

# Public Health Ethics in Practice

Workshop on ethics & decision making during H1N1

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Montréal, Québec, Canada  
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# Presentation objectives

- Survey the diversity of ethical principles/frameworks/guidance for public health practice during an influenza pandemic
- Illustrate the complexity of translating principles into practice through select examples
- Introduce ways to view & discuss the integration of ethics within public health



# Outline

- Rationale: ethics in practice & policy
- Brief overview & history of Cdn pandemic planning
- Sample of international comparisons re: goals & guiding principles
- Eg: complexity of arguments for fair allocation of scarce resources
- Potential directions and frames for discussion



# Emerging Professional Standards

## "Public Health Ethics"

- PHAC Core Competencies for Public Health in Canada (2007) requires practitioners to:
  - “Utilize public health ethics to manage self, others, information and resources” (Leadership section 7.3)
- Quebec Public Health Program (2003-2013) requires practitioners to:
  - Develop their “ethical expertise” so as to integrate “values and ethical principles into the exercise of each of the public health functions” (Section 3)



# Emerging Policy Standards

## “Ethical Governance”

- Requires that policy-making process be:
  - Fair, Equitable, Transparent & Accountable
- Encourages that policies be explicitly values-based, and that policy-makers account for the impact of their decisions, especially on:
  - Equity, Solidarity & Social Justice

(WHO Euro Health for All Update, 2005)



# Historical Roots of Public Health

- State intervention and health paternalism
    - Authoritarian, even coercive, enforcement
    - Goals: protect common good, promote utility
  - Progressive Social Reform Movements
    - Mitigate worst consequences of industrial revolution
    - Goals: protect inherent value/dignity of all, promote equity
- ➔ Reactions to real or perceived infectious disease threats



# Canada (CPIP 2006)

## Goals

- “To minimize morbidity and mortality and to minimize societal disruption”

## Principles

1. Protect and promote the public's health
2. Ensure equity and distributive justice
3. Respect the inherent dignity of all persons
4. Use the least restrictive means
5. Optimize the risk/benefit ratio
6. Work with transparency and accountability



# Ethics & Pandemic Planning in Canada

- **1988 & 1996 National Plans**
  - No explicit ethical framework
  - Guided first WHO Global Influenza Plan (1999)
- **Pre & Post SARS**
  - 2002 Federal Ethics Consultation
  - 2004 Ontario Ethical Framework Chapter
  - 2005 Stand on Guard for Thee + First WHO Checklist of Legal & Ethical Issues
  - 2006 CPIP
  - 2007 Montreal Roundtable on Public Health Ethics
  - 2007-09 Provincial & Local Integration (PEI, NS, Fraser Valley, etc. + numerous hospital committees)





# EG: Applying CPIP Principles ?

## PHAC Pandemic Vaccine Prioritization Framework 2009

### Appendix 2 – Relevant Ethical Principles to Consider

Ethical principle (CPIP 2006)	Applicability to vaccine prioritization strategy
Protect and promote the public's health	Underlying premise of vaccination program (but there are various strategies to do this)
Ensure equity and distributive justice (fair and equitable distribution of resources based on need)	Develop fair criteria for prioritization Multiple possible applications
Respect the inherent dignity of all persons	Offer vaccine to all; use consistent approach to prioritization decisions
Use the least restrictive means	Example of vaccinating schoolchildren to avoid disruptive school closures
Optimize the risk/benefit ratio	Maximize the benefit and minimize the risks in prioritization decisions
Work with transparency and accountability	Justify prioritization plan and decisions Public and stakeholder consultation Widespread dissemination of prioritization framework



# WHO/EC 2005

***Pandemic influenza preparedness planning. Report on a joint WHO/European Commission workshop. Luxembourg, 2–3 March 2005***

## ***4.1.4 Legal and ethical issues***

- Establishing whether ethical aspects should be explicitly addressed, implied or ignored in pandemic preparedness plans.
- Ensuring that those designated to receive antiviral drugs actually receive them.
- There is not sufficient guidance regarding who is responsible for tourists/visitors during a pandemic.
- Pharmaceutical companies are not selling antiviral drugs for stockpiling to member states with 'small' populations.
- The role of private insurance companies needs to be addressed.

