



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



COVID-19 Ethical Decision-Making Framework

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Ministry of Health



BC Centre for Disease Control

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.



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Introduction

British Columbia's health-care system is committed to fostering transparent leadership, sound ethical decision-making (policy, direction, and resource allocation), and collaboration to ensure British Columbians receive the most comprehensive health-care information and services. The *COVID-19 Ethical Decision-Making Framework* is built on a number of principles and values, and it is a key tool to assist local, regional and provincial ethically defensible decision-making. See Appendix A for a description of public health ethics.

Purpose and Intended Use of the Framework

This framework describes the ethical principles, values and processes that must be considered and used when making decisions during the COVID-19 pandemic and may be applicable in other pandemic situations. An example of the application of this framework is provided on page 11. Health authorities may also wish to consult with their respective ethics services with interpreting and using the resources in this framework.

This framework aims to:

1. Serve as a transparent guide for ethical decision-making before, during and after the pandemic;
2. Encourage integration of shared values in health-care practices, treatment and funding decisions;
3. Contribute to improved health outcomes and service delivery, and maximize effective use of critical supplies, including human as well as financial resources;
4. Increase public awareness and confidence in policy decision-making processes; and
5. Increase public awareness and preparedness for a pandemic.

Ethical Principles and Values

The ethical principles and values related to COVID-19 decision-making fall into two categories: procedural and substantive.

- **Procedural considerations.** How do we make decisions and work together? What is a fair process for decision-making? How do we achieve these goals?
- **Substantive considerations.** What goals or ends should we pursue and how should principles and values be weighed against one another? For example, should our goal be to save as many lives as possible, improve the overall quality of life for as many people as possible, or meet the needs of underserved populations?

Within each category are a series of ethical principles and values that need to be considered and prioritized in the context of the specific ethical issues at hand. In some circumstances, value trade-offs will have to be made when it is not possible to uphold all values. In those situations, it is necessary to justify, communicate and document trade-offs and prioritizations. Health authorities may also wish to consult with their ethics service.¹

¹ For more information on ethical principles and values, see Canadian Institutes of Health Research – Institute of Population and Public Health.

Please see below for a list of procedural and substantive principles:

- A. Procedural considerations.** The key ethical principles and values related to how the health-care system and partners make decisions and work together include:
- A1. Efficiency and effectiveness.** Appropriate structures should be in place locally, regionally and provincially to make decisions. As much as possible, the infrastructure is streamlined, there is no duplication of work and there is the appropriate authority with expertise to perform the right function. This includes one principle/value:
- a) **Stewardship and sustainability:** Resources (critical supplies and human and financial resources) are managed so that, as much as practically possible, the health system remains able and available to function effectively into the future.
- A2. Procedural justice (fair process).** There will be accountability to a fair and transparent process throughout the planning and implementation of pandemic response. This includes five principles/values:
- a) **Openness and transparency:** Any planning, policy and actions must be transparent and open to stakeholder input as well as available to the public. All plans and decisions must, as much as possible, appeal to reasons that are mutually agreed upon and work toward shared goals.
 - b) **Inclusiveness:** Decisions should involve stakeholders to the greatest extent possible and barriers that may impede input should be removed.
 - c) **Accountability:** Decision-makers should document, and be prepared to justify, the decisions that they do or do not make.
 - d) **Reasonableness:** Decisions should be:
 - Rational and not arbitrary;
 - Made with awareness of underlying assumptions and how these relate to the decision-makers' personal or institutional bias;
 - Evidence-based, to the extent possible;
 - The result of an appropriate process, taking into account how quickly a decision has to be made and the circumstances in which a decision is made;
 - Practical and can be implemented; and
 - Be subject to a decision review process and open to appeal.
 - e) **Consistency:** Consistency in decision-making is important. Any changes to the ethical decision-making process, guidance, analyses or rationale must be clearly justified.
- A3. Flexibility.** Any plan should be adaptable to new knowledge or changes in context that arise.
- A4. Integrity.** Decision-makers should recognize that executive decisions affect those who implement the decisions on the ground, (e.g., health-care workers) and create opportunities to minimize moral distress and maximize integrity and well-being.
- A5. Solidarity.** Co-operation is essential between local, regional and provincial decision-makers.

