



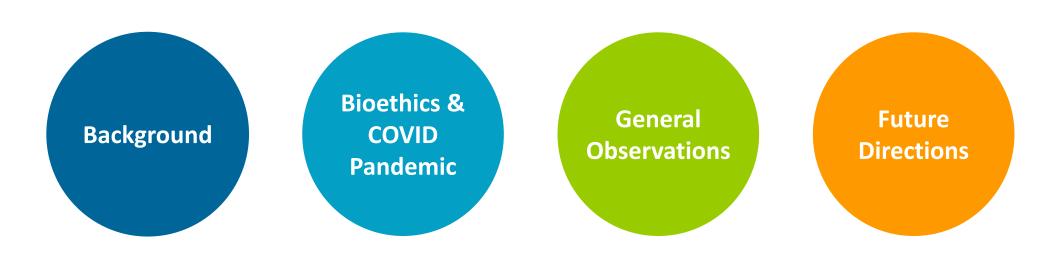
LTC Commission

04 February 2021

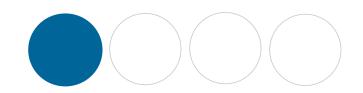
Jennifer L. Gibson, PhD

Sun Life Financial Chair in Bioethics & Director, University of Toronto Joint Centre for Bioethics

Outline







Education and debate

Ethics and SARS: lessons from Toronto

Peter A Singer, Solomon R Benatar, Mark Bernstein, Abdallah S Daar, Bernard M Dickens, Susan K MacRae, Ross E G Upshur, Linda Wright, Randi Zlotnik Shaul

The SARS epidemic showed how easy it is for infectious diseases to spread round the world. Ethical as well as clinical issues need to be resolved to improve the response to the next epidemic

BMC Medical Ethics



Debate

Open Access

Pandemic influenza preparedness: an ethical framework to guide decision-making

Alison K Thompson*1, Karen Faith², Jennifer L Gibson³ and Ross EG Upshur⁴

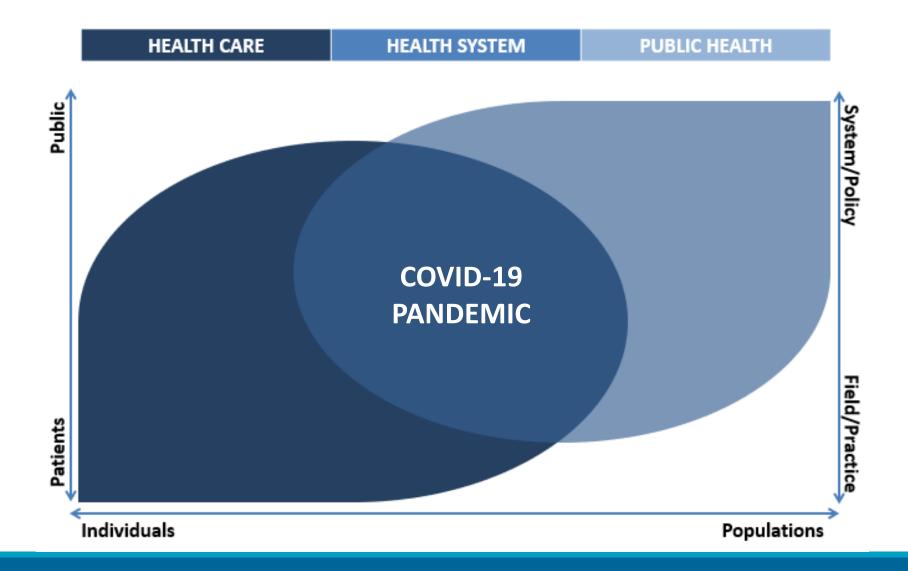


STAND ON GUARD FOR THEE

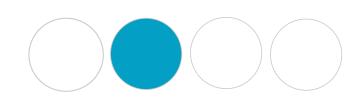
Ethical considerations in preparedness planning for pandemic influenza

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A report of the University of Toronto Joint Centre for Bioethics Pandemic Influenza Working Group



Bioethics in the Ontario COVID-19 Pandemic



- Bioethics Advisor
 - Member of Health Coordination Table and OH Oversight Table
- COVID-19 Bioethics Table
 - Reports to Ministry of Health in collaboration with OH and PHO
 - Partnered with the IPHCC Indigenous Bioethics Reference Group
- Task Forces/Working Groups/Other Tables



- CMOH Directives
- Priority Setting/Allocation PPE, drugs, swabs
- Stopping/Re-Starting Health Services
- Critical Care Triage
- LTC-Hospital Transfers
- Visitor Policies
- Vaccine Prioritization

Guiding ethical principles
Decision-making frameworks
Feedback/review
Consultation
Issues Identification

