

**NC IOM/DPH TASK FORCE ON  
ETHICS AND PANDEMIC INFLUENZA PLANNING  
Summary  
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NC Hospital Association**

**WELCOME AND INTRODUCTIONS**

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**PRIORITIZATION AND UTILIZATION OF LIMITED RESOURCES**

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The Task Force is charged with informing leaders what ethical values the priority lists should follow.

Alternative prioritization schemes:

- Assure functioning of society
  - Healthcare workers, public safety, vaccine producers, etc.
- Minimize mortality and hospitalization
  - Identify those who will benefit most from resource
- Protect persons with the most life ahead of them
  - Target the young; modification might put less priority on infants (Emanuel, 2006)
- Give everyone an equal chance to be protected
  - Lottery, first come first serve, etc.

It is possible to combine some elements of multiple schemes. Note that the prioritization scheme may vary depending on the particular resource. The ethical framework we choose could have a dramatic effect on different cohorts.

## Potential Recommendation 4.1

### Overall

- Goals of allocation methods are to minimize deaths and illness and minimize social disruption
- These priorities are further contingent on:
  - the availability of healthcare resources
  - individual clinical considerations
  - other factors such as where we are in the pandemic, local variations, etc.
- Within tiers, everyone has an equal chance to be protected [see Equity principle]

	Non-Pharmaceutical Intervention	Pharmaceutical Intervention
Primary (Prevention)	Personal protective equipment; social distancing; mass quarantine  <i>Principle: minimize disease incidence and social disruption</i>	Vaccines  <i>Principle: minimize social disruption</i>
Secondary (Treatment)	Critical care resources (e.g., ventilators, hospital beds)  <i>Principle: minimize death</i>	Antivirals; antibiotics  <i>Principle: minimize disease incidence</i>

### Primary Prevention, Non-Pharmaceutical Intervention – Personal Protective Equipment

- The primary principles should be reducing the incidence of disease, assuring the functioning of society, and reducing the number of people who get sick

### Primary Prevention, Pharmaceutical Intervention – Vaccines

- The primary principle should be assuring the functioning of society
  - First vaccinate critical workers with an increased risk of infection
  - Look to business continuity plans to determine essential jobs
- The secondary principle should be based on examining biological vulnerability and risk of transmission
  - Priority should be based on scientific facts (e.g., incidence, mortality/morbidity), rather than ethical values

### Secondary Treatment, Non-Pharmaceutical Intervention – Critical Care Resources (e.g., ventilators, hospital beds)

- The primary principle should be reducing the incidence of individual deaths and hospitalizations due to influenza
  - Medical institutions should develop algorithms (akin to organ transplantation prioritization schemes) based on clinical evidence
  - The goal is to return the patient to pre-infection condition

### Secondary Treatment, Pharmaceutical Intervention – Antivirals

- The primary principle should be reducing the incidence of disease by minimizing secondary transmissions [“reproductive rate”] and reducing the number of people who get sick

### Considerations

- The nature of a pandemic is that once it goes through it is merely on its way back. The guiding principle in an epidemic is limiting the number of secondary infections that a given person causes—a difficult feat in an influenza pandemic because people might be carriers without having symptoms.
- Guidelines
  - The introduction of the guidelines should acknowledge that the recommendations were made before a pandemic occurred and circumstances may call for different responses. The guidelines should include a caveat that local circumstances may vary.
  - Emphasize that a pandemic will be an unprecedented event, requiring “a state of emergency” in which the government has more restrictive power than usual. The government will have to override individuals’ liberties to protect society.
    - People’s views may vary on the kind of society we are trying to preserve
  - Use sidebar examples to demonstrate the kinds of tough decisions local authorities and healthcare workers will have to make
  - Use community surveys and public meetings to guide ethical decisions
  - The guidelines should remind readers that professionals at different socio-economic levels will be getting protection. Low- and high-income professionals will both be evaluated based on the same criteria.
- Allocating resources
  - Distinguish public health (e.g., vaccines, antivirals) from private/individual health (e.g., ventilators)
  - Could use a leveled approach
    - If there are adequate supplies, they should be distributed in this order . . .
    - If there are not adequate supplies, they should be distributed in this order . . .
  - When allocating resources, remember that our hospitals and police forces are already operating at capacity. A small increase in demand and responsibilities could be overwhelming to an individual institution.
- Local authorities
  - The local authorities may be in a better position to determine the critical workers necessary for functioning
  - Local authorities must receive training if we expect them to make tough ethical decisions
- Critical workers
  - To get the vaccine, employees (e.g., healthcare workers) may need to demonstrate their increased risk of exposure

- The priority groups are somewhat fluid. To assure the functioning of society, 100% of the people in tier 1 cannot be vaccinated before vaccinations begin on people in tier 2.
- At-risk populations
  - When defining the at-risk population, consider among other things their age, risk of exposure, and likelihood they will get better. We will not know which groups are most at-risk until the pandemic occurs. We will have to rely on raw epidemiology reports.
  - The argument for giving children priority should be based on minimizing spread of the disease
  - Age is sometimes used as a proxy for biological function
- Discrimination
  - May want to add citizenship to list of protected classes in the guidelines
  - May want to delete age from the list of protected classes in the guidelines
  - When referring to functional status as a priority factor for treatment, we mean an individual's functioning before the pandemic, not an individual's function in society

#### **Potential Recommendation 4.2**

“The NC Department of Health and Human Services, in conjunction with local health departments, should partner to foster community awareness and understanding as well as public engagement / bidirectional communication prior to and during the course of a pandemic influenza.”

#### Considerations

- Recommendation meant to be a vehicle for community and state bidirectional communication, community awareness and understanding, and public engagement
- Focus on un-enfranchised and vulnerable populations
- Make state versus local responsibility clear

#### **Potential Recommendation 4.3**

“State, local and national law enforcement should provide appropriate protection, based on available resources, for individuals and organizations in possession of, and responsible for distribution and administration of limited resources, such as vaccines and antiviral medications.”

#### Considerations

- Local, state, & national law enforcement must be moved up the priority list from 4.1
- Every entity needs to have a business continuity plan