

Restarting Clinical Services during COVID-19 – Reflective Questions for Ethical Decision-Making

This document builds on the ethical principles identified by Ontario Health (OH) in their document “A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic” and serves as a reflective tool intended to help decision-makers operationalize the OH principles, while incorporating Unity Health Toronto’s (UHT) values (see Appendix 1). This tool can be used to help the planning for resumption of clinical services committee make decisions about which clinical services should be reopened, help document the reasons why some procedures were/were not allowed to restart, and provide a mechanism through which feedback can be offered to programs applying to restart services.

This 10-question reflective tool was produced by ethicists and fellows at the Centre for Clinical Ethics at UHT. It is a concise tool that does not aim to be comprehensive. Rather, it strikes a balance between comprehensiveness and efficiency. A longer version is available upon request.

How to use this tool: answer each question (both the main question and any sub-questions) with either Yes/No/Not Applicable/Not enough info. Most questions are framed in such a way that a ‘yes’ response signifies support for the proposal under consideration. For question number 9, a ‘no’ response signifies support for the proposal under consideration. For all other questions, a “no” response does not necessarily mean that the procedure in question should not be restarted, but it should prompt additional deliberation on the part of the committee. Several “not enough info” responses may trigger a request for more information from the program submitting the request. There is no weighting system for questions in the tool.

Reflective Question	Yes/No/Not Applicable/Not enough info	Comments
1. Can we offer this procedure/service reliably and sustainably, given current demands? (proportionality, reciprocity, excellence, sustainability)	<input type="checkbox"/>	
a. Do we have sufficient physical resources (e.g., PPE)?	<input type="checkbox"/>	
b. Have we considered the effects on human resources (e.g., is the clinical service starting in or reliant on an area already significantly burdened by the pandemic?)	<input type="checkbox"/>	
c. Has the impact on other clinical areas been taken into account?	<input type="checkbox"/>	

<p>2. Has a ramp down procedure been established should there be need to divert services/resources elsewhere? (proportionality, sustainability)</p> <p>a. Will we remain prepared for another wave of COVID+ patients?</p>	<input data-bbox="831 214 945 296" type="checkbox"/> <input data-bbox="831 338 945 420" type="checkbox"/>	
<p>3. Is providing this procedure/service consistent with recommendations from external organizations? (proportionality, excellence, equity, community)</p> <p>a. OH/MOHLTC?</p> <p>b. Expert bodies?</p> <p>c. Healthcare and community partners?</p>	<input data-bbox="831 464 945 546" type="checkbox"/> <input data-bbox="831 583 945 665" type="checkbox"/> <input data-bbox="831 619 945 701" type="checkbox"/> <input data-bbox="831 655 945 737" type="checkbox"/>	
<p>4. Is providing this procedure/service consistent with the goals of reducing patient mortality, morbidity, pain, and suffering to the greatest extent possible? (utility, excellence, compassion)</p>	<input data-bbox="831 821 945 903" type="checkbox"/>	
<p>5. Does providing this procedure/service balance the needs of COVID+ patients and other patient populations? (equity, reciprocity)</p>	<input data-bbox="831 1073 945 1155" type="checkbox"/>	
<p>6. Does providing this procedure/service include a plan for fairly and consistently prioritizing patients for the planned procedure/service (equity)?</p> <p>a. A process of ranking patients in terms of need or urgency?</p> <p>b. A process for selecting between patients equally in need?</p> <p>c. A process for addressing social factors relevant to care?</p>	<input data-bbox="831 1283 945 1365" type="checkbox"/> <input data-bbox="831 1402 945 1484" type="checkbox"/> <input data-bbox="831 1480 945 1562" type="checkbox"/> <input data-bbox="831 1558 945 1640" type="checkbox"/>	
<p>7. Is resuming this procedure/service consistent with our obligations to protect our physicians and staff from risk of harm and to promote their overall well-being? (reciprocity)</p>	<input data-bbox="831 1711 945 1793" type="checkbox"/>	

