City of Nashua
Division of Public Health and Community Services

Public Health Ethics Committee Meeting

Wednesday, February 18, 2026

Acting Chair: Stephanie Wolf-Rosenblum – Board of Health (BOH)
Attendees: Flavia Martin – DPHCSLT, Jennifer Deschaies – Risk, Bobbie D Bagley – Director DPHCS, LaTonya Muccioli – DPHCS-SLT, Rabbi Jon Spira-Savet, Foqia Ijaz-DPHCS

Location: 18 Mulberry Street

Minutes

Introductions	• Members introduced themselves. • The purpose of the meeting was to walk through a past ethical dilemma as if the Ethics Committee had been active at the time. The goal was to identify recommendations for policies and procedures to guide future cases.
Discussion of Ethics Training and Principles	• The Committee had previously completed Canadian-based public health ethics training. Members reported that the training was helpful, particularly the case-based examples. The Committee acknowledged the differences between clinical ethics and public health ethics. It was agreed that future committee members would complete the same training, and additional training needs would be discussed at a later time.
Case Review	• The case involved a 40-year-old unhoused individual diagnosed with active pulmonary tuberculosis (TB) who left the hospital against medical advice and was missing for approximately two weeks while highly infectious before being located at a congregate living facility in Manchester. • The Committee reviewed the associated public health risks and identified key goals: isolating the individual, ensuring treatment adherence, and conducting contact tracing. • The individual was placed in a state-funded hotel as the least restrictive isolation option, and Directly Observed Therapy (DOT) was implemented. However, the individual repeatedly left isolation without wearing a mask and was seen in multiple public and congregate settings, including a rooming house, library, and personal residence, resulting in additional exposures. • The Committee reviewed the legal authority under RSA 141-C, New

	Hampshire's communicable disease statute, which allows for isolation orders. Local health departments operate under authority delegated by the state commissioner. Isolation measures may escalate from home isolation to hotel placement, hospital isolation, and ultimately a court order with law enforcement involvement. • There was a delay of several days in obtaining a formal isolation order. • Key ethical tensions were identified, including balancing individual liberty with community protection and weighing the least restrictive means. • During the after-action and policy discussion, the Committee identified the need for improved communication among the state health department, local health departments, hospitals, and corrections. • Members raised concerns about how substance use disorder (SUD) may impair cognition and the ability to make informed decisions. They questioned at what point impaired capacity affects ethical analysis under the principle of respect for individual interests. No formal cognitive assessment had been conducted in this case. The committee agreed that even if capacity is impaired, the duty to protect the public remains. • The possibility of drafting a letter on behalf of Board of Health to the state prior to the March 20 meeting of the Director with the State was discussed. • The Director will develop recommended bullet points for Board consideration.
Recommendations for New Policies and New Training	• The Committee reviewed the ethical framework, including the principles of utility (public good), justice, respect for individual interests, respect for institutions, and relational solidarity. The discussion emphasized the importance of not assuming that decisions are obvious and the need to formally analyze ethical principles before recommending action. • Policy amendments were proposed to the Ethical Analysis Framework to include individual-level factors in decision-making. • A checklist was suggested to quickly consider aspects such as decision-making capacity, cognitive impairment, substance use, underlying medical conditions, physical and mental health needs, spiritual beliefs, and other barriers to compliance. The Committee emphasized that this checklist should not delay urgent public health action and should apply only to cases involving individuals, rather than broad population-level decisions. • Communication and coordination issues were also discussed.

Action Items	• The department will create a recommendation document to present at the next Board of Health (BOH) meeting, with the option to send the accompanying letter to the state before the March 20 after-action meeting. • The Ethics Policy will be amended and circulated to members for review. The amendment will include a checklist addressing decision-making capacity, cognitive impairment, medical and physical needs, and spiritual preferences, without changing overall goals. • New BOH member will receive the Ethics Committee document prior to the meeting. • The letter for BOH endorsement will note at least two additional exposures, one death, and delays in public messaging. • The Committee also recommended including the Ethics Committee framework in orientation for new Board members.