

Pandemic influenza preparedness: an ethical framework to guide decision-making

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Abstract

Background: Planning for the next pandemic influenza outbreak is underway in hospitals across the world. The global SARS experience has taught us that ethical frameworks to guide decision-making may help to reduce collateral damage and increase trust and solidarity within and between health care organisations. Good pandemic planning requires reflection on values because science alone cannot tell us how to prepare for a public health crisis.

Discussion: In this paper, we present an ethical framework for pandemic influenza planning. The ethical framework was developed with expertise from clinical, organisational and public health ethics and validated through a stakeholder engagement process. The ethical framework includes both substantive and procedural elements for ethical pandemic influenza planning. The incorporation of ethics into pandemic planning can be helped if senior hospital administrators sponsor its use, by having stakeholders vet the framework, and by designing or identifying decision review processes. We discuss the merits and limits of an applied ethical framework for hospital decision-making, as well as the robustness of the framework.

Summary: The need for reflection on the ethical issues raised by the spectre of a pandemic influenza outbreak is great. Our efforts to address the normative aspects of pandemic planning in hospitals have generated interest from other hospitals and from the governmental sector. The framework will require re-evaluation and refinement and we hope that this paper will generate feedback on how to make it even more robust.

Background

As the world prepares for the emergence of a pandemic strain of influenza, trans-national, national and local organisations and agencies are designing plans to manage community outbreaks. In addition, the medical community is identifying scientific research priorities and needs related to the anticipated pandemic [1, 2]. There is also a need to examine the ethical issues that arise from planning for a public health crisis of this magnitude. Who should get the limited supply of antivirals? Are health care workers duty-bound to care for the ill in a pandemic when they may have competing familial obligations? Who will be prioritized for scarce ventilated hospital beds? When should hospitals cancel elective surgeries or restrict hospital visitation? To date, the bioethics community has been slow to respond to public health issues in general [3, 4], and pandemic influenza planning in particular [5]. In this paper we discuss the need for ethics in pandemic influenza planning and describe the ethical framework we developed to guide pandemic planning in hospitals.

The importance of ethics

One of the characteristics of a public health crisis is that health needs overwhelm available human and material resources. Difficult decisions must be made about how, where and to whom resources should be allocated. Medical science provides valuable information to help make these decisions. However, science alone is insufficient. Now consider that resource allocation decisions are just one kind of decision decision-makers face in preparing for, and getting through an influenza pandemic. As many have begun to point out, pandemic planning needs to take ethical considerations seriously, and not allow the urgency of logistical and scientific needs to sideline a discussion of ethical considerations [6, 7].

Kotalik argues that as “every discourse about health care has not only a scientific but also a moral dimension, [pandemic influenza] plans also presuppose certain ethical values, principles, norms, interests and preferences” [7]. It is important to make these presuppositions explicit, because, as the SARS experience in Toronto taught health care organisations, the costs of not addressing the ethical concerns are severe: loss of public trust, low hospital staff morale, confusion about roles and responsibilities, stigmatization of vulnerable communities, and misinformation [8-10]. Another key insight from SARS that we overlook at our peril was that in times of crisis, “where guidance is incomplete, consequences uncertain, and information constantly changing, where hour-by-hour decisions involve life and death, *fairness is more important, rather than less* [emphasis added]” [10].

Take the example of triaging ventilated beds in an ICU. In theory, decision-makers rely on scientific evidence to determine how best to maximise benefit in the allocation of ventilated beds, but science cannot tell us whether or not the initial decision to maximise benefit is just. Because the notion of maximising benefit is derived from a reflection on values, ethical analysis is required to determine why a utilitarian approach to triage though maximisation of benefit is preferable to the assignment of ventilated beds on a different basis, for example that of greatest need. Even if the utilitarian maximisation of benefit is thought to be ethically sound, how to implement a system based on this criterion is not ethically straightforward, and requires ethical reflection about what counts as good stewardship, and about the moral obligation to demonstrate transparency, accountability, fairness and trustworthiness in the allocation of scarce resources.

