



BUFFETED BY THE WAVES: SUMMARY OF ETHICS LEARNING FROM THE PANDEMIC

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BACKGROUND:

The Nova Scotia Health Ethics Network (NSHEN), a collaboration between Nova Scotia's district health authorities, the IWK, the Department of Health, and Dalhousie University, was tasked by its Advisory Council with the job of identifying and following up on the lessons learned about ethics in the context of emergency situations such as pandemics during the fall and winter of 2009. See Appendix I for a description of the process developed to collect these lessons.

EXECUTIVE SUMMARY:

The way in which an organization or system responds to a crisis illustrates very clearly the bedrock commitments of that organization or system. The experience of ethics during the pandemic reveals, we believe, the degree to which ethics is effectively integrated into an organization and its processes.

One of the major lessons identified was that more work needs to be done to fully incorporate ethics into organizational policies and procedures and that it is necessary to achieve such integration in order to respond to the ethics demands that arise in a crisis situation. There is, however, recognition that ethics lenses are valuable in times of crisis and a willingness to do the requisite work amongst those interviewed.

The aspect that was identified as going particularly well in terms of ethics was the development of the Critical Care Triage Protocol (CCTP). There was confidence in the process and this confidence provided reassurance to those who might be charged with implementing the protocol. The fact that proactive measures were being taken on these issues was also a source of solace. Generally, participants were very positive about the CCTP.

The area where ethical challenges or issues arose most frequently was around vaccination. The most significant concerns were around the fact that, despite firm guidance from Health Promotion and Protection, there were sometimes-significant variances and inconsistencies in the application of the vaccine sequence. There was also a lack of input and dialogue regarding the sequencing process and there seemed to be a lack of guidance around how to make unanticipated decisions.

Other themes, discussed in greater detail below, include articulating roles and processes for ethics involvement, publicity for ethics resources, providing guiding principles for decision making, communication, public health, the use of evidence, context, emotional and affective aspects, continuity of issues, building capacity and skills, health care workers, and roles for NSHEN.

Participants indicated that the values of transparency, fairness (especially in the form of consistency), and good process are essential to guiding policy and procedures during a pandemic. They also conveyed the message that “it’s important to know that you’re doing the right thing and that ethics lenses have been applied”. Based on the feedback contained in this document, it is clear that we need to continue to build ethics capacity in Nova Scotia both to deal with “everyday” ethics issues and with specific attention to the ethics needs that arise in the context of a crisis such as a pandemic.

DETAILED RESULTS:

The experience of the pandemic varied significantly from district to district as well as within an organization. The feedback contained herein reflects the experiences of the interview participants and is not necessarily representative. That said, there were some things that emerged very clearly as themes. Many suggested that had the pandemic been worse than it was there would have been other ethics challenges that arose and a degree of doubt was expressed regarding preparedness in Nova Scotia for a severe pandemic.

Major themes:

Vaccination

The most significant cluster of ethics issues arose around the vaccination procedure. It seems that while a policy might have been applied consistently in a particular district, there were significant variances in interpretations of policy between districts which generated moral distress for health care providers and raised public concern regarding unfairness.

Some of these issues were caused by sudden changes in policy regarding vaccination priority and the challenges in communicating these changes to healthcare workers and the public. Many front-line workers experienced moral distress in their attempts to fairly apply these policies.

It was felt by many that the ethics aspects of the vaccination sequencing and procedures were not taken into consideration and that transparency, communication, and flexibility were lacking as the sequencing was rolled out. Most of the concerns focused not on the content of decisions, but on the processes and communication that surrounded them.

Ethics Roles and Involvement

Another major theme was the need for ethics to be actively involved in emergency preparation and pandemic planning at all stages. Potential roles for ethics committees were also identified in all of the stages of a pandemic. Much of the ethics work in developing resources and tools, establishing processes and procedures, and building capacity focused on the pre-pandemic period, but roles for ethics committees in providing support to decision making during a pandemic and in facilitating debriefing were also identified. Identifying specific roles and responsibilities for ethics committees in planning documents was noted as something that would be useful in the future.

