

## Ethical Issues and Considerations for Pandemic Influenza Planning

### Ethics Update – 2009

Following the completion of the Interior Health PIPP in 2008, additional work on the ethics section focused largely on the Clinical Ethics Committee (CEC) reviewing this chapter and also keeping abreast of work that was ongoing in other health authorities, particularly Fraser Health. Due to resource restrictions, Interior Health decided to follow the work of the FH Ethics Director, Bashir Jiwani, and an Ethics Working Group that was established within FH. The CEC would then learn of the results of this work both through the consultants on record, who were overseeing the FH pandemic influenza project, and a pan-provincial ad hoc group of health authority representatives, who were also going to share information and updates on ethical decision-making tools for an influenza pandemic.

As planning continues, the CEC is now looking forward to deliverables Fraser Health is completing in 2009, which will address the types of decision-making tools required for three categories of employees across the health care spectrum: Corporate leaders, site managers (likely involved in an Emergency Operations Centre during the pandemic), and frontline staff. These tools are being developed through a series of working group meetings that will use pandemic scenarios to address the different types of questions each employee category is likely to face while preparing for, responding to, and/or recovering from an influenza pandemic. In addition, the CEC will also closely review the current IH PIPP ethics section and update it accordingly over the next work cycle.

### Introduction

The following is a summary of the pertinent ethical issues and considerations that Interior Health decision-makers may be required to take into account during the course of an influenza pandemic. These common issues and considerations have been identified following a review of many Canadian and international working papers, committees, and pandemic influenza plans regarding ethical decision-making frameworks. They should be read as a starting point to developing a formal operational framework that can provide usable ethical guidelines for IH decision-makers when difficult choices must be made during an influenza pandemic.

Planning for an influenza pandemic is unlike planning for practically any other emergency. The widespread virulence of a pandemic influenza strain, along with the anticipated high rates of morbidity and mortality, present unique challenges that general emergency management and response plans may not adequately meet.

Moreover, ethical questions will arise in almost every situation resulting from the response to an influenza pandemic. IH staff and health care workers will be called upon to make decisive, informed, and responsible decisions that reduce mortality and morbidity over the course of the pandemic. These decisions should not be made haphazardly or without terms of reference; rather, they should be made using a pre-determined ethical framework that will allow officials to meet their principle purpose: the health and well-being of the people in their communities.

Although an ethical starting point will help to guide and assist difficult decision-making, it should be noted that no ethical framework can provide all of the absolute answers. Each decision-making scenario will be different and offer its own complexities; however, what should always remain equal is the ethical foundation for arriving at decisions during an influenza pandemic. The following approach is provided in an attempt to meet this goal in Interior Health.

## The Case for an Ethical Framework

On the likelihood of an influenza pandemic, many public health professionals agree: it is not a question of if, but rather a question of when the next pandemic event will occur. The emergence of the H5N1 avian influenza strain has highlighted the possibility of this event occurring sooner rather than later. Fortunately, international and national efforts are already being coordinated in an effort to improve to planning and response structures. The same impetus toward preparedness can be found in other provincial and municipal agencies charged with the responsibility of delivering health care and support services to their local populations during a pandemic.

With a worst-case scenario in mind, the anticipated issues and challenges resulting from an influenza pandemic can seem daunting. Health care systems and staff in Interior Health will likely face scenarios for which no recent experience can be relied upon. Charged with the safety and care of the public, health care leaders and frontline staff will have to make timely, ethical decisions. The SARS crisis in 2003 helped to bring a greater awareness of the types of ethical decisions that might need to be made across the health care sector. The experience of public health officials in Toronto enshrined one lesson in particular: the need to establish an ethical framework in advance of a public health care crisis, and to do so in a transparent manner.

Given this lesson learned, the planning efforts already underway, and the potential severity of an influenza pandemic, it would be negligent not to have an ethical framework to guide the scope and range of decisions that might have to be made by Interior Health staff during a pandemic. Challenges will appear on a number of fronts. For example:

- Health care workers will face significant duress, shouldering the balance between increased care responsibilities and a duty to one's own health and that of loved ones;
- The protected status of individual rights and civil liberties may assume a secondary role to the need of protecting the public as a whole; and,
- The calculated distribution of scarce resources to reduce the greatest chance of morbidity and mortality are among the most difficult ethical dilemmas that can occur.