The importance of ethics to pandemic planning is in the “the application of value judgements to science” [11], especially as they are embedded in planning assumptions, and within the practice of medicine itself. For example, while ethics might have little to contribute to

understanding the mechanism of influenza virus transmission, it can make a significant contribution to debates such as what levels of harm the public are prepared to accept, how the burdens of negative outcomes should be distributed across the population and whether or not more resources should be invested in stockpiling antiviral medications.

While there is a need for broad societal debate around ethical issues pertaining to problems like triaging care for patients, and augmenting or rationing resources during an influenza pandemic [7, 12], the need for ethical frameworks that offer guidance to decision-makers facing complex choices is evident. Another lesson from the Toronto SARS experience was that health care institutions and their staff could benefit from the development of ethical frameworks for decision-making [8]. In Ontario the need for guidance on the ethical issues pertaining to an influenza pandemic has been widely acknowledged. As word of our work on an ethical framework for Sunnybrook and Women's College Health Science Centre became known, we were invited to join other hospitals' pandemic planning efforts. There was also broader sectoral interest in ethics, and we were invited to join the Ontario Ministry of Health and Long Term Care's efforts to design a pandemic plan. Clearly then, it is not just the hospital sector who have identified a need for the development and use of ethical frameworks to guide decision-making.

The use of ethical frameworks to guide decision-making may help to mitigate some of the unintended and unavoidable collateral damage from an influenza pandemic. As Kotalik argues, the incorporation of ethics into pandemic plans can help to make them "instruments for building mutual trust and solidarity at such time that will likely present a major challenge to our societies" [7]. Using ethical frameworks to help guide decisions can offer greater assurance that the values

instantiated within them, such as accountability, transparency and trust, will be carefully thought about in decision-making and when reviewing decisions with stakeholders.

Discussion

Development of the ethical framework

Our working group was formed in response to the pandemic planning initiative that took place at Sunnybrook and Women's College Health Sciences Centre in early 2005. The hospital's Centre for Clinical Ethics was invited to provide ethics support in this planning initiative. It soon became apparent that the scope of the issues went beyond the purview of clinical ethics to include organisational and public health ethics. Expertise in organisational and public health ethics was quickly procured through the University of Toronto's Joint Centre for Bioethics that includes amongst its member hospitals, Sunnybrook and Women's Health Sciences Centre.

Expertise in clinical ethics was important to the development of this framework because of the knowledge, skills and experience clinical ethicists need to address dilemmas or challenges found in the daily clinical arena. An obvious challenge was how to integrate expertise in public health ethics in to a framework designed to guide decision-making in clinical health care settings. In order to meet this challenge, the authors turned to the SARS experiences of Toronto hospitals and health care providers. A review of this literature guided the integration of the public health and the clinical ethics perspectives [8-10]. The Toronto experience with SARS demonstrated that organisations faced unique ethical challenges when dealing with a public health crisis, and much of the ethics literature identified a need for greater forethought in how organisations can foster ethical decision-making in times of crisis [8-10]. We reasoned that the legitimacy of this framework would be enhanced by including insights from the analysis of a

recent public health crisis like SARS. Not surprisingly, the literature on clinical ethics has little to say about disaster preparedness and how to make decisions about such things as triage under extraordinary circumstances.

The ethics literature on bioterrorism and battle-field triage informed our thinking and called our attention to important issues such as the duty to care, reciprocity, equity and good stewardship [13-15]. The importance of having ethically robust criteria and policies developed in advance of a pandemic influenza outbreak is underscored in this literature, for “critical decisions like these should not be made on an individual case-by-case basis” and “physicians should never be placed in a position of individually deciding to deny treatment to patients without the guidance of policy or protocol” [15]. Robust disaster preparedness requires practising preventive ethics.

Building on key lessons from SARS [8-10] and the “emergency ethics” literature and drawing on our expertise in clinical, organisational, and public health ethics, we identified key ethical processes and values that are relevant for health care organisations. As the framework took shape, we were invited to join the Ontario Ministry of Health and Long Term Care (MOHLTC) planning efforts. We began to work with the Vaccine and Antiviral working group at the Ministry, and we adapted our work to meet the related but distinct challenges facing government. While our work with the MOHLTC began with the Vaccine and Antiviral working group, the ethical framework we developed for the Ministry was eventually included in the *Ontario Health Pandemic Influenza Plan* [16] not as an annex to the section on vaccines and antivirals as we had originally anticipated, but as an ethical framework for the plan as a whole.

