



Centre de collaboration nationale
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National Collaborating Centre
for Healthy Public Policy

Public Health Ethics in Practice: Workshop on the practical impact of ethical frameworks and their relevance to decision-making during the H1N1 pandemic

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The central reason for convening the *Montreal Workshop on Public Health Ethics & H1N1 Response* is to build upon current ethical frameworks to inform pandemic and all-hazards public health emergency response practice. Through a unique selection of participants from leadership, policy, practice and academic settings, the workshop will seek to link ethics, policy, and real-world public health preparedness and response practices. The workshop will also seek to identify common issues/challenges confronted by health officials and agencies from a variety of jurisdictions in practically implementing ethical frameworks for decision-making during the actual extended response to the most recent global influenza pandemic.

The full-day conference will consist of facilitated discussions involving plenary discussions, break-out groups and report back exercises, and a questionnaire-based needs assessment and feedback instrument. Since many provincial and territorial health ministries began to analyze their response to H1N1 in late 2009, and thus may have already formulated preliminary or advanced conclusions with regard to their efforts, the proposed timing of the meeting will maximize existing efforts and begin to identify not only the commonalities and differences between public health decision-making during H1N1 in different jurisdictions, but also the coordination and integration needed to improve approaches to pandemic preparedness and response, locally, nationally, and globally. In order to encourage openness and the sharing of information, the meeting will be conducted, and the audio-recordings and professional transcriptions of the discussions produced, under the Chatham House Rule, according to which "participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed."

Background

Building from the experience of SARS and the surge of interest in public health ethics, various frameworks of values, goals, and principles have been integrated into pandemic plans and preparedness activities, both across Canada and internationally. Such frameworks typically aim to facilitate the process of prospectively identifying and tackling the complex ethical challenges raised by widespread outbreaks of infectious disease, and to foster more just, inclusive, and effective public health practice during a crisis, despite conditions of uncertainty, time and resource constraints, and perhaps panic and elevated morbidity and mortality rates. More generally, such frameworks seek to improve values-based planning and decision-making by facilitating respect for a broad range of

societal perspectives (through more prospective and inclusive deliberation activities) and by enhancing public trust (through more transparent integration of scientific and moral considerations).

The 2009 global pandemic of influenza H1N1 once again demonstrated the need for the capacity to respond quickly to emerging infectious health threats, as well as how inseparable such responses are from weighty and controversial ethical issues that create real dilemmas for public health authorities, policy-makers, health care systems, and the international community. While some consensus on key ethical issues and principles had emerged in the academic literature, and significant overlap existed between certain recommendations made in or by national and international plans and agencies, the transition of public health ethics from its nascent stage of reflection to a nuanced tool for action and application in national and international arenas (particularly during a global health crisis) remained at that time far from complete. It remains so today as there is as yet only minimal evidence that ethical frameworks are sufficiently pragmatic to be useful in routine public health practice, let alone that they are relevant and useful for decision-making during a pandemic or other emergency. It is also unclear how public health authorities and professionals reconcile in practice slight and major differences between the policy recommendations and the interpretations of key moral principles offered by different pandemic plans, or under circumstances that depart, in minor or major ways, from the anticipated scenarios on which the plans were premised.

The fact that the H1N1 pandemic has been so far relatively mild, whereas many pandemic influenza plans were premised on the occurrence of moderate or severe pandemics (that is, with 10-20 times the case fatality rate of seasonal influenza and a W rather than a U-shaped age specific mortality curve, pressing to capacity, if not overwhelming, essential health, safety and social services), means that we have been granted something of a trial run with regard to nuanced ethical decision-making during a pandemic. Since history has demonstrated that the world will likely continue to face pandemics, at least some of which will have the potential to cause more severe and widespread morbidity and mortality than H1N1 has thus far caused, we have also been granted a unique opportunity to step back, take stock, and reinforce a robust vision of the role of ethical frameworks for public health policy and practice. This role is not simply to list values, commitments, and principles, but to recommend goals for action based on those values, commitments, and principles, as well as strategies that can be implemented to achieve those goals.

International and national ethical frameworks for pandemic preparedness overlap to a great degree at the level of fundamental ethical commitments and principles, and even goals, but on the whole provide only minimal specific guidance on how to actually meet requirements that access to vaccine or anti-virals be equitable, for example, or that need and benefit be balanced when it comes to prioritizing groups or individuals for access to other scarce preventive and curative resources. In short, more practical guidance is needed on how to implement the ethical commitments and principles endorsed in ethical frameworks, which are not algorithms that mandate particular approaches or decisions, but decision-making tools that need to be adjusted to reflect not only the specific biological characteristics of any actual or potential pandemic, but also the specific social circumstances in which they are used as part of a coordinated response.

In the event of another pandemic (or perhaps an accidental or intentional release of chemical, biological, or radioactive materials) public health decisions will need to be made and disseminated rapidly. It will be equally important to ensure that choices

concerning risk communication, the use of restrictive measures, the allocation of resources, rapid research ethics reviews, international cooperation, and the deployment of vaccines (among other pressing challenges) are informed by substantive and procedural values. Accounting for the ethical dimensions of public health practice is also a central aspect of planning aimed at ensuring that adequate professional and institutional capacities are in place to meet moral challenges and at developing strategies for addressing inevitable conflicts and dilemmas between values and principles. Sharing experiences of decision-making during the H1N1 pandemic will thus not only enhance the retrospective assessment of our responses, but will provide information that may be useful to public health officials facing similar choices under the duress of urgent circumstances in the future. It may also create a foundation and springboard for subsequent workshops and dialogue initiatives, notably with representatives and spokespersons for marginalized or vulnerable populations differentially affected by influenza pandemics, including the homeless, the elderly, and individuals with special health-care needs.