The Ethics of Access: Vaccines and Insulin

Name: Email: Class:

Driving Question: How do we decide who has access to health care resources in the face of conflicting choices?

By the end of this lesson, we hope that you have learned:

- □ The field of ethics provides a systematic, rational way to work through a dilemma.
- Ethical questions arise when individuals interact within a larger community and a decision must be made about conflicting choices.
- □ Addressing health disparities is a complex process involving many stakeholder groups.

In today's lesson, we will:

Part A Influenza	Time		
1. Make decisions about access to a fictional flu vaccine	15 min		
2. Learn from the experts	10 min		
3. Support or revise your decisions	15 min		
Part B Insulin			
4. Learn about the role and cost of insulin	25 min		
5. Who are the stakeholders?	15 min		
6. Use a decision-making model to make decisions about insulin	30 min		



Discussion Norms: Talking about complex issues that people may disagree about may be uncomfortable. It is important to review or create classroom discussion ground rules (norms) before beginning this module.

Part A

1. Make and analyze decisions about a fictional flu scenario

Read the scenario and come to a decision on your own. Be prepared to explain how you reached your decision.

Note: This scenario is based on a story line written prior to the COVID-19 pandemic. While similarities with the current conditions exist, this is a fictional exercise.

Scenario

A severe worldwide outbreak of a respiratory virus has occurred. It threatens everybody in your community—healthy young people as well as the very old and very young. The elderly, however, are more likely to die from complications from the virus. You cannot count on receiving federal assistance during this pandemic. This deadly flu has already killed people in your community and exposure to the flu is expected. A vaccine for the virus is being developed and your community is making decisions about how the vaccine can be given out in a fair way. There are enough vaccines to treat more than half of the community members during this wave of the pandemic.

There are ten people who require the vaccine at this time, and you can only treat six. The four individuals who do not receive the vaccine will have to wait, which will put them at risk of severe sickness or death. Which six should receive the flu vaccine?



- Woman who thinks she is six weeks pregnant
- Person with diabetes
- Aide who works at a nursing home
- Senior citizen who has 15 grandchildren
- Thirteen-year-old twins
- Doctor
- Elementary school teacher
- A person experiencing homelessness who is living in a shelter
- A rural rancher

Who did you choose?	How did you decide?
1.	
2.	
3.	
4.	
5.	
6.	

If possible, compare your results with those of some classmates. Who did they choose? Why?

You do not need to agree on the answers but pay attention to differences in viewpoints and opinions.

As always, treat each other with respect.

Reflection:

Think about: Were those decisions difficult to make? <u>Would you have liked more information?</u> Could you see how reasonable people might disagree with your answers? Did it seem there are no clear right and wrong choices?

Congratulations, you have just wrestled with an ETHICAL QUESTION.

"Who should be prioritized during a flu outbreak when there is not enough vaccine available for everybody?"

This is considered an *ethical question* because it has the following components:

- Ethical questions often involve the words "ought" or "should," implying a difficult decision must be made.
- There are several alternate solutions, none of which is without some challenging or problematic aspect.
- They contain conflicting moral choices and dilemmas, and the underlying values of the people involved may clash.
- They have no right or wrong answer which satisfies all parties, but better or worse answers based on well-reasoned justifications.

Lesson adapted from Bioethics 101, found at NWABR.org

2. Learn from the Experts

The COVID-19 pandemic has led to conversation about how a vaccine should be distributed when available. In October 2020, a committee from the *National Academies of Sciences* considered lessons learned from earlier outbreaks of flu and Ebola to create a framework that would help individuals make reasoned judgements when holding a diversity of viewpoints and opinions. The committee then published the framework to help health authorities make decisions about the best course of action. They relied on ethical principles to guide their approach.

A Framework for Equitable Allocation of COVID-19 Vaccine

Ethical Principle:	What it is:	What this means:
Maximum Benefit	Doing the most good for people, while also doing the least amount of harm	Reducing severe sickness, death, and negative social impacts from COVID-19 for the greatest number of people; improving length of life after treatment.
Equal Concern	Considering and treating every person as having equal worth, dignity, and value; protection from discrimination.	No rationing based on religion, race, ethnicity, national origin, disability, and other considerations. People providing vital functions such as health care workers can be prioritized. Random selection (i.e. lottery) is allowed if all things are equal.
Mitigation of Health Inequities	Giving priority to those who are worse off and at higher risk.	Acknowledging that the virus has significantly harmed some populations more than others. This would prioritize groups of people with causing higher rates of infections, serious illness, and death rates. Among these groups are among older adults in group living settings, people of color, and people with pre-existing health problems such as diabetes.