(2012). Population and Public Health Ethics: Cases from Research, Policy, and Practice. University of Toronto Joint Centre for Bioethics: Toronto, ON. Retrieved from <http://www.icb.utoronto.ca/publications/documents/Population-and-Public-Health-Ethics-Casebook-ENGLISH.pdf>

Decision-makers should adopt collaborative approaches to understand each other's needs and build common responses to common challenges in a manner that meets the needs of all as much as possible. Local and regional decisions should align with and support decisions made provincially and federally.

B. Substantive considerations. The key ethical principles and values related to the goals or ends we should pursue include:

B1. The Harm Principle. Society should protect itself from harm. To protect the public from harm, real or imminent, especially from risk of infection and serious illness or death, those responsible for the health and safety of the population are justified in intervening and impinging on individual autonomy and choice, if necessary.

B2. Utility - Seek to balance overall benefits and harms. In general, our health-care system seeks to maximize the health of the population. This means making decisions that promote the health of a population and minimizes the overall burden of disease as much as possible. However, during a pandemic that threatens public health and available resources, the focus may shift to short-term priorities such as saving lives, preventing or treating disease, and minimizing harms to the extent possible. The principle of utility may come into tension with equitable distribution (see below) and these principles should be weighed carefully.

B3. Distributive justice.

a) **Equitable distribution (fairness):** Everyone matters equally, but not everyone may be treated the same. There are two factors in equitable delivery of care and services that must be balanced based on the issue under consideration²:

- **Equality:** Individuals ought to be treated with equal concern and respect such that those with similar situations should have similar access to health-care resources. Resource allocation decisions must be made with consistency across populations and among individuals regardless of their human condition (e.g., race, age, disability, ethnicity, ability to pay, socioeconomic status, pre-existing health conditions, perceived obstacles to treatment, past use of resources); and
- **Equity:** When resources are limited, usually those who most need and can derive the greatest benefit from resources should be offered resources preferentially. Equity can come into tension with utility—to the extent possible, decisions made on the basis of utility should seek to also be equitable; benefits and harms should be considered broadly and may include impacts at different levels (e.g. individuals, populations).

² Canadian Institutes of Health Research – Institute of Population and Public Health. (2012). Population and Public Health Ethics: Cases from Research, Policy, and Practice. University of Toronto Joint Centre for Bioethics: Toronto, ON. Retrieved from <http://www.jcb.utoronto.ca/publications/documents/Population-and-Public-Health-Ethics-Casebook-ENGLISH.pdf>

- b) **Just distribution of benefits and harms, risks and burdens.** Benefits and harms, risks and burdens should be distributed. Public health measures:
- Should not place unfair burdens on particular individuals and/or segments of the population; and
 - Should not perpetuate systemic or structural inequities (e.g., underserved populations who face systemic or structural health inequities, social policies or processes and/or geographic obstacles that create barriers to accessing resources) and should attempt to improve inequities.
- B4. **Respect.** Individual autonomy, choice and perspectives of unique and diverse populations must be considered and respected as much as possible. Respect includes upholding privacy and confidentiality and to be truthful with those impacted.
- B5. **Cultural safety.** Using humility and respectful inquiry of stakeholders' worldview and lived experiences, incorporating cultural safety into all aspects of decision-making and practice is essential. Environments that are socially, spiritually, physically and emotionally safe should be created. Attempts should be made to ensure that individuals are respected, supported and will not be judged for their identity including their beliefs, values or way of being.
- B6. **Least coercive and restrictive means.** Any infringements on individual autonomy and choice must be carefully considered, and the least restrictive or coercive but effective means must be sought.
- B7. **Reciprocity.** Individuals or populations who face increased risk and/or disproportionate burdens during a pandemic should be supported, and the harms, risks as well as burdens should be minimized as far as possible.
- a) **Duty to care:** For further discussion on the related concept of duty to care please review the following provincial guidance [COVID-19 Ethics Analysis: What is the Ethical Duty of Health Care Workers to Provide Care During COVID-19 Pandemic?](#).
- B8. **Proportionality.** Measures implemented, especially restrictive ones, should be proportionate to and commensurate with the level of risk.

