

Medical Grand Rounds: The Changing Ethical Landscape in the Setting of COVID19

Dan Matlock, MD, MPH

Associate Professor of Medicine

University of Colorado School of Medicine, Denver, USA

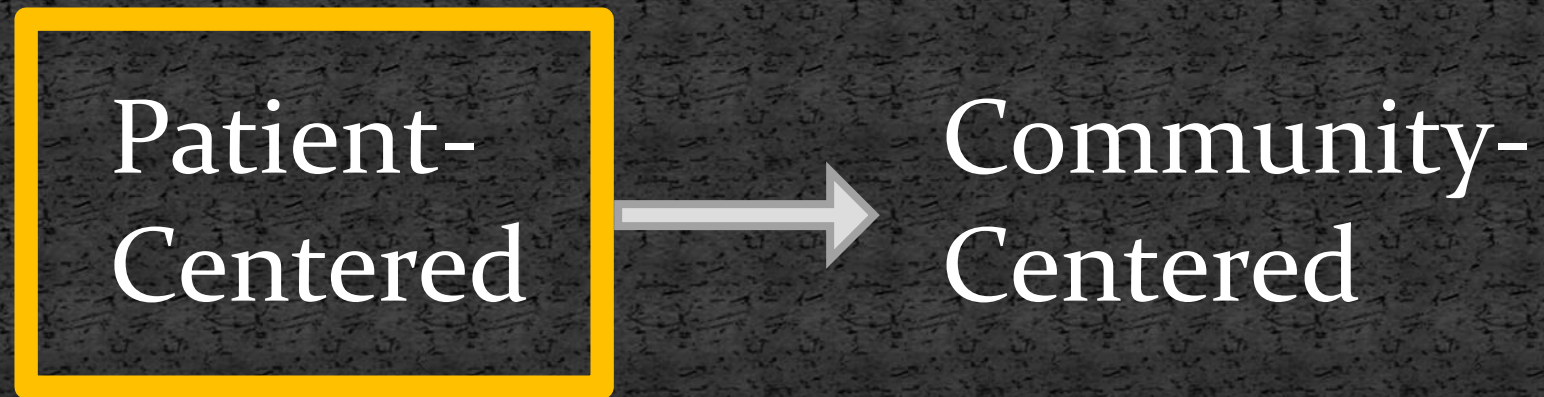
Shifting Ethical Frame in Scarcity

Patient-
Centered



Community-
Centered

Shifting Ethical Frame in Scarcity



Court Precedence:

- **Karen Quinlan:** (PVS) – 1976 – NJ Supreme Court ruled in the favor of her parents and she was taken off life support (ventilator), but artificial nutrition continued for 9 more years.



Nancy Cruzan: (PVS)-1990- (Missouri)
U.S. Supreme Court decision
"The administration of ANH without consent
is an intrusion on personal liberty."

Patient Self-Determination Act 1990

- Patients are given written notice upon admission to the health care facility of their decision-making rights, and policies regarding advance directives:
 - The right to facilitate their own health care decisions
 - The right to accept or refuse medical treatment
 - The right to make an advance health care directive
- Facilities must ask if the patient has an advance directive
- Facilities must provide education to their staff about advance directives
- Health care providers may not discriminate based advance directives

Patients want to talk about this

- Of 105 patients with severe COPD
 - 94% had opinions about intubation
 - 99% wanted to discuss with their physician
 - 19% had discussed with their physician
 - 14% thought their physician understood their wishes

Did You Know?

