

Covid19 Moral and Ethical Advisory Group Wales
Thursday 24th September 2020 16:00-17:30

Via Skype.

Action	Responsible
Prof Emannelle Ogbonna report and response for next meeting	Secretariat
Reflect on local committees and consider way forward	Heather
Disability deaths due to Covid - Add to next agenda. Paper requested against this agenda item.	Rhian Davies

Attendees

Heather Payne (Chair), Aled Roberts, Aled Edwards, Kathy Riddick, Martyn Jones, Alison Mawhinney, Helena Herklots, Kevin Francis, Lisa Dineen, Alison Parken, Ben Thomas, Shavanah Taj, Rhian Davies, Viv Harpwood

Meeting note

No	Topic
1.	<p><u>Welcome, Apologies & Introductions</u></p> <p>The Chair made introductions and noted apologies.</p>
2.	<p><u>Previous minutes</u></p> <p>The Chair asked group members to provide any comments/amendments regarding the note of the last meeting to the Secretariat.</p> <p>Rhian Davies to be included in apologies for previous minutes.</p> <p>Following on from our last meeting, the Older People's Commissioner will be hosting a seminar on 1st October, examining ways to action the recently published report - 'Leave no-one behind' - to ensure an age-friendly recovery from Covid-19.</p> <p><u>Actions</u></p> <p>Alison Mahwinney item regarding Digital issues has been postponed until the following meeting. A lot of work in digital exclusion in children has been undertaken recently and can be seen as important as other requirements to live. Disability Wales is working with Digital Communities Wales on digital inclusion issues for disabled people.</p>
3.	<p><u>Developing Clinical Ethics support for healthcare decision making in Covid-19 Response and Recovery in NHS Wales</u></p>

A proposal has been outlined to develop clinical ethical committees and a systematic approach is needed to ensure the approach to healthcare is equitable.

Dr Ben Thomas outlined the majority of consideration recently by the north Wales Clinical ethical group considers the legal implications of providing treatment. This practical element has resulted in higher engagement, with their group doubling in size during Covid. The type of queries received mainly include procedural queries and case law, rather than the ethical considerations. Recent queries received include PPE, hospital and care home visiting and nosocomial risk of catching Covid within hospitals. Human Rights groups have been engaged locally when required. Covid has widened the scope of queries received. Local clinical ethic chairs could benefit from attending CMEAG Wales meetings on occasion as he has learnt a lot from doing so. The group could also horizon scan to inform wider ranging discussion on key topics.

Members believed lay perspective needs to be included, but often difficult to recruit lay membership. In particular, in certain areas of Wales, particular religious groups will have very low representation.

The question remains how to incorporate the social medical model, not just apply the medical expertise. Language is very important and the determination of “lay members” key. The issue is more one of “qualified rights” and who holds expertise. Independent scrutiny needs to be worked through and accountability of decision-making need to include people’s voice. Training has improved for healthcare professionals from an equalities perspective, however bad habits could be passed on from those not so attune to equality and human rights issues.

Background work is required to help with the practical element of the clinical ethical committees. It was suggested the group could liaise with the chairs of the ethics committees, ask them about their current arrangements and seek out what issues they face, their membership and the appetite for ethical and moral views. Spirituality care and pastoral support, religious or otherwise, could inform committees from an ethical and practical point of view.

Additionally, training and remunerate colleagues to set up these groups and share the correct level of expertise amongst these groups is deemed important. Opening this area up to public engagement and scrutiny will help understanding and decision-making as well as highlighting issues for future policy development.

The group requires clarity on the distinction between what we are looking to achieve in terms of independent scrutiny and the functions of community health councils. A Wales wide forum for wide strategic issues instead of repeating similar queries locally could help drive this agenda, leaving local committees to look at local issues. Potentially locally clinical ethical committees could escalate issues to CMEAG Wales for wider discussion and comment.

An Ethical council was mooted, which could have an overview function and provide a range of people perspective, education and training and support.

	<p>The question was raised regarding whether committees would only focus on the patient and not staff/workers also? If the latter this would need to link back to the rights of staff. The First Minister has a group to consider the rise of racism. This group needs to consider how we can consider this and contribute.</p> <p>Action – circulate Prof Emannelle Ogbonna report and WG response. Action – Include Prof Ogbonna report for next meeting.</p> <p>Heather agreed to consider these points and to identify need for committees and their functions.</p>
4.	<p><u>Review and future direction of CMEAG Wales</u></p> <p>Items agreed to be covered in future meetings include:</p> <p>Digital Disabled people and rate of death Race issues Governance and scrutiny of Human Rights.</p>
6.	<p><u>AOB</u></p> <p>The England and Wales app was launched on 24th September. Choosing different languages seen as an immediate difficulty.</p> <p>ONS findings show disabled people made up 59% of deaths from Covid-19. The Disability Equality Forum are undertaking their own report into the impact of Covid on disabled people. Key moral & ethical issues here.</p> <p>Action – Add to next agenda. Paper requested against this agenda item.</p> <p><u>Next Meeting</u> In two weeks as planned (24th September).</p>