

VA Fact Sheet for Healthcare Staff

Meeting the Ethical Challenges in a Public Health Emergency

During a public health emergency, the U.S. Department of Veterans Affairs will be faced with extraordinary ethical challenges. VA is planning its response based on ethical principles including:

- ▶ **RESPECT:** Honoring human dignity
- ▶ **FAIRNESS:** Decision making according to consistent and specified criteria, based on the moral equality of all people
- ▶ **TRANSPARENCY:** Clarity in decision making
- ▶ **EFFICIENCY:** Achieving the greatest good for the greatest number

Coming to the aid of those who fall ill during a public health emergency may be one of the most important and commendable actions that staff members undertake in their VA careers.

Goals of VA public health emergency planning and response are to protect our Veterans and staff, keep vital VA operations going, communicate effectively and contribute to the national response effort. Ethical challenges center on responsibilities, or the duty to provide care to patients, family and others in a public health emergency; allocation of scarce resources; and restrictions to individual liberty that may become necessary during a public health crisis such as the outbreak of an infectious disease.



▶ THE ISSUE

When a public health emergency affects a community, region or the nation, demand for healthcare services may exceed capacity of healthcare facilities to treat all patients who need care. In the event of a severe public health emergency, health facilities will be stressed by equipment and supply shortfalls. There will be staff shortages from workers who become ill, remain home to care for family or cannot get to work. Such shortages—and increases in ill patients—may require the implementation of altered standards of care. Furthermore, if the public health emergency is due to an infectious outbreak, efforts to stop the spread of the disease may require VA facilities and surrounding communities to isolate patients and to put quarantine measures into place.

INTEGRITY

Ethical Leadership Decision Process

Ethically informed decisions in a public health emergency planning and response should be:

- **Informed and participatory**—Collect the full range of facts that bear on a given decision and understand the perspectives of those involved in the decision and those who will be affected by it.
- **Values-based**—Weigh options carefully in relation to important organizational and social values such as fidelity to the mission, fairness, stewardship, proportionality, and reciprocity.
- **Beneficial**—Weigh the short- and long-term consequences, both positive and negative, and make sure that the benefits of the decision outweigh potential harms.
- **Systems-focused**—Examine and address underlying systems issues that may cause or contribute to ethical concerns. Ensure that decisions establish a precedent that can be applied to other similar cases.
- **Reasonable and transparent**—Communicate final decisions, explaining how the decision was made, who was involved in making it and the reasoning behind it.

RESPONSIBILITIES: The “duty to provide care”

How can I meet my obligations to patients, my family, and others in a public health emergency? What level of risk should I accept in the service of patients? What would the facility need to do to minimize my risk and help me meet other obligations so that I would be more likely to come to work?

All VA employees have a duty to provide care for patients, even at some personal risk to themselves. This principle is central to VA’s public service mission. It is also part of healthcare providers’ professional obligation of non-abandonment. VA understands that your ability to meet your duty to care for patients during a public health emergency is based on the institution meeting its shared responsibilities to support you. During a public health emergency, VA is committed to:

- Ensuring that basic human needs (e.g., food, water, rest) are met for those the job
- Providing vaccines, antivirals, personal protective equipment, and other measures to limit occupational hazards
- Providing enough security to ensure personal safety
- Providing critical incident de-briefing and access to mental health and chaplain services
- Assisting staff in meeting their personal responsibilities, including child or dependent care, if possible
- Utilizing a streamlined privileging process, expanding scope of practice, and providing training to allow alternative providers to support patients
- Providing transportation assistance to get to and from work, if possible
- Utilizing all available pay flexibility for employees
- Ensuring access to medical resources for ill staff, to the extent possible
- Minimizing liability exposure of employees, to the extent possible
- Providing death benefits to surviving family members of staff who die from exposure to a disease in the course of their duties



ALLOCATION OF SCARCE RESOURCES

What ongoing services should be canceled? Which should be maintained? How should allocation decisions be made—according to what criteria and by whom? How can facility leadership best maintain the trust of staff and Veterans when hard choices need to be made?



Under conditions of severe public health emergency, the need for resources may exceed what is available. As a result, it may not be possible to provide all patients with the lifesaving care they will need to survive. VA takes this issue very seriously. For example, with respect to pandemic influenza, guidance has been developed to ensure that allocation of scarce resources occurs in a way that is consistent and fair to everyone. The ethical framework of triage for critical care resources in such circumstances is based on priority to those for whom treatment has the highest probability of survival. The structure for allocation of scarce critical care resources will be the Scarce Resource Allocation team or comparable team at each VA medical center, who assist in the shift to modifications to care and guide the implementation of triage protocols. Resource allocation will be based on the best and most advanced decision-making tools available, such as inclusion criteria linked to Sequential Organ Failure Assessment (SOFA) scoring. Guidance on the framework, structure and protocol for triage of scarce critical care resources has been developed by the VA National Center for Ethics in Health Care, <http://www.ethics.va.gov>.