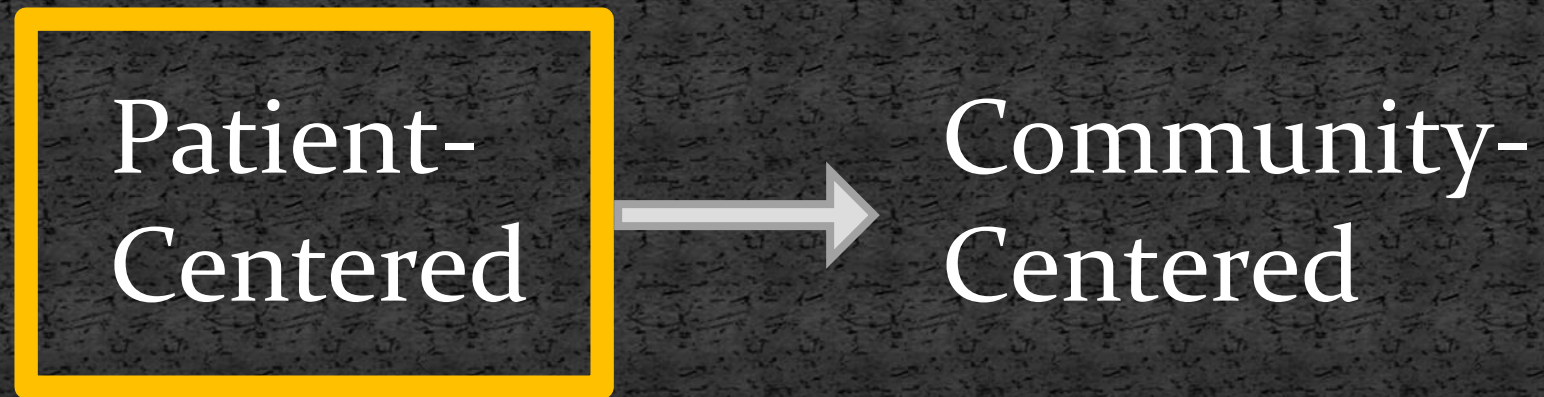


3 out of 4 doctors whose patients had advance directives were not aware the documents existed.

U.S. Agency for Healthcare Research and Quality, 2003



Shifting Ethical Frame in Scarcity



Shifting Ethical Frame in Scarcity

Patient-
Centered



Community-
Centered

Substantive Principles: Ethical norms to guide decisions

Fairness	<ul style="list-style-type: none">● Seek fair allocation of resources, fair distribution of benefits and burdens● Give special attention to vulnerable communities more likely to suffer excess harm in disasters● Ensure fairness of decision making processes (below); some unequal outcomes inevitable
Duty	<ul style="list-style-type: none">● Accept the professional duty to treat, even at some risk to oneself● Promote respect for the dying, treat them as you would wish to be treated● Deliver best care possible given available resources
Leadership	<ul style="list-style-type: none">● Recognize the role of leader involves stewardship of shared resources, which may be very limited● Make decisions with input from others, don't make difficult ethical decisions alone● Promote respect for responders and other professionals, who are working under extreme stress
Proportionality	<ul style="list-style-type: none">● Ensure good situational awareness before making triage or other rationing decisions● Restrictions of liberty should be commensurate with expected benefits● Use best-available data to assess benefits and harms
Protection	<ul style="list-style-type: none">● Strive to maintain social order during the disaster, role model civility and mutual respect● Seek continuation of good society after the disaster, recovery starts with preparation and response● Minimize economic impact of the disaster, use best-available data about short and long-term costs

Matthew Wynia, MD, MPH

Procedural Principles: Ethical processes to follow when making decisions

Inclusion	<ul style="list-style-type: none">● Engage affected stakeholders in both planning and response to the extent possible given the circumstances● Update and share knowledge with relevant stakeholders as the situation evolves
Transparency	<ul style="list-style-type: none">● Develop and share principles for guiding difficult decisions with all stakeholders, both before and during disaster● Openly acknowledge that autonomy, ownership of resources, and fidelity in the patient-professional relationship are often less dominant (but still not ignored) values during catastrophic disasters
Consistency	<ul style="list-style-type: none">● Use the same decision process over time when possible; the information used in decision making will evolve● Like circumstances should be treated alike, while differences are respected and integrated in decisions only when relevant
Accountability	<ul style="list-style-type: none">● Optimize due process, use formal notice of decisions and provide opportunities to voice objections to a neutral arbiter● Be clear about who is responsible for making specific decisions● Balance accountability with compassion for those forced to make heart-wrenching decisions

Matthew Wynia, MD, MPH

How are conversations different?

