# Ethical Principles to Guide Societal Decision Making for an Influenza Pandemic

**Appendix A**

In major emergencies, whether man-made or natural, decisions have to be made in a timely manner under high stress conditions. This is the situation the state will most likely confront in the event of an influenza pandemic. Decisions by the federal government, state agencies, healthcare professionals, emergency management responders, and other critical institutions will need to be coordinated and will directly affect large numbers of residents. Under such conditions, often in the face of incomplete information, it will be important to have a set of ethical principles that serve as the blueprint to the coordinated response.

During a major influenza pandemic, there is likely to be insufficient time to discuss the ethical trade-offs inherent in critical decisions. Likewise, it is impossible to anticipate all possible key decisions that could develop during an emergency. Therefore, it is important to specify a social contract that outlines the ethical principles society determines should be considered while deliberating key decisions.[a] Developing an ethical blueprint in advance of a pandemic, seeking public input into the principles, and then applying these ethical guidelines to the decisions which decision makers will confront will help assure the public that decision makers are making reasoned responses to the crisis. Acceptance of the response will increase the likelihood that society maintains order during the emergency.

| Ethical Principles | Description |
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| Individual liberty | Individual liberty includes some of the basic rights which we value in our society, such as freedom of movement. In an influenza pandemic, restrictions to individual liberty such as isolation or quarantine may be necessary to protect the public from serious harm. In addition, some taking of private property may be necessary. Restrictions and takings should:<br>● Be necessary given the nature of the influenza pandemic;<br>● Employ the least restrictive means needed to protect the public; and<br>● Be applied equitably to similarly situated individuals irrespective of race, color, religion, nationality, ethnicity, gender, age, disability, sexual orientation, geography, economic status, or insurance status unless there are specific clinical reasons why different groups should be treated differently. |
| Protection of the public from harm | Protecting the public is a fundamental social value. To protect the public from harm and to protect public health, governmental authorities may be required to take actions that impinge on individual liberty, such as quarantine or isolation. In making these determinations, decision makers should:<br>● Balance the harm to the public that could arise if no action is taken with the harm to the individual(s) that could result if action is taken; |

a In developing its ethical principles, the Task Force reviewed the pandemic preparedness planning of the University of Toronto, Joint Center for Bioethics.[1]

| Ethical Principles | Description |
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| | ● Provide reasons and/or incentives to encourage voluntary compliance;<br>● Employ the least intrusive means needed to protect the public and ensure that the basic necessities of the people subject to quarantine or isolation are being met;<br>● Discontinue protections as soon as circumstances permit;<br>● Specify penalties that will be used to address noncompliance (eg, jail or fines); and<br>● Establish mechanisms to address actual or perceived inequitable impositions of penalties. |
| Proportionality | Restrictions to individual liberty, or other measures taken to protect the public from harm, should not exceed what is necessary to address the actual level of risk to or critical needs of the community. |
| Privacy | Individuals generally have a right to privacy in healthcare. Healthcare providers generally have a legal responsibility to protect individual privacy. Current state and federal laws allow for the sharing of healthcare information in some circumstances, including outbreaks and other public health emergencies, if the information must be shared to protect the public's health. In addition, it may be necessary to share other nonhealth-related personal information during a disaster or emergency. Any infringement on a person's privacy should:<br>● Be limited to the information that is pertinent and relevant to the emergency;<br>● Employ the least intrusive means needed to protect the public;<br>● Be consistent with what the law permits;<br>● Be as confidential as the circumstances permit; and<br>● Be discontinued as soon as circumstances permit. |
| Reciprocity | Certain individuals will be called upon to bear a disproportionate risk to their health or life in responding to an influenza pandemic. These individuals would include healthcare professionals and other healthcare workers, emergency management workers and other first responders, and workers in other critical industries or key professions. Reciprocity requires that society support those who face a disproportionate burden in protecting the public and take steps to minimize this burden as much as possible. In some instances, reciprocity may require additional compensation, services, care or special considerations for disproportionately burdened individuals. |
| Duty to provide: healthcare workers | Inherent to all codes of ethics for healthcare professionals is the duty to provide care and to respond to suffering. Healthcare professionals, because of their training, knowledge, and commitment to care for the sick and injured, have a heightened obligation to provide healthcare during an influenza pandemic. Licensed healthcare professionals have a heightened responsibility to care for the ill because of the special privileges and monopoly conferred on licensed healthcare professionals. This obligation exists even in the face of increased risk to the healthcare professionals' health or safety. However, healthcare professionals need to balance the ability to meet the healthcare needs of individual patients during an influenza pandemic with the ability to care for patients in the future. Healthcare organizations and society, at large, owe support (reciprocity) to healthcare workers who may be putting themselves or their families at increased risk during an influenza pandemic. |

