The Ethics of COVID-19: Some Initial Reflections
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Our Featured Speakers

• Nanette Elster, JD, MPH
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Pandemic Preparedness: Ethical Considerations

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Underlying Premise

• “The only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others.”

(John Stuart Mill, *On Liberty*, 1859)
• **Harm reduction and benefit promotion.** Emergency preparedness activities should protect public safety, health, and well-being. They should minimize the extent of death, injury, disease, disability, and suffering during and after an emergency.

• **Equal liberty and human rights.** Emergency preparedness activities should be designed so as to respect the equal liberty, autonomy and dignity of all persons.
Ethical Considerations (Jennings & Arras (2016))

• **Distributive justice.** Emergency preparedness activities should be conducted so as to ensure that the benefits and burdens imposed on the population by the emergency and by the need to cope with its effects are shared equitably and fairly.

• **Public accountability and transparency.** Emergency preparedness activities should be based on and incorporate decision-making processes that are inclusive, transparent, and sustain public trust.
Ethical Considerations (Jennings & Arras (2016))

• **Community resilience and empowerment.** Emergency preparedness activities should strive towards the long-term goal of developing community resources that will make them more hazard-resistant and allow them to recover appropriately and effectively after emergencies.

• **Public health professionalism.** Emergency preparedness activities should recognize the special obligations of certain public health professionals, and promote competency of and coordination among these professionals.

• **Responsible civic response.** Emergency preparedness activities should promote a sense of personal responsibility and citizenship
What we have learned from the past (Rothstein, et al. on SARS) – Political/Legal

• Clear delineation of authority and responsibility for the various public health functions in an epidemic needs to be undertaken among federal, state, and local officials.

• Because political boundaries are not barriers to infections, regional coordination should be supported and increased among all agencies with public health functions, including departments of public health, health care providers and hospitals, law enforcement, federal and state emergency preparedness officials, and the legal system.

• Public health measures adopted in response to an emergency that restrain civil liberties should be reviewed periodically and should not be extended to other conditions unless previously established criteria are satisfied.
What we have learned from the past (Rothstein, et al. on SARS) – Coordination Healthcare Infrastructure

• Joint response plans involving all appropriate government agencies should be developed . . .

• To conserve state and local public health resources and ensure consistency, there should be a single, integrated, public health response plan for all public health threats, . . . rather than layering a new plan for responding to the threat onto prior response plans.
What we have learned from the past (Rothstein, et al. on SARS) – Practical issues: The delivery of food & medicine

• Public health planning for a large-scale quarantine needs to consider the wide range of logistical issues involved in providing food, medicine, and essential services for thousands of people in quarantine.

• Representatives of people from all racial, ethnic, religious, linguistic, and cultural groups as well as people with disabilities and other special needs in each geographic area need to be involved in the planning process so that a plan appropriate to the needs of each group is developed in advance of an emergency.
What we have learned from the past (Rothstein, et al. on SARS) – Public communication/education

• Frequent communication by a single, or a very limited number of credible spokesperson(s) throughout an epidemic is essential to improving public understanding of and maintaining public support for quarantine, isolation, and other public health measures.
“The emerging climate of fake news and alternative facts leaves us worse off than ever before,” says Arthur Caplan, a bioethicist at New York University. “I am very worried, because I’m certain that we will get an outbreak.” MAY, 2017
Conclusion

“[i]t is simply not true that we must always sacrifice individual rights and liberty to take effective public health action against contagious diseases: modern public health measures must put human rights first to be effective.”

"Ethical Issues in COVID-19 Triage Policy Development"
Collaboration from Crisis: We are ALL in this Together

Kelly Michelson, MD, MPH
Director, Center for Bioethics and Medical Humanities
Julia and David Uihlein Professor of Bioethics and Medical Humanities
Professor of Pediatrics
Northwestern University Feinberg School of Medicine
FIGURE 2-1
The foundation for CSC planning comprises ethical considerations and legal authority and environment, located on either side of the steps leading up to the structure. The steps represent elements needed to implement disaster response; education and information sharing are the means for ensuring that performance improvement processes drive the development of disaster response plans. The response functions are performed by each of the five components of the emergency response system: hospitals and acute care, public health, out-of-hospital and alternate care systems, prehospital and emergency medical services, and emergency management/public safety. While these components are separate, they are interdependent in their contribution to the structure; they support and are joined by the roof, representing the overarching authority of local, state, and federal governments.

Crisis Standard of Care
Ethical Considerations

- **Fairness** – Standards that are, to the highest degree possible, recognized as fair by those affected by them — including the members of affected communities, practitioners, and provider organizations, evidence based and responsive to specific needs of individuals and the population.

- **Duty to care** – Standards are focused on the duty of healthcare professionals to care for patients in need of medical care.

- **Duty to steward resources** – healthcare institutions and public health officials have a duty to steward scarce resources, reflecting the utilitarian goal of saving the greatest possible number of lives.

- **Transparency** – in design decision making, and information sharing.

- **Consistency** – in application across populations and among individuals regardless of their human condition (e.g., race, age, disability, ethnicity, ability to pay, socioeconomic status, preexisting health conditions, social worth, perceived obstacles to treatment, past use of resources).

- **Proportionality** – public and individual requirements must be commensurate with the scale of the emergency and degree of scarce resources.

- **Accountability** – of individual decisions and implementation standards, and of governments for ensuring appropriate protections and just allocation of available resources.²
Public health principles applicable to crisis situations in Illinois

- Commit to a comprehensive systems framework for disaster and crisis response
  - Different components must be viewed as interrelated components of a single system
  - Specific methods should be employed to achieve and maintain the overarching system
- Use crisis guidelines consistently across the state
- Gather and continuously assess information for continuous quality improvement
- Continuously assess impact of response plans
- Review and adjust strategies in light of new information
- Establish and share Best Practices
COVID-19 Chicago Bioethics Coalition

• 50 individuals
• 13 Health care systems
• Communication/Sharing
  • Virtual meetings
  • Email list serve
  • Online presence (Bioethics.net and NU Center for Bioethics and Medical Humanities)
    • https://www.bioethics.northwestern.edu/covid19/
COVID-19 Chicago Bioethics Coalition - Impact

• Resource Sharing
  • Triage protocols
  • CPR/DNR policies
  • Educational materials (for public and healthcare providers)

• Shaping policy
  • Interactions with Chicago Department of Public Health
  • Interactions with Illinois Department of Public Health
  • Op-Eds/letters in the lay press
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ILLINOIS DEPARTMENT OF PUBLIC HEALTH ESF-8 PLAN: CATASTROPHIC INCIDENT RESPONSE ANNEX  March 2018
Need for consistency in ventilator allocation protocols?

• One of the fundamental guiding ethical principles
  • “Consistency – in application across populations and among individuals regardless of their human condition”

• Supports the principle of transparency
• Enhance public trust
• Mitigate individual institution’s legal liability
• Enhance efficiency
Challenges to having consistency in ventilator allocation protocols?

- Need to allow for unique institutional differences
  - Adult vs. Pediatric vs. mixed hospitals
  - Systems differences/Institutional feasibility
- State to state variability
- State liability
- No evidenced based approach
COVID-19 Chicago Bioethics Coalition - Future

• COVID-19 Projects
  • Empirical data collection during crisis
  • Community input
  • Experience of pediatric institutions (stand alone and combined)
  • Public facing education (Op Eds, Podcasts, online, other)
  • Healthcare provider education
  • Address emerging issues (medication allocation, impact on disadvantaged populations)

• Ongoing engagement...
Thank you!

https://www.bioethics.northwestern.edu/covid19/