



## What Good is a Plan We Might Never Use?

“In a society in which the narrow pursuit of self-interest is the norm, the shift to an ethical stance is more radical than many people realize.”

*Peter Singer*

Concern has been expressed that the resources being devoted to pandemic planning and response are an overreaction, spurred by hype or media fearmongering, and that those resources could be better used elsewhere given the low level of threat that the H1N1 virus presents for most of the population.

Nonetheless, I would argue that in preparing for possible pandemic we are developing precedents, processes and policies that are applicable to other pressing and persistent issues in health care and we are identifying the core values and principles that are relevant to making any difficult health care decision. The challenges faced during a pandemic are, I contend, different in degree but not in type from those faced in everyday health care delivery. Thus there are several benefits of the pandemic planning process beyond readiness for pandemic or other crisis situation, some which I will describe below.

For example, pandemic planning provides an opportunity to examine the integration or lack thereof between various components of the health system, since responding to a pandemic requires a coordinated national effort involving multiple health organizations and various government departments as well as communication across health organizations within provinces. If such collaboration can be achieved in order to manage a pandemic, surely the same processes can be applied to other areas where provincial and/or national cooperation would increase efficacy.

Likewise, the processes that are established to create just pandemic plans (that, for example, reflect the input of all relevant stakeholders, are transparent, are values-based and involve ongoing dialogue as part of the communication strategy) can be applied to other challenging issues in the health care system, such as funding for diagnostic imaging or cancer drugs, the closure of emergency rooms, or admission criteria for critical care beds. The increases in health care costs seen in the last several years are unsustainable and difficult decisions will have to be made about how to allocate finite healthcare resources. The principles derived during the pandemic planning process can help ensure these hard choices are made fairly.

*continued on page 2*

1 See, for example, <http://www.cbc.ca/world/story/2009/06/11/swine-flu-virus-who-pandemic.html#socialcomments>

2 See, for example, [http://www.who.int/csr/don/GlobalSubnationalMasterGradcolour\\_20090813\\_20090819.png](http://www.who.int/csr/don/GlobalSubnationalMasterGradcolour_20090813_20090819.png) or [http://www.who.int/csr/don/2009\\_08\\_21/en/index.html](http://www.who.int/csr/don/2009_08_21/en/index.html)



A good pandemic planning process involves public involvement and consultation, which if done well can provide a model for ongoing public engagement in health policy and decision making. Additionally, these processes can also be applied to the development of other health policies. Similarly, the principles that ground strategies (although not necessarily the strategies themselves) for determining who gets priority for vaccines or treatment in a pandemic could be applied to the challenge of determining how to justly manage wait lists or fairly triage patients in the ER.

Finally, pandemic planning processes can also trigger important discussions around why places such as aboriginal communities and less-developed nations are more heavily impacted by H1N1 than others, raising issues such as the social determinants of health and responsibilities for global health. Thus they provide an opportunity to gain insight into and increase awareness around health disparities and injustice.

This is not to say that all of the strategies devised during a pandemic are applicable to everyday practice – strategies developed to deal with a short term crisis might not be sustainable as long-term solutions. Nonetheless, the approaches used to address shortages of health care providers during a severe pandemic, for example, could serve as stopgap measures for dealing fairly with staffing issues until big picture, systemic solutions can bear fruit.

In all of these examples, the most valuable part of the pandemic planning process is a clear understanding of the values and principles that should guide health care delivery under any circumstances and those that should be used to make “tough” decisions whenever they arise in the realm of health policy. The resources invested in pandemic planning, then, are a valuable investment in better policy and decision-making no matter what the outcome of the current pandemic.

*Marika Warren*

“The first step in the evolution of ethics is a sense of solidarity with other human beings.”

*Albert Schweitzer*

## NSHEN: Coming Events...

**September 30, 2009**  
3:00 - 4:15 pm

**Telehealth Education Session, Topic: Pandemic Planning**  
*Please check with your telehealth coordinator for your local room location details.*

**January 14 & 15, 2010**

**Clinical Ethics Consultation Training Workshop**  
**Halifax, NS.** *Stay tuned for more details!*

**March 3 & 4, 2010**

**NSHEN Annual Conference - “Different Landscapes, Similar Views? Health Ethics in the Rural Context”**  
**Dartmouth, NS.** *Online registration will be available in December at [www.nshen.ca](http://www.nshen.ca)*

**Questions? Comments? Want to join the mail list?**

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