
Bioethics and it's applications during the COVID-19 pandemic

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Global Health
Emergency Medicine

This session will be recorded

- We are recording this Zoom session so that it can be watched again at your convenience, and so that we can share it with your colleagues who were not able to join us today.
- If you would prefer that this recording **not** be shared with your EM colleagues, please email amcknight@ghem.ca within 24 hours of the session.
- We will share the presentation slides and other materials (journal articles, etc.) by email; you will have access to all materials regardless of whether the recording is shared.



Please also note:

- The information in this presentation and the video recording is up to date as of the date it was recorded (June 19, 2020).
- It has not been updated to include any subsequent advances in practice, and the information presented in this video does not replace hospital, health centre, or governmental guidelines.



Creating a safe space

- Respectful disagreement
- Critique the idea not the person
- It's important to discuss all options (even the "bad" one so we can critique them)
- Listen and learn from each other



Objectives

- ❑ Differentiate between an ordinary dilemma and an ethical dilemma
- ❑ Recognize the role of ethics in planning for and delivering care during COVID-19
- ❑ Discuss common ethical dilemmas arising from the global COVID-19 pandemic
- ❑ Explore an approach to working through ethical dilemmas



The reality of the COVID-19 pandemic

- Health care systems are reaching their limits and being asked to go beyond their capacity to handle the influx of patients
- Global scarcity of resources needed to address the pandemic (PPE, ventilators, medications etc)



Pandemic standard of care

Usual Care

- What's best for this one patient?
- Provide the best care based on evidence
- Use whatever resources needed to save the sickest patients
- Medical model of decision-making predominant

Pandemic Care

- What's best for the most patients
- Evidence for “the best care” continue to evolve
- Distribute resources to save as many patients as possible
- Ethical models of decision making increasingly important



What is ethics?

- How we understand what is “right” and “wrong”
- Or what is “just” and “unjust”
- How can we make “fair” decisions that maximize benefit and minimize harm

