

# Ethical Issues in Public Health Emergencies

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## Objectives

- Overview of major ethical issues in public health emergencies
- Arizona Model Code of Public Health Emergency Ethics
- Questions, comments, discussion



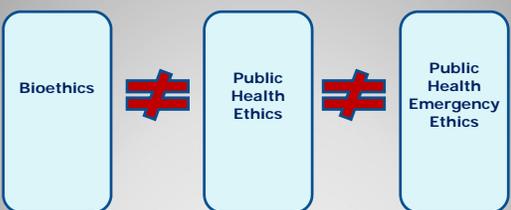
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## Ethical Issues

- Impact public health emergency responses at various points, such as:
  - Allocation and use of **scarce resources**
  - Application of **limitations on personal liberty** to protect public health
  - Provision of public health and health care **services consistent with CSC**

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## Ethical Issues



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## Developing an Arizona Model Code of Public Health Emergency Ethics

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## Model Code: Basics

- **Draft** developed with input from ethicists, academics, practitioners, and others on **generally applied principles**
- Health care, public health, and emergency preparedness officials and practitioners in public and private sectors
  - Plan/prepare/respond: declared state of emergency where health of the public is at risk
  - Implement CSC in appropriate circumstances
- **NOT** situations lacking need for critical decisions regarding scarce resources (e.g., localized emergency of limited duration, state emergency not implicating public health)
- Supplements other ethical and professional codes

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### Model Code: Format

- 8 **core principles** (numbered order **NOT** reflective of priority)
- **Proposed code language** reflects or expands broader ethical principle to guide critical decisions
- Not currently official policy of any state or local agency or private entity

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### Model Code: Core Principles

1. Duty to Care
2. Soundness
3. Fairness
4. Reciprocity
5. Proportionality
6. Transparency
7. Accountability
8. Stewardship of Resources



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### 1. Duty to Care

- Health care providers and practitioners have a duty to **provide care** during PHEs
  - Duty not to abandon
  - Duty to care despite risks
  - Duty to provide comfort care



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### 2. Soundness

- To the extent possible, responses in PHEs should be consistent with known or empirically-supported **"best practices"**
  - Effectiveness
  - Priority
  - Non-Diversion
  - Information
  - Appropriateness
  - Risk Assessment
  - Flexibility



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### 3. Fairness

- In PHE, **similarly-situated** individuals and groups should be treated in similar ways
  - Consistency
  - Justice
  - Medical need and prognosis



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### 4. Reciprocity

- Those who face **disproportionate burdens** for the benefit of the community in PHEs should receive additional support
  - Protections for individuals
  - Protections for essential personnel
  - Protections for essential providers



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### 5. Proportionality

- The **least restrictive means** should be used whenever possible during a PHE, reserving restrictive measures only for when they are essential to effective response.
- Balancing obligations
- Limited application and duration
- Well-targeted
- Privacy



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### 6. Transparency

- Policy decisions and their justifications prior to and during PHEs should be **open to the public** with opportunities for public consultation and input
- Public engagement
- Openness
- Communication systems
- Documentation
- Full disclosure
- Accessibility



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### 7. Accountability

- Decision-makers and individuals are **responsible for their actions** (or failures to act) in a PHE
- Individual responsibility
- Duty to evaluate
- Public accountability



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### 8. Stewardship of Resources

- **Scarce resources** must be managed during a PHE to prevent morbidity and mortality to the greatest extent possible while **maintaining respect and care** for individuals
- Duty to plan
- Triage allocation plan
- Specificity
- Duty to recover and restore



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### Quick Recap: Core Principles

1. Duty to Care
2. Soundness
3. Fairness
4. Reciprocity
5. Proportionality
6. Transparency
7. Accountability
8. Stewardship of Resources



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### Thank you!

- Questions, comments?
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  - [www.law.asu.edu/publichealthlaw](http://www.law.asu.edu/publichealthlaw)
  - "Projects"
  - "Public Health Emergency Ethics"

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