



Llywodraeth Cymru
Welsh Government

MEETING

COVID-19 Moral and Ethical Advisory Group Wales meeting: 5 November 2020

Minutes for the COVID-19 Moral and Ethical Advisory Group
Wales meeting held on 5 November 2020.

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Actions

Actions

Action	Responsible
Chair to further develop Developing Clinical Ethical Committees paper and share with the relevant health communities.	Heather Payne
Rural Health – Aled Edwards to develop paper.	Aled Edwards
Reviewing decisions during the pandemic and how ethical principles have been used in those decisions.	Idris Baker
Paper on value judgements and prejudices in healthcare.	Kevin Francis and Liz Davies

Attendees

Heather Payne (Chair), Aled Roberts, Aled Edwards, Martyn Jones, Alison Mawhinney, Helena Herklots, Kevin Francis, Alison Parken, Ben Thomas, Rhian Davies, Viv Harpwood, Carol Wardman, Kathy Riddick, Liz Davies, Idris Baker, Valerie Billingham.

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Meeting note

1. Welcome, apologies and introductions

The Chair made introductions and noted apologies.

2. Previous minutes

The Chair asked group members to provide any comments/amendments regarding the note of the last meeting to the Secretariat.

Actions

All items on agenda.

[Rural health seminar on 10th and 11th November.](#)

3. Clinical considerations

The Chair advised the meeting to scope clinical ethic committees held on 23rd October went well and was well received. The reflection was that CMEAG needs to be proactive and reactive. Prior to today's meeting, members were asked to consider areas a new national committee could consider. The responses included:

- digital tools
- care home visiting
- immunity certificates and vaccinations
- human rights law in health settings

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- rural health

A number of relevant reports were also raised, which are included below:

Cumberlege report – First do no harm

Out of Sight – Who Cares?

Valuing voices: Protecting rights through the pandemic and beyond

Case law exists in many of these areas and the committee could reflect the legal position against the current approaches taken. Vaccinations were raised as a looming area of concern. Rev Carol Wardman and Viv Harpwood agreed to work together and bring paper to next meeting in relation to this.

Valuing voices document – government need to value expertise that people have. The citizen voice is vital and sharing resources.

A question was raised regarding how far is there a 'national ethical protocol for priority setting in healthcare delivery in the context of a pandemic'? From a human rights perspective, this is essential in satisfying human rights standards around prioritisation decisions.

EHRC review of Public Sector Equality Duty will explore how effectively equality impact assessments are conducted. Central to their success is engagement and consultation with protected groups.

The BMJ have recently written about making extraordinary decisions in extraordinary times.

Triage where enough beds not available is an issue that we have yet had to face. A reality is that COVID has been prioritized and a knock-on effect on other conditions. Reflection on the first wave is required and reflect upon what we need to learn. An external review will happen in the future. Idris Baker to lead

on a paper in relation to this.

Regarding the use of the Rockwood frailty score - in the absence of a prioritisation framework, it was asked if the CMO/CNO be asked to reissue the letter in which they state that we do not use that score in Wales. It was confirmed that we don't and will consider.

4. Developing clinical ethical committees

Meeting on 23rd October was very well received and an outline paper was provided to the group to drive forward discussion.

A question was raised regarding the scope of clinical ethic committees - would scope be allowed to be broader than health and social care? This comes with jurisdiction issues but health is very broad and can be considered alongside other areas such as education and housing. Reflecting on health outcomes and inequalities could provide a better approach.

The new curriculum will have a health and well-being element, provision and it was suggested the way health works could be included within. A way to solve this would be to approach this from the angle of health outcomes would work backwards.

Ben Thomas and Idris Baker agreed to meet to consider the perception of what represents quality of life, ensuring it does not cloud decision making.

Chair thanked the group and agreed to develop the paper and share with the relevant health communities.

5. Rural health

Dr Eilir Hughes from Gwynedd developed freshair.wales work. Those in rural areas need to consider positives and negatives of living in these areas in reflection of healthcare.

WAST could give opinion as a national approach.

Action – Aled Edwards to develop work further.

6. Addictions and prejudice decision making

Addictions affect all communities. Practitioners follow guidance but can make value judgements. There is a suggestion that such addictions are a lifestyle choice and that gets in the way of offering services or support to those most vulnerable as a consequence of their addiction which is in turn often a consequence of their personal trauma. A formal capacity assessment should take place but practitioners too often deem the alcohol use to be a choice rather than something outside the person's control.

Learning from tragedies: an analysis of alcohol-related Safeguarding Adult Reviews

It is similar for long term conditions. ME/CFS and fibromyalgia are often deemed hypochondriac or a mental issue rather than physical. Clinicians need to provide treatment and importantly support and not dismiss people's legitimate concerns based on their personal views.

In Wales are trying to develop is the social model of care, where a person's lifestyle, housing, education, mental wellbeing, finances and all host of other

things are considered alongside their physical needs to provide treatment and support that will make a real impact on a person.

Brief discussion document – Kevin Francis and Dr Liz Davies to draft paper on value judgements and prejudices in healthcare.

7. Any other business

None

Next meeting in two weeks as planned (19th November).

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