A Framework for Equitable Allocation of COVID-19 Vaccine." National Academies of Sciences, Engineering, and Medicine. 2020. Framework for Equitable Allocation of COVID-19 Vaccine. Washington, DC: The National Academies Press. doi: 10.17226/25917.

Using this ethical framework, the committee developed a multi-phased approach to delivering the COVID-19 vaccine:

A Phased Approach to Vaccine Allocation for COVID-19

PHASES OF VACCINE ALLOCATION

PHASE 1

Phase 1a "Jumpstart Phase":

- · High-risk health workers
- First responders

Phase 1b:

- People of all ages with comorbid and underlying conditions that put them at significantly higher risk
- Older adults living in congregate or overcrowded settings

PHASE 2

- K-12 teachers and school staff and child care workers
- Critical workers in high-risk settings—workers who are in industries essential to the functioning of society and at substantially higher risk of exposure
- People of all ages with comorbid and underlying conditions that put them at moderately higher risk
- People in homeless shelters or group homes for individuals with disabilities, including serious mental illness, developmental and intellectual disabilities, and physical disabilities or in recovery, and staff who work in such settings
- All older adults not included in Phase 1

PHASE 3

- Young adults
- Children
- Workers in industries and occupations important to the functioning of society and at increased risk of exposure not included in Phase 1 or 2

PHASE 4

 Everyone residing in the United States who did not receive the vaccine in previous phases

Equity is a crosscutting consideration

In each population group, vaccine access should be prioritized for geographic areas identified through CDC's Social Vulnerability Index or another more specific index.





Are you curious about the rationale used for each phase? You can read more about it here.

3. Support or revise your decisions

Use the approach outlined by the experts to *revise* or *defend* the choices you made in Part 1. Are there any other principles of ethics or fairness you would add?

Who would you choose?	How did you decide?
1.	
2.	
3.	
4.	
5.	
6.	

Part B

4. The Role and Cost of Insulin

The question we have been considering, "Who should receive the flu vaccine?" is a question that asks us to decide how we should manage access to a scarce resource. This type of question can be applied to many topics, from organ donation to allocation of natural resources.

We are now going to ask a similar question about access to insulin. "How should insulin be made available to people who need it?" Unlike flu vaccines, the factor that limits access to insulin for most people is **cost**. In this case, we will consider who is being harmed, who is benefitting, and what are our individual and collective responsibilities.

First, let's learn about insulin's role in the body. People living with diabetes rely on insulin to regulate their blood sugar (glucose) levels. Insulin is a hormone produced by the pancreas. It allows glucose to leave the blood and enter the cells to be used for energy. Glucose that does not enter the cells stays in the blood. Without insulin, high levels of blood glucose can damage nerves, and small and large blood vessels. This can impact:

The EYES, leading to blindness.

The FEET (limbs) leading to amputations.

The HEART, leading to heart disease and heart attacks.

The KIDNEYS, leading to kidney failure.

....and other complications, even leading to death.

People with diabetes are also at an increased risk for severe illness from COVID-19.



Watch the video What is
Diabetes? to learn more
about diabetes and insulin.

11.21



In the 1920s, the scientists who found and purified insulin sold their patent for \$1 to make sure the hormone would be available to all. But today, for patients without good insurance, the drug can cost hundreds of dollars a month. What does a person do when they can't afford this life-saving medication? For the Smith-Holt family, the answer came down to a tragic choice.

The next story may be hard to hear. It is the real story of a family's lived experience, which may be upsetting. It will hit people differently based on their own personal experiences with type 1 diabetes, loss, and health challenges.

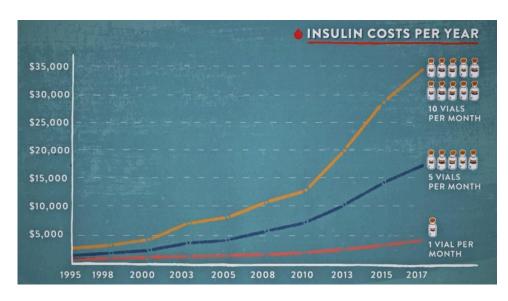
Click here for The Smith-Holt Family Story (5:56)

Here is a Jamboard link if you would like to make comments.

Why is Insulin so Expensive?