(Guerrier, 2008)



# WHO Ethical Considerations (2007)

## Ethical considerations in developing a public health response to pandemic influenza

- Balance rights, interests & values
- Use best available evidence, but remain flexible
- Seek transparency, public engagement & social mobilization
- Inform, educate & communicate
- Justify resource constraints and allocations

EPIDEMIC AND PANDEMIC  
ALERT AND RESPONSE



World Health  
Organization

ETHICS, EQUITY, TRADE AND HUMAN RIGHTS



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# WHO Working Group Issues (2007)

## Ethical considerations in developing a public health response to pandemic influenza

1. equitable access to therapeutics & prophylactics
2. the ethics of imposing public health measures
3. the role & obligations of health care workers
4. international obligations of governments and the development & coordination of a global response to potential outbreaks

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# PAHO 2007 Assessment Tool

Second Self-assessment of the National Influenza Pandemic Preparedness Plan

## Country

### 1 EMERGENCY PREPAREDNESS

#### ISSUES FOR SELF-ASSESSMENT

##### 1.5.2 ethical issues

- 1 Ethical review on the limitation/restriction of access to scarce resources
- 2 Ethical review on the compulsory nature of vaccination of essential personnel
- 3 Ethical review on the limitation of personal freedom & movement
- 4 Ethical framework for research during the influenza pandemic established



# WHO Euro (2007)



## ELEVENTH FUTURES FORUM on the ethical governance of pandemic influenza preparedness

Copenhagen, Denmark  
28–29 June 2007

### Principles

1. Maximize health protection
2. Ensure equitable & fair decisions
3. Ensure fair procedures & accountability



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# WHO Euro (2007)



## ELEVENTH FUTURES FORUM on the ethical governance of pandemic influenza preparedness

Copenhagen, Denmark  
28–29 June 2007

### 7. Conclusions and recommendations

#### Incorporating ethical considerations in pandemic preparedness planning



There was broad agreement in the Forum that the time is right to address the ethical aspects of pandemic influenza planning and that ethical considerations are of national and international concern and major public health relevance. The participants also agreed that national pandemic preparedness plans are suitable tools to address ethical principles and criteria for decision-making. All countries represented at the Forum reported on progress in their pandemic influenza planning, but planned to do more to incorporate ethical considerations into their plans and to make ethical principles and criteria for decision-making more explicit.



# Québec (PIP Health Mission 2006)

## Goals

- “Save lives and preserve the health & well-being of the people”



## Pandemic Ethics Principles

- Protection, Solidarity, Responsibility & Sound Management

## Public Health Ethics Principles


- the public interest, beneficence, non-maleficence, autonomy, respect for confidentiality & privacy, responsibility, solidarity, protection of vulnerable individuals, groups & communities, justice





# Québec (PIP Health Mission 2006)

## Activities

1. protect the health of the public (public health)
2. provide medical care (physical health)
3. ensure people's psychosocial well-being (psychosocial response) 
4. provide clear, relevant and mobilizing information (communication)
5. keep the network [of health and social services] working (continuity of services)



# Nova Scotia Decision-Making Framework (2007)

Selected ethical principles, values & norms potentially relevant to public health decision-making


