

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Priority setting and Triage Influenza Pandemic Preparedness

Ethical, Legal and Social Implications of Disaster Response

Workshop NMFRDISASTER – Rome Dec. 11 2008

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Outline

Introduction, Pareto and 2 T.PSs

1. Several options in T.PS models
2. Actual Priorities, larger scales
3. Non-flu related conditions
4. The unprioritized
5. The missions of HCPs
6. Today's issues, and citizenship

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

***Pandemic influenza preparedness planning. Report on a joint
WHO/European Commission workshop. Luxembourg, 2–3 March 2005***

**Report on a joint WHO/European Commission workshop
Luxembourg, 2–3 March 2005**



Pandemic influenza preparedness planning



Objectives of the workshop

The objective of pandemic preparedness planning is to enable countries to be prepared to recognize and manage an influenza pandemic. Planning will not prevent an influenza pandemic but is designed to reduce transmission of the pandemic virus strain and as a result reduce the health, social and economic consequences of a pandemic.

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Pandemic influenza preparedness planning. Report on a joint WHO/European Commission workshop. Luxembourg, 2–3 March 2005

4.1.4 Legal and ethical issues

- Establishing whether ethical aspects should be explicitly addressed, implied or ignored in pandemic preparedness plans.
- Ensuring that those designated to receive antiviral drugs actually receive them.
- There is not sufficient guidance regarding who is responsible for tourists/visitors during a pandemic.
- Pharmaceutical companies are not selling antiviral drugs for stockpiling to member states with 'small' populations.
- The role of private insurance companies needs to be addressed.

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

STAND ON GUARD FOR THEE

**Ethical considerations in
preparedness planning for pandemic influenza**

November 2005



University of Toronto
Joint Centre for Bioethics

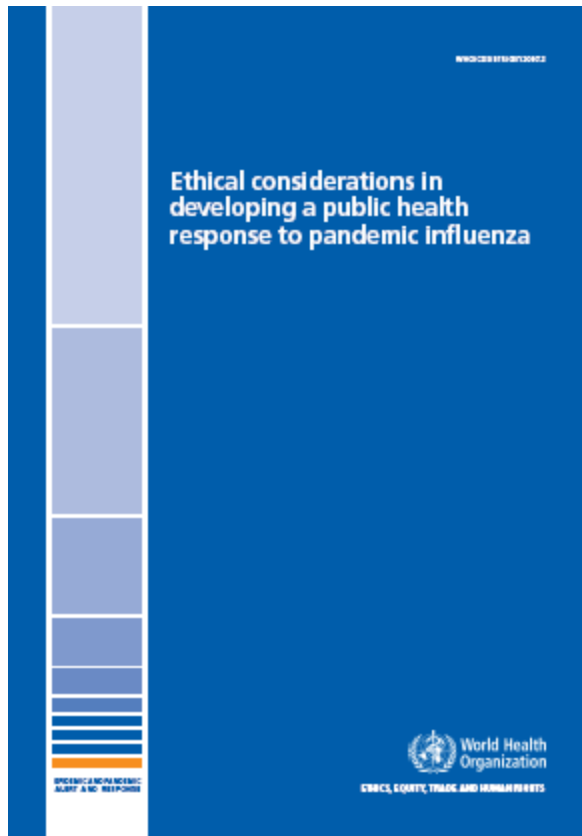
Innovative. Interdisciplinary. International.
Improving health care through bioethics.

marc.guerrier@sls.aphp.fr

www.espace-ethique.org

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Ethical considerations in developing a public health response to pandemic influenza. World Health Organization, Dpt of Ethics, Equity, trade and human rights.
WHO/CDS/EPR/GIP/2007.2



WHO/CDS/EPR/GIP/2007.2



Ethical considerations in
developing a public health response
to pandemic influenza

EPR publications are available at: www.who.int/csr/resources/publications/

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Ethical considerations in developing a public health response to pandemic influenza. World Health Organization, Dpt of Ethics, Equity, trade and human rights.
WHO/CDS/EPR/GIP/2007.2

Contents

WHO/CDS/EPR/GIP/2007.2

1. Introduction	1
2. General ethical considerations	3
3. Priority setting and equitable access to therapeutic and prophylactic measures	5
4. Isolation, quarantine, border control and social-distancing measures	9
5. The role and obligations of health-care workers during an outbreak of pandemic influenza	13
6. Developing a multilateral response to an outbreak of pandemic influenza	17

