Can We Do Better in the Next Pandemic? Ethical Considerations

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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.”

Ethics Guidance Established Prior to COVID-19

- **2010**
  - Minnesota Pandemic Ethics Project
    - [https://www.health.state.mn.us/communities/ep/surge/crisis/panethics.html](https://www.health.state.mn.us/communities/ep/surge/crisis/panethics.html)

- **2016**
  - Ethical Guidance for Crisis Standards of Care
    - [https://www.health.state.mn.us/communities/ep/surge/crisis/ethical.html](https://www.health.state.mn.us/communities/ep/surge/crisis/ethical.html)
Minnesota COVID Ethics Collaborative

- Minnesota Department of Health
- Minnesota Hospital Association
- State Healthcare Coordination Center
- University of Minnesota
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?

“…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

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