The ethical framework was vetted through Sunnybrook & Women’s College Health Sciences Centre’s Pandemic Planning Committee, the Joint Centre for Bioethics’ Clinical Ethics

Group, and the Ontario Ministry of Health and Long Term Care Vaccine and Antiviral working group, and the entire Ministry pandemic planning committee. Through this process, we refined the framework and we are grateful to these groups for their valuable insights.

It has been our experience that these values resonated with the pandemic planners with whom we have shared this ethical framework. The pragmatic justification for the selection of the values means, however, that the framework is provisional. Therefore, the framework ought to be subject to revision in light of compelling argument or empirical evidence. We intend that the framework invite dialogue about its legitimacy and its adequacy. We will return to this issue in the final section of this paper.

The ethical framework

The ethical framework is intended to inform decision-making, not replace it. It is intended to encourage reflection on important values, discussion and review of ethical concerns arising from a public health crisis. It is intended also as a means to improve accountability for decision-making and may require revision as feedback and circumstances require.

The framework is divided into two distinct parts, and begins with the premise that planning decisions for a pandemic influenza outbreak ought to be 1) guided by ethical decision-making processes and 2) informed by ethical values. Ethical processes can help to improve accountability and it is hoped that, to the extent that it is possible for ethical processes to produce ethical outcomes, the substantive ethical quality of decisions will be enhanced. Recognising, however, that ethical processes do not guarantee ethical outcomes, we have identified ten key ethical values to guide decision-making that address the substantive ethical dimensions of decision-making in this context.

Ethical processes

In planning for and throughout a pandemic influenza crisis, difficult decisions will be made that are fraught with ethical challenges. Our framework around ethical processes is based upon the “accountability for reasonableness” model developed by Daniels & Sabin [17] and adapted by Gibson, Martin & Singer [18]. This model provides a useful way of identifying the key elements of ethical decision-making processes. Table 1 outlines the characteristics of an ethical decision-making process. Stakeholders will be more able to accept difficult decisions during a pandemic influenza crisis if the decision-making process has, and is perceived to have, ethical legitimacy.

Some may argue that these principles are too stringent or impractical to implement under crisis conditions. Certainly, crisis conditions may place constraints on the extent to which each principle can be acted upon. However, efforts should be made to put them into action to the fullest extent possible under the circumstances. As previously mentioned, it was found that organisations that did not have decision-making processes that honoured these values during SARS are dealing with a legacy of collateral damage to staff and patients in the form of distrust and low morale [8].

Ethical values

The second part of the framework identifies ten key ethical values that should inform the pandemic influenza planning process and decision-making during an outbreak. These values are intended to provide guidance, and it is important to consider that more than one value may be relevant to a situation. Indeed, the hallmark of a challenging ethical decision is that one or more

value(s) are in tension and that there is no clear answer about which one to privilege in making the decision. When values are in tension with one another, the importance of having ethical decision-making processes is reinforced (see above.)

The values identified in our ethical framework were based initially on previous work on ethics and SARS at the University of Toronto Joint Centre for Bioethics (JCB). Through stakeholder consultation with public health specialists, ministry officials, Sunnybrook and Women's Health Sciences Centre's pandemic influenza committee, and the clinical ethics group at the JCB, we augmented the values to include two new values (stewardship and trust) and refined the definitions of each value in light of the anticipated demands of a pandemic influenza crisis compared to a hospital-based epidemic such as SARS. A brief description of the values that should guide decision-making can be found in Table 2.

