



Llywodraeth Cymru
Welsh Government

Health Board Chief Executives
Medical Directors
Directors of Nursing
Directors of Therapies & Healthcare Scientists

12 April 2020

Dear Colleague,

Covid19 Moral and Ethical Advisory Group Wales (CMEAG-Wales)

A newly established Covid19 Moral and Ethical Advisory Group Wales (CMEAG-Wales) has been convened to consider and advise the Chief Medical Officer and Welsh Ministers on moral and ethical issues in our collective response to Covid19 across public services in Wales.

The advisory group has developed a framework of values and principles for healthcare delivery in Wales, which are endorsed by the Minister for Health and Social Services, the Deputy Minister and Chief Whip and the Minister for Housing and Local Government.

<https://gov.wales/coronavirus-ethical-values-and-principles-healthcare-delivery-framework-0>

Please can you disseminate this information throughout your networks in the health service and ensure they are adopted by those providing support and treatment within the NHS.

Yours sincerely,

Dr Frank Atherton
Chief Medical Officer
Welsh Government

Prof Jean White CBE
Chief Nursing Officer
Welsh Government



BUDDSODDWR MEWN POBL
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COVID 19 Moral and Ethical Advisory Group Wales (Covid19 MEAG-Wales)

Framework of ethical values and principles for healthcare delivery - April 2020

1. Core Values¹ to inform planning and decision making for health care delivery for all people in Wales:

In addressing healthcare provision during the Covid19 Pandemic in Wales, the core value underpinning this ethical framework is 'equal concern and respect'. This promotes the core constitutional commitment to equality, and the protections for all people, enshrined in law in Wales in respect of governance and language^{2,3,4}. This means that:

- Everyone matters –health service delivery will follow the principles set out in equality and human rights legislation^{5,6,7}.
- Everyone matters equally – this does not mean that everyone is treated the same, but does require health services to work effectively in partnership with each person equitably according to their needs⁸.
- The interests of each person are the concern of all of us, and of our society.
- The harm that might be suffered by every person matters, and so our actions aim to minimise the overall harm that a pandemic might cause.

2. Using the framework to deliver health services equitably

The core value 'equal concern and respect' draws together a number of different ethical principles. When a particular decision has to be made, the following list of principles can be used systematically to help those delivering health services discharge their duty to ensure that the full range of ethical issues is considered.

3. Principles and law underpinning ethical delivery of health care

3.1 Respect - means:

- holding a view of the person as a whole, taking into account their rights, wishes and feelings as a unique individual
- keeping people as informed as possible, ensuring that communications are available in accessible formats in their preferred language⁹
- giving people the opportunity to express their views and take part in decisions on matters that affect them¹⁰

¹ Based on MEAG-UK guidance published March 2020 <https://www.gov.uk/guidance/pandemic-flu#ethical-framework>

² Equality of opportunity for all people (GOWA 1998)

³ The use of Welsh by persons who provide services (Welsh Language Measure 2011)

⁴ The introduction of the Welsh language standards by NHS Wales which came into effect on 30 May 2019

⁵ Equality Act 2010 identifies characteristics legally protected from unfair discrimination of: age; disability; gender reassignment; marriage or civil partnership; pregnancy or maternity; race nationality or ethnicity; religion or belief; sex; sexual orientation.

⁶ Human Rights Act 1998

⁷ Rights of Children and Young Persons (Wales) Measure 2011

⁸ Coronavirus (COVID-19) and the rights of disabled people in Wales, Wales Disability Reference Group found at: <https://www.idw.org.uk/coronavirus-covid-19-and-the-rights-of-disabled-people-in-wales/>

⁹ Accessible formats may include BSL, Large print, Braille, easy read

- responding to people's personal preferences about their treatment and care, including communication and support needs
- when people are not able to make a decision, those who have to decide for them take decisions based on the best interests of the person¹¹
- maintaining confidentiality

