NIHR | Applied Research Collaboration South London

Justice, fairness and medical ethics seen through the lens of Covid-19

Tuesday 8th December 2020

Duties to individuals V duties to others

Peter Littlejohns

Emeritus Professor of Public Health, Centre for Implementation Science, King's College London,

Deputy Director of the NIHR Applied Research Collaboration, South London

Summary of my presentation

Public health ethics and its approach to justice and fairness in the context of Covid-19

Prioritisation in health care is inevitable and needs to be (and seen to be) just and fair

Practical approaches to prioritisation including involving the public

Public Health Ethics – taken from FPH ethics committee statement on Covid-19

Examines how legitimate are governmental and professional interventions (interference) to protect and promote health and well-being

Recognises that ‘health’ is a broad concept and gives specific attention to unfair and avoidable health, inequalities

Emphases obligations that we hold towards one another in promoting the public health

Tackling the Social, Professional, and Political Challenges of COVID-19: The Crucial Role of Public Health Ethics

https://www.fph.org.uk/media/2922/fph-statement-of-public-health-ethics-and-covid-19.pdf

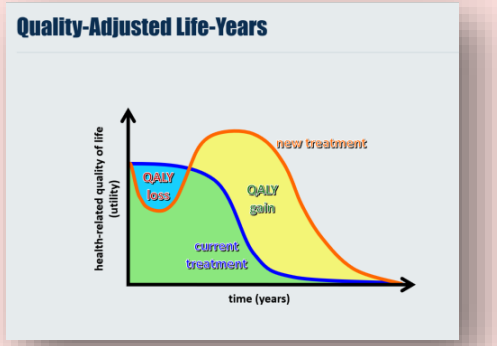
Going beyond bioethics

Prominence has (rightly) been given to key questions concerning people who are suffering and dying directly from Covid19, and the safety and resources of frontline healthcare practitioners.

But wider questions need equivalent levels of focused public deliberation: for example

Less attention has been given to social and community-based care; the unequal, and unfair, distribution of the direct and indirect burdens and impacts of Covid-19 on members of different socio-cultural groups and different segments of society;

Methods of resource allocation decisions, including in triaging of care in the face of limited resources and the cutting of some services to provide more resource for others;



Covid has brought justice to the fore

My proposition today is that to achieve justice in health care:

Prioritisation is inevitable, ……it can be based on ethical criteria and robust processes or be haphazard and unfair

To prioritise fairly you need to articulate **“ values”** or **“principles”** and then develop a “**fair process”** to ensure the best for individual patient and public health

Covid has highlighted all the issues in a few months

Politics

Hancock admits COVID testing issue could take weeks to solve - with certain groups prioritised

Perhaps the best you can have is a fair process - procedural justice

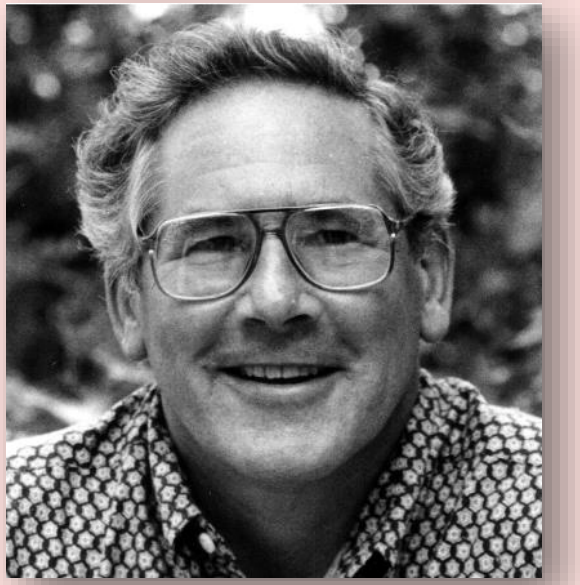
For decision-makers to be 'accountable for their reasonableness,' the processes they use to make their decisions must have four characteristics