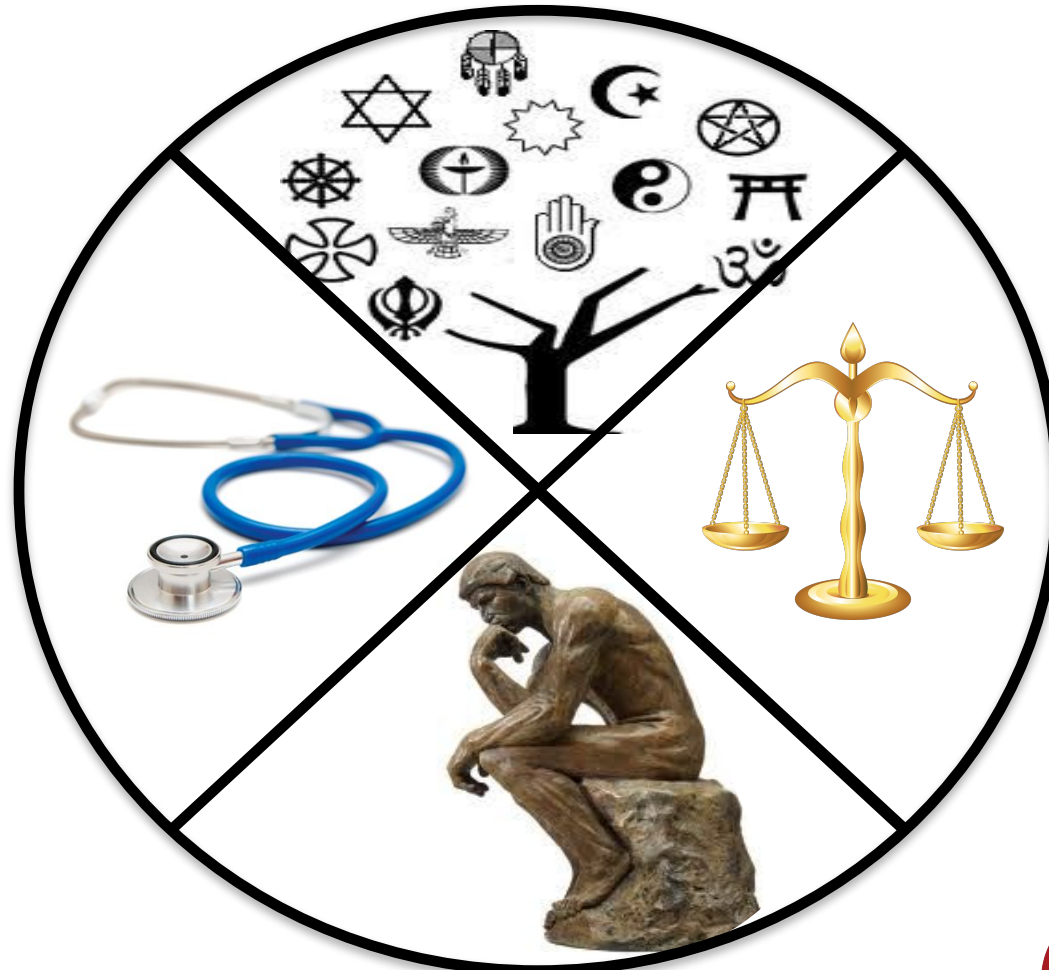


Bioethics – blending 4 practices

Faith and Cultural beliefs

Medicine

Law

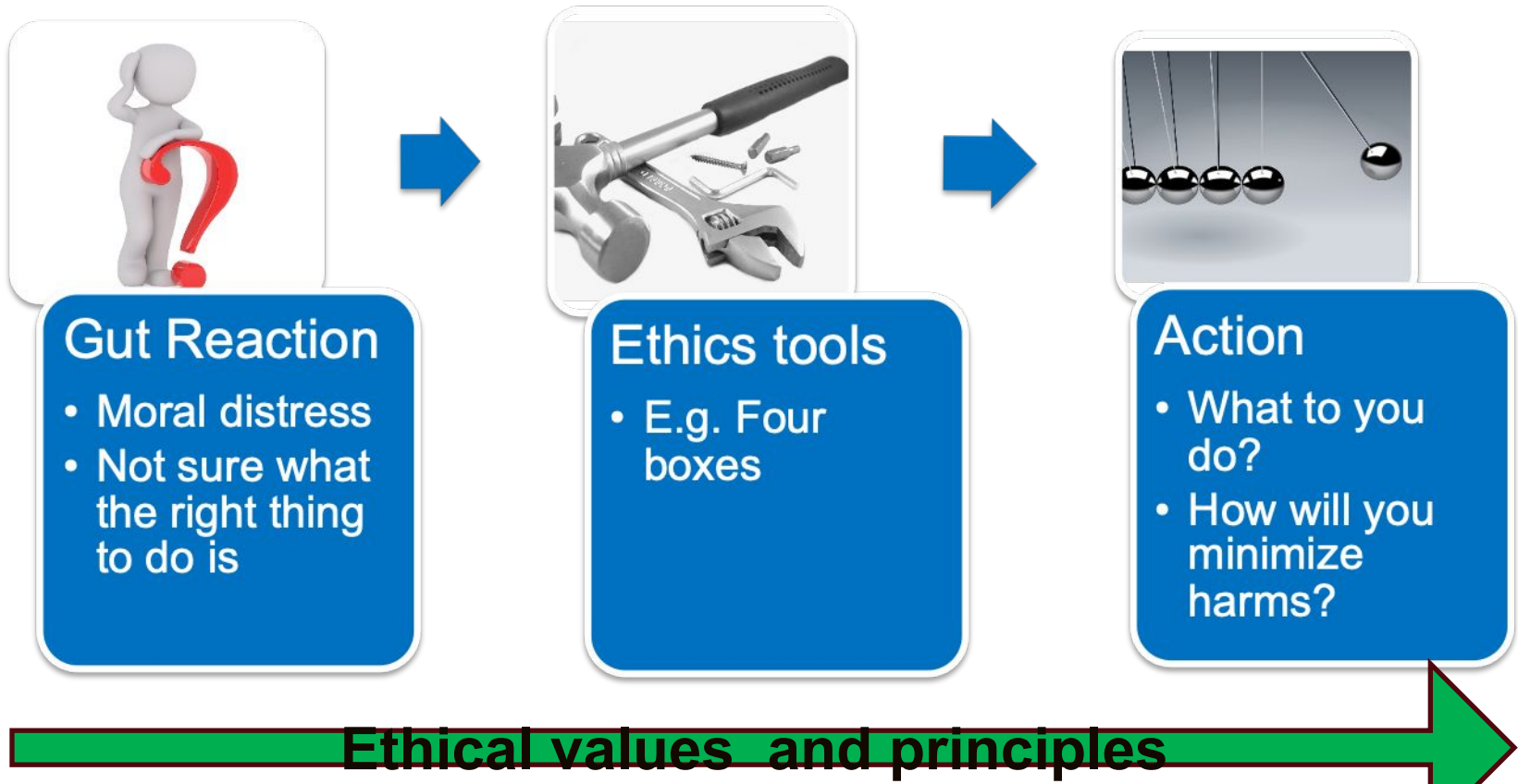


Philosophy



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What can ethics add to your practice?



What makes something an ethical dilemma?