EPR publications are available at: www.who.int/csr/resources/publications/

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

**1ST WORKSHOP ON
ETHICAL ISSUES IN EUROPEAN NATIONAL PREPAREDNESS
FOR PANDEMIC INFLUENZA**

From principles to policy coherence

**1^{ER} COLLOQUE SUR
LES ENJEUX ÉTHIQUES DE LA PRÉPARATION À UNE PANDÉMIE
DE GRIPPE AU SEIN DE L'EUROPE**

Des principes au service d'une cohérence des politiques



**NOVEMBER 20-21ST 2008
AUDITORIUM OF THE EUROPEAN
GEORGES POMPIDOU HOSPITAL, PARIS**

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

1ST WORKSHOP ON
ETHICAL ISSUES IN EUROPEAN NATIONAL PREPAREDNESS
FOR PANDEMIC INFLUENZA
From principles to policy coherence



1^{ER} COLLOQUE SUR
LES ENJEUX ÉTHIQUES DE LA PRÉPARATION À UNE PANDÉMIE
DE GRIPPE AU SEIN DE L'EUROPE
Des principes au service d'une cohérence des politiques

NOVEMBER 20-21ST 2008
**AUDITORIUM OF THE EUROPEAN
GEORGES POMPIDOU HOSPITAL, PARIS**

**RESTRICTING FUNDAMENTAL RIGHTS IN EUROPE:
ISOLATION, QUARANTINE, PUBLIC GATHERINGS,
COMPULSORY TREATMENTS**

**ACCESS TO THERAPEUTIC AND PREVENTIVE
INTERVENTIONS**

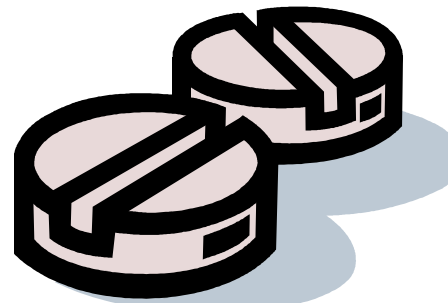
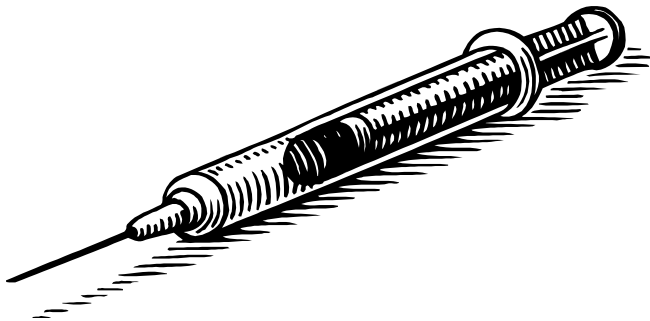
VULNERABLE POPULATIONS: SPECIFIC ETHICAL ISSUES
Challenging the "Bellagio Statement on Social
Justice and Influenza"?

**RIGHTS AND DUTIES OF PEOPLE WITH SPECIFIC
SKILLS DURING A PANDEMIC**

**COMMUNICATION, PARTICIPATION, TRANSPARENCY
IN PANDEMIC PREPAREDNESS**

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Most discussed issues



DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Priority / Priority Setting

- General concept related to how priorities exist, or are created

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Priority / Priority Setting

- There are two types of mechanisms, that, combined, lead to the fact of « priority »
 - Mechanisms related to realities that we cannot control
 - Mechanisms related to choices or decisions we can make

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Priority Setting

- Hence, a key question when speaking about priority setting is : « Do we have a choice here? »
- Triage is one of the numerous mechanisms by which priorities exist

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Triage – D. Larrey Napoleonian Wars (assumed here there IS a choice)

« **Les moins maltraités peuvent attendre** que leurs frères, horriblement mutilés, aient été pansés et opérés ; autrement ceux-ci ou n'existent déjà plus quelques heures après, ou ne vivent que jusqu'au lendemain, ce qui est encore assez rare [...] ; **la vie [des blessés légers] n'est pas en danger.** »

Larrey D. Mémoires et campagnes du Barron Larrey. Paris, Tallandier, 2004. Tome 1, p.462



DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Triage in P+ and triage in P- situations

A social condition is pareto-optimal or pareto-efficient when it is not possible to shift to another condition judged better by at least one person and worse by none.