Ethical Considerations from the Nova Scotia Pandemic Flu Plan <sup>1</sup> (adapted)				
Social Values	Policy Values		Individual Values	
<i>Justice/Fairness</i>	<i>Issues</i>	<i>Outcomes</i>	<i>Individual</i>	<i>Institutional</i>
Universality	Utility/Necessity	Efficiency	Liberty	Interdependence
Equity/Equality	Need	Quality	Freedom	Trust
Protection from harm and of life	Accountability	Feasibility	Dignity	Loyalty
Protection of the vulnerable or marginalized	Relevance	Acceptability	Autonomy	Stewardship
Protection from stigma	Reasonableness	Effectiveness	Privacy	Solidarity
Fair access	Transparency	Sustainability	Beneficence	Evidence
Fair outcomes	Proportionality	Value for cost	Non-Maleficence	Subsidiarity
Precautionary principle	Inclusivity	Least restrictive means	Conflict of interest	Duty to care
Social cohesion	Legality	Neighbourliness	Informed consent	Advocacy
Collaboration	Revisibility	Unity	Integrity	Flexibility





# New Zealand

## (Getting Through Together 2006)

### Goals

- “To protect the people, the society, and the economy” 

### Ethical values to inform decisions

1. Minimizing harm
2. Respect/manaakitanga
3. Fairness
4. Neighbourliness/whānaungatanga 
5. Reciprocity
6. Unity/kotahitanga 



# France (National Plan 2007)

## Goals

- “To protect the French mainland and overseas population”... notably by “ensuring social cohesion based on ethical principles”

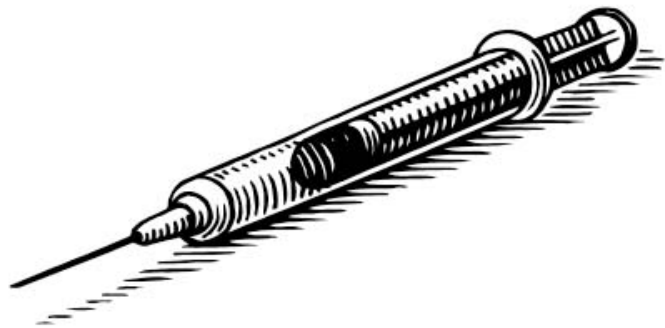


## Shared Ethical Values

1. Duty of solidarity at all levels
2. Duty of HCP to provide care, & of society to protect them, their families, and the families of victims
3. Fair & Transparent resource allocation
4. Rejection of stigmatization
5. Citizen duty to participate in maintaining continuity
6. Commitment to work with global community



# EG: Most Discussed Issue: Allocation of Scarce Resources



# Apparent Int'l Consensus: Reduce Morbidity/Mortality & Maintain Health/Essential Infrastructure

**BMC Public Health**



Research article

**Open Access**

**Prioritization strategies for pandemic influenza vaccine in 27 countries of the European Union and the Global Health Security Action Group: a review**

Masja Straetemans\*, Udo Buchholz, Sabine Reiter, Walter Haas and Gérard Krause



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Table 5: Overview of rationales considered in EU and GSHAG countries to define vaccine priority groups A