3.2 Minimising the overall harm from the pandemic - means:

- cooperate to limit infection spread, especially to more vulnerable groups
- minimise the risk of complications if someone is ill
- avoid causing harm by inappropriately giving or omitting treatment or intervention
- learn from experience both at home and abroad about the best way to provide optimal healthcare to people who are ill, and contribute to research to increase knowledge about it
- minimise the disruption to society caused by the pandemic, including physical, psychological, social and economic harm
- minimise the impact of the pandemic activity on other essential health services needed for people's survival and wellbeing¹²

3.3 Fairness - means:

- everyone matters equally, so people with an equal chance of benefiting from healthcare resources should have an equal chance of receiving them
- ways of assessing potential benefits and harms from a health intervention or its timing must respect individual rights

3.4 Working together - means:

- healthcare services must work together with other services, statutory agencies and third sector, to plan for, and respond to, a pandemic
- different parts of the overall health service must cooperate to help one another
- citizens and health workers all take responsibility for their own behaviour, especially by not exposing others to risk
- healthcare services being prepared to share information (for example, on the effects of treatment, or particular risks to some) that will help others¹³

3.5 Reciprocity - based on the concept of mutuality between healthcare users, workers giving care and institutions providing services, means;

- any person asked to face increased risks or burdens during the pandemic should be supported on doing so by physical, mental and social wellbeing measures.
- service leaders should ensure that risks and burdens are minimised as far as possible for all, responding proportionately to the risk

10 This includes ensuring an advocate, representative with parental responsibility, legal or informal permission

¹¹ Mental Capacity Act 2005 <http://www.legislation.gov.uk/ukpga/2005/9/contents>

¹² Such as children's, maternity services, immunisation, cancer care, urgent cardiac, surgical, mental health care, etc

¹³ Information sharing in line with Information Governance requirements in force at the time

3.6 Keeping things in proportion means:

- those responsible for providing information will neither exaggerate nor minimise the situation and will give people the most accurate information that they can
- those taking decisions on actions that may affect people's daily lives, aiming to protect the public from harm, will act flexibly and in proportion to the risks and benefits to individuals

3.7 Flexibility - means:

- those making individual healthcare plans will take into account new information and changing circumstances, and adapt plans accordingly
- people will have as much chance as possible to express concerns about, or disagreement with, decisions about their healthcare that affect them
- people who disagree with a decision about their health care are given access to a prompt, independent second opinion

3.8 Good decision-making – means: those making decisions about healthcare act with openness and transparency, in line with professional and legal responsibilities, and:

- consult people as much as possible in the time available and provide adequate time for their decision making (with an advocate if wished), especially around end of life care and Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) decisions
- involve people as much as possible in aspects of care planning that affect them, taking into account their individual needs and preferences
- promote equity by assessing and responding to individual need, avoiding blanket policies based on protected characteristics especially disability or age¹⁴
- take into account all relevant views expressed and be open to challenge
- be clear about what decisions need to be made, and the model of care or analysis being applied¹⁵
- be open about what decisions have been made, and why, and who is responsible for making them
- try to ensure that no person or group is excluded from being involved in decision making that affects them
- be accountable for the decisions taken or not taken.
- Take decisions reasonably, rationally, based on evidence, with a clear, practical process.
- record decisions and actions along with the justification or reasons for them.

¹⁴ Equality Act 2010 <https://www.gov.uk/guidance/equality-act-2010-guidance>

¹⁵ Different models (eg social, medical, biopsychosocial) may be appropriate in different circumstances, but should be clearly articulated

Grŵp Cyngori ar Faterion Moesol a Moesegol COVID-19: Cymru

Fframwaith o werthoedd ac egwyddorion moesegol ar gyfer darparu gofal iechyd – Ebrill 2020

