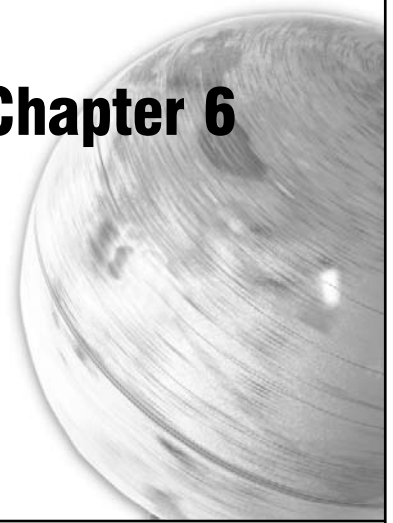


Conclusion and Recommendations


Chapter 6



In major emergencies, decisions must be made in a timely manner under high stress conditions and often in the face of incomplete information. This is the situation the state will confront in the event of an influenza pandemic. Decisions by the federal government, state agencies, healthcare professionals, emergency management responders, and other critical institutions will directly affect large numbers of residents and must be coordinated. Under such conditions, it will be important to have a set of ethical principles that serve as the blueprint to the coordinated response.

The Task Force addressed four ethical issues that the state is likely to face in the event of an influenza pandemic. Individuals (workers and their families), healthcare organizations, businesses, and faith and community organizations must work collaboratively with government in order to reduce the spread of infection, minimize illnesses and deaths, and prevent mass social disruption. The following are the Task Force’s recommendations along with the groups that have primary responsibility for implementing these recommendations.

	Government	Workers	Healthcare Organizations	Businesses	Families	Other
Duty of Healthcare Workers to Work and Reciprocal Obligations of Government and Employers						
<p>Rec. 2.1:</p> <p>(a) All healthcare personnel in healthcare settings have an ethical responsibility to perform their regular employment duties during an influenza pandemic <i>and</i> to assume new responsibilities for which they are trained, as long as actions by the healthcare personnel will not lead to greater harm than the failure to act.</p> <p>(b) Government and healthcare organizations have a reciprocal responsibility to ensure that healthcare personnel are protected and supported to the extent possible. Frontline healthcare workers and others at increased risk of infection should have priority in receiving available personal protective equipment, vaccinations, antiviral drugs, and other nonmedical control measures. All critical healthcare personnel should receive behavioral health services and other goods or services needed to enable them to work. In addition, organizations have a responsibility to ensure that workers are appropriately trained to fulfill the tasks assigned to them during a crisis.</p>	↙	↙	↙			

	Government	Workers	Healthcare Organizations	Businesses	Families	Other
<p>Rec. 2.2:</p> <p>Healthcare organizations should design business continuity plans to prepare for events such as a pandemic. Plans should identify the critical functions that must be continued and those positions that are critical to the continued operation of the healthcare organization. Workers who would be required to work should be made aware of the expectation to work during events such as a pandemic flu upon hiring or upon the adoption of the plan. The healthcare organization should specify the anticipated supports that will be available to the critical healthcare personnel to enable them to work, as well as the sanctions if critical healthcare personnel fail to show up for work when otherwise required to do so.</p>		✓	✓			
<p>Rec. 2.3:</p> <p>The North Carolina General Assembly should:</p> <p>(a) Modify existing laws to clarify that in the case of a declared disaster under the North Carolina Emergency Management Act (NCGS Ch. 166A, Art. 1):</p> <p>(i) The standard of care to be applied in any medical negligence action arising out of healthcare provided during an influenza pandemic is the standard of practice among members of the same healthcare profession with similar training and experience, practicing under the same circumstances including the unique circumstances presented by an influenza pandemic, and situated in the same or similar communities at the time the healthcare is rendered.</p> <p>(ii) Healthcare personnel and healthcare organizations have qualified immunity from liability. Individuals and organizations should not be liable for damages due to injury or death, unless there is clear and convincing evidence that the harm was caused by gross negligence, wanton conduct, or intentional wrongdoing.</p> <p>(iii) Healthcare personnel and healthcare organizations will be indemnified for the costs of defending the lawsuit, including attorneys’ fees, unless the injury or death is found to be a result of gross negligence, wanton conduct, or intentional wrongdoing.</p> <p>(b) Modify the workers compensation laws to provide benefits to individuals who are injured because they were required to obtain an influenza vaccination or other prophylaxis as part of their job responsibilities.</p>	✓	✓	✓			
<p>Rec. 2.4:</p> <p>The North Carolina Healthcare Licensure Boards should develop formal guidelines on the duty to provide care during emergencies, including outbreaks of infectious diseases. The guidelines should specify healthcare professionals’ ethical duties, as well as the limits of such obligations.</p>						 licensure boards