	AT	BG	CA	CY	CZ	DK	EE	FI	FR	DE	GR	HU	IE	IT	JP	LT	MT	PL	RO	SK	SI	ES	SE	NL	UK	US
<b>To reduce morbidity and mortality (1)</b>	X	X <sup>B</sup>	X	.	.	X <sup>E</sup>	.	.	X	.	.	X	.	.	.	.	.	X	.	X	X	.	.	X	.	
To save years of life	.	.	.	.	.	.	X <sup>F</sup>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
To prevent illness in the general population	X	.	.	.	.	X <sup>E</sup>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	X	X
<i>directly</i>																										
- in individuals most vulnerable to severe illness	.	X	● X	.	.	X <sup>E</sup>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	X	X	X
- in age groups most vulnerable to severe illness	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	.	.	.	.	.	X	.	.	.
- in health care workers at increased exposure risk <sup>a</sup>	.	.	X	.	.	X <sup>E</sup>	X	X	X	X	X	X	.	X	.	.	.	.	X	.	.	X	X	X	X	X
<i>indirectly</i>																										
- by preventing or minimising the spread of infection	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
to general population	.	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	.	.	X
to high risk individuals	.	.	.	.	.	X <sup>E</sup>	.	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	X	.	.	X
to immunocompromised and children	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X
<b>To maintain infrastructure and health care system (2)</b>	X	X	.	.	.	.	.	.	.	X	.	.	.	X	.	.	.	.	.	.	.	X	.	.	X	X
By maintaining the major work force	.	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
By maintaining the essential community services which may include the following specified rationales:	.	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	X
maintain service to implement pandemic response	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	.	.	.	X
maintain vaccine program	.	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	.	.	X	.	.	X
maintain essential health service response <sup>a</sup>	.	X	X	.	.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
maintain security	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
<b>Limiting social disruption (3)</b>	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
<b>Limiting economic losses (4)</b>	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
<i>Any rationale reported?</i>	X	X	.	.	D	X <sup>E</sup>	X	X	X	X	X	X	X	X	H	X	X	H	X	J	X	X	X	X	X	X
<i>Any rationale to 1?</i>	X	X	X	.	.	X <sup>E</sup>	X	X	X	X	X	X	X	X	.	X	X	.	X	.	X	X	X	X	X	X
<i>Any rationale to 2?</i>	X	X	X	X	.	X <sup>E</sup>	X	X	X	X	X	X	X	X	.	X	X	.	X	.	X	X	X	X	X	X
<i>Any rationale to 3?</i>	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
<i>Any rationale to 4?</i>	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

Multiple approaches to reducing M&M: prevention or treatment?  
 • at individual, group or pop level?  
 • by risk, role, or health status?

Who is essential to essential services?

Why only 1 of 27 National Plans lists limiting social disruption or economic losses as a rationale for prioritizing access to vaccine?



# What is fair allocation?

## Fair Innings + Public Order Argument

Science. 2006 May 12;312(5775):854-5.

### Public health. Who should get influenza vaccine when not all can?

Emanuel EJ, Wertheimer A.

Department of Clinical Bioethics, Clinical Center, National Institutes of Health, Bethesda, MD 20892-1156, USA. [eemanuel@nih.gov](mailto:eemanuel@nih.gov)

Comment in:

Science. 2006 Dec 8;314(5805):1539-40; author reply 1539-40.

Science. 2006 Aug 11;313(5788):758-60; author reply 758-60.

Science. 2006 Aug 11;313(5788):758-60; author reply 758-60.

Science. 2006 Aug 11;313(5788):758-60; author reply 758-60.

PMID: 16690847 [PubMed - indexed for MEDLINE]

EG: Germany – after HCW  
+ essential personnel,  
general population  
vaccinated by year of birth  
starting with youngest





# What is fair allocation?

## Pure Egalitarian Argument

1: [Bioethics](#). 2008 Jul;22(6):321-7. Epub 2008 Apr 23.

The moral importance of selecting people randomly.

[Peterson M.](#)

Department of History and Philosophy of Science, University of Cambridge, Cambridge, UK. mbp24@cam.ac.uk

This article discusses some ethical principles for distributing pandemic influenza vaccine and other indivisible goods. I argue that a number of principles for distributing pandemic influenza vaccine recently adopted by several national governments are morally unacceptable because they put too much emphasis on utilitarian considerations, such as the ability of the individual to contribute to society. Instead, it would be better to distribute vaccine by setting up a lottery. The argument for this view is based on a purely consequentialist account of morality; i.e. an action is right if and only if its outcome is optimal. However, unlike utilitarians I do not believe that alternatives should be ranked strictly according to the amount of happiness or preference satisfaction they bring about. Even a mere chance to get some vaccine matters morally, even if it is never realized.

