



Working together to improve end of life care



COVID EOLC DE

Working together across the community, to give the best possible palliative and end of life care to people affected by COVID-19 Pandemic, we will seek to be guided by the following ethical principles:

- People should be kept as informed as possible.
- People should have the chance to express their views on matters that affect them.
- People's personal choices about their treatment and care should be respected as much as possible.
- Where a healthcare team's views on appropriate future treatments are at odds with those of an individual and those close to them, a second opinion should be sought.
- When people are not able to do so, their needs should be met.
- When people are vulnerable, safeguarding their rights and fulfilling our statutory responsibilities of care will remain our priority.

3. Fairness

- Everyone matters equally.
- People with an equal chance of benefiting from health or social care resources should have an equal chance of receiving them; however, it will not be unfair to ask people who could get the same benefit from an intervention at a later date to wait.
- People lacking capacity will have their best interests and support needs considered by those making decisions on their behalf.

4. Working Together

- Working together to plan for, and respond to the pandemic as issues arise.
- Helping one another.
- Being prepared to share information that will help others.
- Taking responsibility for our own behaviour, i.e by not exposing others or ourselves to unnecessary risk.

5. Reciprocity

- If people are asked to take increased risks, or face increased burdens, during the pandemic, they should be supported in doing so, but the risks and burdens should be minimised as far as possible.

6. Keeping Things in Proportion

- Those responsible for providing information will neither exaggerate or minimise the situation and will give people the most accurate information that they can.
- Decisions on actions that may affect people's daily lives, which are taken to protect people from harm, will be proportionate to the relevant risk and to the benefits that can be gained from the proposed action.

7. Flexibility

- Plans will be adapted to take into account new information and changing circumstances based on up-to-date latest evidence or expert consensus.
- People will have as much chance as possible to express concerns about or disagreement with decisions that affect them.

8. Good Decision-Making

- Consult those concerned as much as possible in the time available.
- Be open about what decisions need to be made and who is responsible for making them.
- Be as open as possible about what decisions have been made and why they were made.
- Seek second opinions and cross-check decisions with peers in situations where up-to-date flowcharts and guidelines are not sufficient to guide next steps, and/or where patients/families are in disagreement.

Those making decisions will:

- Involve people to the greatest extent possible in aspects of planning that affect them.
- Take into account all relevant views expressed.
- Try to ensure that particular groups are not excluded from becoming involved.
- Take into account any disproportionate impact of the decision on particular groups of people.

Those responsible for making decisions:

- Are answerable for the decisions they do or do not take and as far as possible

Decisions should be:

Adapted from:

Department of Health, November 2007, Responding to pandemic influenza – the ethical framework for policy and planning.