Included in the framework are "hot button" ethical issues that we identified through our work with hospitals and the Ontario Ministry of Health and Long Term Care. These issues were as follows:

- a) Targeting and prioritizing populations for vaccines and antivirals
- b) Intensive Care Unit and hospital bed assignment
- c) Duty to care
- d) Human resources allocation and staffing
- e) Visiting restrictions
- f) Communications and how reviews of decisions will be handled

These "hot button" issues are not intended to be exhaustive, but rather they serve to illustrate how the values in the ethical framework can be used to identify key ethical aspects of decision-making.

Let us take the issue of targeting and prioritizing populations for vaccine and antivirals to illustrate how the values in the ethical framework can help guide decision-making. The values of solidarity and protecting the public from harm would require that priorities be set to maximize the capacity to help society ensure that the ill are cared for during a pandemic. Furthermore proportionality would require that decision-makers consider who within the community are most vulnerable to the contagion as well as who are most likely to benefit from immunization. A well-informed public apprised of the ethical framework and expertise that informed the ranking of priorities for immunisation would be consistent with values of trust and transparency.

Lastly, these “hot button” issues are not intended to be comprehensive, but rather they serve to illustrate how the values in the ethical framework can be used to identify key ethical aspects of decision-making. While knowing how to use the framework to inform decision-making is vital, there is more to ensuring that the framework will be used or useful.

Proposed steps for integrating ethics into pandemic planning

We have identified three necessary, if not exhaustive elements to the successful integration of ethics into hospital pandemic planning processes. These elements are 1) sponsorship of the ethical framework by senior hospital administration; 2) vetting of the framework by key stakeholders and; 3) decision review processes.

Sponsorship by senior administrators

Whether or not an ethical framework is used to inform decision-making in a health care institution depends to a large extent on people in senior positions of an organisation seeing its relevance to the decision-making process. In part, this is dependant on how robust the framework is, but it also requires the willingness to frame (at least some) pandemic planning issues as

normative in nature. The senior administration at Sunnybrook and Women's College Health Sciences Centre (many of whom were part of the Pandemic Planning Committee) had previous experience with the accountability for reasonableness framework for decision-making, and thus their pandemic influenza planning committee was already familiar with that part of the framework, and they were receptive to the idea of being guided by an ethical framework. Indeed, as previously mentioned, they played an important role in vetting the ethical framework. Ensuring that institutional "sponsors" are in favour of adopting an ethical framework is important for gaining widespread support for using an ethical framework in decision-making, and for ensuring that the ethical framework does not become something that looks nice but remains unused.

Vetting of the ethical framework by key stakeholders

In order to obtain support for, or "buy in" to an ethical framework, it is important that key stakeholders in an institution vet the framework. This requires careful consideration of who the key stakeholders are in an institution. Not only should this include those with responsibility for decision-making, but also those who will be affected by decisions taken. For the vetting process is not just intended to create "buy in" but also to decrease the likelihood that interests and issues that are (morally) relevant to pandemic planning will be neglected or overlooked. Ideally, the vetting process would include people who can represent the interests of patients, families and volunteers who are part of the hospital's constituency. Although patient relations, human resources and occupational health representatives from Sunnybrook and Women's provided guidance and feedback in the development of the framework, direct input from patients and family representatives was not obtained. One limitation of our framework is that it has yet to be vetted by these important stakeholders.

The importance of solidarity to the management of a public health crisis would also suggest that the public and other health care organisations be considered stakeholders in pandemic planning. While it may not be pragmatic for hospitals to undertake broad public consultation and vetting processes for their pandemic plans in general, and their ethical frameworks in particular, solidarity and fairness suggest that these broader stakeholder interests are relevant to pandemic planning. Consequently, opportunities for broader ethical dialogue about pandemic planning need to be encouraged. We shall return to this point in the final section of the Discussion.

Decision review processes

In order to ensure that the support of key stakeholders is maintained through an outbreak, there need to be effective communication mechanisms in place. An important aspect of responsive decision-making processes is ensuring that there are formal opportunities to revisit and revise decisions as new information emerges. As part of our ethical framework, we formulated a template for decision review processes, (adapted from, Gibson JL: *Formal decision review process template*. Unpublished; 2003) that aids organisations in identifying existing and establishing new mechanisms that can be used for the formal reviews of decisions. We believe decision review mechanisms are an essential part of ethical decision-making in a public health crisis, and are one way to put the values in the ethical framework in to action.

