the Ethics of Healthcare Disaster Preparedness

Ethics of Health Care Disaster Preparedness

The State Expert Panel on the Ethics of Disaster Preparedness in collaboration with the Wisconsin Division of Public Health, Hospital Emergency Preparedness Program and the Wisconsin Hospital Association has developed a series of brochures, entitled "Ethics of Health Care Disaster Preparedness." These materials provide guidance to health care organizations and their staff so that all have a better understanding of why certain decisions are made, how these decisions are informed by the ethical principles in this document and how these decisions will be implemented when there are limited resources.

The State Expert Panel has produced this document primarily as a basis for discussion so health care workers can participate in a dialogue that will further refine these guidelines. The desired outcomes of these discussions include:

- *a greater awareness of the ethical issues that will arise during a disaster*
- *an understanding of the ethically justifiable expectations regarding what to expect from the health care system during a disaster*

On any given day, there are emergency departments on diversion that cannot accept patients. Often urban hospitals have high census with many admissions and procedures being delayed while rural hospitals face cutbacks on services due to low volume and the high costs of providing services. Patients have been accustomed to long waits in doctor's offices. In many areas of the country, there is a shortage of physicians, nurses and other health care professionals.

Although the health care system is "stressed" on a day-to-day basis, for the most part, there is a balance between health care "needs" and "resources." Patients are seen and treated. Health care professionals along with the necessary supplies and equipment are available to meet the needs of the patients that present to hospitals and physician offices.

But if the health care system is stressed on a day-to-day basis, it will be overwhelmed in a disaster where "needs" will far outweigh resources. The same significant imbalance between needs and resources occurred during Hurricane Katrina and its aftermath. Although the health care system is robust and resilient, any incident that will last

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more than a few days may result in a severe imbalance between needs and resources due to the way hospitals operate today.

One such "all hazards" disaster scenario is pandemic influenza, which is similar to the influenza that may be caused by the "bird flu." A pandemic may have a devastating impact on the health and well being of the people in our local community, the state, the nation and the world. Table 1 illustrates the likely morbidity and mortality estimates of an influenza pandemic, based on a 30 – 35 percent attack rate and the severity of illness seen during the 1968 pandemic during a 6 - 12 week period[1].

Table I	United States	Wisconsin
Persons Clinically Ill	89 million	1.9 million
Patients Requiring Outpatient Care	42 million	1 million
Potential Hospitalizations	700,000	22,000
Potential Deaths	200,000	8,000

It is the intent of the State Expert Panel that health care workers and the general public have discussions so they have an opportunity to reflect upon and give input to these guidelines.

This document is not intended to be a planning document or a "how to" manual, but rather to serve as a framework to communicate ethical dilemmas that will need to be addressed both by the health care community (the entire continuum of health care) and by the general public.

Key Definitions

Disaster: In this document, it refers to any incident that overwhelms the resources of the health care system, locally or regionally, and the effects are expected to last for more than 96 hours.

Health Care Disaster Ethics: A set of principles and values that serve to direct the duties, obligations and parameters of the delivery of health care in a disaster situation. Disaster Ethics is the study of what **ought to be done** in a disaster situation.

Health Care Organization or System: In this document, the term, "health care organization or system," refers broadly to all organizations that provide care to patients or clients. These include but are not limited to hospitals, public health departments, emergency medical services, nursing homes, assisted living facilities, group homes, etc.

Health Care Professional: All health care workers who are licensed, registered or certified.

Health Care Worker: Any person who works in a health care organization.

The State Expert Panel has identified Ethics Principles and Procedural Values that form the basis for ethical decision-making in a disaster. The State Expert Panel intends that these Ethics Principles consider the multiple religious, cultural, social, economic, geographic or ethnic backgrounds of the people of the State of Wisconsin. This document contains guidelines to help health care providers to ensure that all decisions are made in a way that demonstrates the Procedural Values of Fairness, Respect for Persons, Solidarity, and Limiting Harm.

It is important to note that this brochure series is not prescriptive in that it does not set forth a model for ethical decision-making. Rather, the State Expert Panel has determined a set of Ethics Principles that should occupy a central role in all decisions related to the topics identified in this brochure series.