<p>8. Does resuming this procedure/service address Unity Health’s commitment to serving populations that experience systemic disadvantages? (dignity, equity)</p> <p>a. Have we taken into account subpopulations that experience systemic or institutional disadvantages in accessing care?</p> <p>b. Have we taken into account any subpopulations that may experience disadvantages in accessing follow-up care?</p> <p>c. Have we taken into account any subpopulations that face disadvantages that make them more vulnerable if they are made to wait?</p>	<input data-bbox="833 216 946 296" type="checkbox"/> <input data-bbox="833 348 946 428" type="checkbox"/> <input data-bbox="833 491 946 571" type="checkbox"/> <input data-bbox="833 632 946 711" type="checkbox"/>	
<p>9. Does resuming this procedure/service unfairly disadvantage patients that will be forced to wait longer for their elective procedure? [No= Good] (dignity, equity)</p>	<input data-bbox="833 827 946 907" type="checkbox"/>	
<p>10. Does resuming this procedure/service take advantage of the opportunity to change and innovate? (excellence)</p>	<input data-bbox="833 1008 946 1087" type="checkbox"/>	

Appendix 1

Public Health Ethics Guiding Principles

Principle	Actions
<p>Proportionality</p>	<ul style="list-style-type: none"> - Ensure that changes in service offerings are proportionate to real or anticipated capacity - Be iterative with different gates and prepare for future ramping up and ramping down - Be dynamic, responsive and flexible in decision-making to account for rapidly changing needs and resource availability - Be aligned with available resources (e.g., HHR, space, supplies, medications, beds, etc.) - Ensure that restrictions on services, and on patients’ options for their care, do not exceed what is necessary to mitigate unacceptable levels of risk to public health and safety

	<ul style="list-style-type: none"> - Be informed by safety practices brought about by COVID-19 and adoption of these new measures where appropriate
Utility	<ul style="list-style-type: none"> - Aim to maximize benefits and survival (beneficence) and to minimize harms (non-maleficence) in the face of scarce resources - Prioritize activities that have higher implications for morbidity and mortality over those with fewer implications for morbidity and mortality - Consider benefits and burdens to patients and patient populations affected by changes in services - Seek opportunities to relieve pain and minimize suffering beyond the provision of scheduled procedures - Take all reasonable measures to protect patients from the enduring risk of COVID-19 transmission
Equity	<ul style="list-style-type: none"> - Apply the same prioritization principles across Unity Health Toronto (and the broader Toronto region), with local implementation based on local realities - Treat people in the same categories (e.g., level of urgency) in the same way unless relevant differences exist - Be vigilant that decisions and how they are implemented do not further disadvantage already disadvantaged groups - Consider the time that patients have spent on wait lists, as well as patients' experiences with prior cancellations - Balance the needs of COVID-19 patients and patients who need time-sensitive treatment of other diseases and conditions
Reciprocity	<ul style="list-style-type: none"> - Offer patients who are being made to wait close monitoring, consistent re-evaluation, and all available appropriate care-- potentially more than they would usually be offered-- in recognition of the burden caused by limited services - Ensure staff safety is a central consideration of service recovery and prioritization plans - Ensure that staff are supported through scripts in communicating service levels or changes to patients and families - Be aware of effects of your service decisions on other services, and engage in collaborative planning - Ensure that staffing is adequate not only to run the service but also to provide staff the opportunity to take time off to care for their own well-being
Sustainability	<ul style="list-style-type: none"> - Consider the long-term sustainability of the health system, including the health and wellbeing of healthcare workers - Prepare for the possibility of unexpected fiscal pressures associated with the COVID-19 pandemic

Unity Health Toronto Values

Principle	Actions
Human Dignity	<ul style="list-style-type: none"> - Ensure that decisions about which activities to increase or decrease recognize and respect the sacred value of each person - Be patient-centric -
Compassion	<ul style="list-style-type: none"> - Seek to understand each person's values/needs and provide care with kindness and sensitivity - Seek to understand the cultural traditions of the patient populations being served and be sensitive to these considerations in the decision-making process and while providing care - Support families during the continued application of visitor restrictions
Excellence	<ul style="list-style-type: none"> - Strive to achieve the best care and quality - Take this planning exercise as an opportunity to innovate - Put measures in place to facilitate continuous improvement - Leverage change opportunities - Ensure levels of specialized staff are adequate to run services
Community	<ul style="list-style-type: none"> - Embrace diversity, trust and teamwork to promote patients and staff in fulfilling their potential
Inclusivity	<ul style="list-style-type: none"> - Foster a welcoming environment where everyone is treated equitably and without judgement - Ensure that decisions about which services to offer do not inadvertently contribute to the stigmatization or discrimination of vulnerable and/or marginalized groups - Ensure that decisions made for and about particular patient populations acknowledges and includes their voices - Ensure that a diverse group of representatives are included in the decision-making process and that there is equal opportunity to contribute - Consider the lived realities of patient populations that experience multiple forms of marginalizations and include those considerations in the decision-making process