Formal mechanisms for reviewing decisions are needed in order to capture feedback from stakeholders on key decisions, and to resolve disputes and challenges. These processes are important for ensuring that decisions are the best possible under the circumstances given changing information and for engaging stakeholders constructively around the difficult decisions that must be made. Given the unpredictable nature of public health emergencies and the

difficulty this poses for those in charge of planning and decision-making, it is reasonable to assume that decisions will be revised throughout the pandemic influenza crisis. Disputes or challenges may arise from the restrictions or requirements imposed on staff, patients and families during a pandemic influenza outbreak. Thus, decision review processes are essential. Again, while some may argue that this is too stringent a measure for a time of crisis, we argue that reviews of decisions will be taking place regardless (most likely in an *ad hoc* manner), and that to formalize this process is to increase its fairness and moral legitimacy.

Scope of the ethical framework

Applied Ethics and Critical Ethics

It is important to distinguish between different types of ethical analyses in order to explain the approach that was taken to the development of the ethical framework discussed herein. Callahan and Jennings draw a useful distinction between *applied* ethics and *critical* ethics [4]. Our ethical framework is an example of applied ethics because the framework identifies and relies on “general principles that can be applied to real-world examples of professional conduct or decision-making”[4]. Critical ethical analysis, on the other hand, pays more attention to problems that are the “result of institutional arrangements and prevailing structures of cultural attitudes and social power” [4]. In addition, critical ethics tends to call for discussions “to be genuinely public or civic endeavours” [4].

The distinction between different types of ethical analyses is important because those doing applied ethical analysis sometimes run the risk of appearing complicit in or complacent about the kinds of issues that a critical ethicist seeks to problematize. This is because the focus in applied ethics arises from the need for guidance about issues of professional conduct often

involving immediate ethical dilemmas found in providing care. Critical ethics has a different, but equally important focus that stems from the need for critical discourse on issues arising from structural arrangements in society, and the concomitant power dynamics and underlying assumptions.

In order to illustrate this distinction let us return to our example about triage of ventilated beds in the ICU. The critical ethicist would be interested in questioning the maximisation of benefit form of triage and in problematizing or possibly rejecting the utilitarian notion of justice implicit in this form of triage. An applied ethicist would be less likely to question the concept of justice behind a method of triage, and be more likely to work to ensure that professional standards and ethical principles inform decision-making pertaining to whatever triage strategy is being used. However, this is not to say using applied ethical analysis precludes the possibility of problematizing the method of triage. Often the applied ethicist may raise issues that overlap with critical ethics, and vice-versa.

Indeed, our ethical framework is an example of applied ethical analysis that can help redress some of the issues a critical ethics perspective would raise. Our framework is primarily an example of applied ethics, because it is “designed to give professionals guidance and to give clients and the general public standards to use in assessing professional conduct” [19]. However, by providing ethical guidance and standards the framework promotes values and processes that seek to redress the power disparities within institutions and within the structural arrangements in society. The section of the framework that deals with ethical processes in particular is a challenge to how institutional decisions are typically made. For example, the value of “inclusiveness” as a process principle is essential for redressing power differences amongst key stakeholders [18].

The framework can also address other concerns that a critical ethics perspective raises. In the only other article we could find explicitly about the ethics of pandemic planning, Kotalik offers what we consider to be primarily a critical ethics analysis of the pandemic plans of three countries. He argues persuasively that it is problematic that all three plans accept particular conditions of resource scarcity as planning assumptions:

The assumption that scarcity of a particular resource is unavoidable is (with the exception of a shortage of flu vaccine and antivirals) an assumption that is usually not scrutinised.[7]

While Kotalik has raised a very important issue, our ethical framework focuses on providing guidance to decision-makers facing resource allocation decisions. This includes providing guidance on how to design an ethical process for decision-making about resource allocation, and providing ethical values for consideration. This should not be interpreted as complacency about the scarcity issue itself, and it should be noted that consideration of the values in the framework might, in fact, prompt decision-makers to question the assumption of scarcity themselves. In addition, the ethical framework does address Kotalik's related concern that the rationale behind resource allocation and resource augmentation decisions be made transparent and subject to public scrutiny [7]. In fact, our framework outlines a more extensive set of criteria for ethical decision-making processes (see Table 1).

