

An Efficiency-, Evidence- and Ethics-Informed Pandemic Decision Making Framework

Developed by the Ethics Collaborations Team,
Dalhousie University Department of Bioethics, 2009

Disclosure statement

- I do not have any involvement with industry that is, or could be perceived as being, an influence on the presentation of this decision making framework, i.e., I declare that I have no relevant conflicts of interest.

Jeff Kirby

Purpose of the framework

- To promote and facilitate collaborative pandemic decision/recommendation making that:
 - Is jointly informed by efficiency, evidence and ethics
 - Enables constructive incorporation and synthesis of these and other relevant lenses (e.g., health law, employee health, professional practice and communications)
 - Uses a process that incorporates key procedural values: collaboration, consistency, inclusiveness, transparency, accountability, responsiveness and revisability

Purpose, cont'd

- This pragmatic framework is designed for use in the making of decisions and/or recommendations by health organizations that specifically pertain to pandemic planning and operations; as such, it is informed by a particular set of substantive values and principles that are of relevance to the fair allocation of extraordinarily scarce health resources
 - The framework does not substitute for a critical care triage protocol but could be used in the development and dynamic revision of one

Basic assumptions

- In pandemic circumstances, health care resources are extraordinarily scarce and, as a consequence, all the legitimate health needs of persons presenting for care cannot be met
- Accountability for decision and recommendation making is significantly enhanced by the use of an inclusive, transparent and procedurally fair process

Process step 1.

- Identify and assemble the 'right' decision/recommendation makers including:
 - Participants from relevant stakeholder groups who are anticipated to be directly affected by potential decisional outcomes, e.g., active health care receivers/patients, frontline health care providers and the (diverse) community
 - Relevant organizational leaders and resource persons/experts

Process step 2.

- Review key features of a deliberative dialogue approach:
 - Designated facilitator (with facilitation expertise, as available)
 - Respectful discourse that enables all voices and attends to the meaningful inclusion of relevant diverse perspectives
 - Openness of participants to the presentation of divergent points of view, including appropriate emotional responses, and a willingness to change personal starting positions

Process step 2.

- Deliberative dialogue features, cont'd:
 - Collaborative development of 'best arguments'/reasons for articulated positions on relevant substantive issues
 - Willingness of participants to constructively engage and work toward a consensus that all can live with and support outside the decision making forum
 - If such consensus is not possible, consider use of a democratic dispute resolution process (sample version available through Dalhousie Dept. of Bioethics)

Process step 3.

- Collectively reflect on collaboratively-established pandemic substantive values and principles that are to inform, and act as criteria for, decision making (see following slides)
- Pay particular attention to how application of these values and principles may lead to competing organizational obligations and commitments that will require careful balancing by decision makers (and explanation of same to community stakeholders)

Substantive Values & Principles

■ Efficiency & Promotion of the Greatest Good

- In the collective, shared interests of society and its public members, identify and consider actions that are anticipated to produce the best health outcomes for the province's citizens/residents
- Ensure that decisions are informed by the best available evidence* and practices
 - *Includes evaluation of level of knowledge certainty
- Promote efficiencies in the use of scarce

Substantive Vs & Ps

■ Justice

- **Distributive** – distribute benefits and burdens fairly on the basis of legitimate health needs and available resources
- **Formal** – treat individuals and groups of persons the same unless there is a demonstrable *relevant* difference between/among them that justifies different treatment
 - Basis of non-discrimination and consistency obligations
- **Social** – identify and pay meaningful attention to the particular disadvantages and needs of 'the worst off' including members of vulnerable populations

Substantive Vs & Ps

■ Health Equity

- Make concerted efforts to provide 'a fair chance for all'
- Reduce, as much as possible, disparities among individuals and groups of persons in their opportunities for (good) health and access to health care

Substantive Vs & Ps

- **Proportionality**
 - During declared pandemics:
 - Ensure that temporary interferences with, and constraints placed on, a person's liberty/autonomy interests and his/her health care and treatment choices, are proportional to the current level of health resources scarcity
 - Ensure that such interferences and constraints are the least restrictive and intrusive ways/mechanisms to achieve appropriate, temporary pandemic goals

Substantive Vs & Ps

- **Trust & Reciprocal Obligation to Care**
 - Individuals with health needs and the public should be able to expect, and rely on, the commitment of those working within health organizations to constructively collaborate and be reasonably flexible in the provision of appropriate health care
 - Reciprocally, those working within health organizations should be able to expect, and rely on, the receipt of appropriate support from their organization and government to enable their work and to, as much as possible, keep them safe and healthy

Process step 4.

- Identify and clearly state the relevant issue or topic for consideration in the decision making deliberations
- Clarify at the outset, the optimal scope of the deliberations (provides guidance for the facilitator and helps to keep the dialogue on track)

Process step 5.

- Identify and briefly discuss the starting positions/views and 'gut reactions' of participants based on their existing understanding of, and emotional responses to, the issue or topic under consideration

Process step 6.

- Carefully gather and consider all relevant evidence and information including:
 - As appropriate and possible, the results of a relevant literature review and national (or international) scan of relevant practices and policies
 - This step may require pre-planning
 - The collective knowledge/experience of the participating stakeholders, organizational leaders and resource persons

Process step 7.

- Identify potential decisional outcomes, i.e., possible ways of handling the relevant issue/question – the potential go-forward actions
 - Eliminate those that are obviously inconsistent/incongruent with the framework's substantive values and principles and the organization's mission, vision and strategic directions

Process step 8.a

- Benefits and burdens analysis
 - 1) For each remaining possible decisional outcome, collectively identify and discuss the relevant, projected benefits and to whom
 - Often helpful to use flip charts or white boards for this step

Process step 8.b

- Benefits and burdens analysis
 - 2) For each remaining possible decisional outcome, collectively identify and discuss the relevant projected burdens and to whom

Process step 9.

- Engage in dialogue regarding:
 - Relative weighting of the identified projected benefits and burdens of the possible decisional outcomes
 - Any identified, relevant competing organizational obligations and commitments

Process step 10.

- Engage in pre-decision dialogue with the goal of synthesis and best possible balancing of the efficiency, evidence and ethics dimensions (and other relevant elements) in the analysis and comparison of the possible decisional outcomes
 - Includes assessment/evaluation of the degree of alignment of the possible decisional outcomes with the substantive principles and values: efficiency & promotion of the greatest good, justice, health equity, proportionality, and trust & obligation to care

Process step 11.

- Choose the preferred go-forward course of action (and/or rank the possible decisional outcomes)
 - Requires clear articulation of the reasons/rationales for making the decision or recommendation
 - Review the anticipated implications of the decision/recommendation for the organization

Process step 12.

- Communicate in an effective, transparent and timely manner the results of the decision/recommendation making exercise and any insights from the deliberations which may facilitate implementation and subsequent related operations within the organization
 - Clarify/establish who (individual, portfolio, etc.) is responsible for this communication

Process step 13.

- Establish or clarify existing review mechanisms to monitor and evaluate immediate, mid and long term outcomes of the decision or recommendation
 - Ensure that, as appropriate, evaluation findings inform future uses of the framework

Process step 14.

- Periodically review experiences with use of the framework and identify potential enhancements on the basis of new knowledge/insights and identified gaps/deficiencies
 - As possible, please provide relevant comments to the Dalhousie University Department of Bioethics: 902-494-3801; Jeffrey.Kirby@dal.ca
