



SUMMARY

Guidance on Pandemic Ethics

The following boxes summarise National Ethics Advisory Committee – Kāhui Matatika o te Motu (NEAC) guidance on some important ethical issues in pandemic planning and response. NEAC has issued this guidance in accordance with its statutory function to “determine nationally consistent ethical standards across the health sector” (New Zealand Public Health and Disability Act 2000, s.16). For discussion of these issues, see *Getting Through Together: Ethical values for a pandemic* (National Ethics Advisory Committee 2007), available at: www.neac.health.govt.nz

NEAC welcomes any feedback on its work, to: neac@moh.govt.nz

Guidance on restrictive measures and respect/manaakitanga

- When possible and appropriate, restrictions should be voluntary rather than compulsory. Measures that promote voluntary compliance will reduce the need for compulsory restrictions.
- Restrictive measures should restrict only those rights it is necessary to restrict. Special attention may be needed for people who are subject to restrictions (for example, to their freedom of movement) to ensure their other rights are protected.
- Reciprocal support may be appropriate for people who, in order to protect others, are subject to restrictive measures.
- Restrictive measures can only be justified when all of the narrowly defined circumstances set out in human rights law, known as the Siracusa Principles, are met:
 - the restriction is provided for and carried out in accordance with the law
 - the restriction is in the interest of a legitimate objective of general interest
 - the restriction is strictly necessary in a democratic society to achieve the objective
 - there are no less intrusive and restrictive means available to reach the same objective
 - the restriction is not drafted or imposed arbitrarily, that is, in an unreasonable or otherwise discriminatory manner.

Guidance on neighbourliness/whānaungatanga

- We all have obligations of neighbourliness/whānaungatanga to others.
- The extent of our neighbourliness/whānaungatanga could make an important difference to how well we get through a pandemic together.
- Pandemic planning should consider how best to foster self-care and neighbourliness/whānaungatanga.
- Communities may also wish to consider how best to foster self-care and neighbourliness/whānaungatanga. One question to address might be ‘who is my neighbour?’.

Guidance on health professionals' responsibilities

- NEAC supports the lead of health professional organisations that are providing guidance to their members on their responsibilities in a pandemic.
- Health professionals have obligations to provide care if a pandemic occurs, including when there is increased risk to themselves and their families.
- Community expectations of health professionals should be reasonable. For instance, we should not expect health professionals to provide care when personal risks outweigh patient benefits. Planning should aim to create conditions that enable health professionals to care for their patients and themselves.
- Extra support is appropriate for health professionals and other workers in recognition of their extra responsibilities. This includes facilitating their voluntary participation in pandemic response, minimising risk and, whenever possible, avoiding situations of unreasonable risk to health professionals. It also includes personal and public recognition of their contributions.

Questions for health service prioritisation in situations of overwhelming demand

In an influenza pandemic, it is likely that demand for limited healthcare resources would be very high. In such situations, the following sequence of questions may be useful in guiding the prioritisation of resources, such as treatment in an intensive care unit. A 'yes' answer indicates that it might be appropriate to prioritise the patient in question. A 'no' answer to any question indicates that it might not be appropriate to prioritise the patient.

1. Would this patient meet the clinical criteria for this treatment during normal times? (That is, when there is not overwhelming demand for the resource.)
2. Is this treatment the most beneficial form of treatment for this patient?
3. Does this patient require this treatment immediately? (That is, it is not possible for this patient's treatment to be safely deferred.)
4. Could capacity to deliver this service be expanded to treat this patient, with only minimal disadvantage to others?
5. Is it impossible to mitigate the negative effects for this patient of missing out on this treatment?
6. Can this patient be ranked highly enough based on benefit from this treatment?
7. Can this patient be ranked highly enough based on order of presentation?
8. Can this patient be ranked highly enough based on random selection?

NEAC's questions draw on: Ardagh M. Criteria for prioritising access to health care resources during an influenza pandemic or at other times of overwhelming demand. *New Zealand Medical Journal* 119 (1243): 2256.

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