The Panel also offers five Procedural Values that should shape the manner in which ethical decisions are reached. In this way, ethical decision-making in disaster planning can demonstrate consistency and accountability to the Ethics Principles through a framework of Procedural Values that should shape the discourse on each of the issues raised in this document.

It is also important to recognize while reviewing these Ethics Principles, that there is no hierarchical order to these principles. These

[1] "Template Hospital Policy for Responding to Pandemic Influenza," Wisconsin Division of Public Health, Hospital Emergency Preparedness Program, 2006.

Ethics Principles are intended to be complementary, but in some instances, they may conflict as well. It is the belief of the State Expert Panel that attentiveness to the Ethics Principles and the Procedural Values—whether these principles and values are in conflict or are complementary—will serve as a helpful guide for the significant decisions that are a part of planning for disasters. These beliefs and values provide an ethical guide to help answer the question "Why will my health care provider make these decisions?"

As a society, having experienced such disasters as 9/11 and Hurricane Katrina, we need to reset our expectations. We need to realize that, in a disaster, things may not always go well; some people will die; some people may not get treatment. This brochure series contains guidelines to help health care providers to understand how health care decisions may be made in a disaster.

Fairness: This value requires that health care resources be allocated fairly with a special concern that those most vulnerable are treated fairly. However, given the fact that there will be limited resources, the fair distribution of resources is governed not by what is best for the individual, but rather by the principle of "the greater good of the community." Given the fact that resources are limited, decisions will be made that result in certain people receiving these resources while others will not. Not every need can be met in a disaster.

Respect for Person: This value states that each person is a unique individual and is to be valued despite gender, ethnicity, age, religion, social status, economic value or any other variable. Since all persons are worthy of respect, it follows then that all persons must be treated fairly, justly and with dignity. With limited resources, some persons will receive full treatment, some will receive limited treatment and some will receive no treatment at all. No matter what level of care is administered, each person must know that they will always be respected and treated with dignity. In instances where individuals may not receive treatment, they should be assured that they will be provided with dignified comfort care.

Solidarity: Each person makes a commitment not only to family and loved ones but also to the community. Solidarity means that each individual must consider the needs of others. When there are limited resources, each person has an obligation to care for the other, knowing that with limited resources, each person must consider the greater good of the community rather than one's own self interest.

Limiting Harm: Each physician and health care professional commits to "do no harm." With limited resources, health care professionals may not be able to meet the needs of all patients. In such cases, they will do as much good as possible for each patient, which means "limiting harm done to patients by the disaster" because of the lack of necessary resources. For example, with hospitals filled to capacity, some patients, with less acute injury or illness, may need to be cared for at home.

The following values are called **"Procedural Values"** because these are the values that should guide the process of ethical decision-making:

Reasonableness: Treatment decisions are to be based on science, evidence, practice, experience and principles and be guided by the values that are identified in this document. Health care workers should at least understand that any science, evidence, practice, experience and principles being used for addressing health care decisions in a disaster are reasonable. Reasonableness is the quality of being believable by and acceptable to the average person.

Transparency/Openness: The process of discussing the guidelines in this document and how these guidelines will be applied in a disaster is open to public discussion and scrutiny. This period of discussion is an opportunity for both health care workers and the public to provide their recommendations about editing the guidelines and to have their recommendations recognized and acted upon.

Inclusiveness: These guidelines are a draft. Any decisions are to be made explicitly with the intent

of including the views of health care workers and the public. There should be opportunities to engage health care workers and the public in the decision-making process and to have a methodology for making their opinions known and knowing that their opinions are acted upon.

Responsiveness: There will be opportunities to revisit and revise these guidelines as new information emerges, especially throughout an actual crisis. There are mechanisms to address comments, recommendations, disputes and complaints.

Responsibility: Health care workers and the public have an obligation to participate to the extent possible in these discussions and to offer their opinions and recommendations about these guidelines. During the actual crisis there is an obligation to understand and accept the decisions that will be made, unless there is sufficient reason to appeal the decisions.

State Expert Panel on the Ethics of Disaster Preparedness

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If you have questions or comments on the content of this brochure or to order additional copies of this brochure and other brochures in the series or to report on the Desired Outcomes developed by your organization, please email dhsethics@dhs.wisconsin.gov.