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| Duty to work: other critical infrastructure | Continuity of social order requires certain basic services such as food, water, and utilities to be available to the public. Emergency management workers and other first responders (such as public safety workers) will be relied on heavily to maintain calm. Workers in key infrastructure industries may be called upon to work during a public health crisis, sometimes at increased health risk to themselves. Although workers in some industries likely already recognize their critical role and accept higher risks, workers in other industries may be more reluctant to accept higher risk during a public health emergency. Employers and society, at large, owe support (reciprocity) to key workers who may be putting themselves or their families at increased risk during an influenza pandemic. |
| Equity | Values of distributive justice and equity state that all people have equal moral worth. However, during an influenza pandemic, all individuals may not be able to receive all needed healthcare services. Difficult decisions will have to be made about whom to treat and about which healthcare services to provide and which to defer. Depending on the severity of the health crisis, some individuals may not be able to receive all the healthcare services needed to treat the flu (such as ventilators). Others may not be able to receive elective surgeries, emergency care, or other necessary services. Decisions about whom to treat and access to needed healthcare services during an influenza pandemic *should not be* based on an individual's race, color, religion, nationality, ethnicity, gender, age, disability, sexual orientation, geography, economic status, or insurance status, unless there are specific clinical reasons why different groups should be treated differently. Furthermore, equity concerns may arise in decisions other than treatment. For example, equity issues may arise if certain healthcare workers are not required to work during a pandemic (eg, pregnant women or single parents) or if certain workers are required to work longer hours or remain at the worksite.[b] |
| Trust | Trust is an essential component of the relationships among clinicians and patients, staff and their organizations, and the public and governmental organizations. Decision makers will be confronted with the challenge of maintaining the public's trust while simultaneously implementing various control measures during an evolving health crisis. Trust is indispensable for expectations of compliance. Trust is enhanced by transparency in decision making, equity in the application of restrictions and/or allocation of limited resources, and reciprocity toward those with an increased burden. |
| Collaboration | Response to an influenza pandemic requires collaboration and cooperation within and among governmental officials and organizations, government, public and private healthcare institutions, healthcare professionals, other public and private organizations, and individuals. It calls for approaches that set aside narrow self-interest or territoriality. |
| Stewardship | Those entrusted with governance roles or resource allocation should be guided by the notion of stewardship. Stewardship means the careful and responsible management of something entrusted to one's care. In order to achieve the common good, decisions involving resource allocations should be made to achieve the best public health outcomes. |

b NCGS §166A-12. Nondiscrimination in emergency management states that "state and local governmental bodies, organizations and personnel shall not discriminate on the grounds of race, color, religion, nationality, sex, age, or economic status in the distribution of supplies, the processing of applications and other relief and assistance activities."

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| Procedural Values | Description |
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| Reasonableness | Public and private leaders must ensure that their decisions are reasonable to obtain public acceptance of the sacrifices that will need to be made in an influenza pandemic. Decisions should be based on reasons (ie, evidence, principles, and values) that are relevant to meeting the public's needs in an influenza pandemic. The decisions should be credible, accountable, and trustworthy, and should be made impartially and with objectivity. |
| Transparency | It is important to keep the public informed about the influenza pandemic, resource allocation decisions, ways to best protect personal and public health, and other relevant information so that individuals and families can make informed choices and take necessary steps to protect themselves. The process by which decisions are made should be open to scrutiny, and the basis upon which decisions are made should be publicly accessible. |
| Truth telling | Public officials, business and community leaders, and the media should provide accurate information in a timely and responsible manner to help keep the public informed. |
| Inclusiveness | Decision makers should obtain and consider public input. Decision makers have a responsibility to inform the public and engage relevant stakeholders in the course of the decision-making process. Special efforts should be made to include representatives from marginalized and vulnerable populations early on in policy discussions. |
| Responsiveness | There should be opportunities to revisit and revise decisions as new information emerges throughout an influenza pandemic. There should be mechanisms to address disputes and complaints; however, the extent of the review process must be balanced with the need to make quick decisions in the midst of an influenza pandemic. |
| Timeliness | When the state is in the midst of an influenza pandemic, state and local officials may have to make decisions quickly in order to protect the public. The general ethical principle of inclusiveness must be balanced against the need to take timely actions to protect the public's health or to maintain order. However, the underlying rationale for the decisions should be conveyed to the public as soon as possible thereafter to maintain a transparent, responsive, and accountable process. |
| Accountability | There should be mechanisms in place to ensure that decision makers are answerable for their actions and inactions and ensure that individuals, institutions, and businesses do not unfairly profit as a result of an influenza pandemic. |

References

1. Thompson AK, Faith K, Gibson JL, Upshur RE. Pandemic influenza preparedness: An ethical framework to guide decision-making. BMC Med Ethics. 2006;7:E12.