4. Gwerthoedd Craidd¹⁶ i lywio gwaith cynllunio a phenderfyniadau ar gyfer darparu gofal iechyd i bawb yng Nghymru:

Wrth fynd i'r afael â darpariaeth gofal iechyd yn ystod Pandemig COVID-19 yng Nghymru, y gwerth craidd sy'n sail i'r fframwaith moesegol hwn yw 'pryder a pharch cyfartal'. Mae hyn yn hyrwyddo'r ymrwymiad cyfansoddiadol craidd i gydraddoldeb, a'r mesurau amddiffyn i bawb, sydd wedi'u corffori yn y gyfraith yng Nghymru mewn perthynas â llywodraethu ac iaith^{17, 18, 19}. Mae hyn yn golygu'r canlynol:

- Mae pawb yn bwysig – caiff gwasanaethau iechyd eu darparu mewn ffordd sy'n dilyn yr egwyddorion a nodir mewn deddfwriaeth cydraddoldeb a hawliau dynol^{20, 21, 22}.
- Mae pawb yr un mor bwysig â'i gilydd – nid yw hyn yn golygu y caiff pawb ei drin yn yr un ffordd, ond mae'n ei gwneud yn ofynnol i wasanaethau iechyd weithio'n effeithiol ac yn deg mewn partneriaeth â phob person yn unol â'i anghenion²³.
- Mae buddiannau pob person yn bwysig i bob un ohonom, ac i'n cymdeithas.
- Mae'r niwed a allai pob person ei ddioddef yn bwysig ac, felly, nod ein gweithredoedd yw lleihau'r niwed y gallai pandemig ei achosi.

5. Defnyddio'r fframwaith i ddarparu gwasanaethau iechyd yn deg

Mae gwerth craidd 'pryder a pharch cyfartal' yn dwyn nifer o wahanol egwyddorion moesegol ynghyd. Pan fydd yn rhaid gwneud penderfyniad penodol, gellir defnyddio'r rhestr ganlynol o egwyddorion yn systematig er mwyn helpu'r rhai sy'n darparu gwasanaethau iechyd i gyflawni eu dyletswydd i sicrhau y caiff yr ystod lawn o faterion moesegol ei hystyried.

6. Yr egwyddorion a'r gyfraith sy'n sail i ddarparu gofal iechyd mewn ffordd foesegol

6.1 Ystyr parch yw:

- gweld y person yn ei gyfanrwydd, gan ystyried ei hawliau, ei ddymuniadau a'i deimladau fel unigolyn unigryw

¹⁶ Yn seiliedig ar ganllawiau MEAG-UK a gyhoeddwyd ym mis Mawrth 2020 <https://www.gov.uk/guidance/pandemic-flu#ethical-framework>

¹⁷ Cyfle cyfartal i bawb (Deddf Llywodraeth Cymru 1998)

¹⁸ Defnyddio'r Gymraeg gan bersonau sy'n darparu gwasanaethau (Mesur y Gymraeg 2011)

¹⁹ Cyflwyno Safonau'r Gymraeg ar gyfer GIG Cymru, a ddaeth i rym ar 30 Mai 2019

²⁰ Mae Deddf Cydraddoldeb 2010 yn nodi nodweddion a warchodir gan y gyfraith rhag gwahaniaethu annheg ar sail: oedran; anabledd; ailbennu rhywedd; priodas neu bartneriaeth sifil; beichiogrwydd neu famolaeth; hil, cenedligrwydd neu ethnigrwydd; crefydd neu gred; rhyw; cyfeiriadedd rhywiol.

²¹ Deddf Hawliau Dynol 1998

²² Mesur Hawliau Plant a Phobl Ifanc (Cymru) 2011

²³ Coronafeirws (COVID-19) a hawliau pobl anabl yng Nghymru, Grŵp Cyfeirio Anabledd Cymru, ar gael yn: <https://www.idw.org.uk/cy/coronafeirws-covid-19-a-hawliau-pobl-anabl-yng-nghymru/>