A widely discussed alternative to the Pareto principle is the Kaldor-Hicks welfare criterion. This stipulates that a rise in social welfare is always present when the benefits accruing through the distribution of value in a society exceed the corresponding costs. A change thus becomes desirable when the winners in such a change could compensate the losers for their losses and still retain a substantial profit.

Stefan Gosepath, Stanford Encyclopedia of philosophy
<http://plato.stanford.edu/entries/equality/>

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

« P+ or P- situation ? »...



DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Options by AIM in priority setting

- Continuity framework (policy / society / economy)
- Save the most framework
- Fair inning framework
- Pure equalitarian (lottery / close ICU) framework
- No aim : do as today (non-exceptionalist position)
- Mixed frameworks

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

BMC Public Health



Research article

Open Access

Prioritization strategies for pandemic influenza vaccine in 27 countries of the European Union and the Global Health Security Action Group: a review

Masja Straetemans*, Udo Buchholz, Sabine Reiter, Walter Haas and Gérard Krause

Table 5: Overview of rationales considered in EU and GSHAG countries to define vaccine priority groups ^A

	AT	BG	CA	CY	CZ	DK	EE	FI	FR	DE	GR	HU	IE	IT	JP	LT	MT	PL	RO	SK	SI	ES	SE	NL	UK	US
To reduce morbidity and mortality (1)	X	X ^B	X	.	.	X ^E	.	.	.	X	.	.	X	.	.	.	.	.	X	.	X	X	.	.	X	.
To save years of life	.	.	.	.	.	.	.	X ^F	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
To prevent illness in the general population	X	.	X	.	.	X ^E	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	X	X
<i>directly</i>																										
- in individuals most vulnerable to severe illness	.	X	X	.	.	X ^E	.	.	X	.	.	.	.	.	.	X ^I	X	.	.	.	.	.	X	X	X	X
- in age groups most vulnerable to severe illness	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	.	.	.	.	X	.	.	.	.
- in health care workers at increased exposure risk [*]	.	.	X	.	.	X ^E	X	X	X	X	X	X	.	x	.	.	.	.	X	.	.	.	X	X	X	X
<i>indirectly</i>																										
- by preventing or minimising the spread of infection		.																					X			
to general population	.	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	.	.	.	X	.
to high risk individuals	.	.	.	.	.	X ^E	.	.	.	X	.	.	.	.	.	.	.	.	.	.	.	X	.	X	.	.
to immunocompromised and children	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X
To maintain infrastructure and health care system (2)	X	X	.	.	.	.	.	.	.	X	.	.	.	X ^G	.	.	.	.	.	.	.	X	.	.	X	X
By maintaining the major work force	.	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
By maintaining the essential community services	.	X	X	X	.	X ^E	X	.	X	.	X	X	X	X	.	X	X	.	X	.	X	.	X	X	X	X
<i>which may include the following specified rationales:</i>																										
maintain service to implement pandemic response	.	.	.	X ^C	.	.	X	.	X	.	.	.	.	.	.	.	.	.	.	.	X	.	.	.	.	X
maintain vaccine program	.	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	.	.	.	X	.	.	X
maintain essential health service response [*]	.	.	X	.	.	X ^E	X	X	X	.	X	X	.	X ^G	.	X	.	X	.	.	.	X	X	X	X	X
maintain security	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	.	.	.	.	.	.	.	.	.	.
Limiting social disruption (3)	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Limiting economic losses (4)	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
<i>Any rationale reported?</i>	X	X	X	X	^D	X ^E	X	X	X	X	X	X	X	X	^H	X	X	^H	X	^I	X	X	X	X	X	X
<i>Any rationale to 1?</i>	X	X	X	.	.	X ^E	X	X	X	X	X	X	X	X	.	X	X	.	X	.	X	X	X	X	X	X
<i>Any rationale to 2?</i>	X	X	X	X	.	X ^E	X	X	X	X	X	X	X	X	.	X	X	.	X	.	X	X	X	X	X	X
<i>Any rationale to 3?</i>	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
<i>Any rationale to 4?</i>	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