At the same time, in order to build appropriate capacity, many committees around the province need practice using frameworks and tools in the context of the sort of questions likely

to arise in the pandemic. For example, most committees were unsure what role, if any, they might have played should the CCTP have been enacted.

It is important to recognize the time constraints on decision making during a pandemic or crisis along with the perception that ethics “bogs down” such decision making. Therefore NSHEN and ethics committees need to develop tools and procedures that facilitate rapid ethics response and do not impede timely decision making.

Most ethics committees were not actively involved in addressing ethics issues when they arose. The most common location for addressing for ethics issues was management/senior leadership tables. It was also noted that there were many issues that arose which contained ethics aspects but because there was no one who was applying an ethics-specific lens to them the ethics aspects were not discussed. Some of this is due to the fact that human resources were strained during the pandemic and ethics is often being done “off the side of the desk”. Some ethics committee members were also present in various capacities at meetings of senior leadership or emergency response teams, but they were never explicitly wearing the “ethics hat” and they did not necessarily feel able to represent ethics perspectives or confident in their ability to apply ethics lenses. When ethics committees were involved in addressing ethics issues it was generally with review of policies regarding issues such as staff immunization and draft documents such as the CCTP.

It was felt that, organizationally, there was more of a commitment to ethics in theory than in practice at this point and this was demonstrated by the way in which ethics committees and ethics-involved individuals were not effectively involved or integrated into pandemic planning and response. The need to integrate and embed ethics throughout the organization was identified as an essential part of being prepared to respond appropriately to the next crisis.

Finally, when ethics committee meetings are suspended it can be difficult to coordinate activities – consideration of the logistical aspects of providing ethics support is also essential to ensure that it will be available.

Publicity

A need for greater publicity regarding the ways in which ethics committees as well as NSHEN can be of assistance to both front-line personnel and senior leadership before, during, and after a pandemic was identified. It was felt that resources should be provided without people (leadership, front-line staff, and/or individuals across the province) having to ask. The ethics tools that were available were not always used by senior leadership or front-line staff, often because their existence and their applicability were not well-advertised.

Consistent Guiding Principles

It was widely recognized that no plan could possibly foresee all of the issues, ethical and otherwise, that might arise in the context of a crisis. A general set of procedures or guiding principles for addressing unforeseen challenges, however, would go a long way to alleviate the feeling that many individuals had of being “lost” in terms of not knowing how to address the issues that they faced and feeling unsupported in making ethical decisions. Many ethical decisions, particularly around vaccine provision, were being made on an ad hoc basis by frontline healthcare workers. They would have appreciated principled guidance in making these decisions but did not feel that it was available to them.

Communication

Communication was also a key factor in the ethics issues encountered during the pandemic. Implementing policy was difficult for healthcare workers even when the rationale for a policy was known and agreed upon, but it was much more so when the rationale was not clearly communicated to them or to the public and when information was changing rapidly. Mixed messages made transparency difficult to achieve. There seemed to be a general problem regarding knowing where to go with input or questions – channels of communication were either not open or not publicized. This also contributed to people feeling “lost”.

Communication of the latest protocols and sequencing groups to health care workers was also identified as a challenge. Individuals at different locations in the health care system received updates at different times, increasing confusion for both health care workers and the public. It was also challenging for individuals actively involved in administering vaccine to keep up to date with changes when they occurred in the middle of a shift.

There is concern that problems around communication have done significant harm to public trust in the health care system and willingness to participate in mass vaccination. In some districts, issues around communication also caused harm to particular groups who were high on the vaccine sequence (particularly First Nations) when the reasons for their priority were not clearly communicated.

