

# COVID-19 Ethics Advisory Group

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# Why?

- Rapidly escalating and uncertain pandemic situation
- Crisis response (STAC)
- Pressure on services
- Significant changes to delivery of BAU services (clinical and civic)
- Changed staff and public behaviour
- Paucity of guidance

...lots of unanswered questions!



# What?

## COVID-19 Ethics Advisory Group

Ethics (*def*).

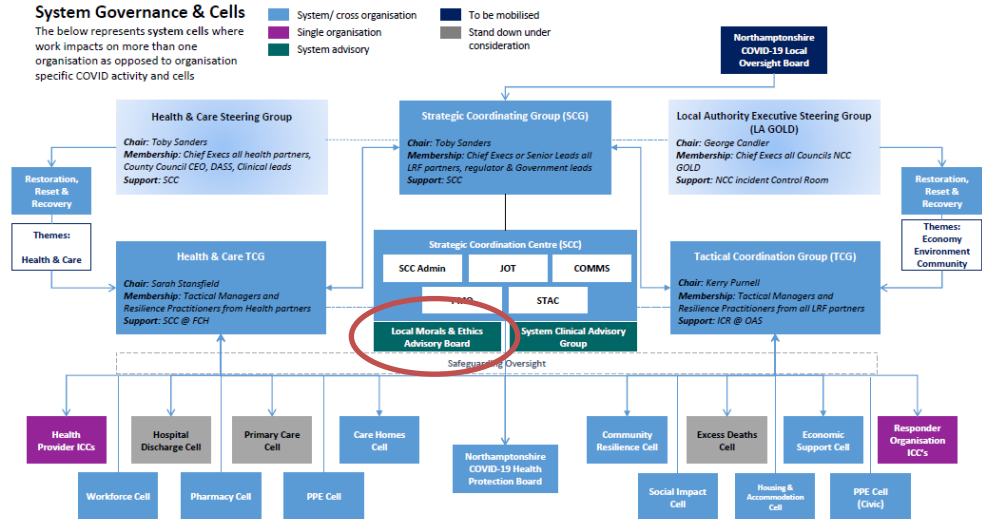
*“the study of what is morally right and wrong, or a set of beliefs about what is morally right and wrong”.*

Cambridge English Dictionary (2020)



# What?

- Proposal to SCG for system-wide approach to ethical issues
- COVID-19 Ethics Advisory Board established
  - Subgroup of the STAC
- Advisory only
- Designed to compliment existing ethics groups (e.g. in NHS acute providers)
- Governance: reporting into the SCG direct



# How?

## Terms of Reference

The group will:

- Provide an ethical guiding framework as assurance for clinicians making trust based decisions regarding admission to critical care or further treatment
- Provide a disseminating body for ethical decisions made at a trust or equivalent level
- Act as an advisory group, using an agreed ethical framework, for system decisions regarding population level service provision
- Act as advisory group, using an agreed ethical framework, for other local health and social care decisions as appropriate
- Review decisions made to an agreed timetable

The group will NOT:

- Provide legal advice nor risk management: the group is advisory only
- Direct clinicians as to who should or should not access critical care. The group will provide an ethical framework to support the decision making process but will not seek to influence those decisions
- Provide individual level ethical advice or guidance
- Be used as a basis for all local decision making; where at all possible decisions regarding local services should be made using usual decision making processes



# How?

- ✓ Request form
- ✓ Literature review on current guidance, professional standards and best practice
- ✓ Review findings presented back to group
- ✓ Discussions shaped using ethical framework based on *The Four Principles of Biomedical Ethics* by Beauchamp and Childress (2004)
- ✓ Applied values of ethical decision-making (within B&C)
- ✓ Summary of advice returned to requestor (max. 14 days)
- ✓ Clear code of conduct/declaration of interest process
- ✓ Very reliant on honesty and openness of members



# Who?

- The University of Northampton (Chair)
- The acute trusts and the mental health, learning disability and community trust
- District and Borough councils
- Adult Social Care
- Public Health
- Primary Care
- CCG
- HealthWatch



# Topics?

- How should the re-starting or continued suspension of health, social care and local government services be prioritised?
- What ethical considerations need to be applied when making decisions about how, when and where care home residents should be discharged to, following an in-patient stay?
- Criteria for admission to critical care
- Should hospitals and care homes allow external visitors to visit patients or residents during the Covid-19 pandemic?
- Should health professionals be re-deployed during the Covid-19 pandemic and if so how should this happen?
- What ethical principles need to be considered when developing a Covid-19 Equality Impact Assessment (EqIA)?
  - How should Covid-19 EqIAs be amalgamated with non-COVID-19 EqIAs?
  - If different groups in society are affected disproportionately by coronavirus, then how should these differential effects be addressed?





# What Next?

- Review Sep/Oct 2020:
  - How well the Ethics Advisory Group [EAG] worked
  - Experience of discussions
  - Membership of the EAG
  - Communication
  - Function of the EAG
  - Impact of the EAG
- Clear desire to retain function in system (even in peace time)
- More work horizon scanning for issues/questions
- Need for evaluation/impact assessment of advice (so what?)



# What Next?

## Any Questions?