

# Ethics of Care During a Pandemic Crisis

## Dr. Eric Wasylenko

### A Webber Training Teleclass

## Ethics of Care During a Pandemic Crisis – Caring for Ourselves and Those We Serve

**Eric Wasylenko MD B.Sc.**  
eric.wasylenko@calgaryhealthregion.ca  
Medical Advisor, Regional Clinical Ethics Service

Hosted by Paul Webber  
paul@webbertraining.com

www.webbertraining.com

## Acknowledgements

Jaro Kotalik  
Bashir Jiwani  
Calgary Health Region  
Joint Centre for Bioethics, University of Toronto

## Objectives

Inform and shape thinking on the place of ethics in planning for and management of a pandemic crisis.

Review moral decisions regarding care in an altered and unfamiliar care scenario.

Highlight self care within our other duties of care

## Objectives

Advocate:

- For provider awareness of change in ethical imperatives during a pandemic.
- For providers' duty of care and reciprocal duties of society to providers.
- For moral and practical preparation of ourselves and others.

## Outline

1. Demonstrate how provider-patient ethics of care might change as we move through stages of a pandemic crisis.
2. Discuss professional vs personal duty.
3. Discuss risk decisions and personal preparedness.

## Context – Epidemiologic modeling (2)

- 2 or more waves each lasting 6-8 weeks, and several months apart
- Incubation 1-3 days
- Infectivity begins just prior to symptoms
- Droplet isolation
- Symptoms for 5-8 days in health people
- Recovery over two weeks period

(from CHR)

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#### Human cases documented (April 11/07)

- Documented in 12 countries
- 291 cases
- 172 deaths

(from WHO Website [www.who.int](http://www.who.int) accessed May 10, 2007)

#### Context - Just the modeled numbers

- Example from Calgary region –
- Serves 1.2 million people
  - Up to 660,000 people infected
  - Up to 469,000 needing outpatient care
  - Up to 8,700 hospitalized
  - Up to 1,600 deaths in two waves

(from CHR)

#### Context – Calgary’s acute resources

- Staffed acute care beds ~ 2100
- ICU beds – 57
- Ventilators – 186
- Integrated multi-sector system

(from CHR)

#### Ethics Background

- Fundamental Principles for Decision-Making:
  - 1) Respect for Autonomy
  - 2) Beneficence
  - 3) Non-Maleficence
  - 4) Justice

#### Ethics Background

- Other key concepts:
  - 1) Proportionality
  - 2) Transparency
  - 3) Reciprocity
  - 4) Duty of Care

#### Ethics Background

- Other key concepts:
  - 5) Avoidance of collateral damage
  - 6) Privacy
  - 7) Duty to accommodate
  - 8) Solidarity

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#### Key Concepts

- **Proportionality –**
  - proportionate response
  - least intrusive
  - SARS example
- **Transparency –**
  - Informing
  - including

#### Key Concepts

- **Reciprocity –**
  - duty to provide for those who are restricted or compelled.
  - SARS example
- **Duty of Care –**
  - duty to fulfill unique functions in interests of those in need

#### Key Concepts

- **Avoidance of collateral damage –**
  - effect on patients already receiving or waiting for care
- **Privacy –**
  - protection of personal health information vs. need for public safety

#### Key Concepts

- **Duty to accommodate –**
  - balance staff assignment against personal circumstance
  - pregnancy example
- **Solidarity –**
  - connection within and between systems out of mutual interest

#### WHO and Health Canada phase assignment

- Phases 1-5 are interpandemic and alert phases
- Phase 6 is pandemic response
- Post-pandemic recovery

#### Current WHO Phase

- In Phase 3 now
- Human cases
- No evidence of efficient human to human spread

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### Within Phase 6 – Calgary's 5 stages

- Index case in Canada
- Calgary area case
- Limited cases, potential for spread
- Extensive disease burden established
- Widespread disaster

then...