Ethical Decision-Making Process

The following is a simplified Ethical Decision-Making process:

1

Define the Question, Issue or Problem

- What is the question, issue or problem? As much as possible, has consensus been reached on what is the question, issue or problem?

2

Clarify the Facts as Much as Possible

- What are the established facts of the issues? (e.g., who, what, when, where, why, and how)
- What don't we know?
- What are the relevant factors?
- What assumptions are being made?
- Are there constraints that need consideration? (e.g., critical supplies and human and financial resources)

3

Identify Stakeholders and their Perspectives

- Who is affected by this decision, with particular attention to those who face barriers to participating and/or who are disproportionately affected?
- How does each stakeholder see this issue (worldview and lived experience) and has there been a real attempt to understand and respect their perspectives?

4

Identify and Analyze the Principles and Values

- What are the principles and values pertaining to this decision?
- Which principles and values conflict? What principles and values are being affirmed? What principles and values are being negated?
- Which principles and values will be upheld and prioritized and what is the rationale/justification for the prioritizations?

5

Identify Alternative Courses of Action in Light of the Principles and Values

- What are the relevant options, including if no action is taken?
- What are the benefits and risks of each option (including intended and potential unintended consequences), as measured against the prioritized principles and values?

6

Make a Decision

- Which option best fulfills the prioritized principles and values pertaining to the decision at hand?
- Is the chosen option/decision ethically defensible and justifiable based on the principles and values outlined in this framework?
- Are there contingency plans in case the decision does not have the intended outcomes or creates possible conflicts?
- Does the decision accord with the law and public health orders?

7

Implement the Decision

- Who will implement the decision?
- What process and criteria for measuring will be used to evaluate the decision and outcome?

8

Review and Document the Decision

- How will the decision be effectively communicated to all relevant stakeholders?
- Who will be responsible for documenting, following-up and maintaining the decision?
- Is there a process for reviewing decisions?

Appendix A: Public Health Ethics

Public health ethics involves a systematic process to clarify, prioritize and justify possible courses of public health action based on ethical principles, values, and beliefs of stakeholders, and scientific and other information³. Whereas clinical ethics focuses on the health and interests of the individual patient⁴, public health ethics considers the health and interests of a population to inform public health actions as well as decisions.

Clinical ethics and public health ethics are not mutually exclusive. The overlap in some of the underlying principles and values as well as differences in how these are prioritized in ethical and public health ethics need to be addressed. Clinical ethics, through the principle of respect, aims to respect individual values and choices, as far as possible. Public health ethics, through the principle of justice, considers fair distribution of health care resources for the population.

Public health ethics commonly needs to address these questions:

1. To what degree is it justifiable for the state to limit or intervene on the personal freedoms of individuals to serve the greater good of the population?
2. If there are insufficient resources to adequately meet the needs of every individual, how should resources be allocated for the greater good of the population?

³ Centers for Disease Control (2020) Public Health Ethics. Retrieved November 5, 2020 from <https://www.cdc.gov/os/integrity/phethics/index.htm>.

⁴ In this document the term 'patients' refers to people who use healthcare services.

Appendix B: Tool for Evaluating a Decision

Checklist form

Use this form to evaluate and analyze how well the decision you are considering lives up to the principles and values included in the Framework. An example scenario is in **Appendix C**.

Step 1: Describe the proposed decision you wish to evaluate.

Step 2: Review the listed principles and values outlined in checklists A and B below and prioritize each principle and value (with 1 being the highest priority principle and value to uphold, 2 being the second-highest priority, and so on). Note that multiple principles and values may have the same ranking, and there is no fixed number of rankings.

Step 3: Review your proposed decision against the listed principles and values by marking the ‘YES’, ‘NO’, ‘ONLY IF’ and ‘N/A’ columns.

Procedural Considerations (Checklist A) – Does the decision live up to the principles and values?