The decisions made on these issues will affect virtually every person in a given community; therefore, it is imperative that decision-makers base their capabilities in commonly shared principles. This is the express intent of an ethical framework in IH that can provide decision-making guidelines during an influenza pandemic. It is one that will provide the best hope for clarity in decision-making for IH staff, ensuring integrity, fairness, and transparency, even under the most trying of times.

## Values for an Ethical Framework

A decision-making process that centres on an ethical framework to guide its direction and outcomes relies on the individual values that compose its basic parts. The University of Toronto Joint Centre for Bioethics and their Pandemic Influenza Working group have identified 15 core values that guide can ethical decisions. They are categorized into two groups: substantive and procedural values.

The **substantive group of values** provides a set of independent principles that serve as the basic starting points from which an ethical choice in a pandemic influenza setting can be made. They are considerations that can vet options and reinforce whether or not further examination of a choice is required.

The 10 substantive values to guide ethical decision-making are as follows:

- Individual liberty

In a public health crisis, restrictions to individual liberty may be necessary to protect the public from serious harm. Restrictions to individual liberties should therefore be: proportional, necessary, and relevant; employ the least restrictive means; and be applied equitably.

- Protection of the public from harm

To protect the public from harm, health care organizations and public health authorities may be required to take actions that impinge on individual liberty. Decision-makers should: weigh the imperative for compliance; provide reasons for public health measures to encourage compliance; and establish means to review decisions.

- Proportionality

Proportionality requires that restrictions to individual liberty and measures taken to protect the public from harm should not exceed what is necessary to address the actual level of risk to or critical needs of the community.

- Privacy

Individuals have a right to be treated with dignity and have their privacy respected in health care. In a public health crisis, it may be necessary to override this right to protect the public from serious harm.

- Duty to provide care

Inherent to all codes of ethics for health care professionals is the duty to provide care and to respond to suffering. Health care providers will have to weigh demands of their professional roles against other competing obligations to their own health, and to family and friends. Moreover, health care workers will face significant challenges related to resource allocation, scope of practice, professional liability, and workplace conditions.

- Reciprocity

Reciprocity requires that society support those who face a disproportionate burden in protecting the public good, and take steps to minimize burdens as much as possible. Measures to protect the public good are likely to impose a disproportionate burden on health care workers, patients, and their families.

- Equity

All patients have an equal claim to receive the health care they need under normal conditions. During a pandemic, however, difficult decisions will need to be made about the health services to maintain and which to defer. Depending on the severity of the health crisis, this could curtail not only elective surgeries, but could also limit the provision of emergency or necessary services.

- Trust

Trust is an essential component of the relationships among clinicians and patients, staff and their organizations, the public and health care providers or organizations, and among organizations within a health system. Decision-makers will be confronted with the challenge of maintaining stakeholder trust while simultaneously implementing various control measures during an evolving health crisis. Trust is enhanced by upholding such process values as transparency.

- Solidarity

As the world learned from SARS, an influenza pandemic will require a new vision of global solidarity and a vision of solidarity among nations. A pandemic can challenge conventional ideas of national sovereignty, security, or territoriality. It also requires solidarity within and among health care institutions. It calls for collaborative approaches that set aside traditional values of self-interest or territoriality among health care professionals, services, or institutions.

- Stewardship

Those entrusted with governance roles should be guided by the notion of stewardship. Inherent in stewardship are the notions of trust, ethical behaviour, and good decision-making. This implies that decisions regarding resources are intended to achieve the best patient health and public health outcomes given the unique circumstances of the influenza crisis.

**Procedural values** provide continual tests against which an ethical decision-making process should be measured. These values attempt to ensure that every stage of the process in reaching a final decision on an ethical issue is transparent and justifiable to all parties that have a stake in the outcome.

The five procedural values to guide ethical decision-making can be summarized as the following:

- Reason

Decisions should be based on reasons (i.e., evidence, principles, and values) that stakeholders can agree are relevant to meeting health needs in an influenza pandemic. The decisions should be made by people who are credible and accountable.

- Transparency

The process by which decisions are made must be open to scrutiny, and the basis upon which decisions are made should be publicly accessible.

- Inclusion

Decisions should be made explicitly with stakeholder views in mind, and there should be opportunities to engage stakeholders in the decision-making process.

- Response

There should be opportunities to revisit and revise decisions as new information emerges throughout the crisis. There should be mechanisms to address disputes and complaints.