Publicity

Relevance

Challenge and revision

Regulation



Norman Daniels
Mary B. Saltonstall Professor of Population Ethics

HARVARD
School of Public Health

12 years at NICE left me feeling that A4R is necessary but not sufficient - I convened an International Workshop in 2012 at Gresham College

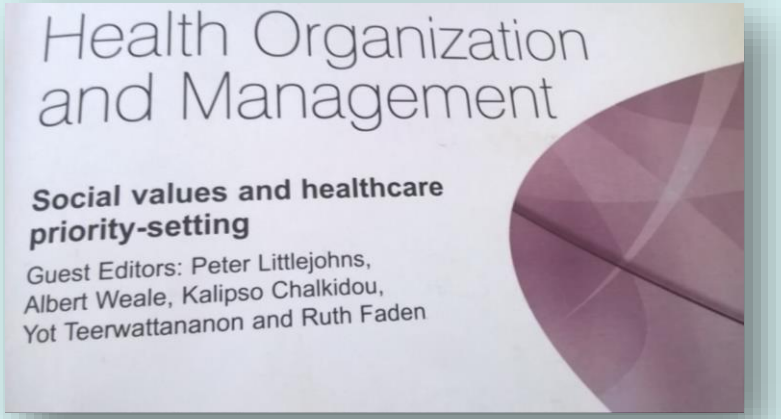
We moved beyond A4R to recommend a social values framework.

The process of decision making

Institutional setting (legal and collaborative)
Transparency (clear how decisions are made)
Accountability (who is responsible and to whom)
Participation (all who want to be can be involved)

The *content* of decision making

Effectiveness (does it work)
Cost effectiveness (value for money)
Fairness (to all patients)
Quality of care



A second International Workshop in Geneva in 2015 on the role of the public in determining health priorities

https://ueaeprints.uea.ac.uk/id/eprint/59006/4/Introduction.pdf

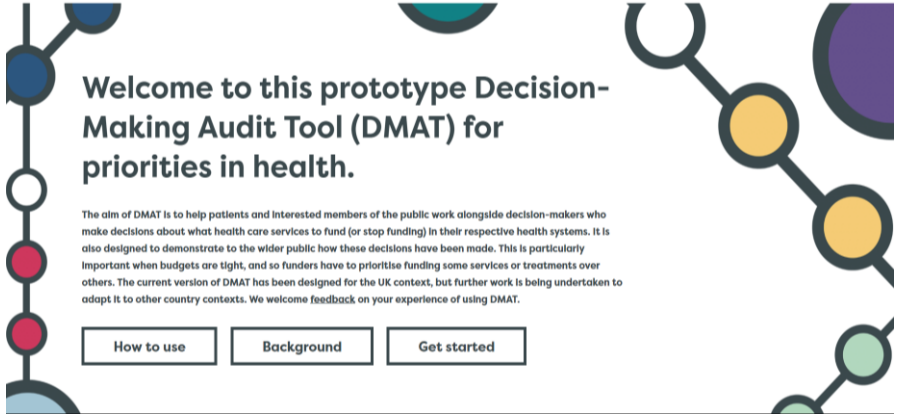
“Involving the public in determining health priorities is key to acceptance….but how ? ”

Encouraging public involvement in difficult prioritisation decisions - The Decision Making Audit Tool (DMAT)

The online version of the DMAT www.priorities4health.com

was launched at the London CLAHRC Research information meeting at the House of Lords chaired by Lord Crisp in July 2017.