General Observations

- Pandemic Plans vs Pandemic Practice
 - 'building the plane while flying it'
 - 'marathon not a sprint' resilience, sustainability
- ❖ Scenario Planning (Wave 1 → Wave 2)
- Tables
 - Proliferation who's doing what? how to contribute? who decides?
 - Composition representativeness?
- Health System Approach
 - Solidarity Equity Proportionality Accountability

Future Directions

- Variants of concern (VOC)
 - Plan for worst, hope for best
 - Prepare residents and family caregivers NOW, and support homes to do so (beyond IPAC)
- Staff resilience and well-being
- Planning forward to 'recovery'

Discussion/Q&A

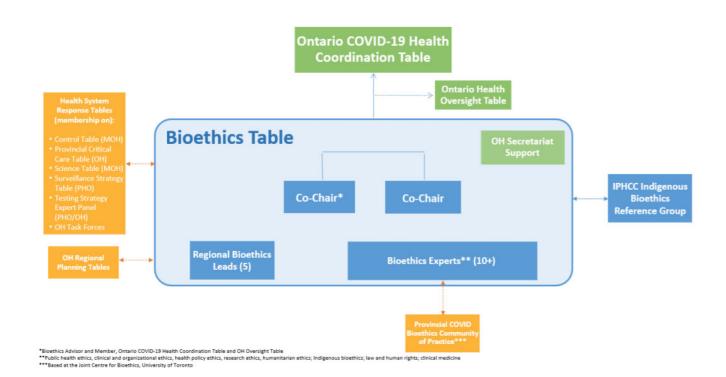


Appendices

Bioethics Table – Scope

- Provide bioethics input, feedback, and/or recommendations on public health measures and health system operational management and coordination provincially and regionally
- ❖Identify ethical issues for consideration by other COVID-19 Health System Response Tables
- Consult with relevant experts and stakeholders, including an Indigenous Bioethics Reference Group established by the Indigenous Primary Health Care Council, to inform Bioethics Table deliberations and deliverables
- Strike working groups and consult relevant bioethics experts to advance Bioethics Table work streams

Bioethics Table - Reporting



"Stand on Guard for Thee"

Substantive Values

- Duty to Provide Care
- Equity
- Individual Liberty
- Privacy
- Proportionality

- Protection of the Public
- Reciprocity
- Solidarity
- Stewardship
- Trust

Procedural Values

- Accountability
- Inclusiveness
- Openness/transparency

- Reasonableness
- Responsiveness

Ethical Allocation Framework & 3 Tiers for Allocating Provincial PPE in Ontario

STAGE 1: Confirm Supply and Risk

The Control Table will confirm joint understanding/assessment of systemlevel risk and available supply in stockpiles and within institutions.

Urgent Need Factors

Moderate

Lowest

[RANK TO BE DETERMINED]

- Current supply of PP in each institution. region
- Burn Rate
- Projected use (3 day, 7 day)
- Confirmed Cases of Covid-19 (in region, institution)
- Number of vented patients
- Assessment center in region, attached to the institution
- Region's population

STAGE 2: Allocation Tiers: Primary Allocation Principles

Prioritization occurs by balancing: Critical Societal Function, Essential Work-Function, the Risk of Exposure, Vulnerability of a Population and Urgent Need

TIER 2

TIER 1

Hospitals, first with the most number of COVID-19 hospitalizations and/or vented cases and least available supply

Long-Term Care Homes & Retirement Homes, first those in outbreak

Healthcare services providing essential care to vulnerable patients or in settings where transmission is high risk (e.g. home and community care, hospice, health care services for First Nations or Indigenous populations, primary care for the most vulnerable, mental health, etc.)

Congregate living settings in outbreak or at risk of outbreak (e.g. correctional facilities, shelters, group homes, community & supportive housing)

Ambulance, EMS, First Responders asked to transport a confirmed case, then first responders otherwise

Vulnerable populations at a greater risk of exposure, non-health settings with first suspected cases & higher risk of exposure

First Nation communities that have confirmed or presumptive cases or are remote/rural, and Indigenous organizations providing Tier 1 services.

Public Transit Pathology Services

Coroner Services

Food Processing Facilities

Live Animal Processing Facilities

Waste, Water & Waste Water Services

Essential Transportation Services

Animal Welfare Services

TIER 3

Inspections, Investigations and

Enforcement

Probation and Parole Officers

Children's Aid Societies (i.e.,

administrative services, not

congregate living and/or care)

Court Services

Victim Services

Residential Facilities open due to International Students (e.g. Universities, Colleges)

Logistics and Distribution

Note: These tiers are not static, if an outbreak occurs prioritization shifts.

Regional Allocation Institution and sector level decisions informed by the same ethical allocation framework.

Processes may vary across regions.

Escalate to Stage 3 only if needed i.e. situation of extreme scarcity.



The MEOC will develop contingency plans for allocation in the event of extreme scarcity.