- rhoi cymaint â phosibl o wybodaeth i bobl, gan sicrhau bod gohebiaeth ar gael mewn fformatau hygyrch yn eu dewis iaith²⁴
- rhoi cyfle i bobl fynegi eu barn a chymryd rhan mewn penderfyniadau ar faterion sy'n effeithio arnynt²⁵
- ymateb i ddewisiadau personol pobl ynglŷn â'u triniaeth a'u gofal, gan gynnwys anghenion cyfathrebu a chymorth
- pan na all pobl wneud penderfyniad, bydd y rhai sy'n penderfynu drostynt yn gwneud hynny'n seiliedig ar fudd pennaf yr unigolyn dan sylw²⁶
- cynnal cyfrinachedd

6.2 Ystyr lleihau'r niwed a achosir gan y pandemig yw:

- cydweithredu er mwyn cyfyngu ar ledaeniad yr haint, yn enwedig ymhlith grwpiau mwy agored i niwed
- lleihau'r risg o gymhlethdodau os bydd rhywun yn sâl
- osgoi achosi niwed drwy roi neu beidio â rhoi triniaeth neu ymyriad yn amhriodol
- dysgu o brofiad, gartref ac mewn gwledydd tramor, o ran y ffordd orau o ddarparu'r gofal iechyd gorau posibl i bobl sy'n sâl, a chyfrannu at waith ymchwil er mwyn meithrin gwybodaeth amdano
- lleihau'r tarfu ar gymdeithas a achosir gan y pandemig, gan gynnwys niwed corfforol, seicolegol, cymdeithasol ac economaidd
- lleihau effaith gweithgarwch sy'n gysylltiedig â'r pandemig ar wasanaethau iechyd hanfodol eraill sydd eu hangen er mwyn sicrhau bod pobl yn goroesi a sicrhau eu llesiant²⁷

6.3 Ystyr tegwch yw:

- bod pawb yr un mor bwysig â'i gilydd, felly dylai pobl sydd yr un mor debygol o gael budd o adnoddau gofal iechyd gael yr un cyfle i fanteisio arnynt
- bod yn rhaid i ffyrdd o asesu buddiannau a niwed posibl yn sgil ymyriad iechyd neu ei amseriad barchu hawliau unigolion

6.4 Ystyr cydweithio yw:

- bod yn rhaid i wasanaethau gofal iechyd gydweithio â gwasanaethau eraill, asiantaethau statudol a'r trydydd sector, er mwyn cynllunio ar gyfer pandemig, ac ymateb iddo
- bod yn rhaid i wahanol rannau o'r gwasanaeth iechyd cyffredinol gydweithredu er mwyn helpu ei gilydd
- bod dinasyddion a gweithwyr iechyd i gyd yn cymryd cyfrifoldeb am eu hymddygiad eu hunain, yn enwedig drwy beidio â pheryglu pobl eraill

24 Gall fformatau hygyrch gynnwys iaith Arwyddion Prydain, print bras, Braille, hawdd ei ddeall

25 Mae hyn yn cynnwys sicrhau eiriolwr, cynrychiolydd â chyfrifoldeb rhiant, a chaniatâd cyfreithiol neu anffurfiol

26 Deddf Galluedd Meddyliol 2005 <http://www.legislation.gov.uk/wsi/2016/413/crossheading/deddf-galluedd-meddyliol-2005-p-9/made/welsh>

27 Fel gwasanaethau plant, mamolaeth, imiwneiddio, gofal canser, gofal cardiaidd brys, gofal llawfeddygol, gofal iechyd meddwl ac ati

- bod gwasanaethau gofal iechyd yn barod i rannu gwybodaeth (er enghraifft, am effeithiau triniaeth, neu risgiau penodol i rai) a fydd yn helpu eraill²⁸

6.5 Ystyr **dwyochedd**, sy'n seiliedig ar y cysyniad o gydymddibyniaeth rhwng defnyddwyr gofal iechyd, gweithwyr sy'n rhoi gofal a sefydliadau sy'n darparu gwasanaethau, yw:

- y dylai unrhyw berson y gofynnir iddo wynebu mwy o risg neu faich yn ystod y pandemig gael cymorth i wneud hynny drwy fesurau llesiant corfforol, meddyliol a chymdeithasol
- y dylai arweinwyr gwasanaethau sicrhau y caiff risgiau a beichiau eu lleihau cymaint â phosibl i bawb, gan ymateb yn gymesur i'r risg