The DMAT has been tested in New Zealand and Chile as well as UK



Some of the members of the three London CLAHRCs who attended

More than 100 policymakers, clinicians, researchers, representatives from charities, and patients and service users gathered on Tuesday morning this week at the House of Lords to celebrate the important applied health research being undertaken across London.

emerald PUBLISHING

JOURNAL OF HEALTH ORGANIZATION AND MANAGEMENT

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J Health Organ Manag. 2019; 33(1): 18–34. PMCID: PMC7068726
Published online 2019 Mar 18. PMID: 30859907
doi: 10.1108/JHOM-02-2018-0065

Creating sustainable health care systems

Agreeing social (societal) priorities through public participation

Peter Littlejohns,* Katharina Kieslich,* Albert Weale,* Emma Tumilty,* Georgina Richardson,* Tim Stokes,* Robin Gauld,* and Paul Scuffham*

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7068726

Covid-19 a dramatic case study in prioritisation (i)

- First at national level Covid patients prioritised over all other routine patients (Explicit government and NHSE decision)
- “prioritisation” criteria developed for access to ICU, ventilators, PPE, test and trace (mainly regional and speciality – ethics considered)
- Hospital patients prioritised over social care patients (not explicit)

A decision support tool developed for GPs in South London

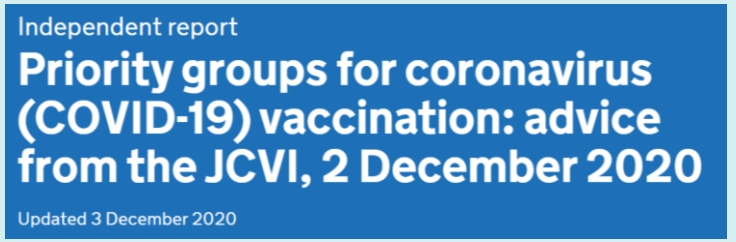
https://learninghub.kingshealthpartners.org/images/Community-resource-leaflet.pdf

Covid-19 a dramatic case study in prioritisation (ii)

- "Lock down" and "unlock" decisions seeking to balance "lives versus livelihood" (national with regional differences, laws not guidance – children and schools prioritised)

- Vaccination (based on risk - care home staff and patients, health workers to be first) . Joint committee on vaccination and inoculation [JCVI]

https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020



Direct protection versus transmission reduction

Sunday People 6th December 20202

Applying our framework approach to the UK response to Covid 19

Guidance

Our plan to rebuild: The UK Government's COVID-19 recovery strategy

Updated 24 July 2020

Informed by the science
Fairness
Proportionality
Privacy
Transparency

Guidance

Our plan to rebuild: The UK Government's COVID-19 recovery strategy

Updated 24 July 2020

2. Our aims: saving lives; saving livelihoods

The Government's aim has been to save lives. This continues to be the overriding priority at the heart of this plan.

The Government must also seek to minimise the other harms it knows the current restrictive measures are causing - to people's wellbeing, livelihoods, and wider health.

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But whose lives ?

Four ways that Covid can Kill

Direct

1. Direct causes of deaths from Covid-19 (assuming that the health service is functioning optimally).

Indirect

2. Indirect deaths because the health service becomes overwhelmed and therefore unable both to treat people with Covid-19, and also potentially other emergencies problems

3.Deaths occur because the health service has had to cancel non Covid-19 services eg screening . Also people do not attend because afraid of getting Covid-19

4. Impact of socio-economic hardship

https://www.gresham.ac.uk/lectures-and-events/covid-19

Which patients are we prioritising - emphasis so far is on 1 and 2 but 3 becoming more relevant and is it now time to prioritise 4?

