Ethical Crisis Deliberation Drill

Purpose: The purpose of this exercise to help regularize inclusive discussions on urgent ethical issues that must be deliberated so a course of action can be taken immediately.

Participants: Any public health, health care, human service, or other worker or member of the community who may find themselves forced to choose a course of action that has an ethical dimension. The participants should be the same as those that may need to have an actual such discussion in a crisis. Others should participate to learn from, supervise, or evaluate the process.

Instructions:

1) Review the scenario provided (or other scenario) with the group.
2) Read one or more of the specific ethical challenges to the group, one that is appropriate to their practice. (Modify as needed.)
3) To deal with a challenge, ask:
   a. How do you each feel about the issue?
   b. How would you decide what to do?
   c. Who should be involved in the decision?

You may use the "Ethical Crisis Huddle" Protocol Form below.

If the form is used, submit the completed form to supervisors or drill coordinators for review, just as in a real crisis. This provides them additional practice in their role reviewing a high volume of forms and ethical dilemmas in order to improve the quality of practice and assure accountability.

Authors & Feedback:

This is a first draft of this exercise and we welcome your feedback and suggestions. Please send to: egebbie@albany.edu

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Scenario

In late February, an outbreak of unusually severe respiratory illness is identified in a small village overseas. The CDC determines that the isolates are from an influenza subtype never before isolated from humans.

Isolates of the new strain, collected from patients in various overseas locales, are sent to the Food and Drug Administration (FDA) to begin work on producing a reference strain for vaccine production, and influenza vaccine manufacturers are placed on alert.

The novel influenza virus begins to make headlines in every major newspaper, and becomes the lead story on major news networks. Surveillance is intensified throughout many countries, including the United States.

Over the next 2 months, March and April, outbreaks begin to appear in areas even more geographically separated. Young adults appear to be the most severely affected, and case-fatality rates approach 5%. The public is very concerned because a vaccine is not yet available and supplies of antiviral drugs are severely limited. Several weeks later, the CDC reports that the virus has been isolated from ill airline passengers arriving from overseas in four major U.S. cities.

In June and July, focal outbreaks begin to be reported throughout the United States. By late September, there is widespread occurrence of cases caused by the pandemic influenza strain

Rates of absenteeism in schools and businesses begin to rise. Phones at physicians' offices and health departments begin to ring constantly. Police departments, local utility companies, and mass transit authorities begin to have severe personnel shortages, resulting in severe disruption of routine services. Hospitals and outpatient clinics become severely short-staffed when physicians, nurses, and other healthcare workers become ill. Elderly patients with chronic, unstable medical conditions hesitate to leave their homes for fear of becoming seriously ill with influenza. Intensive care units at local hospitals become overwhelmed, and soon there are widespread shortages of mechanical ventilators for treatment of patients with pneumonia.

Family members are distraught and outraged when loved ones die within a matter of a few days. Further deterioration in health and other essential community services occurs over the next 6 to 8 weeks as the illness sweeps across the country. The peak of cases occurs in late October, but a second wave occurs in January and February.

Source: *National Planning Scenarios*

Ethical Challenges

In response to the challenges below, ask:

- How do you each feel about the issue?
- How would you decide what to do?
- Who should be involved in the decision?

1. Stigmatization of a hospital: In your county, 65% of the hospitalized flu cases have been at one single private hospital. The remaining cases have been spread out in several other facilities. Regional public health and health care authorities are considering whether it would be more efficient to designate the hospital with the most cases as the one to receive all subsequent cases, even if it requires using extraordinary public health or emergency powers. They believe that one hospital might become more efficient at delivering treatment and maintaining workers safety by specializing. The hospital leadership strongly resist this idea, believing that being designated "the flu hospital" will stigmatize them and even their neighborhood for years to come. However many others believe that the region would be better off by designating this one hospital as such. Is it acceptable to override the hospital's interest in order to potentially better serve the entire community?

2. Prioritization of programs at the health department: There is enormous pressure to detect, confirm, and respond to initial local outbreaks to keep the flu pandemic at bay. It is proposed that you reduce the personnel time and resources given to service delivery programs and the surveillance of other diseases in order to catch outbreaks of the pandemic flu strain. Considering that this shift in priorities could continue for months, is it acceptable to reduce other programs and the surveillance for other diseases? Some may argue that the flu pandemic takes priority, but others argue that all of the other diseases – and affected community members – are just as important. Which programs should be cut back? (Child health promotion? Restaurant inspections? In-home health education? Dental? HIV testing and counseling? Home care assessment? Childhood disease vaccination? Lead poisoning testing for uninsured children? STD/VD clinic? Rabies investigations? Tuberculosis control?)

3. Worker safety at the hospital: Four health care workers in your facility have been confirmed with the pandemic influenza strain. All were involved in caring for patients critically ill with the same strain, and none of them have had any traceable contacts with the outbreaks in the community, so it is very likely that they were infected on the job. If you are their co-worker, upon hearing this news, would you still report to work? Is it wrong to expose yourself to the disease? Is it wrong to fail to care for the ill if they need you?

4. Health department quarantine enforcement: You are being asked to help quarantine many families who have been exposed to members of their household that just became seriously ill with the pandemic flu strain. Some show

symptoms, some do not. Other public health professionals and other community members certainly want these people to stay home until it is clear that they are not infected or, if they are infected, have recovered. Some of them have limited savings and forcing the heads of household to not work will put them in debt (or more debt). Is it right to keep them from potentially infecting others? How important is their right to work?

After a vaccine becomes available:

5. Bureaucratic limitations: Well into the pandemic, a vaccine becomes available and you have been operating a mass vaccination clinic. Your vaccination distribution goes twice as fast as planned. However, a neighboring county takes twice as long and is expecting numerous outbreaks. You and many coworkers want to help out immediately. The county governments tell you that you may not work at the other county's POD because they haven't worked out the liability issues. Is it wrong to go without official blessing? Is it wrong to not go?

6. Vaccine prioritization: At your local vaccination clinic, only half the expected vaccine arrives. Approximately 1,000 people have been lining up since 5 AM to receive it. How will you prioritize who receives it right now? Consider also that vaccinating elderly patients allows you to get reimbursed from MediCare, bringing in much needed revenue, yet others present are in the recommended priority groups. Yet many may not have proof of their priority status (age, compromised immune status). Even if you follow federal guidelines on who receives the vaccine, you still will have more eligible people than doses of vaccine. Is it "first come, first serve"? Should you create more refined prioritization rules? People are standing in line *right now*, so there is no possibility to defer a decision.

“Ethical Crisis Huddle” Protocol Form

Use this tool when you recognize that you have a moral issue affecting a decision or course of action.
General instructions:

- Discussion should last 10-15 minutes
- Call together stakeholders. Be inclusive. Gather the family, multidisciplinary work team, or the community.
- Have an open discussion to present issues. Ideally this is driven by pre-existing protocols you have practiced.
- Record on this protocol form for later analysis and to improve future decisions.

1) Who is present and participating?

2) Time discussion begun:

3) What is the problem?

4) What are the rights, morals, norms or principles that are at stake?

5) What process have you agreed to use to make a decision?

6) Evaluate alternatives from various perspectives. Use moral norms of the discussants and articulate ethical principles.

7) What course of action will be taken?

8) Time discussion ended:

9) TAKE ACTION

10) What were the results of this decision?

11) Reflect on the actions taken and alter course if necessary.

12) Create record, submit to central data collection resource (e.g., designated collection point/person, supervisor, etc.)