Public Health

The need for ethics engagement with public health was highlighted by the pandemic experience where many of the ethics issues arose in a public health context. There has not, to date, been extensive capacity built around public health ethics by NSHEN or ethics committees in the province although there has been interest expressed in the topic by some DHAs. The designation of specific individuals to act as ethics resources and supports to public health professionals might help to begin the necessary dialogue.

One DHA noted the value of the input provided by the ethics committee member who also happened to be a public health professional and was considering amending their terms of reference to include a designated position on the ethics committee for someone from public health. Furthermore, the tools and resources developed by ethics committees and NSHEN may need to be modified in light of the public health ethics perspective in order to be appropriate to situations such as pandemic.

Use of Evidence

A significant challenge that arose during the pandemic was how to make appropriate use of evidence. The available evidence was highly uncertain (whether that was acknowledged or not), it was often conflicting, and it changed frequently. This made it difficult to craft good policy and it also made it difficult for health care providers to feel that they were providing good, evidence-based care. It furthermore complicated attempts to communicate clearly and effectively with staff and the public.

Context

There was also a need for guidance that is appropriate or tailored to particular clinical or geographic contexts. It was suggested that the make-up of provincial planning or policy

committees be reflective of the clinical and geographic diversity of the province. Some of the guidelines, identified as reflecting the perspective of “Halifax”, did not seem to fit or to be appropriate in other contexts.

The interviews also clearly revealed that rural aspects of ethics are also important to consider in a province like Nova Scotia. Two areas where this was particularly clear was in the application of guidelines from “Halifax” to other contexts as well as the fact that multiple relationships are more likely in rural contexts such that even with basic medical information a patient might be identifiable to the person making the decision regarding triage and these two might furthermore be neighbours.

Emotional and Affective Aspects

Another theme that emerged was the emotional impact of implementing policies (and potentially the CCTP) as well as of the pandemic experience as a whole. It is important to remember when preparing and reviewing policies and procedures that it is not simply an academic exercise and that there are significant affective aspects to implementation for front line staff, leadership, patients, and families. Engaging ethics and other supports available from pastoral care, for example, might have been necessary had the CCTP been implemented.

Despite the fact that the pandemic was “mild,” health care workers are still experiencing a considerable amount of moral residue from their experiences during the pandemic, particularly those involved with front-line delivery of vaccine and those involved with leadership and decision making. It is essential that this residue be addressed.

Continuity of Issues

Several participants also commented on the fact that there is continuity between the ethics issues seen during a pandemic and “everyday” ethics issues. In this vein, building capacity in dealing with these “everyday” issues as well as addressing them from a policy perspective has been identified as an important means of ensuring preparedness for the next pandemic. It was thought in some contexts that there was both more awareness of and willingness to address ethics issues during the pandemic, whether because the issues seemed starker or because there were resources available to address them.

Building Capacity and Skills

The importance of developing skills needed to address ethics issues during pandemic/emergency situations was highlighted. This involves practice in decision making guided by appropriate values as well as skills such as how to have difficult conversations and how to support families and health care workers facing difficult situations.

The ethics issues identified were seen as continuous with those encountered in the “everyday”. There might be differences of degree but not of type – so benefits will be seen in the context of pandemic from efforts aimed at addressing the “usual” range of ethics issues that arise. In some health care contexts decisions about rationing and triage are made on a regular basis and there is both the opportunity to improve decision making in these situations and to ensure that the principles being used in the crisis situation are consistent with the principles being used in the “everyday” case.

The necessity of building capacity throughout the organization was also highlighted since many individuals had to deal directly with ethics issues during the pandemic that they do not in the context of their normal responsibility. Once pandemic response is in full swing, there is no time to build capacity.

Finally, ethics committees need to build their capacity to provide support in contexts where decisions need to be made quickly so that applying ethics lenses is not seen as something that unnecessarily impedes good decision making.

