

Ethics in Pandemic Planning: When Professional and Personal Obligations Conflict

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Centre for Practitioner Renewal (CPR)

Health care is about curing and healing; art and science, mind and heart, skills and knowledge, technology and compassion

Health care is based on a business model of efficiency, the work we do is about relationship—relationship with self, other and Other

Relationship is often sacrificed to action and efficiency

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- How do we sustain health care providers in the work place?
- What is the effect of being in the presence of suffering?
- What would be reparative, healing or restore resilience for health care providers?

Efficiency through relationship

iClicker Orientation

- My Professional Role is:
 - A) Nurse
 - B) Physician
 - C) Allied Health Professional
 - D) Administrator
 - E) Other

iClicker Orientation

- My interest in understanding the ethical issues arising from a Pandemic Influenza is:
 - A) Purely personal, not related to my professional role
 - B) Related to my professional role, but not related to management / leadership planning during such a crisis
 - C) Related to my professional role in terms of management / leadership planning during such a crisis
 - D) Other

iClicker Orientation

- When the SARS outbreak occurred in 2003 I was:
 - A) Not yet working in a healthcare related field
 - B) Working in healthcare but not directly exposed, nor did I work with colleagues who were exposed
 - C) Working in healthcare with colleagues who were exposed
 - D) Working in healthcare and directly exposed

Pandemic Influenza Research

- Background (2006):
 - WHO – A global pandemic is “inevitable and possibly imminent”
 - SPH Emergency Preparedness: “Psychosocial support during pandemic influenza is different”
- Our Research (2007-8):
 - “Sustaining Healthcare Providers During Pandemic Influenza”
 - What do front-line staff identify as what they would need to maintain their resilience?

Pandemic Influenza Research

- Basic Focus Group Design:
 - Information package + Guided Discussion
 - Measures of anxiety pre-post (STAI-s)
 - Stress awareness and management tools
- Data:
 - Thematic analysis of discussion transcripts
 - Anxiety measures

Pandemic Influenza Research

■ Participants

- 8 Focus Groups, 52 participants
- Acute, Residential, and Community Care
- Nurses, administrators, support services, allied health and physicians

Pandemic Influenza Info Package

■ Key Facts:

- Contagious Before Symptoms
- Universal Susceptibility
- Rapid Worldwide Spread
- High Mortality Rates (H5N1)
- Economic and Social Disruption
- Multiple Waves

Pandemic Influenza Info Package

- Areas of potential social and economic disruption:
 - Commerce
 - Health Care
 - Food supply / distribution
 - Public Safety
 - Political Unrest
 - Social Fabric

Pandemic Influenza Info Package

Waves of the 1918 – 1919 ‘Spanish Flu’

1st Wave March – April

Respite May – August

2nd Wave September –
October

Respite November –
December

3rd Wave January –
February

Inter-pandemic Period
March 1919 onward ...

Our Research Findings: 6 Themes

- Relationship between work and home
- Emotional impact
- Psychosocial support
- Leadership, authority and difficult decisions
- Supplies
- Communication

Research Findings

Relationship between work and home.

- *“I would be totally willing to put my own life at risk, but I don’t want to put my kid’s life at risk...you have to be able to know that you’re not putting your family at risk by being heroic and doing your job by going to the front line.”*

Research Findings

Emotional Impact

- *“When I think of the first wave I think of drowning - thrashing around when you are under water and you don't know what is going on and you know it is not good, but when you get up and take a gulp of air and you look around ... there is no boat.”*

Research Findings

Psychosocial Support

- Organizational Support
- Support from Leadership
- Interpersonal or Team Support

Research Findings

Psychosocial support: Organizational Support

- *“Staff need to feel safe coming to work ... you need to have things in place for people so that they can safely enter the building and be in the building, working.”*

Research Findings

Psychosocial support: Support from Leadership

- *“The top people have to show their faces and take their share in some of the scunge work.”*
- *“If you’re the leader leading this and you’re still well ... you are tired. So you need acknowledgement – not only for the staff, but also the leadership team as well.”*

Research Findings

Psychosocial support: Interpersonal or Team Support

- *“It is facing something that you are all facing together, and there is an unwritten support...we are here together and we’re not just caring for patients but also for each other.”*

Research Findings

Leadership, authority and difficult decisions

- Interface with community organizations
- Planning for the pandemic
- Redeployment
- Ethical Decision Making