- Accountability

There should be mechanisms in place to ensure that decision-makers are answerable for their actions and inactions. Defence of actions and inactions should be grounded in the 14 other ethical values proposed above.

With an ethical framework in place that includes these substantive and procedural values, decisions can be reached that will have considered all of the necessary issues to be set into action. Under ideal circumstances, each value will be given equal consideration in relation to the others in its grouping. In a crisis such as a pandemic, however, this might not be possible in all cases involving ethical choices and it should be acknowledged that these values can come into conflict with one another. These are ethical issues that have a high likelihood of occurring and must be examined as thoroughly as possible in advance given any binding time constraints.

Ethical dilemmas may include the moral justification of giving life-saving care to certain individuals while refusing such care to others due to scarcity in human and equipment resources. This challenge will also present itself on other levels to do with prevention and treatment of the pandemic influenza virus. Administrators may have to navigate the inherent clash of clinical ethics, charged with the health and interests of the individual, against public health ethics, which addresses the overall health and interests of the community. Moreover, the possibility that ethical decisions and choices may have to be made in the face of conflicts with regulations or inconclusive scientific evidence are further considerations in the development of an ethical framework for Interior Health.

In evaluating these unique situations, IH decision-makers will have to focus on what is most reasonable in order to take actions that will reduce the greatest number of negative outcomes. The ordering of certain values over others may occur and the flexibility of the above-mentioned ethical framework will be tested as priorities shift and new information becomes available during the pandemic. These changing conditions will challenge public health care officials to continually reinforce and hold their core values intact. However, the most important starting point for balancing positive health care outcomes with ethics should always be the outlined framework. With these justified values and beliefs certain, decision-makers will reduce their chances of error and misjudgment, ensuring their best efforts to help solve ethical issues during a pandemic crisis.

## **Major Ethical Issues in Pandemic Planning**

### *The Responsibility to Provide Care*

Although it is not exactly known when an influenza virus will reach a pandemic level, it is known that one of the groups at the forefront of a health care response will be health care workers. Whether clinical or support, professional or non-professional, these people will face the direct consequences of a virulent pandemic strain with an elevated attack rate. The burden will result in significant workloads, demand on care will be significantly greater, labour shortages may affect the abilities of others to provide timely care, and a concentration of infected individuals in health care environments will increase the risk of infection to healthy workers.

Despite these demands and pressures, the efforts and expertise of health care workers will be instrumental in mitigating the harmful effects of an influenza pandemic and reducing distress for infected individuals. Their work and assistance will be absolutely necessary for a successful pandemic response. Since their knowledge and careers also places them at a higher risk of infection, decision-makers must recognize their elevated roles. Difficult ethical choices may need to be made that balance health care workers' responsibilities to provide care against those to protect themselves and others around them.

The following sections will focus on the inherent roles and responsibilities of different health care worker groups and highlight some of the key considerations and ethical issues that must be understood in order to make informed decisions about their activities during a pandemic response.

a. Clinical health care workers

Given their close human interactions, training, and selected professions, it is recognized that clinical health care workers, both in professional and non-professional categories, have a duty to care for sick and suffering individuals. It is further recognized that this duty is explicitly understood by these workers and forms one half of a social contract with society: in exchange for assuming this elevated post and its intrinsic risks, the public acknowledges that a disproportionate level of responsibility is placed on these workers and that they should be provided with the support and assistance that is required in order to fulfill their duties.

It is generally assumed that clinical health care workers understand these responsibilities, and their exposure to risks of contracting disease and infections. In most clinical situations, it is therefore expected that they will be able to perform their work without compromise. However, in an influenza pandemic scenario, where infection rates will be extremely high and the risk of infecting and having to care for oneself and/or family members is greatly increased, the social contract between clinical health care workers and the public will be severely tested.

Administrative decision-makers with authority over the roles and responsibilities of clinical health care workers must recognize that in a pandemic situation, a balance must be struck between the duties of providing care and other individual considerations. Specifically, any measures that address clinical health care workers' responsibilities during a pandemic should have the following considerations:

- How much risk should health care workers be required to take?
- What is the balance in the duty to care for the sick, and to care for themselves, so they can continue to provide care?
- What is their duty not to harm others by transmitting diseases?

Interior Health leaders must also provide these workers with a greater amount of support to help shoulder the heavier burden of care that is placed on them during a pandemic. Strategies and pandemic scenario practices will have to be developed that consider psychosocial, infection control, compensation, human resource, and staffing measures that will assist workers in their clinical roles.