In the past few decades insulin prices have skyrocketed. Watch this clip, from the PBS special Blood Sugar Rising, to find out more about how the prices for insulin are set, the finger-pointing taking place between the manufacturers and pharmacy benefits managers, and how those with no insurance must pay the price.

Watch the video The Cost of Insulin (2:48)

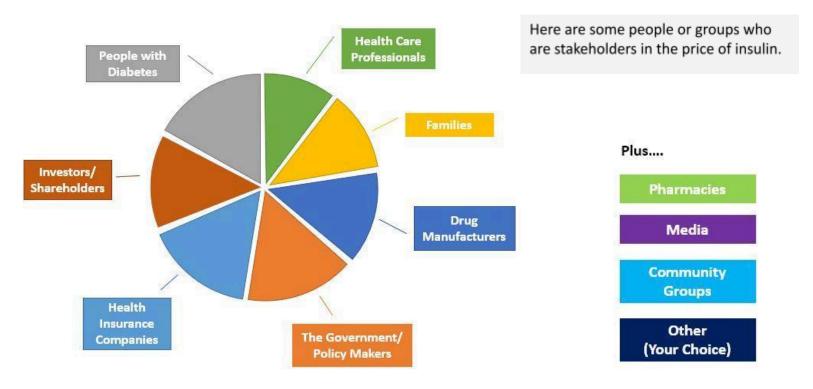


5. Who are the Stakeholders?

Stakeholders are individuals or groups of people who are affected by the outcome of a situation. Stakeholders care about the outcome because it will affect them in some way—they have a stake in what happens.

Stakeholders may come from different backgrounds or have different perspectives on the situation. They come with their own values, biases, and priorities.

Who is impacted by insulin production and access? Who pays? Who benefits? What does each person or group value? What are their concerns?



Choose four stakeholder groups.

In the next step, you will be asked to write down each stakeholder's concerns or values. <u>Here is a list of values</u> that might help you determine what is important to each group.

Consider the ethical principles.

Do stakeholder values align with any of the ethical principles we have learned about? Go back to the <u>Ethical Principles</u> put forth by the National Academy of Sciences. This time, they are tailored to help with decisions about insulin access.

We can add two widely accepted ethical principles to the list:

Ethical Principle:	What it is:	What this means:
Respect for Persons	Autonomy	Acknowledging a person's right to make choices, to hold views, and to take actions based on personal values and beliefs.
Care	Considering relationships and understanding power structures	Identifies vulnerable populations, looks at how underlying structures may drive a situation. Asks: Who is being ignored? Who is benefitting? At whose expense? Who has resources, such as money, insurance, and time?

6. Use a decision-making model to make decisions about insulin

A strong decision will rely on the facts, mention the unknowns, refer to the stakeholders and their values, and connect to the ethical principles that support your decision.

Ethical question: How should insulin be made available to people who need it?					
Facts and Questions					
Relevant facts (known)		Questions that remain (nee	ed to know)		
Stakeholder Views and Values					
Who are the four top stakeholders?	What are their concerns/val	ues?	What ethical principle(s) are given priority?		
What is your decision?			© Northwest Association for Biomedical Research		

The take-aways from this lesson are:

The field of ethics provides a systematic, rational way to work through a dilemma.

People often think of ethical decision-making as deciding between *right* and *wrong*. But dilemmas with clear right and wrong answers are easier in some ways--you already know which is right and which is wrong.

An ethical dilemma can arise when you need to make a choice between two options that both have bad outcomes--or even weigh two options that both have good outcomes. There may be several alternate solutions and they all have something problematic about them. There are no right or wrong answers, just better or worse answers based on well-reasoned justifications. Ethics gives us the reasoning tools to systematically work through a dilemma so that we do not have to rely solely on personal opinions or preferences.



Ethical questions arise when individuals interact within a larger community and a decision must be made about conflicting choices.

We are used to making decisions about things that only impact us as individuals -- Should I bring an umbrella today? What shall I eat for lunch? But we participate in larger communities and need to live within society in a civilized way. We do not all have the same sets of values and perspectives, so how do we make decisions together that impact many people? The field of ethics helps us address different viewpoints, consider fairness, look at harms and benefits for different groups, and weigh options in a systematic way.

Addressing health inequities is a complex process involving many stakeholder groups.

Identifying stakeholders--people or groups impacted by the outcome of a decision--helps us to address the concerns of many groups when making ethical decisions. Ethical frameworks consider health inequities that arise from long-standing social and economic disadvantages. It looks at power structures at play and can give priority to those stakeholders who are worse off and at higher risk for a poor outcome.