Llywodraeth Cymru
Welsh Government

MEETING

COVID-19 Moral and Ethical Advisory Group Wales meeting: 10 December 2020

Minutes of the COVID-19 Moral and Ethical Advisory Group Wales meeting held on 10 December 2020.

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Actions

Action	Responsible
1. Discussions are needed with health boards to determine what monitoring arrangements are in place and how can they ensure that decision making is consistent and transparent at clinical level. To be discussed with clinical and nursing directors.	HP
2. Discussions are needed with health boards to determine what monitoring arrangements are in place and how can they ensure that decision making is consistent and transparent at clinical level. To be discussed with clinical and nursing directors.	HP
3. National Committee - Details of members from representative organisations to be shared with the group.	All
4. Framework decisions making. Thoughts to be shared about how we can add transparency, creditability and protection to those who make these decisions?	All
5. Consideration of an App to make ethical framework easily accessible.	HP
6. Conversation needed with HEIW to ensure that training is available to promote understanding of disability.	HP
7. Aled R to share his personal experience with track and trace and testing centre.	Aled Roberts
8. Concerns over anti-vaccine groups, and communications challenges to be discussed with vaccine colleagues.	WG

Attendees

Heather Payne (Chair), Aled Roberts, Alison Mawhinney, , Kevin Francis, Alison Parken, Rhian Davies, Viv Harpwood, Carol Wardman, Kathy Riddick, Valerie Billingham, Liz Davies, Aled Edwards, Ben Thomas

Meeting note

Action	Topic
1.	**Welcome, Apologies and Introductions** The Chair made introductions and noted apologies.
3.	**Extreme Surge Guidance** Responsible worst case were determined for COVID-19 at the beginning of the pandemic. This included Nightingale hospitals and extra ventilators. Contingency plans in place and this is where extreme surge guidance comes from. The group were asked to consider the draft guidance. Comments • Link to CMEAG ethics and principals document, but would welcome outlining of specific elements of legal and ethical considerations, as people may not open the document. • The summary table in a similar RCP document may be useful in summarising the ethical principles.

Action	Topic

- Signposting to pastoral care could be useful. Needs to be inclusive to cover faith and non-faith. Moral harm staff are at risk of in these circumstances. Non-religious pastoral support volunteers, included as part of chaplaincy teams.

- It would be good to signpost spiritual care provision assuring communities that sensitivities have been thought through and structures are already in place to assure communities and to allay fears.

- From a human rights legal perspective, to satisfy Article 2 and Article 14 (right to life and the right to non-discrimination) the State would need to be able to demonstrate that prioritisation have been taken in a rational and non-discriminatory way. A healthcare decision-making body must have in place an agreed, transparent, non-discriminatory, ethical protocol for priority setting in situations of under-capacity.

- This document is written from the perspective of guidance to staff. It would be good to have a document written from the perspective of patients/ citizens. This could then identify where the potential harms might arise.

- Cross boundary working between NHS and social care and general public. To work there needs to be contingency planning in those domains and all sectors can act cohesively.

- Communications must increase and people need to be involved in the change.

- Contingency planning in social care, voluntary and other sectors, to enable cohesive cross-boundary working.

- Harness existing networks. The Health Boards and the NHS Confederation issue regular updates to communities and religious groups have mechanisms in place that can be deployed at speed. WLGA and WCVA would be the fora for the third sector.

Action	Topic

- Add reference to MEAG and cross reference the human rights queries within the WHO ethical priority setting guidance

- It may be helpful to stress up front that:
  - The duty of care is to all the patients that are currently in or waiting in ambulances to come in
  - The decisions must be based on the individual and all information that can be obtained about the person but not on 'category' characteristics
  - The Article 2 'right to life' is equal across all people

- The Wales DNACPR policy specifically deals with a Natural Accepted Anticipated Death (NAAD) which can be helpful when people are dying at home and Hospice UK and Bevan Commission have care guidance for relatives caring for someone at home

- Is there a right of appeal and does the document help health professionals understand their rights? The IPFR system does have an ethical decision document for clinicians and supports

The Chair thanked members for their comments and advised they would be worked into a document and returned to the relevant team.

5. **Vaccines and ethics**

Carol Wardman and Viv Harpwood presented on why people are hesitant to accept vaccines. These include practical, ethical and transactional elements as well as confusion. Trust in sources, medical professionals and online information very important. Often people feel as though their questions are not taken seriously.

From a Christian perspective, medicine is not unchristian. Trying to assess information needs to consider the sources and whether they come from a place of positivity - "Not what you can do, what should you ought to do".

Action	Topic

It is agreed that mandating the vaccine would be extremely difficult. Looking elsewhere in the world, legislation is being introduced in Denmark look to coerce people into taking vaccines. France and Germany are looking at compulsory vaccinations for children as childhood immunizations. The evidence shows liberal states have done a lot worse than stricter countries with vaccines.

Ideally we want all to agree to get vaccines. Currently 30% are vaccine skeptic. Health and Safety at Work Act provides a duty to ensure places of employment are safe and risk assessments. There are precedents for compulsory, such as hepatitis vaccines must be taken to work in NHS.
Given that the vaccine is being rolled out, concerned at the lack of official information being circulated including in alternative formats that will enable people to make an informed decision.

Exception for faith groups exist if a link can be proven between religious beliefs in opposition to the vaccine.

The message needs to be clear this is a routine health intervention, not a major medical invasive procedure. It is a very polarised area as some will be desperate for it whilst others will completely refuse.

Val and Carol to work together to bring together examples and provide a paper for advice.

8. **AOB**

None

Next Meeting: January 2021