► HOSPICE AND PALLIATIVE CARE

The need for hospice and palliative care services may increase during a public health emergency. If scopes of practice and job duties need to be expanded, VA is committed to providing training to allow alternative providers to support patients if necessary. VA will seek to ensure that dedicated resources for hospice and palliative care are available when needed.

► EUTHANASIA AND ASSISTED SUICIDE

The practice of euthanasia—direct administration of a lethal agent to a patient with the intent to mercifully end the patient's life—is absolutely prohibited within VA. Physician/practitioner-assisted suicide (PAS), or intentionally providing the necessary means to facilitate death, is also absolutely prohibited. This prohibition applies equally to practitioners in states that have laws permitting PAS.

RESTRICTIONS: Limits on individual liberty

In a public health crisis, restrictions to individual liberty may be necessary to limit the spread of infection and protect the public from serious harm. What restrictions would I be willing to accept for myself? My family? My patients? Can I think of circumstances that might change my opinion about what is reasonable/unreasonable in terms of those restrictions?

VA believes that the most ethically sound public health measures are achieved through the least restrictive means possible. Limits to liberty may include:



► INFECTIOUS DISEASE REPORTING TO PUBLIC HEALTH AUTHORITIES

Infectious disease reporting is a strategy that allows public health officials to obtain information to understand the spread of disease and to develop containment plans. In public health

emergencies due to an infectious disease, it is important that personal information about a patient is reported only to those who need it to reduce public health risk.



► PREVENTIVE HEALTH MEASURES

Healthcare workers within VA may be required to be vaccinated or to take medication if needed. Such preventive measures are an important way for healthcare workers to prevent patient harm, help control the emergency

and maintain healthcare operations.

► QUARANTINE, SOCIAL DISTANCING, AND ISOLATION

Quarantine is the separation of exposed persons from those who have not been exposed. Social distancing is the cancellation of public gatherings in order to lessen contacts that could result in the spread of disease.



Isolation is the separation of ill persons from others. Isolation, quarantine, and social distancing are all vital to control the transmission of pandemic influenza, encourage public safety and promote solidarity. However, each presents ethical and logistical challenges. Issues include cancellation

of important services, separation from loved ones, and a high staff absentee rate due to measures such as school and day care closures.



1) During a public health emergency, is it ethically justifiable to cancel healthcare activities like routine clinics and elective surgeries?

Yes, in a public health emergency, the need to contain the spread of disease or direct scarce resources to where they are most needed to prevent harm can justify

cancellations that can meet these goals. A plan for cancellation of services should be developed and communicated to Veterans and staff in advance of a public health emergency. A plan for providing continuity of care to patients with immediate medical needs should be developed.

2) During a public health emergency due to an infectious disease, will it be ethically justifiable to place a patient in isolation against his/her will?

Restrictions to individual liberty may be necessary to protect the public from serious harm. Actions should be proportional, relevant, employ the least restrictive means, and be applied equitably.

3) How can I protect the privacy of patients during a public health emergency?

Individuals have a right to privacy in healthcare; however, it is not absolute. In a public health crisis, it is justifiable to override this right if the action is necessary to protect the public from serious harm. It may not always be possible to ensure personal privacy in the event of a crisis. Even so, patients' dignity should always be respected.

4) During a public health emergency, I will want to be at home with my family as much as possible. Will I be expected to work longer hours with the expected increase in the number of ill patients?

Healthcare workers will have to weigh demands of their professional roles against competing obligations to family and loved ones. Staff will likely be asked to work longer shifts to meet the needs of our patients. However, VA will do as much as possible to minimize the burden by, for example, providing medications, psychological first aid or support, and family care support.

5) Will practices need to be modified in order to care for all the additional patients expected during a public health emergency?

VA leaders may, under conditions of dire scarcity, make the decision to modify the way care is ordinarily provided by approving the use of outdated or experimental drugs, or by implementing triage protocols. These decisions about resources will be made equitably and transparently in order to achieve the best patient and public health outcomes given the unique circumstances of the public health emergency.

Safeguarding and Serving

VA Prepares for Public Health Emergencies

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This fact sheet was developed by the VHA National Center for Ethics in Health Care in collaboration with the Office of Public Health and Environmental Hazards.

FOR MORE INFORMATION

<http://www.cdc.gov>

<http://www.publichealth.va.gov>

<http://www.ethics.va.gov>