Consideration will also have to be given to other potential issues. With the possibility of a labour shortage due to infection, attrition, and increased demands among an equal number of workers, clinical health care workers may need to be called upon to assume responsibilities outside the normal scope of their work. Careful attention must be paid to what is possible in this scenario that takes the interests of any afflicted patients into consideration against what a clinical health care worker can reasonably provide in terms of extraordinary care under dire circumstances. In addition to establishing staff training and education pieces for pandemic planning, it has been suggested that there be a consideration for qualified immunity from liability for health care professionals and organizations if they act in good faith to provide needed healthcare services during a pandemic crisis. Such discussions will have to take place at the provincial level, and involve representatives from Interior Health and the other health authorities, along with the colleges, unions, etc.

Any decision-making process that engages these issues and others with regard to clinical health care workers will have to intensively submit their choices to the ethical framework suggested above to help determine a fair and reasonable outcome. The role of these workers cannot be more critical; therefore, they deserve the necessary attention, allowances, resources, and guidance to assist their roles.

b. Technical, clerical, and support health care workers

Although not directly responsible for patient care, the role of professional and non-professional health care workers that support the duties and responsibilities of clinical staff cannot be underestimated. Though such staff members may not have an entrenched professional sense of ethical duty that is as strict as that for clinical workers, it must be recognized that their efforts and work often allow those in direct control of patient care to perform their duties more efficiently. During a pandemic event, each layer of a health care system's infrastructure should be seen as critical to each successive layer that relies on its functions to perform its own duties.

Pandemic planning efforts must therefore be made that are inclusive to the role of support health care workers, which includes their right to protection from the risk of infection if in contact with patients or clinical staff that have been in contact with the pandemic influenza virus. Decisions will also need to be made about which of these job responsibilities of support workers are absolutely necessary and which can be seen as placing undue risk of infection on the staff member in question.

Just as with clinical health care workers, health care officials will have to decide what level of risk can be reasonably tolerated for support staff workers that do not hinder their abilities to assist others nor place them in danger of infecting themselves or their families. Perhaps one of the most important considerations that must be taken into account is how to ensure that such technical, clerical, and support personnel have a perception that their duties are important and that they will be protected in the event of a pandemic. A lack of communication and direction on this issue could result in critical human resource shortages exactly at a time when they would be needed most.

This same approach could also be further extended to consider part-time health care workers, volunteers, and students of medicine and nursing. A decision-making process will have to ethically consider whether it is responsible to include such groups in a pandemic response to contribute to care provision. Determining under what conditions or circumstances these groups would be allowed to participate, how they would be protected, and what level of risk they would be made to accept are other ethical issues that might need to be considered.

### *Balancing Individual Rights with Protecting the Public*

Charged with the health and well-being of the public, health officials will face some difficult ethical choices with balancing this objective against civil rights and individual liberties. The context of this issue must still be understood in the framework of unique challenges and circumstances that an influenza pandemic poses. Because of these challenges, certain measures may have to be enacted that infringe on otherwise inalienable individual rights. These measures would not be enacted except where the organizing principle of public health is at stake: to protect and promote the public's health. In a pandemic event, this health protection principle is exemplified in the basic strategies of detection and surveillance, early treatment, vaccine development, and public health measures.

Extraordinary measures that could be implemented as a means to protecting the public include isolation, quarantine, social distancing, restrictions on travel and crossing international borders, curfews, surveillance, sanctions, and divulging personal medical information. With varying degrees of severity, these measures represent a significant portion of the choices that are available to health care officials. The goal of public health is one that is universal; therefore, it is possible that these same actions could be taken at international, federal, provincial, and local levels in order to mitigate mortality and morbidity and slow the spread of a virulent pandemic influenza strain.

Whatever the measure and wherever it is implemented, responsible IH decision-makers must ensure that an ethical framework is followed. Measures that do infringe on liberty must be proportional to the level of risk, should be the least restrictive and least intrusive alternative possible, and be as fair and just as possible. Due process to challenge restrictions for individuals and recourse to justice must also form part of the strategy to implement measures that equitable and do not have any form of racial, ethnic, or cultural bias. A respect for diversity in opinion, culture, and beliefs must also be considered here. If private health information must be released to inform and protect the public, it should as limited as possible with precautions in place to protect any information collected.