While the ethical framework falls within the scope of applied ethics, we argue that the framework also provides the means to redress power differentials and improves accountability for decision-making. In this way, the framework also addresses key critical ethics concerns.

Cultural Limitations and Future Directions

Within pluralistic societies, there are many different ethical perspectives that exist simultaneously on issues about global, public and individual health. An ethical framework to guide decision-making is robust to the extent that it reflects the values and beliefs of the decision-makers who refer to it and the values and beliefs of those affected by the decisions being taken. Our framework relied heavily on the experience with SARS in Toronto to surface and examine the ethical values that are important for a public health crisis. An influenza pandemic is likely to present us with particular ethical challenges that are different from SARS due to the predicted severity of the contagion within the community. It would therefore be important not to uncritically adopt such a framework but rather to use it as a basis for continued reflection and re-evaluation to ensure its relevance and responsiveness during the unfolding health crisis. It is also important to consider the extent to which an ethical framework is reflective of the community in which it is to be used. Lessons from SARS as it was experienced in China would likely surface some different ethical values, or emphasise different aspects of our framework. As Callahan and Jennings have argued:

We submit that a rich discourse on ethics and public health cannot be advanced without relating it to the background values of the general society, and the particular communities, in which it will be carried out.[4]

Indeed, as previously maintained, there are many issues related to pandemic influenza planning—particularly those raised by a *critical* ethical analysis—that require broad public debate. While these kinds of issues require public debate that takes place at the societal level, ethical pandemic planning requires that organisations and agencies foster internal dialogue about the values instantiated in an ethical framework. For it is

imperative that the values outlined in a framework resonate with the members of an organisation, and the community it serves. The procedural aspects of the framework provide a means to ensuring that the values of the community are reflected in decision-making through the procedural principles of inclusiveness and responsiveness.

It is important, too, to recognise that values are not static, and that circumstances will evolve rapidly during a pandemic influenza outbreak. Ethical frameworks will also require re-evaluation and revision. The challenge will be to continue to recognise the importance of moral reflection under circumstances that are not conducive to it and to encourage a process of re-evaluation that strives to assess whether resulting decisions are consistent with those values the framework is intended to promote. For this reason, it is imperative to start the ethical dialogue in advance, and to find ways to encourage consideration of ethical issues at all stages of decision-making. We hope that this paper will go some way towards advancing this objective, and that this paper stimulates discussion of the ethical issues and values that pervade pandemic planning.

We believe that this framework is unique in its blending of clinical, public health, and organizational ethics. One of its strengths is that it draws on lessons from the recent public health crisis of SARS in Toronto, and it is therefore to some extent empirically grounded. It is also unique in its attempt to provide guidance to decision-makers facing a public health crisis. We hope that the framework's acceptance by hospitals and the provincial government in Ontario signals a change in the way that decisions are taken by institutions that are charged with making decisions that have life and death consequences for the public.

Summary

- Good pandemic planning requires reflection on values because scientific information alone cannot drive decision-making.
- The development of an ethical framework for hospital pandemic planning calls for expertise in clinical, organisational and public health ethics.
- Stakeholder engagement is essential for the ethical framework to be relevant and legitimate.
- The ethical framework contains procedural and substantive ethical values to guide decision-making.
- Three key elements of integration of ethics in to pandemic planning are 1) sponsorship from senior hospital administration; 2) vetting by stakeholders and; 3) decision review processes.
- An ethical framework is robust to the extent that pandemic influenza planning decisions are seen to be ethically legitimate by those affected by them.
- In order to increase the robustness of pandemic planning in general, timely public debate about the ethical issues is essential.

Competing Interests

The authors declare that they have no competing interests.

Author's Contributions

AT, KF, JG and RU contributed equally to the development of the ethical framework. AT drafted this manuscript and KF, JC and RU contributed equally to the revision of the manuscript. All authors read and approved the final manuscript.

