



New Zealand Nurses Organisation

Submission to the National Ethics Advisory Committee

On

Ethical values of planning for and responding to a pandemic in New Zealand: A statement for discussion

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1. ABOUT THE NEW ZEALAND NURSES ORGANISATION

The New Zealand Nurses Organisation (NZNO) is a Te Tiriti o Waitangi based organisation which represents 39,000 health workers, the majority of whom are registered nurses. NZNO is the largest professional body of nurses and the leading nursing union in Aotearoa New Zealand. It is also the oldest New Zealand nursing organisation and publishes the oldest nursing journal, *Kaitiaki: Nursing New Zealand* which has been produced continuously since 1908. NZNO celebrates our national centennial in 2009. Our members include nurses, midwives, students, health care workers and other health professionals. We are affiliated to the Council of Trade Unions and the International Council of Nurses. We have a bi-cultural governance structure evidenced by a Board of Directors and a Te Runanga O Aotearoa.

The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand through ethically based partnerships. Our members are united in the achievement of their professional and industrial aspirations. Eleven and a half thousand NZNO members are organised into twenty two professional sections and colleges where nurses pursue their professional interests and ethical obligations. They publish standards of nursing practice, clinical guidelines for their specialties, patient information material and other professional documents. The three NZNO Colleges (Practice nurses, perioperative nurses and emergency nurses) publish their own professional journals, run accreditation programmes and offer educational courses. Annual conferences provide opportunities for showcasing specialist expertise and networking.

2. NZNO PANDEMIC PREPAREDNESS

NZNO believes that it is in the front line of the three stages of a pandemic; planning, the pandemic itself and the recovery phase. Should a pandemic occur, NZNO will play a major role. Our members face the biggest danger and the biggest responsibility. History tells us that it is nursing rather than medicine or any other discipline that will help this nation survive. History also tells us that a greater proportion of nurses than any other health profession

may face the prospect of death in a pandemic. Nurses may willingly and knowingly sacrifice their lives for the good of others.

The duty to continue working in a pandemic is assumed but where a nurse may have a sick family member to care for she or he should not be expected to sacrifice their health in order to fulfil their professional obligations. Nurses should not be expected to work if the environment does not provide adequate and appropriate protection against hazards. Health and safety legislation supports this argument.

NZNO feels a keen responsibility to educate nurses regarding their rights and responsibilities in a pandemic. We have been charged by the Health and Disability Commissioner, Mr Ron Paterson, with the responsibility of producing a statement on nurses' duty of care and ethical responsibilities in a pandemic.

We are proud of our planning so far and have invested considerable staffing and material resources. The NEAC document is a helpful foundation for nurses to consider the ethical aspects of decision-making in a pandemic situation.

3. OTHER NZNO CONTRIBUTIONS TO PANDEMIC PLANNING

A submission has been made to the Government Administration Select Committee on the Law Reform (Epidemic Preparedness) Bill. NZNO supported the intent of the Bill but expressed concern about the consequences of the amendments on nurses and health care workers. NZNO supported the need for the Prime Minister to declare an epidemic, and understands the need to relax statutory requirements to facilitate disease management and impose duties. NZNO recommended that a clause be added to read "nothing in this Act will override the Health and Safety in Employment Act". The intent of this addition is to protect health professionals and care workers.

Nurses should be able to sign death certificates during an epidemic but funded education, training and guidelines are required. We argued that NZ

does not currently have sufficient surveillance expertise or adequate workforce and resources in the health service. These inadequacies will be even more obviously exposed in an epidemic. NZNO also opposed legislative changes to force staff to take annual leave if there is an epidemic notice in place.