For those individuals that experience a loss of income, social supports, or freedom of movement due to any enacted public health measures, there needs to be an understanding of the physical, emotional, and psychological impact that this will have. Efforts should be made to minimize stigmatization of those that are quarantined or isolated. As well, the stressful effects of possible closures of daycares, schools, places of worship, and social and sporting venues due to social distancing measures must also be acknowledged. All of these considerations must be carefully weighed under the auspices of an ethical framework that can give each due process and recognition. While the rights of each individual are extremely important, there is a collective right to a functioning society to which each person subscribes. In order to preserve the whole, calculated, justifiable, and proportional sacrifices can be made with the proper ethical considerations in mind.

### *The Allocation of Scarce Resources*

During a pandemic event, the allocation of scarce resources will likely become a crucial ethical issue for public health officials. In addition to preventative resources, such as vaccines, antivirals, and personal protective equipment, the allocation of limited health care resources will be equally difficult. Ventilators, hospital beds, non-critical interventions, and surgical procedures are all resources that may experience shortages due to increased need and a possible reduction in human resources. Whatever the resource to be distributed or procedure to be utilized, the process by which individuals and groups are triaged to receive these goods must be conducted in a fair and ethical manner.

One of the guiding principles in the allocation of scarce resources should be distributive justice: allocating resources in a fair and equitable manner based on need. How to determine need is one of the major challenges that IH decision-makers will grapple with. Many considerations will form the basis of these decisions to ensuring that public health needs are addressed. The prioritization of certain groups over others based on their roles and responsibilities during a pandemic, triage frameworks for emergency departments, and adherence to an ethical framework specifically for making resource allocation decisions are all methods that can assist in crucial resource-deficient scenarios.

In addition to allocating resources fairly, there should be measures in place to ensure the dignity and respect of those that do not initially receive the benefit of scarce resources during a pandemic. Just as those individuals and groups that do receive these items or procedures, those that do not must be informed and cared for in a dignified manner. If possible, they must be made aware of public health measures governing resource allocation ahead of time and given an opportunity to respond. With an emphasis on a distributive process of scarce resources that emphasizes openness, transparency, and reason, individuals can build trust in the health care system that has their communal interests in mind.

Where scarce resources are involved, IH administrators must also ensure that distribution is not based on any other factors except what is ethically sound in the greater picture of public health. Political or socio-economic factors should not be considerations that guide the allocation of limited resources. Decision-makers must ensure that once they have selected a distribution choice based on ethical values that checks and balances in their distributive chain are strong to enforce compliance and fairness. Any individuals or groups with direct or indirect access to preventative influenza measures or health care procedures must understand their ethical roles in the allocation of these goods. To reach an ethical choice at an executive level of power will do nothing to convince the public of a just authority if measures are not in place that guarantee that those actions are carried out properly.

### **Additional Ethical Issues in Pandemic Planning**

#### *Considering Personal Choice*

Despite all of the best efforts to procure information, provide protection, and follow rigorous ethical frameworks, some members of society, quite possibly including health care workers, may simply choose not to participate in a coordinated pandemic response. Health care workers or groups that make or consider such a choice should be given all of the assurances of protection and support that are reasonably possible. Efforts should be made to provide education and training where appropriate, maintain communication on stakeholder issues, and keep an open and transparent dialogue. However, IH decision-makers should be prepared for

the possibility that during difficult and unpredictable circumstances, human behaviour may also become unpredictable.

The question of whether or not these individuals or groups should be punished for their choices should remain dependent on the situation and circumstances that led to such decisions. Certainly by excluding themselves from the greater responsibility of care, health care workers would essentially annul the social contract that would have provided them with greater resources and assistance. At all times, decisions should be made through ethical means when considering these pertinent human resource issues.

### **Conclusion and Recommendations**

An influenza pandemic will demand the most from Interior Health, its health care workers, administrators, staff, and, indeed, all of society. Responsible and credible officials with decision-making powers that affect large groups of people during such a crisis should not take their charge lightly. They should base their decisions on an ethical framework that offers the best hope of reaching fair and sound decisions on a variety of issues.

