

**Covid19 Moral and Ethical Advisory Group Wales**  
**Thursday 21<sup>st</sup> May 2020 16:00-17:30**

Via Skype.

Action	Responsible
1. Members to each produce paragraph based on individual perspectives and send them to Secretariat to collate.	All
2. Secretariat to determine Welsh position on tracing app and share with the group	Secretariat
3. Commentary document should be developed on the consent advice already circulated to NHS, utilising the comments obtained from this group.	Ben Thomas
4. Carol and Aled E to develop paper relating to tracing on a multi-faith basis.	Secretariat
5. Check SAGE papers for CPR and PPE advice	Secretariat

Meeting note

No	Topic
1.	<p><u>Welcome, Apologies &amp; Introductions</u></p> <p>The Chair made introductions and noted apologies. Apologies from Simon Wilkinson, Kathy Riddick and Helena Herklots, with Valerie Bingham in attendance.</p>
2.	<p><u>Action Points and previous minutes</u></p> <p>Minutes agreed and actions considered.</p>
3.	<p><u>Priority areas for attention in maintaining essential NHS services / Government recovery plan</u></p> <p>Heather met with Legal Services at NHS Wales Shared Services Partnership to discuss legal advice discussed at previous meeting. This was discussed at Welsh Risk Pool. The legal paper was not meant to direct policy, was originally meant to be confidential and simply set out the legal position, not policy advice.</p> <p>The test for clinical negligence relates to “what would a reasonable clinician do”. Rules of reasonability may be different based on decisions made in light of Covid-19.</p> <p>It has been agreed for a commentary advisory document should be developed, starting with legal position. Ben Thomas kindly agreed to draft document and utilise the comments obtained from this group.</p> <p>Viv Harpwood provided discussion points for the group to consider in relation to areas of concern moving into the next stage of Covid-19. Areas of discussion were wide ranging including evidence demonstrating men more likely to be ill or pass away from the virus.</p>

	<p>There is also a conflict where Governments are seeking scientific advice, but science moving slowly and decisions are required.</p> <p>Discussion points included:</p> <ul style="list-style-type: none"> <li>• It was emphasised that intergenerational solidarity is needed.</li> <li>• Schooling issues are also going to be important as gap between high and low achievers could widen, whilst Universities could see mass deferrals.</li> <li>• Balancing rights are seen as really important. Wales are working with teaching unions to consider the education approach.</li> <li>• Arts also widely effected.</li> <li>• Economic recovery is an obvious concern regarding redundancies, as well as concern for mental health and wellbeing.</li> <li>• A wider view than just health issues. Requirements of public health v human rights a conflict. The New Zealand experience demonstrates populations in social pods and remain isolated in these groups. This approach helps public health, but can work against social cohesion.</li> <li>• A risk of going backwards on the Social Model of Disability, if disabled people are last out of lockdown. It was also considered that a return to business as usual is not what a lot of people want, because business as usual was never in their interests. Identifying people as part of groups rather than as people.</li> <li>• Could lose gains made in society where conditions and age lead to different view from society. Face masks provide issues for the deaf for examples. Changing of roads markings difficult for those with visual impairments. Blunt instrument and some people shut away for their own good.</li> <li>• Evolving issues in faith communities are likely to be considered elsewhere.</li> </ul> <p>This group is anxious not to duplicate work. Discussions are happening at the Disability Equalities forum. Therefore, each member has been asked to draft a paragraph from their perspective regarding</p> <p>Action – Members to each produce paragraph based on individual perspectives and constructive solutions and send them to Secretariat to collate.</p>
4.	<p><u>Tracing App</u></p> <p>Query raised as to whether the NHSX developed App includes Welsh language. N.Ireland and Scotland are not advancing with the UK app. Wales position not clear.</p> <p>A query was raised regarding guidance given relating to consent for testing in care homes. What may be in the best interest for the individual, may not be the best for public health. Whilst this group cannot answer these, comments will be passed on to Ben and local authorities colleagues to consider.</p> <p>EHRC concerned on tracing app. Accessibility of App very important. Concerns include older people not using it, using information for alternative means, non English speakers and those with unsettled immigration services. Lack of trust means people will not use it and make it ineffective.</p> <p>Action – Secretariat to determine Welsh position on tracing app and share with the group.</p> <p>Carol has worked on a Christian perspective relating to this area. The Chair asked if this could be expanded to be considered on a multi-faith basis at the interfaith forum.</p>

	Action – Carol and Aled E to develop paper on a multi-faith basis.
5.	<p><u>AOB –</u></p> <p><u>Future priorities</u></p> <p><b>PPE and CPR during COVID-19 pandemic: summary of responses</b> Following the national CEC group request for CECs to provide views on PPE and CPR, a summary of responses was provided. Issues raised included evidence of pathogens being passed during CPR and tension around the performance of CPR whilst waiting for alternative treatment.</p> <p>Action – check whether SAGE has given advice on PPE and CPR.</p> <p><b>Next Meeting</b> Agreed to meet again in two weeks.</p>