There is always going to be an “identifiable lives bias” that mitigates against a public health approach

Optimism Bias

Present Bias

Omission Bias

Halpern SD, Truog RD, Miller FG. Cognitive Bias and Public Health Policy During the COVID-19 Pandemic. *JAMA*. 2020;324(4):337–338. doi:10.1001/jama.2020.11623

This ethical debate is beginning to happen but framed as a scientific contestation……

London

Cite this as: *BMJ* 2020;370:m3702
http://dx.doi.org/10.1136/bmj.m3702
Published: 21 September 2020

Covid-19: Experts divide into two camps of action—shielding versus blanket policies

Jacqui Wise

BMJ: first publish

https://www.bmj.com/content/bmj/370/bmj.m3702.full.pdf

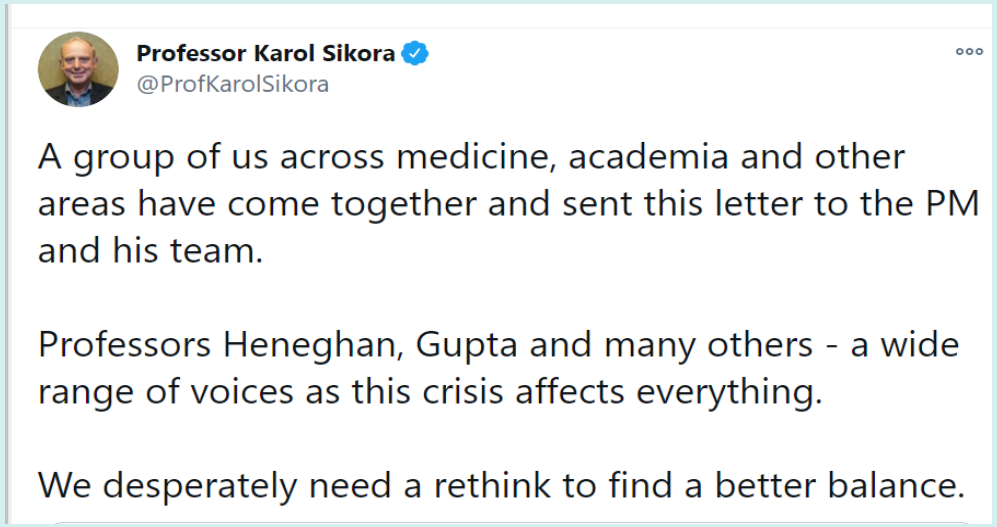
thebmjopinion Latest Authors T

Covid-19: An open letter to the UK's chief medical officers

September 21, 2020

A group of experts have written to the UK CMOs and GCSA, expressing concern about a secc covid-19

Professor Chris Whitty; CMO, England
Dr Frank Atherton; CMO, Wales
Dr Gregor Ian Smith; CMO, Scotland
Dr Michael McBride; CMO, Northern Ireland
Professor Patrick Vallance; Chief Scientific Adviser,



Professor Karol Sikora ✓
@ProfKarolSikora

A group of us across medicine, academia and other areas have come together and sent this letter to the PM and his team.

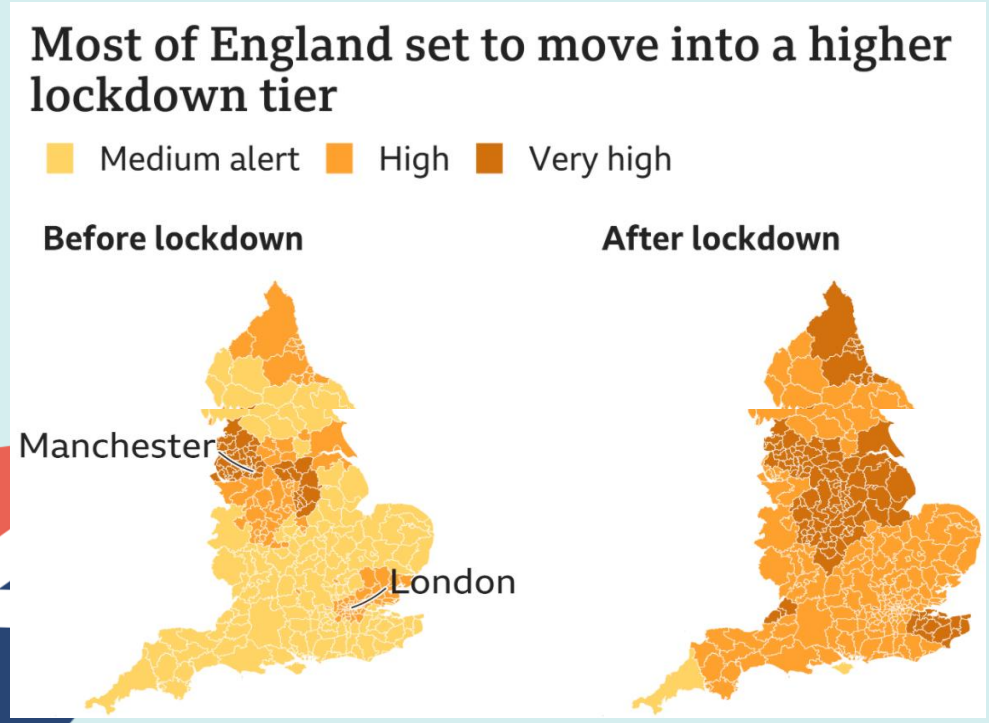
Professors Heneghan, Gupta and many others - a wide range of voices as this crisis affects everything.