Pandemic Action Plan Version 15 – NZNO submission to the Ministry of Health. NZNO noted that in the event of a pandemic the health and safety and wellbeing of the workforce whose responsibility it is to care for victims **MUST BE PROTECTED**. We noted that Health and Safety in Employment will be critical, that the Action Plan is complex and needs to be summarized, simplified and targeted to the right audiences (particularly health providers and professionals). We noted that the NZNO Code of Ethics provides useful guidance to the National Ethics Advisory Committee and recommended that MOH undertake a stock take of whether NZ has adequate resources, laboratories, personnel and resources to test for “contagious diseases”. We asked “What measures has the Ministry of Health put in place to ensure that NZ has sufficient workforce to respond during a pandemic?” and noted that adequate resources are required to ensure staff remain safe in performing their duties as health professionals. We noted that the Ministry of Health should pay particular attention to the aged care workforce needs. NZNO support and advice was offered for the preparation of guidelines and education and training programmes for nurses empowered to sign death certificates during a pandemic. We acknowledged the work of the Maori advisory group and asked that our Policy Analyst, Maori and Te Runanga o Aotearoa be involved with this work. NZNO also noted all the activities we are involved in, including MOH, Department of Labour, CTU, DHB committees, meetings, presentations and consultation processes.

Our website reports the progress of our planning for a pandemic (See Appendix One). At national level, NZNO is represented on the Ministry of Health National Reference Group as well as on working parties in the Department of Labour and the Council of Trade Unions. NZNO members are

participating in pandemic planning at the operational level around the country in public, private and voluntary sector organisations.

4. NZNO CODE OF ETHICS

The New Zealand Nurses Organisation relied on the International Council of Nurses' Code of Ethics from 1972 until 1988 when the first NZNO Code of Ethics was published. The current Code of Ethics was endorsed by NZNO delegates at their annual conference in 2001. It is the most sought after NZNO publication. The code defines ethical nursing practice as: The domain of nurses' moral behaviour, actions, decisions, and ethical decision-making in response to conflicts of moral value (p. 9).

The NZNO Code of Ethics foreword by the then President Diane Penney and Te Runanga Chair Noeline Warmington provides a sound basis for facing ethical decision-making in a pandemic situation. They say:

The need for knowledge on ethics, ethical issues and ethical decision-making has never been greater. Nursing is undertaken in complex consumer and professional practice environments. Nurses daily face situations where they are challenged by under-resourcing, time pressures, short-staffing and unhealthy roster patterns. Nurses with knowledge of ethics, ethical frameworks and processes are better prepared for situations requiring ethical judgements (p. 5).

NZNO is therefore in complete agreement with the National Ethics Advisory Committee's (NEAC) view that preparation is a significant aspect of successfully surviving a pandemic. The discussion paper makes a major contribution to pandemic preparedness through identifying a set of ethical values that should be shared.

5. THE RELATIONSHIP BETWEEN THE NZNO CODE OF ETHICS AND THE NEAC VALUE STATEMENTS

There is considerable congruence between NEAC's statement of ethical values and the values and assumptions identified in the NZNO Code of Ethics. Major assumptions underlying NZNO's ethical stance include:

That relationships and interactions take place in a climate of respect for one another.

That respect for individuals, groups and communities encompasses the notion of partnership and collaboration

Both the rights of individuals and the collective should be respected

That relationships and interactions seek to achieve positive outcome for clients, groups and communities.

That society has a responsibility to treat people fairly.

Nurses have relationships with individual clients or patients, other health professional colleagues, organisations and society and the details of the Code address four relationship groups. The key ethical values that are applied to each of the above five groups are:

Autonomy – self-determination, cultural safety and individual and collective rights

Beneficence – doing good

Non maleficence – avoiding and minimising harm

Justice – achieving equity

Confidentiality – protection of information

Veracity – honesty and truthfulness

Fidelity – keeping to commitments

Guardianship of the environment and its resources – keeping to environmental commitments

Being professional – nurses' responsibility to keep faith with the society that trusts nurses to provide health care.

