Ethical Dilemmas Due to COVID-19

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Conflict of Interest

Governor, ACP Wisconsin Chapter

Vice-Chair, Ethics, Professionalism, and Human Rights Committee (ACP)

Past President, Wisconsin Medical Society

Regional Medical Director, Aspirus Medical Group

Chief Medical Officer, Aspirus Langlade Hospital

Views and Opinions are my own and are not reflective of any of these entities
How is this pandemic situation different?

Large areas across the globe simultaneously affected and rapid spread

Lack of information about virus

Lack of appropriate and adequate testing

Lack of Personal Protective Equipment

Lack of treatment options

Lack of vaccine to prevent illness

Inundation of multiple hospitals in a geographical area simultaneously

Extraordinary demand on healthcare institutions and healthcare providers worldwide
Ethical Challenges for Physicians

Making decisions regarding allocation of hospital beds

Triaging patients for scarce ICU beds and ventilators,

Adopting universal DNR orders for COVID-19 positive patients

Withdrawal of life support

Limiting family/caregiver visits

Providing appropriate personal protective equipment to staff and visitors
Ethical Questions for Physicians

Transfer to Tertiary Care Centers- what are the drivers/ reasons?

To minimize your personal risk?

Financially driven by the employer or healthcare system if you are employed?

Truly a patient centered decision?

What if the intensivist refuses the transfer?

Is the Intensivist morally and ethically justified in denying the transfer as the outcome may not change with higher level of care?
Ethical Questions for Physicians

If a hospital adopts universal DNR for COVID-19 patients, is it violating the patients’ rights?

What about advocating for/ requiring advance directives on initial presentation?

Should hospitals have policies in place that have been vetted by the ethics committee, physicians, administration, and clergy/spiritual leaders?

Institution-wide policies to address allocation of ICU beds, ventilators, medications, and COVID-19 vaccine to provide for equitable allocation of these scarce and life-sustaining resources.
Resources

ACP Ethics Manual 7th Edition
Resource Allocation
https://www.acpjournals.org/doi/10.7326/M18-2160?&_ga=2.77680468.194577377.1627702881-567890992.1627702881#_i57

AMA Code of Medical Ethics
Allocating Limited Health Care Resources
https://www.ama-assn.org/delivering-care/ethics/allocating-limited-health-care-resources

The Physician Charter
https://abimfoundation.org/what-we-do/physician-charter
Triage Protocols

Purpose: to help guide the allocation of limited patient care resources during a pandemic or other public health emergency, when demand for services greatly exceeds supply.

Framework: prioritize delivery of care to patients for whom
- treatment would most likely be lifesaving
- whose functional outcome would most likely improve with treatment.

These protocols ensure that certain patients are given priority over
- those who would likely die even with treatment and
- those who would likely survive without treatment.
Triage Protocols- Principles

Beneficence: This ethical principle implies that all actions are intended to benefit the patients.

Usually considered in an individual context.

During pandemics/disasters- consider the individual in a public health context

Beneficence must balance between the individual and the group of affected individuals.
Caring for the Individual Patient
Creates a conflict of interest for the physician faced with choosing between his/her commitment to the well-being of the individual patient and the duty to carry out triage policies that serve the welfare of the larger community.

Stewardship of Health Care Resources
While meeting the needs of individual patients, physicians are required to provide health care that is based on the wise and cost-effective management of limited clinical resources. (The Physician Charter)
Triage Protocols - Principles

Equitable Distribution of Health Care Resources

To abide by principles of medical ethics and professionalism and to be accepted by the general community, an allocation scheme must be, and must be perceived to be, fair.

- **Fairness** requires that differences in treatment be based upon relevant differences among patients and that the same rules apply to all.

**Justice**: defined as “fair, equitable, and appropriate treatment in light of what is due or owed to persons” (Principles of Biomedical Ethics).

  - Distributive justice “refers to fair, equitable, and appropriate distribution determined by justified norms that structure the terms of social cooperation”.
  - The principle of distributive justice would apply during a pandemic/disaster to healthcare services and equipment.
Criteria not to be considered

Race

Gender

Religious affiliation

Socioeconomic status

Social utility - that one person's life has greater social value than another's

Allocation based upon "first come, first served"

Age
Triage Protocols considerations

Fidelity to the patient
Effective use of available resources
Fairness
Social justice
Transparency
Community engagement
Components of the Triage Protocols

1. Formation of a Pandemic Triage Committee
2. Phased allocation of resources
3. Clinical evaluation: Pandemic triage
4. Checklist of clinical progress
5. Palliative care protocol
6. Appeals process
7. Early family involvement
Implementing the protocols