	Government	Workers	Healthcare Organizations	Businesses	Families	Other
<p>Rec. 3.1:</p> <p>(a) Workers in critical industries have an ethical responsibility to perform their regular employment duties during an influenza pandemic and to assume new responsibilities for which they are trained as long as actions by the healthcare personnel will not lead to greater harm than the failure to act.</p> <p>(b) Government and employers have a reciprocal responsibility to ensure that workers are protected to the extent possible. For example, workers in critical industries at increased risk of infection should receive priority for available personal protective equipment, vaccinations, antiviral drugs, and other nonmedical control measures. All critical workers should receive behavioral health services and other goods or services needed to enable them to work. In addition, employers have a responsibility to ensure that workers are appropriately trained to fulfill the tasks assigned to them during a crisis.</p>	↙	↙		↙		
<p>Rec. 3.2:</p> <p>Employers and contractors should design business continuity plans to prepare for events such as a pandemic. Plans should identify those positions that are critical to the continued operation of the industry and whether the job needs to be performed on-site or can be adequately performed off-site. Workers who would be required to work should be made aware of the expectation to work during events such as a pandemic upon hiring or upon the adoption of the plan. Employers and contractors should specify the supports that will be available to the critical workers to enable them to work, as well as the sanctions that will be enforced if critical workers fail to show up for work during a time of crisis.</p>		↙		↙		
<p>Rec. 3.3:</p> <p>(a) Federal, state, and local governments have the primary responsibility to identify the types of businesses that are essential to meet society’s basic healthcare needs. Other businesses and organizations should also examine their services to determine if they provide essential goods and services for society.</p> <p>(b) During an influenza pandemic, organizations should prioritize the health of their employees and reduction of the spread of disease over the financial position of the organization.</p> <p>(c) Organizations have a duty to follow the recommendations, guidelines, and restrictions that public health and other government officials provide. For example, if social distancing measures are recommended, organizations not in critical industries should comply with these recommendations.</p>	↙			↙		

	Government	Workers	Healthcare Organizations	Businesses	Families	Other
Balancing the Rights of the Individual and the Need to Protect the Public						
<p>Rec. 4.1: Government leaders should implement restrictions on personal liberties deemed likely to be effective to limit illness and mortality in the context of a pandemic, but should limit these measures to the least restrictive alternative reasonably necessary to protect the public.</p>	✓					
<p>Rec. 4.2: (a) Prior to and during the course of an pandemic, the North Carolina Department of Health and Human Services should partner with local health departments to develop a public outreach campaign to foster community awareness and understanding of pandemic influenza. The outreach campaign should: (i) Include other stakeholders, community groups, and the media; (ii) Ensure that the public is well informed of the potential need to use community mitigation efforts or to prioritize the use of limited resources; and (iii) Include mechanisms to obtain ongoing feedback from the community prior to and during the course of an influenza pandemic. (b) The North Carolina Department of Health and Human Services should continue to work with the North Carolina Justice Academy, Administrative Office of the Courts, local law enforcement, UNC School of Government, North Carolina National Guard, and North Carolina Department of Crime Control and Public Safety to create an understanding of the need to use social distancing measures and other community mitigation efforts to prevent the spread of disease in an influenza pandemic.</p>	✓		✓			✓ media, comm. groups
<p>Rec. 4.3: The Governor’s Office, in conjunction with the North Carolina Department of Health and Human Services and the Department of Crime Control and Public Safety, should develop a coordinated communications plan to ensure that the public obtains timely, accurate, and continuous information about the influenza pandemic. Special attention should be paid to ensure that this information is communicated to special populations including, but not limited to, low-income communities, non-English speakers, and people who have visual or hearing impairments.</p>	✓					✓ media, comm. groups
<p>Rec. 4.4: (a) All levels of government should ensure that individuals who are affected by isolation or quarantine orders receive needed assistance in accessing resources to meet their basic needs while they are subject to restrictions.</p>	✓					✓ social relief agencies, comm. groups

