

# Ethical Standards for Clinicians in a Pandemic – For Internal Use Only

Professional staff and fellows in Cleveland Clinic’s Center for Bioethics prepared this document, which has been updated as of March 17, 2020.

The information below summarizes current and anticipated ethical dimensions of the current COVID-19 pandemic. It is adapted from a report of the University of Toronto Joint Centre for Bioethics Pandemic Influenza Working Group, published in 2005<sup>1</sup> and aligned with

Centers for Disease Control and Prevention guidelines. These will not be the only ethical issues that the world will face during the spread of COVID-19, but they are critically important values that serve as the foundation for ethical decision making during a pandemic.

QUESTION	VALUE	RESPONSE
Are the restrictions on normal activities ethically justified?	<p><b>At Risk:</b> Individual Liberty (Integrity/ Empathy)</p> <p><b>Overriding Value:</b> Public health responsibilities (Quality and Safety/ Community)</p>	Yes, restrictions that impinge on individual liberty should be applied equitably when relevant and necessary to protect the public from serious harm. Personal and professional practices must be <b>regularly reviewed and amended for the duration of the pandemic to assure fairness of application.</b>
How much more restrictive can the measures ethically become for individuals and communities?	<p><b>At Risk:</b> Justice and Autonomy (Caregiver/ Empathy)</p> <p><b>Overriding Value:</b> Protection of the public from harm (Safety/ Community)</p>	In a public health crisis, health care organizations and public health authorities may be required to implement restrictions. Reasoning for the restrictions should be based on what is <b>minimally necessary to protect the public/individuals</b> from the harm of infection-transmission.
I don’t want anyone to know I have COVID19. Isn’t it a HIPPA violation to report my diagnosis to public health officials?	<p><b>At Risk:</b> Privacy/ Integrity</p> <p><b>Overriding Value:</b> Obligations to all our patients’ health</p>	<b>Not necessarily.</b> In a public health crisis, the right to privacy typically afforded individuals may be overridden to protect the public from serious harm. Restrictions are the <b>minimum necessary to accomplish public health goals with full transparency to patients.</b>
Who has the greatest right to personal protective equipment (PPE)?	<p><b>At Risk:</b> Protection of all employees and community</p> <p><b>Overriding Value:</b> Duty to provide care</p>	Healthcare workers have a duty to care for the sick even when this places them at greater risk of harm. To mitigate these elevated risks, <b>healthcare workers should be prioritized when distributing personal protective equipment.</b>
How will public health officials and healthcare leaders decide how to distribute the resources if supplies become scarce?	<p><b>At Risk:</b> Providing each patient what they need</p> <p><b>Overriding Value:</b> Stewardship / Utility / Transparency</p>	The distribution of testing and treatment will be equitable and measured by the expectation of benefit. <b>During a pandemic the parameters for distribution of scarce goods may shift to a focus on rescue of the sick who are expected to recover.</b>
What can the public expect regarding updates and communication about how healthcare institutions will make decisions?	<p><b>At Risk:</b> Expending time and resources</p> <p><b>Overriding Value:</b> Open and Transparent</p>	<b>Decisions should be made by applying an open and transparent process that is accessible to the public.</b> The basis for procedural and allocation decisions will be based on evidence, principles and shared values.

<sup>1</sup>Upshur REG, Faith K, Gibson JL, Thompson AK, Tracy CS, Wilson K, Singer PA. 2005. STAND ON GUARD FOR THEE: Ethical considerations in preparedness planning for pandemic influenza. A report of the University of Toronto Joint Centre for Bioethics Pandemic Influenza Working Group, p. 6-9.