

Ethical Responsibilities of Health Care Professionals

Given the very serious ramifications of limited resources in a disaster and its accompanying decisions and outcomes, there is an ethical responsibility on the part of health care professionals to prepare themselves for decision-making and the allocation of scarce resources in a disaster. Since the events of 9/11, health care organizations have devoted significant time along with human and financial resources to evaluate their capacity and capability in preparedness for a response to a disaster. These efforts have been supplemented with federal preparedness funds to assist health care organizations in this costly endeavor.

The State Expert Panel on the Ethics of Disaster Preparedness in collaboration with the Wisconsin Division of Public Health, Hospital Emergency Preparedness Program and the Wisconsin Hospital Association has developed a series of brochures, entitled “The Ethics of Health Care Disaster Preparedness.” These documents provide guidance to health care organizations and their staff so that all have a better understanding of why certain decisions are made, how these decisions are informed by the ethical principles in this document and how these decisions will be implemented when there are limited resources.

The State Expert Panel has produced this document primarily as a basis for discussion so health care professionals can participate in a dialogue that will further refine these guidelines. The desired outcomes of these discussions include:

- a greater awareness of the ethical issues that will arise during a disaster*
- an understanding of the ethically justifiable expectations regarding what to expect from the health care system during a disaster*

*Before reading this brochure, you are encouraged to read the brochure
“Ethics of Health Care Disaster Preparedness.”*

The State Expert Panel assumes that health care organizations have been committed to these preparedness efforts and can attest to the significant accomplishments that have been made since the events of 9/11.

The State Expert Panel believes its responsibility is to identify the ethical issues that will occur in a disaster, to provide initial guidance regarding ethical decision-making, to provide a forum for discussion of these ethical issues and then to take the results from these discussions and share them with health care professionals throughout Wisconsin. Health care professionals need to understand that even with health care organizations “being prepared” and following all of these ethical guidelines, there may be loss of life for those who do not get the necessary treatment due to limited resources.

Health care professionals, making decisions with limited resources, must do so with as much knowledge and training as possible. It is the purpose of this brochure series to assist health care professionals to be accountable by reviewing the types of decisions that must be made and by determining which decisions will be the most effective and the most equitable. It will be important for health care profes-

sionals to simulate making these decisions through table-top exercises and other simulation exercises.

The following Ethical Responsibilities are based on the Ethics Principles and Procedural Values as explained in the brochure “Ethics of Health Care Disaster Preparedness”. These responsibilities are formatted as a checklist with a rationale for each checklist item and a recommended desired outcome for each responsibility.

It is the hope of the State Expert Panel that health care professionals will meet to discuss amongst themselves these responsibilities and achieve the recommended desired outcome.

1. Health care professionals are to devote time and resources to preparedness.

Rationale: Continuing education for many professions is not only a licensing requirement; it is an ethical imperative for all. Every professional has a responsibility to practice their profession according to the current expectation. Being prepared and knowing what is required of each health care professional in a disaster is the “expectation” today. In a very true sense, “the bar has been raised” and society expects that health care professionals are prepared.

For example, physicians are expected to have knowledge of disaster preparedness such as being aware of the health care organization’s disaster plans, infection control measures and their role in a disaster. The community has certain expectations of how their physician will make treatment decisions in a disaster.

Desired Outcomes:

- Both health care professional associations and individual health care professionals are to identify the competencies in which they need to be proficient to manage treatment of patients in a disaster.
- Health care professionals are to be familiar with their organization’s Emergency Operations Plan and their role in a disaster.

2. Health care professionals are to consider both personally and in collaboration with their peers the various ethical dilemmas they will face when there are limited resources and determine the strategies they must implement to manage scarce resources. The following examples are included here to illustrate such ethical dilemmas:

- a. With limited personnel, how far out of my scope of practice may I work, knowing that without the care and treatment I pro-

vide, patients may be harmed?

- b. If there are insufficient supplies of personal protective equipment, should I put myself and my fellow caregivers and other patients at risk and continue to care for contagious patients without the benefit of personal protective equipment?

Rationale: There are many new ethical questions that have been raised because of our experience with large scale incidents. Although no one person can resolve all of these questions, there is an ethical responsibility to consider such issues and to involve oneself in professional discussions or studies about such issues.

Desired Outcomes:

- Both health care professional associations and individual health care professionals are to identify ethical dilemmas and decisions that will need to be made in a disaster given scarce resources and have guidelines available to help manage these situations.
- Both health care professional associations and individual health care professionals are to identify conservation and rationing protocols that can be implemented to enhance their ability to provide treatment to an increased number of patients.

3. Each health care professional association should investigate its “Code of Ethics” to determine what is already written regarding the “duty to care.” If there is no mention of this, a “duty to care” statement may need to be included in the Code.

Rationale: Professional associations have a responsibility to recommend “position statements” on key issues that affect their constituents. A recent study by the World Health Organization showed that the “duty to care” was not addressed formally in most professional codes of ethics. Each association should address this issue on behalf of its constituents and also involve its constituents in the formation of such a policy.

Desired Outcomes:

- Health care professionals are to encourage their associations to write in their Code of Ethics a statement about the “duty to care.”

4. Each health care professional should make a personal and professional decision about their “duty to care” when working conditions become unsafe.

Rationale: Unsafe working conditions will cause severe conflicts for health care workers, knowing that

they have an obligation to care for their patients and also an obligation to care for themselves and their family. An example of such a situation may be when supplies of personal protective equipment are no longer available. There will be those personnel who will volunteer to put themselves “in harm’s way” and work without personal protective equipment, once supplies are depleted and also those, who will not make this decision. How the health care organization will deal with this situation is not yet clearly identified.

Desired Outcome:

- Both health care professional associations and individual health care professionals are to write in their Code of Ethics a statement about the “duty to care” when working conditions become unsafe.

5. Each person has a responsibility to consider these “duty to care” commitments and how they will be carried out in a disaster prior to any incident.

Rationale: A professional makes a commitment to their professional responsibilities. At the same time, the professional has commitments to family and other personal interests. The professional cannot make these decisions in isolation

but, professionally, should involve their colleagues and, personally, should involve their family in discussions about these “duty to care” decisions.

Desired Outcomes:

- Each individual health care professional is to think through with family and peers their “duty to care” and how they will respond in a disaster to

both family and professional responsibilities.

6. Each health care professional has a responsibility to care for their health and not to report to work if it puts others at risk.

Rationale: This should be a responsibility that is carried out on a day-to-day basis and not only in a disaster. But there are those who

are willing to go to the “max” when the circumstances are dire and patients are in need. A professional must know his/her limitations and responsibilities.

Desired Outcome:

- Each health care professional is to know the policy of the hospital regarding reporting to work “health thresholds.”