To reduce morbidity and mortality (1)

To save years of life

To prevent illness in the general population

directly

- in individuals most vulnerable to severe illness
- in age groups most vulnerable to severe illness
- in health care workers at increased exposure risk*

indirectly

- by preventing or minimising the spread of infection
- to general population
- to high risk individuals
- to immunocompromised and children

To maintain infrastructure and health care system (2)

By maintaining the major work force

By maintaining the essential community services

which may include the following specified rationales:

maintain service to implement pandemic response

maintain vaccine program

*maintain essential health service response**

maintain security

Limiting social disruption (3)

Limiting economic losses (4)

BMC Public Health



Research article

Open Access

Prioritization strategies for pandemic influenza vaccine in 27 countries of the European Union and the Global Health Security Action Group: a review

Masja Straetemans*, Udo Buchholz, Sabine Reiter, Walter Haas and Gérard Krause

Rationales for priority setting in vaccination

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Review

Clinical review: Mass casualty triage – pandemic influenza and critical care

Kirsty Challen, Andrew Bentley, John Bright and Darren Walter

University Hospital of South Manchester NHS Foundation Trust, Manchester, UK

Corresponding author: Kirsty Challen, kirsty.challen@smtr.nhs.uk

Published: 30 April 2007

This article is online at <http://ccforum.com/content/11/2/212>

© 2007 BioMed Central Ltd

Critical Care 2007, **11**:212 (doi:10.1186/cc5732)

Researchers, clinicians and policymakers in the field need to analyse systems and scores already in existence and improve and validate them as triage tools (though this may not be the purpose for which they were originally developed). At the same time ethical principles require transparency and consistency in the decision-making process, and involvement of public in its development.

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Nancy E. Kass, *et al.* **ETHICS AND SEVERE PANDEMIC INFLUENZA: MAINTAINING ESSENTIAL FUNCTIONS THROUGH A FAIR AND CONSIDERED RESPONSE.** Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science. 2008;6(3):227-36.

Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science, Volume 6, Number 3, 2008 © Mary Ann Liebert, Inc.
DOI: 10.1089/bsp.2008.0020

ETHICS AND SEVERE PANDEMIC INFLUENZA:
MAINTAINING ESSENTIAL FUNCTIONS THROUGH
A FAIR AND CONSIDERED RESPONSE

Nancy E. Kass, Jean Otto, Daniel O'Brien, and Matthew Minson

must consider threats to societal as well as medical infrastructures. While some have suggested that scarce medical countermeasures be allocated primarily to first responders and then to the sickest, we suggest that an ethical public health response should set priorities based on essential functions. An ethical response also will engage the public, will coordinate in-

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Fair Innings Argument / Vaccines

☐ **1:** [Science](#). 2006 May 12;312(5775):854-5.

Comment in:

[Science](#). 2006 Aug 11;313(5788):758-60; author reply 758-60.

[Science](#). 2006 Aug 11;313(5788):758-60; author reply 758-60.

[Science](#). 2006 Aug 11;313(5788):758-60; author reply 758-60.

[Science](#). 2006 Dec 8;314(5805):1539-40; author reply 1539-40.



Public health. Who should get influenza vaccine when not all can?

[Emanuel EJ](#), [Wertheimer A](#).

Department of Clinical Bioethics, Clinical Center, National Institutes of Health, Bethesda, MD 20892-1156, USA.
eemanuel@nih.gov

PMID: 16690847 [PubMed - indexed for MEDLINE]

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

'Pure Equality' Argument

1: [Bioethics](#). 2008 Jul;22(6):321-7. Epub 2008 Apr 23.

The moral importance of selecting people randomly.

[Peterson M.](#)

Department of History and Philosophy of Science, University of Cambridge, Cambridge, UK. mbp24@cam.ac.uk

This article discusses some ethical principles for distributing pandemic influenza vaccine and other indivisible goods. I argue that a number of principles for distributing pandemic influenza vaccine recently adopted by several national governments are morally unacceptable because they put too much emphasis on utilitarian considerations, such as the ability of the individual to contribute to society. Instead, it would be better to distribute vaccine by setting up a lottery. The argument for this view is based on a purely consequentialist account of morality; i.e. an action is right if and only if its outcome is optimal. However, unlike utilitarians I do not believe that alternatives should be ranked strictly according to the amount of happiness or preference satisfaction they bring about. Even a mere chance to get some vaccine matters morally, even if it is never realized.