	Government	Workers	Healthcare Organizations	Businesses	Families	Other
(b) Government, social relief agencies, and other community groups should coordinate efforts to address the basic subsistence needs of individuals who have been adversely affected by an influenza pandemic.						
Rec. 4.5: In developing business continuity plans, businesses should consider the impact that lost income and lost benefits will have on their employees. Businesses should strive, to the extent possible, to continue to provide financial and other assistance to their employees during an influenza pandemic.			✓	✓		
Rec. 4.6: Individuals have a responsibility to prepare for an influenza pandemic. They should have reserve supplies and have plans to care for family members during a pandemic. In the event of a pandemic, individuals who are capable of going without government assistance should do so. Individuals should be encouraged to help out fellow citizens during this time of crisis.					✓	
Prioritization and Use of Limited Resources During an Influenza Pandemic						
Rec. 5.1: Limited healthcare resources should be allocated according to the following criteria: (a) Allocation of vaccines (pharmaceutical prevention resources) should be made with the primary goal of assuring the functioning of society and the secondary goal of minimizing the spread of the disease. (b) Allocation of nonpharmaceutical prevention resources (such as personal protective equipment) should be made with the goal of assuring the functioning of society and preventing the spread of the disease. (c) Allocation of antivirals (pharmaceutical treatment resources) should be made with the primary goal of minimizing illness, hospitalization, and death and the secondary goal of assuring the functioning of society. (d) Allocation of nonpharmaceutical treatment resources (such as ventilators and hospital beds) should be made with the goal of reducing illness, hospitalization, and death.	✓		✓			
Rec. 5.2: (a) During an influenza pandemic, disease control and medical decisions should be based on clinical factors, the epidemiology of the spread of disease, and assuring the functioning of society. Decisions about which people to treat and what services to provide during an influenza pandemic <i>should not be made</i> based on socioeconomic or other factors unrelated to these criteria.	✓		✓			

	Government	Workers	Healthcare Organizations	Businesses	Families	Other
(b) Healthcare organizations need to create mechanisms in advance of a pandemic to ensure that clinical decisions are made according to the ethical principles set out in these guidelines.						
Rec. 5.3: State, local, and national law enforcement should provide appropriate protection, based on available resources, for individuals and organizations in custody of and responsible for distribution and administration of limited resources such as vaccines and antiviral medications.	✓					

The work of the NC IOM/DPH Task Force on Ethics and Pandemic Influenza Planning encouraged stakeholders from a variety of groups to consider and discuss the ethical dilemmas that are likely to arise in the event of an influenza pandemic. Advance notice of these dilemmas may help people adjust to and prepare for the difficult decisions that may affect them later. These recommendations form the basis of an ethical template that can guide some of the tough ethical choices that public and private organizations and individuals will face when in the midst of a pandemic. The Task Force was unable to identify every possible ethical issue that would arise during this potential crisis. The unpredictable nature of influenza pandemics will force individuals, industries, healthcare professionals, organizations, and government officials to examine and modify these guidelines as more information becomes known.