Priority	Principle & Value	The proposed decision is developed in a way that upholds...	YES	NO	Only if...	N/A
	A1. Efficiency and Effectiveness	Efficiency				
		Stewardship & Sustainability				
	A2. Procedural Justice (Fair process) There is accountability to a fair and transparent process	Openness and Transparency				
		Inclusiveness				
		Accountability				
		Reasonableness: Decisions should be:				
		• <i>Rational and not arbitrary;</i>				
		• <i>Made with awareness of underlying assumptions/bias;</i>				
		• <i>Evidence-based;</i>				
		• <i>The result of an appropriate process;</i>				
		• <i>Practical and reasonably able to be implemented, and</i>				
	• <i>Subject to a decision review process and open to appeal</i>					
		Consistency				
	A3. Flexibility	Flexibility				

Priority	Principle & Value	The proposed decision is developed in a way that upholds...	YES	NO	Only if...	N/A
	A4. Integrity	Decision-makers recognize that executive decisions impact those who implement the decisions on the ground				
	A5. Solidarity	Enable parties to adopt collaborative approaches				
		Local and regional decisions are aligned with and support decisions made provincially and federally				

Substantive Considerations (Checklist B): Does the decision live up to the principles and values?

Priority	Principle & Value	The proposed decision enables...	YES	NO	Only if...	N/A
	B1. The Harm Principle	Those responsible for the health and safety of the population are justified in intervening and impinging on individual autonomy and choice if necessary				
	B2. Utility - Seek to Balance Overall Benefits and Harms	The promotion of the health of a population and the minimizing of the overall burden of disease as much as possible				
	B3. Distributive Justice	a. Equitable Distribution (Fairness): Everyone matters equally but not everyone may be treated the same: <ul style="list-style-type: none"> • <i>Equality:</i> Individuals are treated with equal concern and respect such that those with similar situations should have similar access to health care resources 				
		<ul style="list-style-type: none"> • <i>Equity:</i> When resources are limited, those who most need and can derive the greatest benefit from resources ought to be offered resources preferentially 				
		b. Just Distribution of Benefits and Harms, Risks, and Burdens: <ul style="list-style-type: none"> • Avoiding unfair burdens on particular individuals and/or segments of the population; and 				
		<ul style="list-style-type: none"> • Does not perpetuate systemic or structural inequities and should attempt to ameliorate inequities 				
	B4. Respect	Individual autonomy, choice and perspectives of unique and diverse populations are considered and respected				
	B5. Cultural Safety	Respectful inquiry of stakeholders' worldview and incorporation of cultural safety into all aspects of decision-making and practices				

Priority	Principle & Value	The proposed decision enables...	YES	NO	Only if...	N/A
	B6. Least Coercive and Restrictive Means	Consideration of any infringements on individual autonomy and choice, and the least restrictive or coercive, yet effective, means are sought				
	B7. Reciprocity	Supporting individuals or populations who face increased risk and/or disproportionate burdens during a pandemic				
	B8. Proportionality	Measures are proportionate to and commensurate with the level of risk				

Step 4: For those principles and values that are unmet (e.g., “no”), consider whether the decision can be modified to meet the prioritized principles and values (e.g., consider whether the “no” can be converted to “yes”).

Step 5: If the decision does not meet all the principles and values (e.g., there are still principles and values marked “no”), articulate which principles and values are unmet and explain why.

Step 6: Articulate your final decision and rationale and then implement it. Confirm that any value marked “only if” is part of the proposed decision.

Appendix C: Example of How to Use the 'Tool for Evaluating a Decision'

Step 1: Describe the proposed decision you wish to evaluate. Please see example below:

Proposed decision for essential visit guideline. *Essential visits shall be limited to one visitor per patient within the facility at a time. A visitor who is a child may be accompanied by one parent, guardian or family member. Essential visits can include but are not limited to visits for compassionate care, including critical illness, palliative care, hospice care, end of life, Medical Assistance in Dying and visits paramount to the patient’s physical care and mental well being. Virtual visitations will be made available and incorporate diverse perspectives and needs (e.g., Indigenous perspectives on health care and disability tool support, among other cultural safety measures).*

Step 2: Review the listed principles and values outlined in checklists A and B below and prioritize each principle and value (with 1 being the highest priority principle and value to uphold, 2 being the second highest, and so on). Note that multiple principles and values may have the same ranking, and there is no fixed number of rankings.