6.6 Ystyr **bod yn gymesur** yw:

- na fydd y rhai sy'n gyfrifol am ddarparu gwybodaeth yn gor-ddweud nac yn bychanu'r sefyllfa ac y byddant yn rhoi'r wybodaeth fwyaf cywir posibl i bobl
- y bydd y rhai sy'n gwneud penderfyniadau ar gamau gweithredu a all effeithio ar fywydau beunyddiol pobl, gyda'r nod o amddiffyn y cyhoedd rhag niwed, yn gweithredu'n hyblyg ac yn gymesur â'r risgiau a'r buddiannau i unigolion

6.7 Ystyr **hyblygrwydd** yw:

- y bydd y rhai sy'n llunio cynlluniau gofal iechyd unigol yn ystyried gwybodaeth newydd a newidiadau mewn amgylchiadau, ac yn addasu cynlluniau yn unol â hynny
- y caiff pobl gymaint o gyfle â phosibl i fynegi pryderon ynglŷn â phenderfyniadau mewn perthynas â'u gofal iechyd sy'n effeithio arnynt, neu anghytuno â'r penderfyniadau hynny
- y gall pobl sy'n anghytuno â phenderfyniad ynghylch eu gofal iechyd gael ail farn annibynnol, a hynny'n brydlon

6.8 Ystyr **gwneud penderfyniadau da** yw: bod y rhai sy'n gwneud penderfyniadau ar ofal iechyd yn gweithredu'n agored ac yn dryloyw, yn unol â chyfrifoldebau proffesiynol a chyfreithiol, ac:

- yn ymgynghori â phobl cymaint â phosibl yn yr amser sydd ar gael ac yn caniatáu digon o amser i wneud penderfyniadau (gydag eiriolwr os dymunir hynny), yn enwedig mewn perthynas â gofal diwedd oes a phenderfyniadau Na Cheisier Dadebru Cardio-anadlol
- yn cynnwys pobl cymaint â phosibl mewn agweddau ar gynllunio gofal sy'n effeithio arnynt, gan ystyried eu hanghenion a'u dewisiadau unigol
- yn hyrwyddo tegwch drwy asesu anghenion unigolion ac ymateb iddynt, osgoi polisïau hollgynhwysfawr yn seiliedig ar nodweddion gwarchodedig, yn enwedig anabledd neu oed²⁹
- yn ystyried yr holl safbwyntiau perthnasol a fynegir, a bod yn agored i gael eu herio

²⁸ Rhannu gwybodaeth yn unol â'r gofynion Llywodraethu Gwybodaeth sydd mewn grym ar y pryd

²⁹ Deddf Cydraddoldeb 2010 <https://www.gov.uk/guidance/equality-act-2010-guidance>

- yn glir ynghylch pa benderfyniadau y mae angen eu gwneud, a'r model gofal neu ddadansoddi sy'n cael ei ddefnyddio³⁰
- yn agored ynglŷn â'r penderfyniadau sydd wedi cael eu gwneud, a pham, a phwy sy'n gyfrifol am eu gwneud
- yn ceisio sicrhau na chaiff unrhyw unigolion na grwpiau eu heithrio rhag cael eu cynnwys wrth wneud penderfyniadau sy'n effeithio arnynt
- yn atebol am y penderfyniadau a gaiff eu gwneud neu na chânt eu gwneud
- yn gwneud penderfyniadau rhesymol a synhwyrol, sy'n seiliedig ar dystiolaeth, drwy ddilyn proses glir ac ymarferol
- yn cofnodi penderfyniadau a chatau gweithredu ynghyd â'r cyfiawnhad neu'r rhesymau drostynt.

³⁰ Gall gwahanol fodelau (e.e. cymdeithasol, meddygol, bioseicogymdeithasol) fod yn briodol dan wahanol amgylchiadau, ond dylid eu hesbonio'n glir