

MINNESOTA PANDEMIC ETHICS SMALL GROUP DISCUSSION

PARTICIPANT HANDOUT

Introductions and quick ice-breaker:

- What is your name and where do you live?
- Share something that you like to do for fun.

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ACTIVITY 1: ETHICAL OBJECTIVES FOR RATIONING

Hypothetical scenario about rationing PREVENTIVE resources for people who DO NOT HAVE the flu:

- Severe influenza pandemic (like 1918-19)
- 30% of population get the flu at some time during a 2 year period
- On average 2.1% of flu patients die; in some groups 50% die
- 40% absenteeism during peak outbreaks
- Major disruption of key health and public safety infrastructures
- Major shortages of supplies, including resources to prevent the flu

Given the challenges posed by a severe pandemic, the Minnesota Department of Health and others seek your best advice about how Minnesota should ration scarce preventive resources.

Which rationing objectives would best serve Minnesota's common good, and how should they relate to each other (in other words, are some more important than others, or should they be balanced?) WHY?

A group of Minnesotans has proposed a preliminary set of recommendations to guide rationing decisions. The preliminary recommendations call for balancing 3 objectives when rationing health care resources during a severe pandemic.

- Reduce the number of flu-related deaths and other serious complications
- Reduce disruption in basic public health, public safety and health care infrastructures;
- Treat people fairly, recognizing that we are all morally equal. By fairness, we mean:
 - protect groups at especially high risk of death from flu
 - protect groups that take risks on behalf of others (reciprocity)
 - remove barriers to access (like cost, transportation, language)
 - protect against inconsistency and bias
 - do not ration based on first-come first-serve, ability to pay, or social value
 - use random procedures (like lottery or toss of a coin) to select among persons with equal need

1. How appropriate is this proposed set of objectives for rationing preventive resources to promote Minnesotans' common good? WHY? (Preventive resources are things like drugs, vaccines, and masks to prevent people from catching the flu in the first place.)
 - a. Do you agree the 3 objectives should be equally balanced? WHY or WHY NOT?
 - b. OR If you would advise Minnesota's leaders to rank some rationing objectives as more important than others, which objectives would you prioritize and WHY?
2. What objectives should be added? WHY?
3. What other changes would you make? WHY?
4. How strongly do you hold these opinions? Are you very certain, on the fence or somewhere in between?

ACTIVITY 2: AGE-BASED RATIONING

Hypothetical scenario for rationing MEDICINE to treat people WHO ARE SICK with the flu:

- Severe influenza pandemic (like 1918-19)
- Major shortages of supplies (at times) including medicines to treat the flu
- Assume that the health department has decided to prioritize people for medicine according to their risk of dying from the flu. Those who are at the higher risk will be prioritized over those who are at lower risk.
- Many people will be at the same risk of dying, and there won't be enough medicine to treat everyone at that same risk.
- This exercise is about sick people who are at the SAME RISK of dying from the flu.

1. How should Minnesota ration flu medicines among those in general public at the same risk of dying from the flu?
 - a. Should Minnesota always randomly select who – among those at the same risk of dying – gets the medication? WHY OR WHY NOT?
 - b. Should Minnesota ever first prioritize some age groups to get flu medicines before others? WHY OR WHY NOT? When?
2. If Minnesotans generally agree that it is acceptable at times to ration based on age, which age group(s) should receive flu medicine first, second, and so on? WHY?
 - Children under 18
 - Adults 18 – 40
 - Adults 41 – 65
 - Seniors 66 – 85
 - Seniors 86 and over
 - Some other age range (like a bigger or smaller age group)
 - a. After this first group is prioritized, should age-ranking continue (and if so, which age groups), or should the remaining resources be distributed randomly regardless of age?
3. How strongly do you hold these opinions? Are you very certain, on the fence or somewhere in between?

ACTIVITY 3: IMPROVING ACCESS AND REMOVING BARRIERS

Some of us Minnesotans have problems getting health care. For example, people who lack transportation, insurance or sufficient money to pay for care and medications often have poor access to health care. Those of us who have poor access to health care often delay seeing a doctor or going to the hospital until we are terribly ill. We are more likely to become seriously ill during a flu pandemic.

1. What kinds of problems can people in your community have getting access to care? (examples could include lack of insurance coverage, poor availability of care in the neighborhood/transportation issues, etc.)
2. Specifically, what types of things can the state try to do to improve access to care?
 - What types of things can be done **prior** to a crisis to improve access?
 - What types of things can be done **during** a crisis like a severe flu pandemic?
3. What steps can be taken to promote fairness among all groups of people, including those of us who lack good access to care during a flu pandemic?

ACTIVITY 4: “PAPER DOLL” EXERCISE

This exercise brings the morning and afternoon discussions all together. It asks you to think about:

- key workers
- risk of dying
- age

You have a clipped stack of 12 cards. Each card represents a different group of Minnesotans. All of these people are sick with the pandemic flu and want some medicine. Unfortunately, there isn't enough medicine for everyone.

Arrange the cards and number them according to the order in which they should get medicine (with 1 being the first or highest priority). Which groups should the Minnesota Department of Health prioritize in order to best serve the common good?

Arrange them in as many or few different levels of priority as you wish. It's OK if some cards tie, but the more cards tied at the same level, the more likely it is that there won't be enough medicine for everyone at that level. Then the Department of Health would have to randomize within that priority level.

Write a number on each card (remember, they can each have a different number, or you may assign some or all cards the same number).

To get started, think about whether you want to sort the cards into 2 or 3 different priority groups. Then think about whether or not you should sort them further.

Once you have numbered the cards, clip them and give them to your facilitator.

There are some examples on the next page.

SMALL GROUP DISCUSSION:

1. How did you arrange your cards and why?
2. How did the information shared today influence how you arranged the cards and prioritized those groups for resources?

Example 1: Children at high risk and key workers at high risk tie for priority #1 (highest priority). Seniors 66 – 85 years old at high risk and children at moderate risk tie for the next priority level #2. Key workers at moderate risk are alone at priority level #3. All other groups tie for priority level #4.

Example 2: There are no ties. Each card is assigned a separate priority level, like:

1. seniors older than 85 years old at high risk of dying from flu
2. young adults 18 – 40 years old at high risk of dying from flu
3. adults 41 – 65 years old at high risk of dying from flu
4. key workers at high risk of dying from the flu
5. seniors 66 – 85 years old at high risk of dying from flu
6. key workers at moderate risk of dying from the flu
7. children (under 18) at high risk of dying from the flu
8. adults 41 – 65 years old at moderate risk of dying from flu
9. young adults 18 – 40 years old at average or unknown risk of dying from the flu
10. children (under 18) at moderate risk of dying from the flu