

# To Provide or Not To Provide – Ethics Considerations of Limiting Treatment

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**DALHOUSIE** | **MEDICINE**  
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# Disclosures

- Chair, Bioethics Advisory Committee, Canadian Blood Services
  
- Not speaking in this capacity

# Objectives

- At the end of this presentation, participants should be able to –
  - Identify relevant ethical values/principles in relation to limiting or denying specific health care treatments
  - Describe considerations in weighing ethical (and other) aspects in making these types of decisions

# Setting the stage: Broad context

- Publicly funded health system
  - Universal?
  - Meaning and intent
- Levels of decision-making
  - Organizational/system
  - Clinical

# Setting the stage: Broad context

- Range of health care treatments
  - Variation in need, availability, cost, effectiveness, etc.
- Examples
  - Organ transplantation
  - High cost oncology drugs
  - Blood transfusions
  - IVIG/SCIG
  - ...

# Notice...

- Language that is used -
  - “Resource allocation”
  - “Priority setting”
  - “Limiting or restricting”
  - “Denying”
  - “Criteria and indications”

# Key to think about...

- Process of making allocation decisions
- Outcomes of allocation decisions

***“Get your priorities straight!”***

***“Where are your priorities?”***

# Notice...

- 3 E's often utilized to broadly capture key elements of resource allocation
  - Evidence
  - Ethics
  - Economics



# Relevant ethical values/principles

- Evidence
  - Effectiveness
- Equity
- Sustainability, stewardship
  - Cost(s)
- Safety
- Transparency
- Inclusivity
- Trust
- Accountability
  - Evaluation
- Consistency
- Appeals/revisions
- ...

# Consider IVIG/SCIG

- The Atlantic IVIG Utilization Working Group (2018) *Atlantic Clinical Indications and Criteria for Intravenous and Subcutaneous IG (IVIG/SCIG) Version 1.0* Halifax, NS
  - Rapid growth
  - Related costs
  - Not an unlimited resource

# Consider IVIG/SCIG

- Values/principles cited or referred to –
  - Potential benefit – clinical efficacy (in light of possible risks)
  - Evidence-base – indications; possibly indicated
  - Sustainability – controls; dosing
  - Accountability – built-in checks; evaluation points
  - Patient safety
  - Expertise – discussion about cases
  - Patient need – urgency
  - Consistency – fairness

# Note...

“The [social] goods we often must provide [including] ... health care ... are not sufficiently divisible ... to avoid unequal or ‘lumpy’ distributions” – allocation decisions are necessarily messy.”

Norman Daniels

# Consider...

- A possible fourth “e”
  - Emotion
    - Attachment to particular forms of treatment?
    - Offering something?
    - Providing for “this” patient?
  - Connection to hope
    - Hype?

# Wrapping up...