6. OTHER NZNO RESPONSIBILITIES REGARDING PANDEMICS

Apart from the responsibility we have to add value to the work of the National Ethics Advisory Committee' and that of all central government agencies (as outlined in the above details of NZNO's work so far), NZNO has identified other areas where we see that we may have specific responsibilities. They include:

The creation of a database of members with expertise that can be accessed at a time of crisis, e.g., NZNO members of overseas origin. They may be able to act as interpreters. This means that we have a particular responsibility to prepare them.

We need to continue to ensure that a wide-cross section of NZNO members are involved and consulted with regard to planning in clinical and community areas.

Standing Orders need to be developed to deal with pandemic conditions. This will allow nurses to make good clinical decisions and provide the most rapid response possible to illness.

Planning must include dealing with the aftermath. We would like to avoid the unfortunate "blame" culture that appears to have emerged from the Katrina hurricane. Safe and supportive environments will need to be set up so that nurses can reflect on the decisions they made without fear of punitive judgement and exclusion.

Finally, it needs to be stated that wide consultation and fair processes consume time. We must engage in consultation and education NOW. When the pandemic begins, there will be much less time to consult and urgency will dictate the need for clarity and strong leadership. This will include people having the confidence to give orders and other people feeling comfortable enough to do as they are directed, immediately. The challenge will be in instilling sufficient trust for this to happen.

7. CONCLUSION

The last word goes to a very experienced and highly esteemed NZNO member, who is an NZNO representative on the National Pandemic Influenza Reference Committee and Chairperson of the NZNO National Infection Control section.

Viv McEnnis comments:

I think clinicians in the hospitals and health care settings will think about managing and conserving their system, rationing scarce resources and doing this wisely – the greatest good for the greatest number. They will try and practise from an objective position using prioritisation processes based on scores such as the APACHE system (currently used in ICU) to dictate who gets an ICU bed or gets admitted to hospital or provided with care. The score may be modified depending on age, and co-existing morbidities, depending on what scores are available. The way the community reacts is going to depend on how trustworthy and prepared they perceive central and local government to be, how safe they feel and how well all of this is communicated by the media.

8. NEAC KEY QUESTIONS AND NZNO RESPONSE

- **Is the scope of the statement of ethical values appropriate?**
- YES. The challenge will be in supporting and educating people to be e.g., neighbourly, at the very time when people are likely to become fearful of neighbours. There was a view that the discussion paper is wordy.
- **Do the ethical values described in the statement correspond to those you feel are important in planning for and responding to a pandemic?**
- SEE ABOVE. Nurses support an open and transparent process.
- **Can the statement of ethical values be made more usable?**
- YES. NZNO supports the availability of this document in languages other than English. It should be also be available in the publicly accessible electronic media, e.g., free to air TV, and radio. It should be used to counter and diffuse alarmist communications.

It needs to be widely distributed to such communities as refugee groups and churches.

9. FURTHER QUESTIONS

- **Are there any other Māori values that would be appropriate to include? (Note: “utu” was considered for inclusion with “reciprocity”, but as it can mean “revenge” for some people in common usage, it was not included.)**
- NZNO supports the exclusion of the term “utu”. Maori concepts that may be useful include “ruhutia”, “tapu” and “noa”. Maori need to be consulted on alternatives for storage of their dead.

iv. Community case

- **How could this case be made more useful in demonstrating the processes and values used in planning for and responding to a pandemic?**
- See section above on NZNO responsibilities

v. Hospital case

- **How could this case be made more useful in demonstrating the processes and values used in planning for and responding to a pandemic?**
- See section above on NZNO responsibilities.

APPENDIX 1



NEW ZEALAND
NURSES
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Pandemic Influenza Preparedness

The New Zealand Nurses Organisation has undertaken pandemic influenza preparedness activities on behalf of members since October 2005. Over the next few months the NZNO will be developing further information for members. This site will be updated as new information is sourced.

Key Activities of NZNO

NZNO representatives (members and staff) have been involved in pandemic influenza planning with the Ministry of Health, Department of Labour and the Council of Trade Unions.