Step 3: Review your proposed decision against the listed principles and values by marking the ‘YES’, ‘NO’, ‘ONLY IF’ and ‘N/A’ columns.

Procedural Considerations (Checklist A) – Does the decision live up to the principles and values?

Priority	Principle and Value	The proposed decision is developed in a way that upholds...	YES	NO	ONLY IF...	N/A
1	A1. Efficiency and Effectiveness	Efficiency				✓
1		Stewardship & Sustainability			✓ Personal Protective Equipment allocation decisions align with visitation guideline	
1	A2. Procedural Justice (Fair process) There is accountability to a fair and transparent process	Openness & Transparency	✓ Guideline is available to the public			
1		Inclusiveness		X Patients and families are not included in developing the guideline		

Priority	Principle and Value	The proposed decision is developed in a way that upholds...	YES	NO	ONLY IF...	N/A
1		Accountability	✓ Site leads ensure that guideline is followed			
1		Reasonableness: Decisions should be: <ul style="list-style-type: none"> • <i>Rational and not arbitrary;</i> 	✓			
1		<ul style="list-style-type: none"> • <i>Made with awareness of underlying assumptions/bias;</i> 			✓ Decision-makers identify and self-declare underlying assumptions/ bias	
1		<ul style="list-style-type: none"> • <i>Evidence based;</i> 	✓			
1		<i>The result of an appropriate process;</i>	✓			
1		<ul style="list-style-type: none"> • <i>Practical and reasonably able to be implemented, and</i> 	✓			
1		<ul style="list-style-type: none"> • <i>Subject to a decision review process; open to appeal</i> 	✓ Visitors can ask for reviews of a decision that deems a visit non-essential			
1		Consistency			X There is inconsistent application of the guideline across the Province	
2	A3. Flexibility	Flexibility	✓ Any level of decision-maker may initiate the updating of the guideline as needed			
2	A4. Integrity	Decision-makers recognize that executive decisions affect those implement the decisions on the ground			✓ Only if health care workers are sufficiently supported, including for	

Priority	Principle and Value	The proposed decision is developed in a way that upholds...	YES	NO	ONLY IF...	N/A
					moral distress	
3	A5. Solidarity	Parties can adopt collaborative approaches				✓
3		Local and regional decisions are aligned with and support decisions made provincially and federally			✓ Only if local or regional decisions align with provincial guideline	

Substantive Considerations Checklist: Does the decision live up to the principles and values?

Priority	Principle & Value	The proposed decision enables...	YES	NO	ONLY IF...	N/A
1	B1. The Harm Principle	Those responsible for the health and safety of the population to be justified in intervening and, if necessary, impinging on individual autonomy and choice	✓			
1	B2. Utility - Seek to Balance Overall Harms and Benefits	The promotion of the health of a population and the minimization of the overall burden of disease as much as possible	✓			
1	B3. Distributive Justice	a. Equitable Distribution (Fairness): Everyone matters equally but not everyone may be treated the same: <ul style="list-style-type: none"> • <i>Equality:</i> Individuals are treated with equal concern and respect such that those with similar situations similar access to health care resources 			✓ There is consistent application of the guideline across the province	
1		<ul style="list-style-type: none"> • <i>Equity:</i> When resources are limited, those who most need and can derive the greatest benefit from resources ought to be offered resources preferentially 	✓ Harms and benefits are considered broadly, which include impacts at different levels (individuals, populations e.g., palliative care patients)			