We desperately need a rethink to find a better balance.

But the epidemiological debate is also a political one.

Coronavirus: Tory MPs call for more evidence on 'appalling' Covid tiers plan

Covid: PM calls for 'unity' as he agrees to publish data behind new tiers



"This is an illness that very sadly really afflicts the elderly and those with underlying health conditions …….Our focus should be on protecting them, not limiting the life chances of young people and people of middle age who are responsible for running and owning businesses

Charles Walker, the vice-chairman of the 1922 committee of backbench Tory MPs, said on Monday

Is there another approach …. the public health way ?

Elsevier Public Health Emergency Collection

Public Health Emergency COVID-19 Initiative

Public Health in Practice. 2020 Nov; 1: 100031. PMCID: PMC7361085
Published online 2020 Jul 15. doi: 10.1016/j.puhip.2020.100031

COVID-19 zugzwang: Potential public health moves towards population (herd) immunity

Raj S. Bhopal

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7361085/

Raj Bhopal, CBE DSc, BSc MD, MPH, MBChB, FRCP, FFPHM, professor emeritus of public health at the University of Edinburgh

"The COVID-19 pandemic has placed us in zugwang - position in chess where every move is disadvantageous where we must examine every plan, however unpalatable".

"Public debate, including on population immunity, informed by epidemiological data, is now urgent".

For shielding

For blanket approach

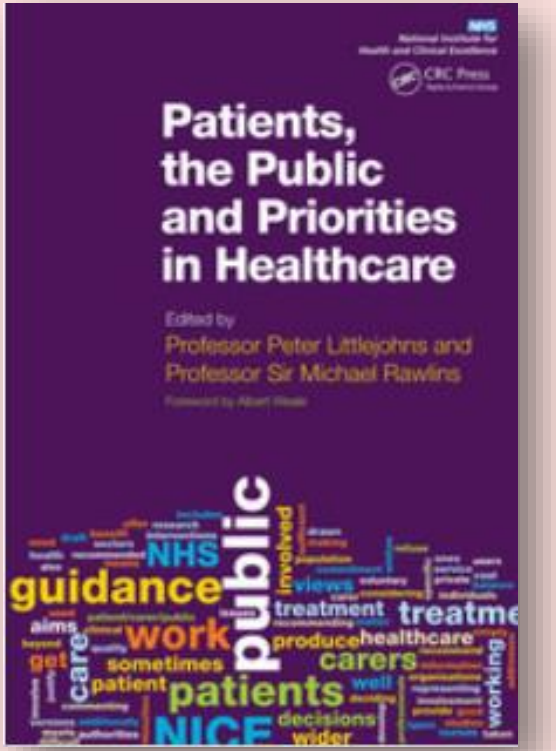
Involving patients and the public in difficult prioritisation decisions – the NICE approach