- How do we compassionately and respectfully ask people about decisions that are really tough, like whether they would willingly give up a chance at being on a ventilator if there were an absolute shortage?

Information for patients and families

Life Support During the COVID-19 Pandemic

This is an unusual time, with very large numbers of very sick people right now. Some people are getting so sick that they need a life support machine (like a ventilator or breathing machine – see picture).

Because of the current pandemic, there might not be enough life support machines for everyone who needs them. Hopefully, this does not happen.

In this very difficult time, it's really important to be clear about your values and main concerns for your health care.

How would decisions about who gets a life support machine be made?

If there is a shortage, a team of doctors and nurses will review all cases of patients who need life support machines. This team will make tough decisions based on the best medical information available. The team will not be given information about patient race, ethnicity, religion, insurance or other unrelated things.

What are my choices?

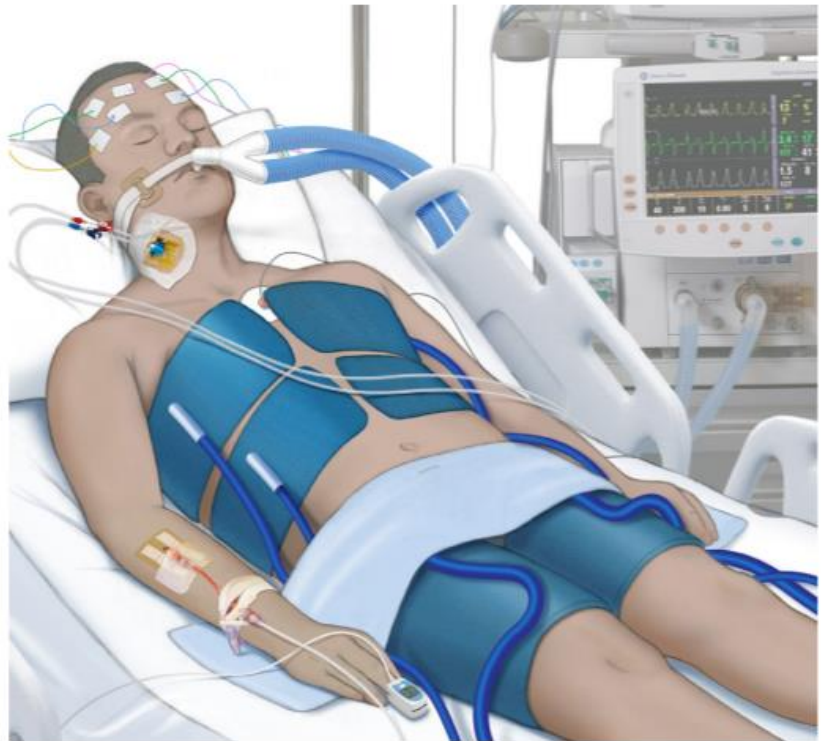


Image used with permission from David Rini

If you become sick enough to need a life support machine, what would you want?

- ☐ I **want** to be on a life support machine, if a machine is available.
- ☐ I want one **if it is available**, but first consider others who may be more likely to survive. I understand this would mean that I am more likely to die.
- ☐ I **don't want one**, even if it is available. I understand this would mean that I am more likely to die.

Are you sure that your answer above says what you really want?

- ☐ Yes, I understand and my answer above says what I really want.
- ☐ No, I need to ask questions and talk to a doctor and my loved ones before I can be sure.

www.patientdecisionaid.org



- Tension:

- Wanting to give them an opportunity to state their wishes **versus** not wanting to coerce, guilt, or put too much decisional weight on the patient.

- Implementation:

- When to use?
 - Now, only in time of scarcity
 - In the ED, at admission?
- Who has time?