



**Request for City Council Committee Action
From the Department of Health & Family Support**

Date: September 21, 2009
To: HEALTH, ENERGY & ENVIRONMENT COMMITTEE
Subject: PRESENTATION ON CITY PLANNING FOR H1N1 PANDEMIC
INFLUENZA RESPONSE

Recommendation:

Receive presentation on city planning for H1N1 pandemic influenza response, and Council approval of the *Statement of Ethics During a Severe Pandemic*.

Previous Directives: None

Prepared or Submitted by: Becky McIntosh, Director of Planning & Administration
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Approved by:

Gretchen Musicant, Commissioner of Health

Permanent Review Committee (PRC): Approval ____ Not Applicable X
Policy Review Group (PRG) Approval ____ Date of Approval ____ Not Applicable X

Presenters in Committee: Gretchen Musicant, Commissioner of Health

Financial Impact (Check those that apply)

X No financial impact (If checked, go directly to Background/Supporting Information).

Background/Supporting Information Attached

The department will brief the committee on planning for the City's response to H1N1, an effort which is being coordinated with Hennepin County based on guidelines from the Minnesota Department of Health (MDH) and Centers for Disease Control and Prevention. In addition, the department will be presenting a draft ethics statement for discussion and approval on rationing scarce resources during a severe pandemic.

The ethics statement uses concepts and language from the proposed Ethical Framework developed by the Minnesota Center for Health Care Ethics and the University of Minnesota Center for Bioethics for MDH. The statement has already been reviewed by the MDHFS management team and the city's All-Hazards Emergency Preparedness Planning Committee.

The following links are to the two reports:

"For the Good of Us All – Ethically Rationing Health Resources in MN in a Severe Influenza Pandemic" (84 pages)
The Executive Summary is on pages i to v (includes the Table above) .
http://www.ahc.umn.edu/mnpanflu/prod/groups/ahc/@pub/@ahc/@ethicsmpep/documents/content/ahc_content_090503.pdf

"Implementing Ethical Frameworks for Rationing Scarce Health Resources in MN During a Severe Influenza Pandemic" (95 pages). The Executive Summary starts on page 6 (11 pages long).
http://www.ahc.umn.edu/mnpanflu/prod/groups/ahc/@pub/@ahc/@ethicsmpep/documents/content/ahc_content_090510.pdf

CITY OF MINNEAPOLIS

Statement of Ethics During A Severe Pandemic

In 2007 the Minnesota Department of Health contracted with ethicists from the Minnesota Center for Health Care Ethics and the University of Minnesota Center for Bioethics to develop and lead the Minnesota Pandemic Ethics Project (links to reports are below). This project's purpose is to propose ethical frameworks and procedures for ethically rationing scarce health resources in a severe pandemic. The project team convened a community based resource allocation panel, expert work groups, and an implementation protocol committee, together comprising more than 100 people. A preliminary report contains the panel and work groups' proposed ethical frameworks for five resources: antiviral medications, N95 respirators, surgical masks, vaccines, and mechanical ventilators. After a public engagement process, this report should be final in December 2009.

Elements of Proposed Ethical Frameworks for Rationing Scarce Resources During a Severe Pandemic

Ethical Commitments about how pandemic planning and response will be implemented

Pursue Minneapolis' common good in ways that:

- Are accountable, transparent and worthy of trust
- Promote solidarity and mutual responsibility
- Respond to needs fairly, effectively and efficiently

Principles for rationing resources in a severe pandemic

Steward scarce resources to promote Minneapolis' common good by balancing three equally important ethical principles:

- Protect the population's health
- Protect public safety and civil order
- Treat people fairly, recognizing the moral equality of all

Goals

Protect the population's health

- Reduce mortality and serious morbidity

Protect public safety and civil order

- Reduce disruption to the basic health care, public health, public safety and other critical infrastructures
- Promote public understanding about and confidence in the distribution of health care resources

Fairness

1. Reduce significant group differences in mortality and serious morbidity
2. Make reasonable efforts to remove barriers to fair access
3. Reciprocate to groups accepting high risk in the service of others
4. Reduce significant differences in opportunities to live a normal lifespan
5. Promote equitable access through fair random processes for individuals equally prioritized