Priority	Principle & Value	The proposed decision enables...	YES	NO	ONLY IF...	N/A
1		b. Just Distribution of Benefits and Harms, Risks, and Burdens: <ul style="list-style-type: none"> Avoid unfair burdens on particular individuals and/or segments of the population; and 			✓ There is periodic evaluation of the guideline to confirm that restrictions are still warranted	
1		<ul style="list-style-type: none"> Avoid perpetuating systemic or structural inequities and attempt to ameliorate inequities 	✓ Guideline considers patients' physical care and mental well-being including the support that visitors provide to patients			
2	B4. Respect	Individual autonomy, choice, and perspectives of unique and diverse populations are considered and respected			✓ Health care workers take a thoughtful and nuanced approach to implementing the visitation guideline, balancing safety, survival and quality of life	
2	B5. Cultural Safety	Respectful inquiry of stakeholders' worldview and incorporation of cultural safety into all aspects of decision-making and practices	✓ Enabling virtual visitation where in-person visitation is not possible			
3	B6. Least Coercive and Restrictive Means	Consideration of any infringement on individual autonomy and choice, and seek the least restrictive or coercive, yet effective means	✓ Enabling virtual visitation where in-person visitation is not possible			
3	B7. Reciprocity	Supporting individuals or populations who face increased risk and/or disproportionate burdens during a pandemic	✓ Essential visits can include, but are not limited to: -Visits for compassionate care, including critical illness, palliative care, hospice care, end of life, and Medical Assistance in Dying; - Visits paramount to the patient's physical care and			

Priority	Principle & Value	The proposed decision enables...	YES	NO	ONLY IF...	N/A
			mental well being			
3	B8. Proportionality	Measures implemented are proportionate to and commensurate with the level of risk	✓			

Step 4: For those principles and values that are not met (e.g., “no”), consider whether the decision can be modified to meet the prioritized principles and values (i.e. consider whether the “no” can be converted to “yes”).

- **Procedural justice (fair process) – Inclusiveness.** Although the guideline development may not involve all patients and families, to the extent possible, health-care workers should consider their patients and families, and make decisions based on their values and beliefs.
- **Consistency.** Currently, the provincial guidance provides several examples of essential visits to long-term care and seniors’ assisted living facilities that health authorities, facility operator as well as staff are expected to follow.⁵

Step 5: If the decision does not meet all the principles and values (e.g., there are still principles and values marked “no”), articulate which principles and values are unmet and explain why (see Step 6).

Step 6: Articulate your final decision and rationale and then implement it. Confirm that any principles and values marked “only if” are part of the proposed decision.

The Final decision and rationale:

Restriction of visitors impacts patients’ physical, and emotional well-being. However, not restricting visitors will increase the risk of transmission to patients, health-care workers, and the broader community, as demonstrated by ongoing outbreaks at long-term care and seniors’ assisted living facilities during the COVID-19 pandemic. The risk of transmission could lead to serious health complications, deaths in patients, overwhelm the overall British Columbia health system and affect its ability to cope with all the patients who become ill.

The transmission risks cannot be sufficiently mitigated by mask use only. Other infection and prevention control measures in the Hierarchy of Controls⁶ must be utilized.

Inconsistent interpretation and application of the visitor guideline across the province may lead to:

- *Challenges related to fairness;*
- *Unmet patient/resident need for care and support;*
- *Frustration for families; and*

⁵ BCCDC (2020) Essential Visitors Poster. Retrieved November 24, 2020 from <http://www.bccdc.ca/Health-Info-Site/Documents/COVID19-NoVisitorsPoster.pdf>

⁶ BCCDC (2020) COVID-19: Infection Prevention and Control Guidance for Community-Based Allied Health Care Providers in Clinic Settings. Retrieved November 24, 2020 from http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidelinesCommunityBasedAlliedHCPsClinicSettings.pdf

- *Moral distress for health-care workers.*

There is a need for a systematic response to ensure patient care is being supported in a manner that balances commitments to the health and safety of patients as well as staff, with in the emotional and physical support that visitors provide to patients.

The final decision should:

- *Establish the minimum standards for health care workers' safety that cannot be compromised as family visits are accommodated;*
- *Be transparent to patients and families and demonstrate evidence used in the decision to explain the risk to patients and families and health care workers and/or public safety;*
- *Communicate the importance of consistency by directing all sites to follow the guideline;*
- *Establish that health-care workers have adequate support to implement the visitor policy and address concerns;*
- *Periodically evaluate the guideline to confirm that visitor restrictions are still warranted and that the criteria of essential visits are unchanged; and*
- *Allow implementation to reflect, to the extent possible, the values of the patients' in the facility particularly in how these relate to the balance between safety, survival and quality of life.*

Appendix D: Contributors

The COVID-19 Provincial Health Ethics Advisory Team:

Co-Chairs:

Alice Virani, Provincial Health Services Authority and
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