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Tables

Table 1: Ethical processes

Value	Description
Openness and Transparency	Decisions should be publicly defensible. The process by which decisions are made must be open to scrutiny and the basis upon which decisions are made should be publicly accessible.
Reasonableness	Decisions should be based on reasons (i.e., evidence, principles, values) that stakeholders can agree are relevant to meeting health needs in a pandemic influenza crisis and people who are credible and accountable should make them.
<u>Inclusiveness</u>	Decisions should be made explicitly with stakeholder views in mind and there should be opportunities to engage stakeholders in the decision-making process.
Responsiveness	There should be opportunities to revisit and revise decisions as new information emerges throughout the crisis as well as mechanisms to address disputes and complaints.
Accountability	There should be mechanisms in place to ensure that ethical decision-making is sustained throughout the crisis.

Table 2: Ethical values to guide decision-making

Guiding Value	Description	Example
Individual Liberty	In a public health crisis restrictions to individual liberty may be necessary to protect the public from serious harm. Restrictions to individual liberty should: <ul style="list-style-type: none"> • Be proportional, necessary and relevant • Employ the least restrictive means • Be applied without discrimination 	Social distancing strategies that employ visitor restrictions must be proportionate to the threat being allayed
Protection of the Public from Harm	To protect the public from harm, hospitals may be required to take actions that impinge on individual liberty. Decision makers should: <ul style="list-style-type: none"> • Weigh the imperative for compliance • Provide reasons for public health measures to encourage compliance • Establish mechanisms to review decisions 	Visitor restrictions in hospitals to protect the public from harm must be implemented only when the benefits outweigh the harms

Proportionality	Proportionality requires that restrictions to individual liberty and 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.	Use the least restrictive or coercive measure when limiting liberties or entitlements
Privacy	Individuals have a right to privacy in health care. In a public health crisis, it may be necessary to override this right to protect the public from serious harm.	Disclose only private information that is relevant to achieve legitimate and necessary public health goals
Equity	All patients have an equal claim to receive the health care they need under normal conditions. However, during a pandemic tough decisions will need to be made about which health services to maintain and which to defer. This may extend beyond the cessation of elective surgeries and may limit the provision of emergent or necessary services.	Staff and patient access to fair decision-making processes and decision review mechanisms can help promote equity during a crisis.
Duty to Provide Care	Inherent to all codes of ethics for health care professionals is the duty to provide care and to respond to suffering. Health care providers will have to weigh demands from their professional role with other competing obligations. Moreover, health care workers will face significant challenges related to resource allocation, scope of practice, professional liability, and workplace conditions.	It will be necessary to work collaboratively with stakeholders, regulatory colleges and labour associations to establish practice guidelines in advance
Reciprocity	Reciprocity requires that society supports those who face a disproportionate burden in protecting the public good and takes steps to minimise burdens as far as possible. Measures to protect the public good are likely to impose a disproportionate burden on health care workers, patients, and their families.	Decision-makers and institutions are responsible for easing the burdens of health care workers and for ensuring the safety of their workers.
Trust	Trust is an essential component of the relationships between clinician and patient, staff and the organisation, the public and health care providers or organisations, and between organisations within a health system. Decision-makers will be confronted with the challenge of maintaining stakeholder trust while simultaneously implementing various control measures. It takes time to build trust.	Early engagement with stakeholders may increase stakeholder confidence in decisions.

<p>Solidarity</p>	<p>As we learned from SARS, a pandemic influenza outbreak, will not only require a “new vision of global solidarity,”^[9] it will require a vision of solidarity within and between health care institutions.</p>	<p>Territoriality between hospital departments and between health care institutions needs to be overcome with good communication and sense of common purpose.</p>
<p>Stewardship</p>	<p>Those entrusted with governance roles should be guided by the notion of stewardship. Inherent in stewardship are the notions of trust, ethical behaviour, and good decision-making.</p>	<p>Decision-makers need to consider the fair distribution of benefits and burdens, and mitigate collateral damage from resource allocation decisions.</p>