Interior Health will be challenged on all fronts, from the responsibilities of health care workers during a pandemic to dilemmas of placing the public's interests before individuals and allocating limited resources that can offer protection and reduce the risk of infection. New scenarios and challenges can arise that have not been discussed here. In order to give health care decision-makers the best chance of success, it is recommended that Interior Health move forward with the development of operational frontline tools that follow from this ethical framework. These tools, which could be developed by a cross-section of IH staff in a working group setting, would then be made available to frontline employees to facilitate quick and ethically-based decisions, for both everyday situations and those that are likely to arise during a pandemic.

## Annex 1 for Ethical Issues and Considerations: Action Sheets for Ethical Decision-Making – Values and Steps

Value	Description
Clear and consistent communication	Ensuring the messages sent from the HA are clear and consistent, both internally and with the province and other BC health regions
Collaboration	Making decisions in partnership with those who are affected, particularly staff
Common good	Ensuring a specific "good" (i.e., health and well-being) is shared and beneficial for all (or most) members of the community
Continuity of care	Providing clients with the services they need and ensuring that they are not abandoned over the course of the provision of care
Evidence	Making decisions on the best available evidence, and ensuring assumptions made are well-grounded and defensible
Fairness in the distribution of resources	Ensuring that care decisions, including decisions about allocating scarce resources, are based on the same values/criteria for all care recipients across the region (so individuals in similar circumstances are treated similarly)
Organizational integrity	Ensuring organization(al behavior) is in accordance with the moral values and norms, and the rules accepted by the organization's members and its stakeholders
Preventing untimely death and treating those that are ill	Meeting the health care needs of the public, including saving the lives of those most at risk of dying – this includes maximizing the health system's ability to provide services when needed
Professional obligation	Ensuring clients are provided with safe, competent, and ethical care
Proportionality	Making sure any restrictions on liberty and measures to protect the public do not exceed the minimum required to address risk
Public safety and wellbeing	Ensuring that the net harm to the public, through the spread of disease, disruption to necessary activity, and function is minimized as much as possible
Respect and support for decision makers	Allowing those closest to decisions to exercise discretion in the difficult decisions they make based on their understanding of the situation, but providing them with decision tools and an understanding of the core values that should in principle guide their decisions and actions
Respect for individual autonomy	Allowing individuals to make their own independent choices.
Safety and well-being of staff at risk	Maximizing the safety of those putting themselves at relatively greater risk of personal harm
Stewardship of resources	Making sure resources are ethically and properly managed
Transparency	Being open and honest about the process by which decisions are made and the values and assumptions that guide these
Trust	Enhancing trust between system and staff; enhancing trust between the HA and the public

Step	Description
1	Agree on the question being asked.
2	What are the constraints/assumptions/facts that make up the context?
3	What are the important considerations that should guide the answer?
4	Of these, which are most important?
5	Brainstorm options for answering the question.
6	Analyze options against the values.
7	Make a decision (this may be preliminary or final, depending on consultation that still needs to be done.)
8	Check decision against core values.
9	Develop a consultation plan.
10	Develop an implementation, communication and downstream support plan.
<p><b>The objective of this process is to arrive at the best decision all things considered</b> (as opposed to any objectively right answer). In other words, one should be able to say for any issue that the decision has been arrived at having taken time to carefully consider the facts of the case and what's important from all the key viewpoints – and this has been done with sincerity and integrity.</p>	

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**Annex 2 for Ethical Issues and Considerations: Ethical Criteria for the Allocation of Scarce Resources (adapted from Calgary's Pandemic Influenza Response Plan, March 2007)**

Ethics of resource allocation is considered in relation to the concept of justice and the physician's obligatory duty to the patient. In normal circumstances, acceptable criteria for resource allocation among patients (based on the principle of justice) are:

1. Urgency of patient's condition
2. Likelihood of benefit to the patient
3. Improvement in patient's quality of life
4. Duration of benefit
5. Amount of resources needed for successful treatment

In the pandemic situation, there is a shift towards utilitarianism and to prioritizing the needs of society above those of the individual. In this setting, the ethical principles used for scarce resource allocation are:

1. Distributive justice
2. Proper triage principles
3. Beneficence
4. Non-maleficence
5. Duty of care

These principles may shift in order of importance. Duty of care becomes an imperative not reserved for a distinct physician-patient interaction, but is focused also on duty of care to the entire population.

When dealing with persons at high risk, commonly accepted triage principles will prevail. Patients with the highest probability of survival would be treated first. The principle of justice holds that patients with similar conditions will be treated in a similar way. Neither age, nor station, figures in decisions.