- **Service delivery or organizational problem**
 - How will you divide the ER to try and keep COVID and non-COVID patients apart
 - Where will the patients be screened and who will screen them for COVID symptoms

** Ethics not involved

** Solutions are often practical



What makes something an ethical dilemma?

□ Ordinary Dilemma

- You have two choices of medications to treat an illness, both have bad but different side effects

** Decisions can be difficult

** But the dilemma does not involve ethical values and principles



What makes something an ethical dilemma?

□ Ethical Dilemma

- There is only one ventilator left and two patients who would benefit from it. Who will get the ventilator

** Conflicting beliefs values, responsibilities pull us in different directions

** Trying to do the most good and the least harm



What have we learned so far:

3 Key Ethical Issues

- The limits of duty to care – balancing professional and personal duties (risk of infection at work and bringing infection home)
- Resource Allocation – PPE, medications, ventilators
- Restriction of liberties – self-isolation, lockdown, no-visitor policies



Duty to Care



Why do we need ethics?

I'm just going to take a really long vacation and hope COVID-19 just goes away while I'm gone

I don't think that person with COVID-19 is going to survive...is it "ok" to see other patients instead?

I'm worried about my family – I'll take these masks home to protect them

My colleague is young and healthy – I'll leave all the COVID patients for her to see

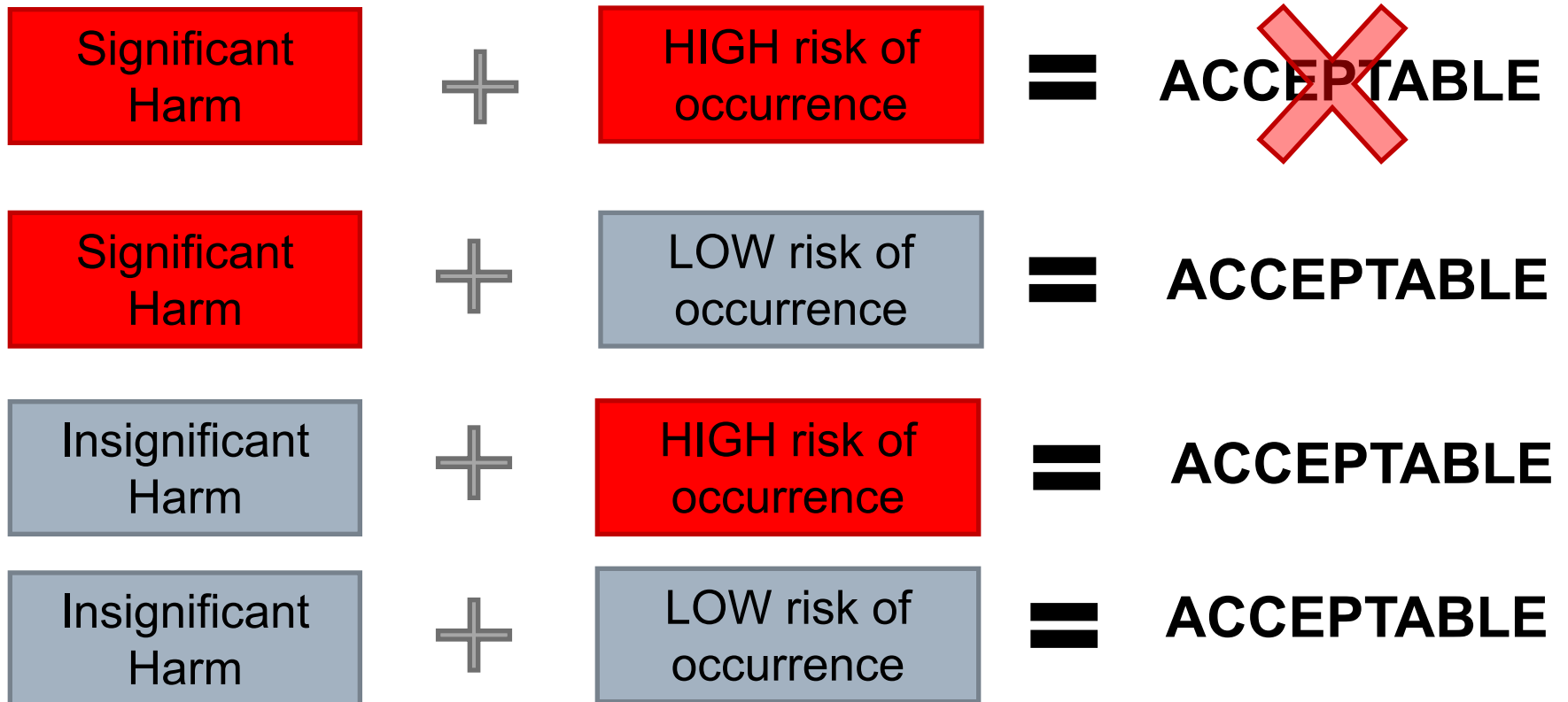


The anatomy of an Emergency Doctor

- A person with a life outside the hospital
- A healthcare provider with a duty of care to patients
- A member of a team with responsibilities within that team



Duty to Care and Risk Assessment



Doctor-patient and Doctor-community Relationships

Article 9: In the event of public danger, the doctor shall not abandon patients in her/his immediate care until all appropriate measures have been taken to secure the safety of the patients.