PMID: 18445094 [PubMed - indexed for MEDLINE]

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Egalitarianism + Utilitarianism

1: [Vaccine](#). 2007 Mar 1;25(11):2019-26. Epub 2006 Nov 30.

Rationing of influenza vaccine during a pandemic: ethical analyses.

[Zimmerman RK.](#)

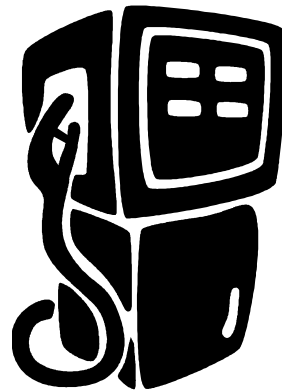
Department of Family Medicine and Clinical Epidemiology, University of Pittsburgh School of Medicine, 3518 Fifth Avenue, Pittsburgh, PA 15261, United States. zimmer@pitt.edu

Rationing of scarce vaccine supplies will likely be required when the next pandemic occurs, raising the questions about how to ration and upon what principles. Because influenza pandemics have differing mortality patterns, such as the 1918 pandemic's "W" shaped curve that effected healthy young adults, the particular pattern should inform rationing. Competing ethical principles for vaccine rationing are utilitarianism and egalitarianism. Vaccine manufacturers and essential healthcare workers can be justified with either principle. Utilitarian principles of choosing based on social worth or those in whom vaccination is most likely to medically succeed raise substantial justice issues. Egalitarian principles of medical neediness and random chance avoid justice concerns and are proposed. A framework that uses multiple principles to address influenza vaccine rationing in light of a shortage is recommended.

PMID: 17258359 [PubMed - indexed for MEDLINE]

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Other Mechanisms for 'Priority'



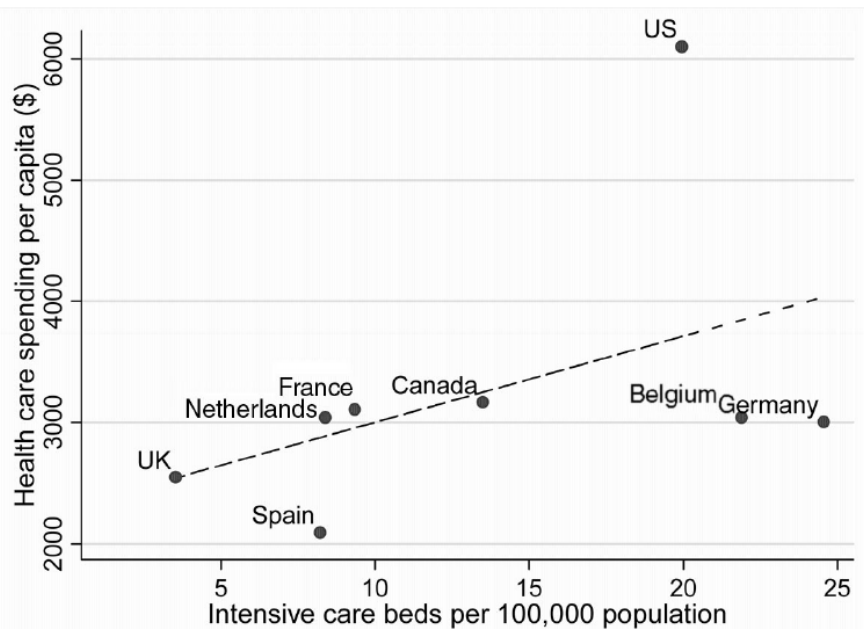
DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Other Mechanisms for 'Priority'

- Several social settings may strongly influence the way access to healthcare occur... or not
 - Prisons
 - People living in healthcare institutions
 - Migrants
 - Disadvantaged persons
 - Etc.