Critical Care Triage Protocol (CCTP)

The fact that it was widely known that there was expert ethics expertise involved in the development of the CCTP provided considerable reassurance and comfort to individuals around the province who would be in charge with implementing it, demonstrating the value of ethics involvement. Had the protocol been implemented, however, there were concerns that the districts would have been expected to develop operational algorithms which would have likely led to inconsistency. The need for centralized development of this aspect of the protocol was seen as essential, especially given the experience of having vaccine sequencing operationalized differently in various districts.

Some concerns were raised regarding the fact that external stakeholders, including the public, were not involved in the development of the protocol, given its importance and moral gravity, and that they were only asked to review the protocol after the pandemic was over.

Health Care Workers

Concern was raised regarding the long-term impact on health care workers of being asked to go above and beyond during the pandemic. It was also ethically distressing to have to ask staff to go above and beyond in a system where there is very little, if any, reserve capacity. One respondent reported that the pandemic experience “nearly killed” her. The issue of “heroism” in health care workers, whether in trying to give their doses of vaccine to others or to not saying “no” even when they should in order to protect themselves or their interests, needs to be addressed. It is also necessary to ensure that plans do not unintentionally exploit the willingness of health care workers to put the needs of others first.

It is also important to acknowledge the strain that the pandemic placed upon already-strained health care workers throughout the system. Many health care workers are completely exhausted and burnt out, to the point of significant increase of the risk of error. When one task or project is identified as top priority, it is also necessary to identify which tasks can fall by the wayside for the time being.

NSHEN Role

It is clear from the feedback that there is a need for NSHEN to provide opportunities for discussion, collaboration, coordination, and mutual support around ethics in the context of a crisis or emergency. There is also clearly a need for NSHEN to define its role in crisis situations, especially in terms of facilitating networking and expert-level ethics support. Finally, NSHEN resources and expertise need to be provided on a “push” basis instead of waiting to respond to requests.

Overall, the sentiment seems to be that while Nova Scotia was prepared if the “big”, “obvious” or “life and death” ethics issues arose by developing the Critical Care Triage Protocol (CCTP). The “smaller” ethics questions, however, raised by the way in which vaccine was delivered was the cause of most of the moral distress experienced by healthcare workers during the pandemic and much of the moral residue from the pandemic still present in the health care system, demonstrating the importance of paying attention to the “smaller” questions as well.

ACTION ITEMS:

It is essential that the learning contained in the pandemic experience not be lost. It is also imperative that the systemic and organizational changes be instigated now in order to ensure preparedness for the next “big one”, whatever that may be, as well as to increase the ability to respond to ethics issues that arise everyday. This list is not exhaustive but reflects the major themes identified here.

Province	NSHEN	DHAs/IWK	DHA/IWK Ethics Committees
Integrate ethics into all aspects of pandemic planning and response	Develop resources (like decision-making frameworks) to provide support in pandemic/ crisis	Involve ethics in pandemic/all hazards planning processes (both in involving individuals and in identifying roles)	Collaborate to build ethics capacity and awareness
Integrate ethics into HPP initiatives	Explore ways to provide ethics support during a pandemic or crisis (web page, teleconference, etc.)	Define roles and expectations for ethics committees in the context of pandemic/ all hazards response	Provide venues for staff to address and deal with moral distress and moral residue from pandemic
Seek support or collaborators to apply ethics lenses to development processes	Define NSHEN roles and responsibilities during crisis situations	Provide support for ethics initiatives and capacity building	Collaborate with NSHEN to develop tools to facilitate quick ethical decision making
Review communications procedures for DHAs and public	Provide support to DHA/IWK ethics committees and province as needed with pandemic and all hazards planning	Maintain commitment to addressing “everyday” ethics issues	Increase capacity of ethics committee to respond to crisis situations
	Publicize the tools and resources available (e.g., policy review template)		Publicize availability of ethics resources
	Develop resources on public health ethics		Identify local lessons learned
			Identify roles for committee in pandemic planning and response
			Engagement with public health professionals

Responses to questions:

Note: responses closer to the top of the list were given more frequently

What were the main ethics issues that arose during the pandemic period (August-December 2009)?