Membership of Advisory committees

Provide evidence and comment on guidance

Membership of the Citizen Council

In future public deliberation



https://www.routledge.com/Patients-the-Public-and-Priorities-in-Healthcare/Littlejohns-Rawlins/p/book/9781846193873

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September 2020

Resource allocation, age and COVID-19

Ipsos MORI

Executive Summary

Ipsos MORI were commissioned by King's College London[1] to explore public attitudes to intensive care resource allocation during a potential second wave of COVID-19. A series of four deliberative workshops were conducted online across August and September 2020 with the same 22 participants, each a resident of Lambeth or Southwark.

- The 'Fair Innings' Principle: prioritising the young, so they can reach later life stages
- The 'Maximising Life Years' Principle: prioritising patients with the longest life expectancy, to save the most life years
- The 'Life Projects' Principle: prioritising the young and middle aged so they can complete life projects
- The 'Egalitarian' Principle: not choosing based on any characteristic, using a random or first come first served approach

September 2020

Resource allocation, age and COVID-19

- Participants struggled with the concept of prioritising younger patients over older patients – they felt younger people should not be prioritised as older people have value too.

- Participants stated that "maximising life years" avoids allocating resource to someone who won't survive, supports getting people into ICU who are likely to have the "quickest turnaround" (recovering more quickly), and frees up the bed for another patient. Furthermore, this is in line with their understanding of triage and maximising the number of lives saved.

- The age boundaries of the **Life Projects Principle** felt arbitrary. It was hard to believe that a definitive age limit could be set in this context, that the issue could not be so "black and white".

- Those who support a "first come, first served" approach based this on its apparent fairness and simplicity, whereas maximising lives saved and prioritising the vulnerable would be based on subjective judgments.

But they were very concerned about the most vulnerable

“Participants recognised that those who are older, more frail, and potentially from a BAME background were more at risk. Their understanding of what NHS England is there to do meant they believed that these groups should receive care before those who are healthier. They did not feel that any of the principles addressed treating adequately those most vulnerable”


London Covid-19 Deliberation
Commissioned by NHS England and Improvement (London Region)
Delivered by Imperial College Health Partners and Ipsos MORI
REPORT – insights and expectations from a deliberation with Londoners
July - August 2020
IMPERIAL COLLEGE HEALTH PARTNERS
Ipsos

Summary: participants created a statement of their expectations for policy makers (1)

1. Decisions around who should be prioritised for elective procedures should be driven primarily by clinical severity of the patient. Further consideration should then be taken into account to guide decisions around prioritisation of treatment with regards to:

- Level of pain/suffering (especially for those who have been waiting longer than 52 weeks). This should be regularly assessed by the patient's clinician.
- Impact on the person's quality of life, mental health and the wider impact of delays on their ability to work.
- Caring responsibilities and overall wellbeing.
- There should be regular dialogue with people waiting longer to ensure their condition has not deteriorated.
- Patients who have been waiting over a year should be offered first refusal on cancellation slots.

In Summary

All patients (and the public) need to be treated equally (vertical and horizontal equity)

While “protecting” the NHS in order to allow it to concentrate on Covid 19 patients was considered necessary for the benefit of all patients, whether this holds for the future is much more debatable

The argument is much more nuanced than presenting it as a shielding versus blanket debate – all groups of patients should be included in future modelling. Cost-effectiveness should not be ignored

The public should be part of this debate and a national public deliberation should be encouraged.

Covid: Poor public health made pandemic worse - Sally Davies

The UK's high level of obesity has fuelled a much-increased death rate from Covid-19, says the former chief medical officer for England.

Prof Dame Sally Davies said high obesity rates - and high levels of deprivation and overcrowded housing - had cost lives.

The poor state of public health meant it was not surprising that the UK had struggled during the pandemic.

Dame Sally called for tougher policies to combat obesity.

Thank you for listening