

# Can We Do Better in the Next Pandemic? Ethical Considerations

Debra DeBruin, PhD

Director, Center for Bioethics

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CENTER FOR BIOETHICS

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UNIVERSITY OF MINNESOTA

# Disclosures

- No financial relationships to disclose
- Although I will discuss the work of the Minnesota COVID Ethics Collaborative, the views I express here are my own.



“Ethical decision making is of paramount importance in the planning for and response to disasters. Without it, the system fails to meet the needs of the community and ceases to be fair, just, and equitable. As a result, trust—in professionals, institutions, government, and leadership—is quickly lost. ”

Hanfling D, Altevogt B, Viswanathan K, Gostin L. *Committee on Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations; Institute of Medicine. Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response.* Washington, DC: National Academies Press; 2012: 3.



# Ethics Guidance Established Prior to COVID-19

## Minnesota Pandemic Ethics Project

<https://www.health.state.mn.us/communities/ep/surge/crisis/panethics.html>

2010

2016

## Ethical Guidance for Crisis Standards of Care

<https://www.health.state.mn.us/communities/ep/surge/crisis/ethical.html>



# Minnesota COVID Ethics Collaborative



# Lessons Learned: Process



ACTIVE ENGAGEMENT OF  
MANY PEOPLE HAS MADE  
ETHICS SUPPORT POSSIBLE



IMPORTANCE OF  
INTERPROFESSIONAL  
COLLABORATION



GUIDANCE DOCUMENTS  
NEED TO BE LIVING  
DOCUMENTS



# Focus on Equity



# Incorporating Equity in Ethical Guidance

Protections for persons with disabilities in allocation of critical care resources

Anti-racism measures in triage processes

Directing more resources to geographic areas with greater burden of disease

Allocation priority for critical workers

Centralized allocation processes for monoclonal antibody therapies





# Can We Do Better Allocating Scarce Resources?

SCIENCE ADVANCES | RESEARCH ARTICLE

## CORONAVIRUS

### Geographically targeted COVID-19 vaccination is more equitable and averts more deaths than age-based thresholds alone