Locally District Health Boards and Primary Health Organisations have been developing pandemic preparedness plans. NZNO members should be aware of these plans and have received education on the content of these plans.

NZNO Media Releases

[Health Workers Must Be Protected In An Epidemic, 22 June 2006](#) link

Future Activities - Due by September 2006

NZNO is developing specialist advice for members on their legal, ethical and employment responsibilities and rights during pandemic influenza and in the planning phase. This information will be available by September, on this website page, printed in Kai Tiaki Nursing New Zealand, and available from NZNO offices.

Resources

NZNO Library Resource Guide
[Influenza Pandemic Resources](#) (Word doc)

Links

Department of Labour Pandemic Planning Information - Health and Safety for employers and employees

<http://www.dol.govt.nz/initiatives/workplace/pandemic/index.asp>

Ministry of Health

<http://www.moh.govt.nz/pandemicinfluenza>

Latest Updates

<http://www.moh.govt.nz/moh.nsf/indexmh/pandemicinfluenza-updates>

Guidelines and Advice

<http://www.moh.govt.nz/moh.nsf/indexmh/pandemicinfluenza-guidelines>

New Zealand Influenza Pandemic Action Plan Version 14

National Health Emergency Plan: Infectious Diseases, Appendix III

<http://www.moh.govt.nz/pandemic>

Pandemic influenza - Information for the health sector

- Pandemic influenza - Resources for primary health care workers
- Infection Prevention and Control during an Influenza Pandemic

<http://www.moh.govt.nz/moh.nsf/238fd5fb4fd051844c256669006aed57/8633d92364496006cc257169001b105d?OpenDocument>

[MoST Content Management V3.0.2410](#)

APPENDIX 2

1. Statement of Ethical Values

Ethical values informing how to make decisions

In good decision-making processes, we are:

Inclusive	<ul style="list-style-type: none">• including those who will be affected• including people from all cultures and communities• taking everyone's contribution seriously• striving for acceptance of an agreed decision process, even by those who might not agree with the particular decision made
Open	<ul style="list-style-type: none">• letting others know what decisions need to be made, how they will be made and on what basis• letting others know what decisions have been made and why• letting others know what will come next• being seen to be fair
Reasonable	<ul style="list-style-type: none">• working with alternative options and ways of thinking• working with and reflecting cultural diversity• using a fair process to make decisions• basing our decisions on shared values, and on the best evidence available
Responsive	<ul style="list-style-type: none">• being willing to make changes and be innovative• changing when relevant information or context changes• enabling others to contribute wherever we can• enabling others to challenge our decisions and actions
Responsible	<ul style="list-style-type: none">• acting on our responsibility to others for our decisions and actions• helping others to take responsibility for their decisions and actions

Ethical values informing what decisions to make

Good decisions are those we base on:

Minimising harm	<ul style="list-style-type: none">• not harming others• protecting one another from harm• accepting restrictions on our freedom where needed to protect others
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Respect	<ul style="list-style-type: none"> • recognising that every person matters • supporting others to make their own decisions wherever possible • supporting those best placed to make decisions for people who can't make their own decisions • restricting freedom as little as possible, and as fairly as possible, if freedom must be restricted for public good
Fairness	<ul style="list-style-type: none"> • ensuring that everyone gets a fair go • prioritising fairly when there are not enough resources for all to get the services they seek • supporting others to get what they are entitled to • minimising inequalities
Neighbourliness/ whanaungatanga	<ul style="list-style-type: none"> • helping and caring for our neighbours and relations • working together where there is need to be met
Reciprocity	<ul style="list-style-type: none"> • helping one another • acting in accordance with any special responsibilities or social standing we may have, such as those associated with professionalism • agreeing to extra support for those who have extra responsibilities to care for others
Unity/kotahitanga	<ul style="list-style-type: none"> • being committed to seeing this through together • showing our commitment to strengthening individuals and communities