PMID: 18445094 [PubMed - indexed for MEDLINE]



# What is fair allocation?

## Utility = “Social Value” Argument

Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Policy  
Volume 6, Number 3, 2008 © Mary Ann Liebert, Inc.  
DOI: 10.1089/bsp.2008.0020

ETHICS AND SEVERE PANDEMIC INFLUENZA:  
MAINTAINING ESSENTIAL FUNCTIONS THROUGH  
A FAIR AND CONSIDERED RESPONSE

Nancy E. Kass, Jean Otto, Daniel O'Brien, and Matthew Minson

must consider threats to societal as well as medical infrastructures. While some have suggested that scarce medical countermeasures be allocated primarily to first responders and then to the sickest, we suggest that an ethical public health response should set priorities based on essential functions. An ethical response also will engage the public, will coordinate in-



# What is fair allocation?

## Utility + Egalitarian Argument

1: [Vaccine](#). 2007 Mar 1;25(11):2019-26. Epub 2006 Nov 30.

EG: Canada, Netherlands and others – contracting for significant majority of population to receive vaccine

Rationing of influenza vaccine during a pandemic: ethical analyses.

[Zimmerman RK](#).

Department of Family Medicine and Clinical Epidemiology, University of Pittsburgh School of Medicine, 3518 Fifth Avenue, Pittsburgh, PA 15261, United States. [zimmer@pitt.edu](mailto:zimmer@pitt.edu)

Rationing of scarce vaccine supplies will likely be required when the next pandemic occurs, raising the questions about how to ration and upon what principles. Because influenza pandemics have differing mortality patterns, such as the 1918 pandemic's "W" shaped curve that effected healthy young adults, the particular pattern should inform rationing. Competing ethical principles for vaccine rationing are utilitarianism and egalitarianism. Vaccine manufacturers and essential healthcare workers can be justified with either principle. Utilitarian principles of choosing based on social worth or those in whom vaccination is most likely to medically succeed raise substantial justice issues. Egalitarian principles of medical neediness and random chance avoid justice concerns and are proposed. A framework that uses multiple principles to address influenza vaccine rationing in light of a shortage is recommended.

PMID: 17258359 [PubMed - indexed for MEDLINE]



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# What is fair allocation?

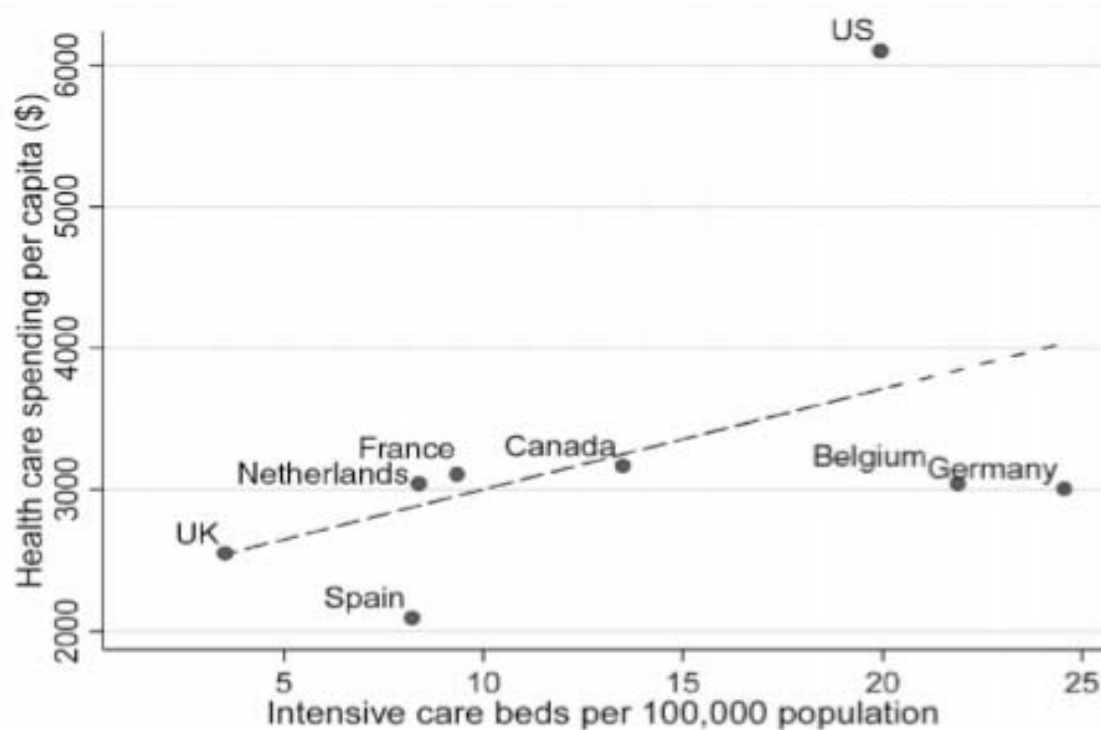
## Let location or status set “priority”