- Discrepancies and inconsistencies between vaccination procedures in various DHAs were unfair to both staff and the public
- It was not clear what ethics lenses were being used by Health Promotion and Protection -vaccination procedures did not seem to be well thought-out
- Who counts as being “front line” or having “direct patient contact”? Pastoral care? Volunteers? Housekeeping? Hockey players? How should sequencing groups be constituted?
- Very hard for those on the front lines, both in dealing with constant change and having to refuse people vaccine
- Inconsistency at vaccination centres, due in part to individuals not standing their ground.
- The impact of the vaccine process on management
- How to handle logistics questions round vaccination procedures that had ethics aspects– how to handle “leftover” vaccine doses at the end of the day, lineups, closing centres with people still waiting
- Needed principled guidance for unforeseen decisions – in the context of vaccination, people had to make on-the-spot judgment calls
- A lack of clear communication regarding the rationale for sequencing led to harm for First Nations
- Lack of supports for staff
- Lack of channels for feedback or dialogue regarding decisions
- Questions of the appropriate placement of staff family in the vaccine sequence
- “Halifax” perspective wasn’t necessarily appropriate for the rural contexts
- Security concerns related to vaccination and triage and dealing with angry, aggressive, or upset people
- In reviewing the CCTP, it was not clear who was and wasn’t seeing it and why
- Clarity needed in various contexts regarding whether or not someone is explicitly wearing an ethics hat
- Uncertainty regarding whether or not individuals were doing the right thing
- Individuals wanting “their” dose of vaccine to go to someone else
- Process issues related to attempts to craft policy on staff vaccination
- Who should be making decisions regarding life support and what biases do they bring to those decisions?
- What are the appropriate criteria to use for decision making regarding life support – age vs. “fair innings”
- Questions regarding how much uncertainty to communicate to patients/families could

have arisen if the CCTP had been implemented.

- Questions regarding how to fairly distribute the burden of risk.
- Assessment centres were not an issue; they were well-planned and ran smoothly
- Lack of proactive preparation of plans, processes, and tools
- Challenges presented by making decisions based on information that turned out to be inaccurate
- Lack of stakeholder involvement in creation of policy
- Individuals making “heroic” efforts
- Concerns regarding informed consent – with students who didn’t speak English and individuals who “just wanted the vaccine.”

How were ethics issues addressed when they did arise?

- Senior leadership/management addressed issues – some individuals around this table wore ethics hats but not as their primary role at the table
- Ethics committee was not involved, a “second thought”
- Ad hoc judgment calls, often by individuals
- Ethics committee talked about staff vaccination and reviewed the CCTP
- Ethics issues not addressed and there’s still residue – people did things they aren’t proud of (lying, defying protocols, “gaming” the system, etc.)
- Discussion with peers
- Issues that arose were not brought forward because everyone was in “reaction” mode
- Issues raised with administration but no immediate response
- All issues recorded in a log and reviewed daily by leadership
- Management/senior leadership approached decision-making from an operational perspective along with guidance from the province, incorporating ethics lenses
- Assistance requested from NSHEN
- Group constituted to address a particular issue including ethics committee members (with others)
- A “hotline” process was set up, as per the CCTP, but not invoked
- Informal consult with the ethics committee

What was the role (if any) of the ethics committee or other ethics-involved individuals when ethics issues arose?

- No role
- All committee meetings were suspended, so the ethics committee didn’t meet
- Some members agreed to be available should crisis arise, but was not necessary
- Reviewed policy around staff immunization, triage protocol
- In the “aftermath”, debriefing, talking to people involved in flu response, going through their own learning process

- Not involved in planning process or in education/communication efforts
- Performed informal consults
- Role unclear for ethics committee
- No interaction between public health and the ethics committee
- In the plan (which the ethics committee was not involved in drafting) issues would have gone to the ethics committee, but this didn't happen in practice

What would you identify as the major lessons learned about the role of ethics during a pandemic or other emergency?