- Recovery and return to normal operation

### Change in provider-patient ethics (1)

- Start with egalitarian principles –
  - who is in greatest need of care (triage techniques)
  - all things considered, treat people equally (equal worth)

### Change in provider-patient ethics (2)

- Gradually shift to utilitarian principles –
  - maximize overall good of society
  - direct patient interests may be subservient

### Stage 1 - Index case in Canada/US

- Near-Normal operational capacity
- Near-Normal triage decisions
- Near-Normal HR functions
- Early restriction of civil liberties (travel to/from index area)

### Stage 2 - Index case in Calgary area

- Shift in normal health care functions near index case (collateral damage)
- Possible quarantine (case and personnel)
- Diversion of resources increases
- Compel immunizations/anti-virals?

### Stage 3 - Limited cases, potential for wide spread (1)

- Suspension of some civil liberties
- Alter sites of care
- Alter triage decisions
- Major collateral effects

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Stage 3 - Limited cases, potential for wide spread (2)

- Diversion of resources
- Decision for persons in care – enter sustainable care pathway only (example complex cardiac surgery)
- Shift in work assignments
- Provider-patient autonomy and privacy devalued against protection from harm

Stage 4 - Extensive disease burden established

- Shift to utilitarian ethics complete
- From 'who is at most risk of death'
- To 'who can be saved'
- And 'who if treated interrupts spread'

Stage 5 - Widespread disaster

- Familiar command-control functions of public services will be disrupted.
- Increase in individual beliefs to guide between professional duties, humanitarian call and personal/family survival.

Withholding vs. Withdrawing treatment

- A 60 year old man with severe influenza requiring ventilatory support is failing with little or no likelihood of survival. Respirators and ICU beds are in short supply. You are the ICU physician and are told to remove your patient from the ventilator so that it can be used elsewhere. You feel it is unethical to remove life sustaining and compassionate intervention once it has begun.

Withholding vs. Withdrawing Treatment

- Generally no distinction ethically
- Significant difference psychologically
- Can begin treatment and then ethically withdraw if not meeting intended purpose

Professional vs. Personal Duty (1)

- You are a married mother of three school age children, and your mother in law lives with you. A pandemic alert has been called and you are phoned to come in to your job as an infection/prevention control nurse on your day off.
- What are your duties?

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### Professional vs. personal Duty (2)

- The next day you are called in again, but you are noticing that your mother in law is developing a fever and cough. You are called at noon and told that she is now in Emerg and that a neighbor will look after your children when they return from school.
  - What are your duties?
- 

### Professional vs. Personal Duty (3)

- The next day your eldest child, who received the influenza vaccine through school the month prior, becomes ill with symptoms suggestive of influenza. Your husband is mildly unwell and is home. The situation is reaching a crisis at work, with many colleagues ill, and you are called to come in to work.
  - What are your duties?
- 

### Professional vs Personal Duty

- Your sister is a respiratory tech with unique knowledge and skills in ventilated patients with fulminant but reversible respiratory failure. Her husband is gravely ill with terminal cancer, expected to live only 4 to 6 weeks. She's been on compassionate leave. Her skills are needed in the ICU.
  - What are her duties?
- 

### Professional vs. Personal Duty Framework - proposed

- Ask: Are professional Codes relevant here?
  - Ask: Can my personal duties be met by others?
  - Ask: Can my personal duties be met in a different timeframe?
  - Ask: What contract does society have with me?
  - Ask: Can society cope without 'any' of me?
- 

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### Professional vs. Personal Duty - Claim

- Your professional duties override personal duties when:
    - 1) You have skills that are necessary to save, protect, treat others and
    - 2) There is a shortage of similarly skilled people and
    - 3) Your personal duties can be met, without undue hardship, by others
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### Professional vs. Personal Duty - Claim

- Personal heroism, while laudable, is not morally required, but...
  - When society has contracted with you by providing a unique set of skills, and has to call upon those skills during a time of crisis, compliance with professional duty, at personal risk, is morally required.
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### Personal Risk

Can include many platforms:

- Risk of physical harm to self, including short term and long term illness and death.
- Risk of economic harm
- Risk of professional sanction
- Risk of moral and spiritual harm
- Risk to family/loved ones

### What is an acceptable degree of risk?

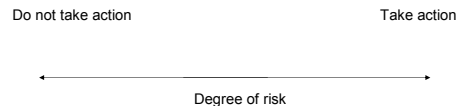
- Varies for each person, according to risk tolerance profile, and personal circumstances
- Can appeal to test of 'common person' notions
- Society usually cannot compel one to engage risk that would result in significant harm with high likelihood of occurrence

### Risk

- Significant harm, high risk of occurrence – not likely acceptable for most.
- Significant harm, low risk of occurrence – likely OK for most.
- Less consequential harm, high risk of occurrence – likely OK for most.
- Less consequential harm, low risk of occurrence – OK for most.