(1) consistent application of guidelines, treating all cases alike and minimizing individual interpretation

(2) impartiality and neutrality of decision-makers

(3) incorporation of current accepted medical practice criteria

(4) respect and dignity in the treatment of all patients

(5) allowance of an appeal process

(6) transparency of the criteria/guidelines

(7) a dynamic process that encourages constant review of practices and allows for adaptation as warranted by new information or technology.
Applying the protocols - Timing

Shortage of Hospital Beds

Shortage of Ventilators

Rationing of supplies due to shortages

Rationing of limited tests

Staff shortages due to sickness/ fear of disease
Pandemic Triage Committee

Physicians
Nurses
Respiratory services
Critical Care services
Emergency care services
Infectious disease
Ethics personnel
Pastoral care/ Spiritual care services
Local/ County Health services
Community members (Hospital Board, local politicians)
Role of the Pandemic Triage Committee

The Pandemic Triage Committee serves two important functions:

1. It serves as a neutral and unbiased/impartial entity that is the advisory/supervising body when a healthcare center is faced with the difficult decision of allocating limited resources.

2. The committee would use the latest advances in medical care delivery and in the context of local, state and national public health and governmental decisions to recommend changes to the triage protocols at that institution based on the updated data.
Pandemic Triage Protocol

3 Levels based on severity of crisis

1. Pandemic is prevalent, but your resources are adequate

2. Pandemic is prevalent, and your resources are being maxed out/exhausted

3. There is a pandemic in the community and your resources are overwhelmed
Triage Protocols

At each level your protocol should include

1. Inclusion criteria

2. Exclusion criteria

3. Objective Scoring criteria to triage patients
Exclusion Criteria

1. Patients presenting with severe disease with poor prognosis and/or high mortality despite aggressive critical care treatment;

2. Patients with overwhelming care requirements that will exhaust the ability of the critical care unit during a pandemic situation

3. Patients with pre-existing, advanced medical illnesses with a poor prognosis and high short-term mortality despite the current, severe illness requiring critical care

4. Patients who will recover without significant interventions
Our Timetable

March 10 2020- the decision was made to start system wide planning

March 15 2020- we started our discussions

Enlisted physicians, Ethicists, Spiritual care personnel, Infectious Disease, Hospitalists, Emergency Room staff

We worked simultaneously with our preparations for outpatient and inpatient services

March 24th – we had our protocols in place.

Hospitals became busy in late September- October

We were prepared
Vaccine-related Ethical Considerations

Prioritizing the groups- Healthcare workers, High Risk Patients, Long-term Care Facility residents, Emergency Responders, Essential Workers, General population

Medical students, families of healthcare workers?

Favoritism, political, and financial influence

What about incarcerated individuals?

Can we mandate vaccines?
Vaccine-related Ethical Considerations

Ethics of continued research into new vaccine when effective vaccines are available

Is it justified for research subjects to not receive the current vaccine?

Is it justified if the researchers prove that the new product is superior to the current vaccine?

Will such trials be conducted in disadvantaged populations?

What if the Pharma and researchers compensate the research subjects, or share the financial gains from the new vaccine with those countries/communities?
Summary

The COVID-19 pandemic of 2020 is new/unique, but the ethical dilemmas we face are nothing new.

The medical profession has faced the Influenza pandemics of 1918, 1957, 1968, 1976, and 1977, the HIV/AIDS in the 1980s-1990s, the SARS of 2003, and MERS in 2015

Prioritization does not mean discrimination

Responsibility to individual patient, but also responsibility to community/society
Summary

Whatever the situation – rely on the longstanding principles of medical ethics to guide us as individual physicians and healthcare workers, healthcare institutions, and society at large. You will not go wrong.

The principles of Justice, Equity, Fidelity to patients, and duty to care for all patients should guide our profession.

Do not discriminate against a particular category or patient based on age, gender, race, ethnicity, sexual orientation, socioeconomic status, or disability.

Circumstances might change, but not our guiding principles.
References

Rationing of Resources: Ethical Issues in Disasters and Epidemic Situations

The Physician Charter
https://abimfoundation.org/what-we-do/physician-charter

Allocating Limited Health Care Resources
AMA Code of Medical Ethics
https://www.ama-assn.org/delivering-care/ethics/allocation-limited-health-care-resources
References

ACP Ethics Manual Seventh Edition

Ethical Challenges Arising in the COVID-19 Pandemic: An Overview from the Association of Bioethics Program Directors (ABPD) Task Force
The American Journal of Bioethics

Utah Pandemic Influenza Hospital and ICU Triage Guidelines