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Other Mechanisms for 'Priority'



Hannah Wunsch

Crit Care Med 2008 Vol. 36, No. 10

Variation in critical care services across North America
and Western Europe*

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Other Mechanisms for 'Priority'



DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits

SIXTIETH WORLD HEALTH ASSEMBLY

WHA60.28

Agenda item 12.1

23 May 2007

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

2. REQUESTS the Director-General:

(1) to identify and propose, in close consultation with Member States, frameworks and mechanisms that aim to ensure fair and equitable sharing of benefits, in support of public health, among all Member States, taking strongly into consideration the specific needs of developing countries, such as, but not limited to:

- (a) innovative financing mechanisms to facilitate timely and affordable procurement of pandemic vaccines for and by Member States in need;
- (b) facilitation of acquisition by developing countries of capacity for manufacturing in-country influenza vaccine;
- (c) access to influenza-vaccine viruses developed by WHO Collaborating Centres for the production of vaccines by all influenza-vaccine manufacturers, particularly in developing countries;

SIXTIETH WORLD HEALTH ASSEMBLY

WHA60.28

Agenda item 12.1

23 May 2007

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

(2) to establish, in close consultation with Member States, an international stockpile of vaccines for H5N1 or other influenza viruses of pandemic potential as appropriate, for use in countries in need in a timely manner and according to sound public-health principles, with transparent rules and procedures, informed by expert guidance and evidence, for operation, prioritization, release of stocks, management and oversight;

(3) to formulate mechanisms and guidelines, in close consultation with Member States, aimed at ensuring fair and equitable distribution of pandemic-influenza vaccines at affordable prices in the event of a pandemic in order to ensure timely availability of such vaccines to Member States in need;

SIXTIETH WORLD HEALTH ASSEMBLY

WHA60.28

Agenda item 12.1

23 May 2007

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

'Key persons': who's important to whom?



DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Non Flu Related Conditions

E.G. Department of Health: Pandemic influenza: Surge capacity and prioritisation in health services, UK, Nov 2007

Exclusion criteria for secondary care

- any acute trauma amenable to treatment in primary and community care
- admission for 'social' issues
- cardiac arrest – unwitnessed, witnessed but not responsive to electrical therapy, recurrent cardiac arrest
- known, severe, progressive baseline cognitive impairment requiring respiratory support
- known, advanced, untreatable neuromuscular disease requiring respiratory support
- known, advanced metastatic malignant disease
- known, advanced and irreversible immunocompromise requiring respiratory support
- severe and irreversible neurological event or condition
- elective palliative surgery

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Those who would be denied healthcare or prevention for « priority reasons »

- **ICU is the most obvious problem: flu is a respiratory disease**
- **What care for the end of life in struggling conditions ?**

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

The missions of HCPs

World Medical Association Statement on Medical Ethics in the Event of Disasters

Adopted by the 46th WMA General Assembly Stockholm, Sweden, September 1994 and
Revised by the WMA General Assembly, Pilanesberg, South Africa, October 2006

Rescue workers and physicians are confronted with an exceptional situation in which their normal professional ethics must be brought to the situation to ensure that the treatment of disaster survivors conforms to basic ethical tenets and is not influenced by other motivations. **Ethical rules defined and taught beforehand should complement the individual ethics of physicians. (§2)**

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

The missions of HCPs

World Medical Association Statement on Medical Ethics in the Event of Disasters Adopted by the 46th WMA General Assembly Stockholm, Sweden, September 1994 and Revised by the WMA General Assembly, Pilanesberg, South Africa, October 2006

Vital acts of reanimation may have to be carried out at the same time as triage. **Triage may pose an ethical problem owing to the limited treatment resources immediately available in relation to the large number of injured persons in varying states of health. (§3.1)**

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

The missions of HCPs

World Medical Association Statement on Medical Ethics in the Event of Disasters Adopted by the 46th WMA General Assembly Stockholm, Sweden, September 1994 and Revised by the WMA General Assembly, Pilanesberg, South Africa, October 2006

The physician must act according to the needs of patients and the resources available. He/she should attempt to set an order of priorities for treatment that will save the greatest number of lives and restrict morbidity to a minimum. (§3.4.b)

