertise from the following areas:

- Public Health Emergency Planning
- Clinical Advisory and Research
- Communicable Disease
- Communications
- Drug Program Operations and Policy
- Emergency Preparedness and Response
- Enterprise Risk Management
- Epidemiology and Surveillance
- Immunization
- Intergovernmental Relations
- Infection Prevention and Control
- Legal & Legislative Services
- Addiction and Mental Health
- Office of the Chief Medical Officer of Health
- Workforce Policy and Planning

References

- Alberta Health Services Ethics Advisory Committee. (2009, October). *Clinical Ethics and Pandemic Influenza*. Edmonton, Alberta: Alberta Health Services and Covenant Health.
- British Columbia Ministry of Health. (2012). *British Columbia's Pandemic Influenza Response Plan (2012): An Ethical Framework for Decision Making Supporting British Columbia's Pandemic Influenza Planning and Response*. Victoria: Government of British Columbia.
- Pandemic Influenza Working Group, University of Toronto Joint Centre for Bioethics. (2005). *Stand On Guard for Thee: Ethical Considerations in Preparedness Planning for Pandemic Influenza*. Toronto: University of Toronto Joint Centre for Bioethics.
- Public Health Agency of Canada. (2011, September 13). *Canadian Pandemic Influenza Plan for the Health Sector*. Retrieved August 15, 2014, from Public Health Agency of Canada: <http://www.phac-aspc.gc.ca/cpip-pclcpi/index-eng.php>.
- United Kingdom Department of Health. (2007). *Responding to Pandemic Influenza: The Ethical Framework for Policy and Planning*. London: United Kingdom Cabinet Office.
- Wasylenko, E. (2007). *Navigating Through Complexity: A Map for Decision Making*. Edmonton: Alberta Influenza Pandemic Preparedness Ethics Working Group.
- World Health Organization. (2007). *Ethical Considerations in Developing a Public Health Response to Pandemic Influenza*. Geneva: WHO Press.