- Need to explicitly and deliberately include the roles for ethics, ethics committees, ethics tools, ethics frameworks into pandemic and all hazards policies
- Ethics lenses are needed throughout the pandemic processes and there needs to be more proactive commitment to including and using ethics lenses
- Ethics needs to be actively involved in planning
- Publicize the resources and tools that the ethics committee/NSHEN can offer, especially to senior leadership
- Need for ethics support to deal with the affective/personal aspects of providing health care during the pandemic
- Emotional impact of implementing policy is significant even if policy is understood and agreed with
- Ethics committee needs to provide support/resources without being asked
- Help to think about what could go wrong and how to respond – “sober second thought”
- Ethics committee can provide support for decision making and for staff
- Ethics can provide support to leadership/management in making decisions and in living with decisions made
- Greater integration of ethics needed throughout the organization
- Gap between theory and practice – ethics valued more in theory than in practice
- Some ethics tools/resources might need to be adapted – for example, to include public health perspectives
- Need to take public health perspective into account
- Ethics needed to provide help in responding to the long-term ramifications of decisions/ actions
- Ethics has a role to play in making sure the right people are involved in planning, including community members
- Ethics committee has a role afterward in conveying learning
- Value of building an awareness of values/principles and keeping them at the fore of decision making
- Promotion of ethics in “peacetime” is important
- Ethics committee needs to clarify role, build capacity to provide support the organization

needs

- Value in having the public health perspective – recruit specifically for this perspective on the ethics committee
- Education/discussion around “heroism” and giving vaccine to someone else – what is/isn’t helpful
- Having a provincial-level ethics lens applied to the CCTP relieved stress

What suggestions do you have for how ethics issues should be addressed in future pandemic or emergency situations?

- Have provincial resources, such as a website, regular teleconferences, etc. to help ensure consistency in addressing ethics issues, provide mutual support and expert expertise as needed via NSHEN
- Development of clear processes, documents, and frameworks and publicize these resources to senior leadership
- Need to review all hazards/emergency response plans with an eye to including opportunities to benefit from ethics insight
- Ensure the presence of ethics expertise at all decision making tables
- Need to apply ethics lenses to mass immunization programs
- Processes should be in place to support quick decision making
- The ethics committee and organization should practice crisis decision making as well as clinical ethics response
- Looking at expanding/contracting the role of the ethics committee in various areas as needed
- Recognize the value of unique voices and perspectives (e.g., pastoral care)
- Practice in using tools/resources so that they’re second nature when crisis hits
- Need to have a concrete process along with tools and resources
- Consistency is needed in how issues are dealt with across the province
- The ethics committee needs to prepare for the roles that are expected of it
- Need role clarity for ethics committee and individuals
- Identify specific people and processes as ethics resources
- District ethics committees need to be engaged in day-to-day ethics and emergency response planning
- Make a list of possible scenarios and show how ethics can help – provide publicity beforehand
- Ensure tools/resources are available via intranet (even as drafts)
- Provide centralized ethics support both organizationally and provincially
- Ensure that processes and decision making used during pandemic are consistent with other policies – e.g.: triage
- Get better at addressing ethics issues that arise “everyday”

- Ethics committee should be part of the flu response team
- Need formal designation to act as the “ethics person” in the pandemic situation
- Articulate a set of consistent values to guide all decision making

What suggestions do you have for the role that ethics committees or other ethics-involved individuals should play in future pandemic or emergency situations?