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

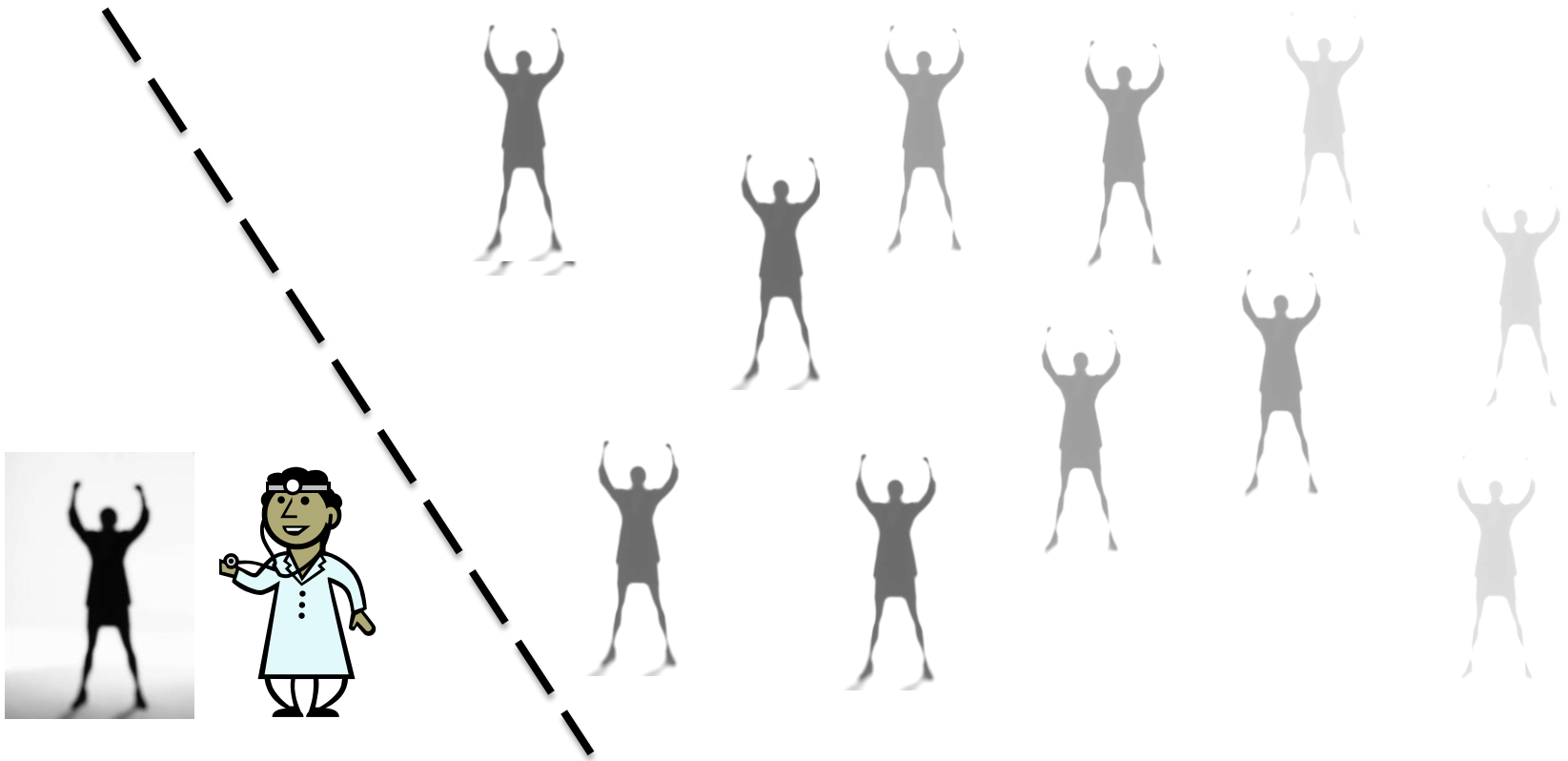
The missions of HCPs

World Medical Association Statement on Medical Ethics in the Event of Disasters Adopted by the 46th WMA General Assembly Stockholm, Sweden, September 1994 and Revised by the WMA General Assembly, Pilanesberg, South Africa, October 2006

[...] When the numbers of patients and severity of their injuries overpower existing resources, triage decisions should classify patients according to both their need and their likelihood of survival. **The overriding principle should be to focus health care resources on those patients most likely to benefit who have a reasonable probability of survival.** Those patients with fatal injuries and those with minor injuries should be made as comfortable as possible while they await further medical assistance and treatment. (§3.d)

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

The missions of HCPs



DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

The missions of HCPs

- To which extent are HCPs direct actors of public health during a global crisis as a pandemic?
- « We are entitled to work with clear directives » vs « We'll act autonomously »
- « No Prb, ethics committees will support »

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

HCP mission : independant or dependant?

