



Llywodraeth Cymru  
Welsh Government

MEETING

# COVID-19 Moral and Ethical Advisory Group Wales minutes: 30 April 2020

Minutes for the COVID-19 Moral and Ethical Advisory Group Wales meeting held via Skype on Thursday 30th April 2020 16:00 to 17:30.

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# Actions

Action	Responsible
1. Further comments regarding local ethical committees to be made to the Chair	All
2. Members to submit ethical considerations relating to delivery of healthcare. Prof Harpwood to draft paper.	All / Prof Harpwood
3. Older People's Commissioner to work with others on areas of concern likely to need attention throughout lifting of lockdown.	OPC / all
4. Invite existing local ethics committees to meet and discuss relevant issues	Secretariat
5. BAME advisory group ToR to be shared. List of other groups to be shared also.	Secretariat

## 1. Welcome, apologies and introductions

The Chair made introductions and noted apologies.

## 2. Action points and previous minutes

Actions were completed and minutes agreed.

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Point of order - DNACPR Easy read has a number of translation issues. Idris to work with Welsh Government to consider rewording.

The Chair highlighted she has raised the necessity of accessible formats being available by Welsh Government to other relevant departments.

### **3. Clinical ethics committees – Draft ToR**

Following research into the different approaches taken around the world relating to clinical ethics committees, it was agreed that the UK Clinical Ethics Network (UKCEN) provides the most appropriate blueprint. The group agreed that setting up these committees provides a good opportunity to highlight Welsh values as well as the required legal and medical approaches.

The Welsh Government are looking to invite health boards to organise local clinical ethic committees within 2 months. These committees will work with relevant departments of universities with which they have links in addition to neighbouring health boards.

Lay persons should be named and viewed as equal partners providing viewpoints from broader communities. Concerns were raised on the significant impact on disabled people that is not necessarily being raised to the appropriate levels. The group advised that challenge is the best method to overcome preconceptions and unconscious bias. All lives need to be equally valued and contribute and there are concerns that disabled people are often seen as having less to contribute.

Discussion was also held regarding the expectation of members to receive training on diversity and that reflexivity of members will also be important. UKCEN and EthOx centre offer good training re ethics for CEC members.

Concerns were raised that the policies created to support the Welsh language are not being followed and adopted. Evidence demonstrates that cultures and communities have a higher level of deference and these need to be taken into consideration.

Document recognises chaplaincy and faith as a key role. A suggestion was raised that one person fully trained as an equality representative, with strong knowledge of Welsh legislation and Welsh demands would be reasonable. Due to the number of faiths, having only one faith represented would present an issue.

The committee highlighted the need to distinguish between representing and reflecting and the need for the composition of the committee to reflect the community. There is a need to understand a person's needs very quickly in stress situations.

The flexibility of committees is very important. A realistic approach is needed to not overload already busy workforce. Consistency of approach via national standards would provide support.

The connection between Research Ethic Committees were considered. Research committees consider the rules of applying ethics, rather than the ethics themselves, but the link will be important nonetheless.

As services emerge from lockdown, many issues will require decisions as we try to move to the 'new normal'. The group advised the best approach is to support development of local committees where they don't exist, ensure they endure and for a national network to be developed to support them once in place.

The Chair thanked members for their comments and requested any further comments not mentioned to be sent to CMEAG.

## 4. AOB and future priorities

Discussion was held regarding the next steps relating to the phased return and concerns that local decision making will lead to variation. Members agreed to work together to highlight examples of ethical dimensions of decision making. Prof Harpwood agreed to draft paper on ethical issues with help from the group. A Clinical Ethics Network for Wales could consider practical issues such as this. Members also advised that NHS Trusts such as Welsh Ambulance and Velindre also need to be considered as they too will have ethical considerations.

Wales TUC advised the following report could be helpful: [Preparing for the return to work outside the home: a trade union approach](#) on [tuc.org.uk](http://tuc.org.uk)

The Chair advised one approach could be to arrange for the three existing local ethical committees to meet and discuss issues they are seeing to look at commonality and variation. Potential issues for consideration is vulnerable groups, people with mental health and how the population emerge from lockdown.

The future work of CMEAG Wales could consider communication, provide insights and advanced care planning. The Older People's Commissioner agreed to work with others on areas of concern relating to exiting lockdown.

A BAME advisory committee has set up and the terms of reference will be shared with group members.

It was agreed that meetings will be fortnightly unless necessity dictates otherwise.

Next meeting 14th May 2020.

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