Article 13: The doctor is free to choose whom she/he will serve. The doctor should, however, respond to the best of her/his ability in case of emergency where first aid treatment is essential. While the doctor has the option of withdrawing from a case, she/he shall ascertain that:

- a. the patient or the relatives or responsible person are notified ahead of time.
- b. the patient will have adequate care
- c. a colleague will replace her/him
- d. all necessary information will be conveyed to the replacement.

Sources of Guidance

- Local hospital polices and rules
- Government polices and rules
- Ethiopian Medical Association
- WHO
- International ethics community



Resource Scarcity: Proportionality

- Preparing for scarcity, preservation
 - Rational, evidence based use,
 - avoid wastage, attempt to acquire more
 - Given to everyone who needs it
- Scarcity
 - Distributed guided by evidence
 - Allocation based on ethical principles



Ethical Principles to consider:

Equality

- Each person's interest should count equally unless there are good reasons that justify the differential prioritization of resources.
- Irrelevant characteristics of individuals, such as race, ethnicity, creed, ability or gender, should not serve arbitrarily as the basis for the differential allocation of resources.



Ethical Principles to consider:

Utility

- This principle can be used to justify the allocation of resources according to their capacity to do the most good or minimize the most harm, for example, using available resources to save the most lives possible



Transparency:

In a transparent process, the decisions and their justifications should be made public. This means that the population should be informed about the criteria guiding the decisions.

Inclusiveness:

Those affected by allocation decisions—including individuals, communities or countries—should be able to exert at least some influence over the decision-making process as well as the decision itself. This also means that decisions should be open to challenge and potentially revisable, perhaps through an appeal process.

Consistency:

Decisions should be consistent so that all persons in the same categories are treated in the same way. This means that favouritism towards one's own family, religious or political compatriots, or otherwise, is not appropriate. All forms of corruption that are at variance with this principle should be challenged and condemned.

Accountability:

Those making decisions about allocation must be accountable for those decisions—that is, they should justify their decisions and be held responsible for them.

Stewardship

- Inherent in stewardship are the notions of trust, ethical behaviour, and good decision-making.

How:

- Avoid and/or reduce collateral damage that may result from resource allocation decisions
- Protect and develop resources where possible
- Seek a balance between good outcomes (i.e. benefits to the public good) and equity (i.e., fair distribution of benefits & burdens)



Consider what actions we can take at the same time to reassure!

Communication goes a long way to maintain trust and prevent unnecessary panic

Trust

- Essential component of relationships
 - Clinician and patient
 - Staff and organization
 - Public and health care system
 - Between organizations
- E.g. resource allocation decisions may create feelings of betrayal (e.g. when access to needed care is denied) or as abandonment at a time of greatest need.



Approaching ethical dilemmas

- Define the ethical issues
- Identify everyone affected by it
- Determine what ethical values and principles are involved
- Look at many options to determine which option is the best (or least bad)
- Recognize that everyone will not be happy
- Be prepared to explain the decisions



Should visitors or family members be permitted to enter the hospital during COVID-19 pandemic?



The harms of allowing visitors in the hospital

- Increase risk of in hospital spread of COVID-19
 - Increased number of people in a small space makes physical distancing a challenge
 - Potential to bring COVID-19 into the hospital
- Potential to take COVID-19 out into the community
- Use PPE that is needed by hospital staff



The harms of preventing visitors in the hospital

- Visitors are caregivers and provide essential care to patients in hospital
- Increase the workload for nurses and doctors
- Patient outcomes may suffer if caregiver visitors are not permitted (harm to both COVID and non-COVID patients)



Other considerations:

- Equality – are all visitors equal? Can we justify allowing some visitors and not others?
- Consistency – if not all visitors are equal can they be grouped so that all in the same group are treated the same?
 - Eg. All parents of children under 5



Resource Allocation

- Utility (aiming for the best outcome for the most)
- Equality
- Prioritize the worst off
- Prioritize those tasked with helping others



Personal Protective Equipment



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Ventilators



Vaccine (when it's available)