Research Findings

Supplies

- *“If I lost 30-40% of my staff there is no way we could keep up with the demands for equipment – who’s going to tally where all the supplies are? That’s pretty scary when you think about it!”*

Research Findings

Communication

- *“I’d feel so used if they didn’t tell me the truth just to keep me working.”*
- *“A possibility of a lot of anger being directed at health care people because if a lot of things don’t go right, a lot of people are going to be saying, you guys didn’t do this, you didn’t do that ...”*

Research Findings

First wave versus respite period

- *“During the first wave you’re kind of on autopilot, and you’re just doing what you have to do. If that means working 20 hrs a day, and watching family and friends die, okay – you just keep moving. But then you have the downtime, and you think, I can’t do this again... Your inner morale just disappears.”*

Research Findings

Surge Capacity: An overarching concern

“In actual fact, a lot of times we are in disaster mode [today], we just don’t call it that. ... If we know today that we can’t manage, then how are we going to plan for tomorrow?”

Research Findings

Core Personal – Professional Tensions

- Triaging and Supply issues from a personal perspective
- Transparency and Support from Leadership
- Emotional and Physical Exhaustion
- Personal Risk vs Reporting for Work

Personal Risk vs Reporting for Work

- *I realize that people have obligations to their home life and such but at the same time when you elected to become a medical professional, you also accepted some of the risks that go along with it.*
- *Even if the contract says you have to come to work – ‘if you don’t we’re going to discipline you’ – they’ll say ‘Screw you, I’m outta here, my family is still more important’*

Personal Risk vs Reporting for Work

- *Try to draw people in by saying, 'Out of the goodness of your heart can you please come and work' and not – 'You are required to work'. Give the staff the confidence that their families are safe and that you are going to try to do whatever you can to help them.*

Personal / Professional Tensions During Pandemic Influenza

- Family – I am:
 - A) Married / living with a partner and children
 - B) Married / living with a partner
 - C) A single parent
 - D) Living alone
 - E) Living alone with pet(s)

Personal / Professional Tensions

During Pandemic Influenza

- Highest priority for a limited number of vaccinations should be given to:
 - A) All providers in healthcare settings
 - B) Healthcare providers having direct contact with patients
 - C) Healthcare providers having direct contact with patients and the healthcare providers' own family members
 - D) At risk populations (children, elderly, women in childbearing years)
 - E) First come, first serve

Personal / Professional Tensions During Pandemic Influenza

- In terms of reporting for work in the event of a pandemic I believe that:
 - A) As a healthcare provider I must report to work
 - B) I will be conflicted about reporting for work
 - C) I would report for work if I were confident that my partner/children/extended family were taken care of
 - D) I would need to protect myself and 'head for the hills'
 - E) B and C

Our ethical frameworks

Professional Disciplines

- Codes of ethics / Standards of practice / Codes of conduct
- Meta-ethical principles
- Personal values

Discourse Ethics

(Habermas 1992)

- Duty, virtue or discourse?

Discourse Ethics

(Habermas 1992)

- Duty, virtue or discourse?
- Communicative Rationality
 - Mutual recognition
 - Opportunity for equal participation
 - Freedom from coercion

From Discourse to Action

- What are the parameters of discourse?
 - Pre-event?
 - During event?
 - Post-event?

From Discourse to Action

- Pre-event dialogue
 - Identification and working through of problems before the crisis
 - Foundation of trust and common goals
- During event
 - Providing for staff families
 - Maintaining staff's ability to communicate with their families
 - Maintaining staff's ability to communicate with their leaders: short-term feedback loops
 - “Homewatch” / “BASICS”
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From Discourse to Action

- Post event – return to discourse

Recovery Debriefings

- Emotional impact
- Lessons learned
- Planning for next wave

Shifting Focus for Pandemic “Waves”

■ Acute

- Ensuring enough staff to address the crisis
- Maintenance of their ability to do the work
- Managing chaos

■ Respite

- Grief
- Overwhelm
- Maintaining morale

Small group discussion

- What would make the most difference to you in terms of reporting to work during a pandemic influenza?
- How could the organization be most effective in encouraging staff and physicians to report to work?

Research Findings

Team Building

- *“I actually feel more at ease at the end of this ... I think sometimes we all feel we’re working in isolation and we’re really not. When you bring people together at a table like this with diverse backgrounds—the creativity comes forward. ... I feel confident that we will get through [a pandemic]. We’ll do it.”*