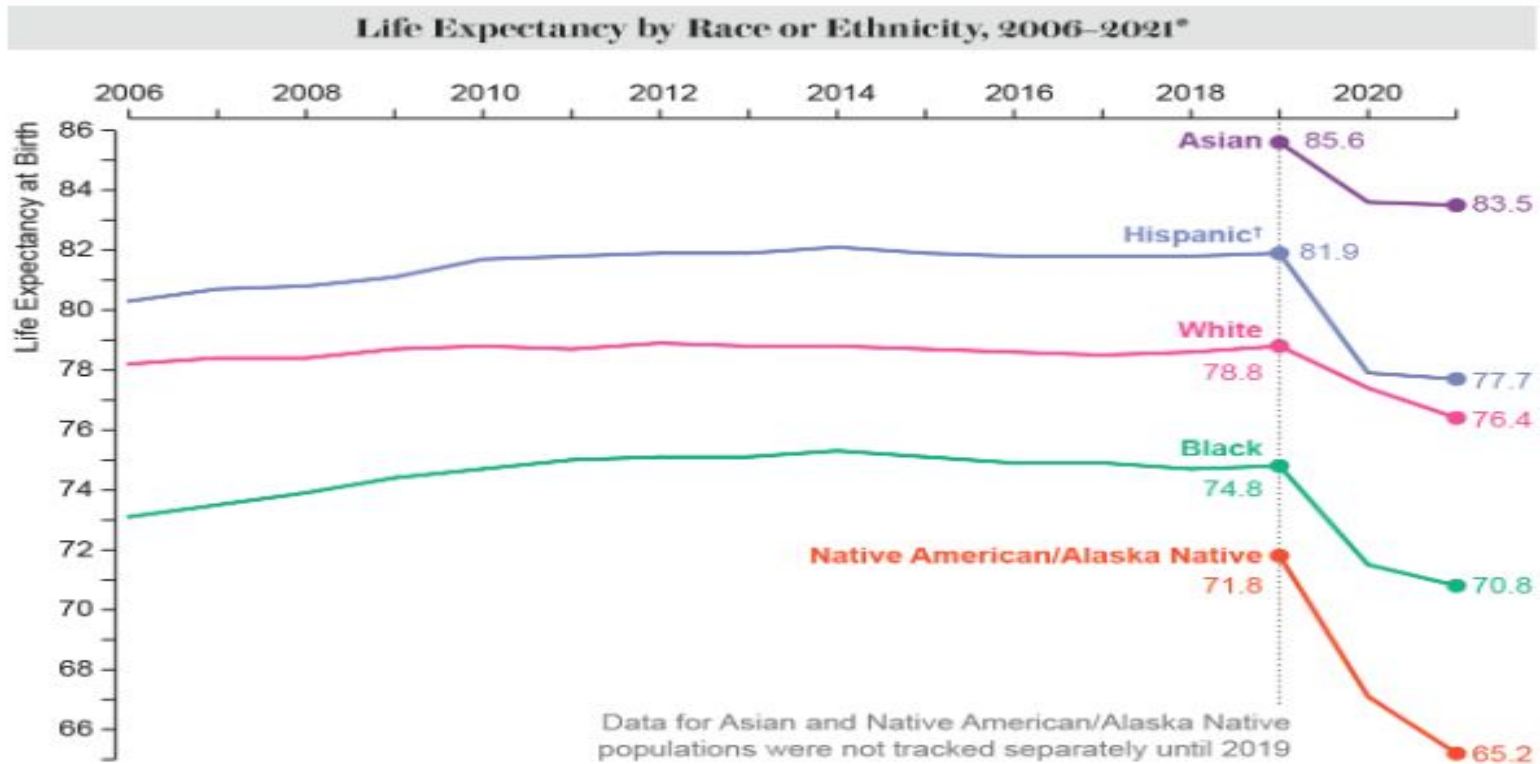
Elizabeth Wrigley-Field<sup>1,2\*</sup>, Mathew V. Kiang<sup>3,4</sup>, Alicia R. Riley<sup>5</sup>, Magali Barbieri<sup>6,7</sup>, Yea-Hung Chen<sup>8</sup>, Kate A. Duchowny<sup>5</sup>, Ellicott C. Matthay<sup>9</sup>, David Van Riper<sup>2</sup>, Kirrthana Jegathesan<sup>10</sup>, Kirsten Bibbins-Domingo<sup>5,11</sup>, Jonathon P. Leider<sup>12</sup>

“...structurally disadvantaged groups often have mortality that exceeds the state aggregate rate for age groups that are 10 or even 15 years older. For example, if mortality at ages 65 to 69 is sufficiently high to merit vaccine priority, the same would be true for (in California) Latinos older than 55 or (in Minnesota) BIPOC as a whole who are older than 50 because their COVID-19 mortality exceeds their state’s aggregate COVID mortality at ages 65 to 69....”

Science Advances 7(40); Oct 2021.



# Broadening Our Lens



\*2021 estimates are based on provisional data.

†Hispanic people may be of any race. People in all other categories are non-Hispanic.

Credit: Amanda Montañez; Source: Centers for Disease Control and Prevention

Lewis. The U.S. Just Lost 26 Years' Worth of Progress on Life Expectancy. Scientific American Oct 17, 2022



# We Must Do Better on Underlying Disparities

“If Black disadvantage operates every year on the scale of Whites’ experience of COVID-19, then so too should the tools we deploy to fight it. Our imagination and social ambition should not be limited by how accustomed the United States is to profound racial inequality.”

Wrigley-Field. US racial inequality may be as deadly as COVID-19. PNAS 117(36) Aug 24, 2020





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