- Embed ethics committee members at the leadership table explicitly as ethics representatives
- Build capacity in everyone so that ethics lenses become ingrained
- Build ethics capacity in leaders
- Develop resources that senior leadership can tap into
- Support for health care workers, especially front line staff
- Support for leadership
- Provide practice in using tools and resources
- Appropriate roles for the ethics committee depends on existing capacity in district
- Ensure decisions are being made consistently
- Consider likely demands and needs of the public and how to respond as an ethics committee
- Identify tasks, etc. appropriate to ethics
- Challenge for the ethics committee of living with decisions and/or role – it’s not just an academic exercise
- Role of the ethics committee – consider whether the ethics committee be expected to make decisions?
- Engage with pastoral care and others in meeting ethics needs
- Let the organization know what the ethics committee can do
- Ethics needs to be a “piece” of all pandemic processes, akin to infection control, for example, involved in planning and development of processes
- Policy reviews and input into protocols and frameworks
- Education and ongoing capacity building
- Provide very practical tools
- Facilitate communication
- Both high level review/reflection and rapid response to situations
- Debriefing
- Support on particular issues
- Help patients and families in making and living with decisions

Was there sufficient ethics input from around the province into plans and documents that were being developed for the province?

- Yes
- Vaccine sequence had limited or no opportunities for input
- Rural lens needed to ensure applicability/appropriate interpretation
- Much greater transparency needed regarding vaccine sequence
- Need ethics input into communication, documents, toolkits, and publications that went out provincially
- Need ethics lenses on funding decisions – e.g., for physicians and managers
- Not enough input
- How to provide input to development of plans/documents needs to be clarified
- Right mix of stakeholders is key
- Important to consider all relevant perspectives at the outset
- CCTP: good process, excellent

THANKS:

We'd like to extend our thanks to all interview participants for finding the time to share their insights and for providing such rich, thoughtful, and frank feedback.

APPENDIX I: PROCESS

A Pandemic Feedback Subcommittee was struck to guide the process of collecting the lessons learned about ethics during the pandemic. This committee was comprised of three Advisory Council members and the Network Ethicist. A three stage process to identify, share, and build upon lessons learned was developed by the subcommittee in consultation with Advisory Council members. The first stage involved interviewing individuals who had been involved with ethics during the pandemic. The second stage involves revisiting some of the tools (particularly decision-making frameworks) developed in response to the pandemic situation and adapting them, if necessary, so that they can be of use in responding to a range of emergency situations. The second stage also involves the development of user's guides for these tools. The third stage involves a workshop to discuss lessons learned about ethics and pandemic in Nova Scotia and elsewhere. The workshop will also discuss and identify roles for ethics committees during emergency situations.

This document is part of the first step of the process outlined above. A set of interview questions was developed by the Pandemic Feedback Subcommittee and each Advisory Council representative was asked to identify up to three individuals in their district or organization who had been involved in dealing with ethics during the pandemic period (August – December 2009). Half hour interviews were conducted with these individuals by Marika Warren, the NSHEN Network Ethicist. Notes taken during the interviews form the basis for the content presented in the summary document and interviewees had a chance to review this document before it was submitted. Interviewees who were unable to find a mutually convenient time to conduct and interview were invited to submit their comments in writing, but the preference was for a telephone interview so that questions of clarification could be asked.

The interview questions were as follows:

- What were the main ethics issues that arose during the pandemic period (August-December 2009)?
- How were ethics issues addressed when they did arise?
- What was the role (if any) of the ethics committee or other ethics-involved individuals when ethics issues arose?
- What would you identify as the major lessons learned about the role of ethics during a pandemic or other emergency?
- What suggestions do you have for how ethics issues should be addressed in future pandemic or emergency situations?
- What suggestions do you have for the role that ethics committees or other ethics-involved individuals should play in future pandemic or emergency situations?
- Was there sufficient ethics input from around the province into plans and documents that were being developed for the province?

Participants came from a variety of geographic and professional locations. Interview questions were circulated to participants in advance and interviews began with the participants being

asked to describe the most important thing for them to convey regarding ethics during the pandemic. The interview questions were then discussed in sequence and at the end participants were asked if they had any final comments. Finally, all participants were given the opportunity to review this summary document and indicate where they felt that changes were necessary.