### Risk continuum

- We make decisions every day based on this continuum.



### Decision Modifiers

- The decision threshold varies based on many factors.
- These might include:
  - chance of reward
  - sense of moral or spiritual duty
  - obligation to society
  - degree of coercion or forced servitude
  - professional obligation

### Professional vs. Personal Duty - Claim

- To the extent that society's claim on your professional duty also puts you at significant risk, reciprocity requires:
  - maximal protection from harm,
  - commensurate 'compensation',
  - and a duty to your dependents should you be harmed.

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### Ethics of triage in a pandemic (1)

- Consider the difference in resource allocation and triage in a nuclear disaster vs. a pandemic:
    - Nuclear – save lives, reduce suffering
    - Pandemic – save lives, reduce suffering, prevent spread
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### Ethics of triage in a pandemic (2)

- Early phases:
    - first treat those at highest risk of imminent death
    - on a grid with all other patients
    - attend to burden of suffering
- 

### Ethics of triage in a pandemic (3)

- Later phases:
    - Priority may switch to those with greatest chance of survival.
    - 1) Treat those whose life can most likely be saved by intervention.
- 

### Ethics of triage in a pandemic (4)

- 2) Treat those whose treatment will save others
    - interrupt chain of infection
    - maintain usefulness of essential workers
- 

### Ethics of triage in a pandemic (5)

- 3) Treat those whose symptoms and suffering are most intense (caveats)
  - 4) Treat those waiting the longest
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### What to do?

- We'll need to manage a shift in duties, and in awareness of ethical obligations, in a potentially short timeframe, in the midst of personal fear, and in the midst of societal crisis. The people we need to shape most critically are those who will be depended upon to manage in this crisis.
  - So...
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We need to...

- Involve those affected, including staff and population
  - Encourage intellectual and moral preparation
  - Encourage practical individual preparation
- 

Organizational response - readiness

- Inform and educate –
    - Population
    - Providers
    - Systems
- 

Organizational response - readiness

- Develop and advocate for self care packs
  - Develop detailed care and service plans
  - Advocate for stockpiling
  - Develop effective distribution networks
- 

Organizational response - readiness

- Ethics capacity
    - Guidance
    - Decision-making
    - Bedside
    - System wide
- 

Organizational response - readiness

- Develop systems of compensation
  - Assure regulatory and legal agreement
  - Develop dispute resolution mechanisms
- 

Personal readiness

- Moral
  - Intellectual
  - Policy
  - Knowledge
  - Family
  - Self
-

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#### Personal Preparedness (1)

- 'Emergency Planning for Your Family' ([www.psepc.gc.ca](http://www.psepc.gc.ca))
- Local websites and brochures

#### Personal Preparedness (2)

- As examples, think about:
  - Communications plan
  - Travel plan
  - Child care/seniors care plan
  - Medication supply
  - Pet care
  - Cash
  - Business continuation plan

#### Personal Preparedness (3)

- Also think about:
  - Food, manual can openers, camp stove and gas
  - Drinking water
  - Heat
  - Sanitation
  - Water purification
  - Source of light/batteries
  - Safety/protection

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#### The Next Few Teleclasses

May 24	<i>Importance of Vaccination Among Dialysis Patients</i> ... with Dr. Matthew Arduino, CDC
May 31	<i>Evaluation and Management of Infectious Disease Outbreaks in Nursing Homes</i> ... with Dr. Chesley Richards, CDC
June 7	<i>Infection Control in the Living and the Dead: The Angola Marburg Outbreak</i> ... with Dr. Adriano Duse, University of the Witwatersrand
June 20	<i>Central Venous Lines and Prevention of Infection</i> ... with Dr. Steven Chambers, Australia
July 3	<i>Implementing Innovations in Health Services (free teleclass)</i> ... with Dr. Clare Allen, NHS Institute for Innovation & Improvement

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