1: [Ann Emerg Med.](#) 2001 Jun;37(6):642-6.

Terrorism and the ethics of emergency medical care.

[Pesik N](#), [Keim ME](#), [Iserson KV](#).

Department of Emergency Medicine, Emory University, Atlanta, GA, USA.

The threat of domestic and international terrorism involving weapons of mass destruction-terrorism (WMD-T) has become an increasing public health concern for US citizens. WMD-T events may have a major effect on many societal sectors but particularly on the health care delivery system. Anticipated medical problems might include the need for large quantities of medical equipment and supplies, as well as capable and unaffected health care providers. In the setting of WMD-T, triage may bear little resemblance to the standard approach to civilian triage. To address these issues to the maximum benefit of our patients, we must first develop collective forethought and a broad-based consensus that these decisions must reach beyond the hospital emergency department. Critical decisions like these should not be made on an individual case-by-case basis. Physicians should never be placed in a position of individually deciding to deny treatment to patients without the guidance of a policy or protocol. Emergency physicians, however, may easily find themselves in a situation in which the demand for resources clearly exceeds supply. It is for this reason that emergency care providers, personnel, hospital administrators, religious leaders, and medical ethics committees need to engage in bioethical decision making before an acute bioterrorist event.

PMID: 11385335 [PubMed - indexed for MEDLINE]

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Health for All policy framework for the WHO European Region, 2005 update

Ethical, values-based governance

In the European welfare state, the government is traditionally responsible for ensuring that health systems are ethically developed and managed. The present update interprets this as a call for health policy-makers to ensure that:

- fundamental human rights are respected in their country; and
- the values of equity, solidarity and participation are prominent, supported and implemented.



The way to link these values to actual action is ethical governance.

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Eleventh Futures Forum on the ethical governance of pandemic influenza preparedness. Copenhagen, Denmark. 28–29 June 2007



Copenhagen, Denmark
28–29 June 2007

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

Eleventh Futures Forum on the ethical governance of pandemic influenza preparedness. Copenhagen, Denmark. 28–29 June 2007



7. Conclusions and recommendations

Incorporating ethical considerations in pandemic preparedness planning

There was broad agreement in the Forum that the time is right to address the ethical aspects of pandemic influenza planning and that ethical considerations are of national and international concern and major public health relevance. The participants also agreed that national pandemic preparedness plans are suitable tools to address ethical principles and criteria for decision-making. All countries represented at the Forum reported on progress in their pandemic influenza planning, but planned to do more to incorporate ethical considerations into their plans and to make ethical principles and criteria for decision-making more explicit.

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION



www.grippeaviaire.gouv.fr

Le site interministériel de préparation à un risque de pandémie grippale



0 825 302 302
INFO GRIPPE AVIAIRE*

- ☐ Service info grippe aviaire bonjour
- ☐ I wanted to ask you a question about vaccines. I read there won't be enough, so I just wondered where I should register to be among the first to receive it?
- ☐ Hold on please, I seek your information

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

- ☐ Thanks for your patience. As of today, there's no vaccine against pandemic influenza. [...] As for the registering issue, the doctors and such professional will get vaccinated first
- ☐ Doctors will have priority?
- ☐ Er, yes that's it, so that they can carry on working for the rest of us

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

- ☐ And the rest will not have priority on vaccine?
- ☐ We don't hold this information, er... in case of a pandemic, the ministry did not communicate on that
- ☐ Minister did not communicate. So no way to register in advance
- ☐ No it's not possible

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

- ☐ Then who shall decide who will get vaccinated first, doctors put apart?
- ☐ There's no vaccine, sir.
- ☐ I know, but just in case ?
- ☐ I don't have this information, sir.

DISCLAIMER: ORAL COMMENT FROM AUTHOR REQUIRED FOR CORRECT UNDERSTANDING OF PRESENTATION

More thought required on:

- How preparedness challenges democratic processes
- How issues of tomorrow relate to today
- How we could also think about those who are down the list of priorities when we create them