- Social settings/standings that influence access (or not) to health resources:
  - Prisons (domestic & in conflict zones)
  - Long-term care facilities
  - Migrants, tourists, undocumented workers
  - Disadvantaged groups & individuals



# What is fair allocation?

## Let surge capacity set “priority”



Hannah Wunsch

Crit Care Med 2008 Vol. 36, No. 10

Variation in critical care services across North America and Western Europe\*



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# What is fair allocation?

Let purchasing power set “priority”



# Switzerland (2009)

- **Goals**

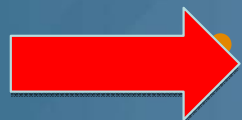
“Preserving life & minimizing # of victims”

- **Core Principles**

Preserving Life & Solidarity

- **Additional Principles**

Individual freedom, proportionality, privacy, fairness, trust, reciprocity, the “least unfair solution”



If scarcity, then “every effort must be made to make more resources available”



# Switzerland (2009)

- **Allocation of scarce treatments**

Phase 1 – none, distribute to everyone in need, based on first come first served

Phase 2 – reserve for those whose condition is most threatening

Phase 3- reserve for those with best chance of survival





# Health Ethics Spectrum

## Clinical ----- Public

### Clinical ethics

- **Context:** fiduciary responsibility of clinician in therapeutic contract with patient, legitimized by informed consent of patient
- **Pattern of practice:** patient seeks out clinician, may accept or reject advice

### Public Health ethics

- **Context:** contract is with society as a whole, legitimized by policies and law of government
- **Pattern of practice:** patient sought by PH practitioner, may not be able to refuse advice



# “Doing ethics” is

- **Descriptive work** –using skills of analysis to determine what values actually do guide our decisions
- **Normative work** – using ethical resources to determine what values should guide our decisions
- **Practical work** – applying values to our work

(Jiwani, 2001)



# Dimensions of Public Health Ethics

## Ethics *in* Public Health

- Moral goals and implications of public health activities (particularly in relation to trade-offs between collective goods and individual interests, and with other goals)

## Ethics *of* Public Health

- Professional focus, especially virtues to foster trust placed in officials to act for the public good

## Ethics *for* Public Health

- Overriding value of healthy communities, pragmatic advocacy for vulnerable populations

(Gostin, 2001)



# Levels of Ethical Awareness

## Identifying & addressing issues requires

1. Recognize that ethical dimensions exist
2. Identify specific ethical issues
3. Identify guidelines and tools for ethical reasoning
4. Decide who is responsible for which ethical decisions
5. Prepare responsible parties to engage in ethical decision making
6. Put plans into action
7. Evaluate whether the action achieved the intended result

(Thomas et al, 2009)



# Stewardship, Trust, Solidarity

Ethics is “a search for those values, virtues and principles necessary for people to live together in peace, mutual respect & justice.” (Callahan & Jennings, 2002)

“We seem to have good plans in place, but we don’t know whether they are sufficient – this has yet to be proven in a real case.”  
(WHO/EC Futures Forum, 2007)

