Thank You for Joining Us for Today’s Webinar

The program will begin at 1 p.m. ET.
The presentation is being recorded and will be emailed to you.

Catholic health care is on the front lines responding to the coronavirus outbreak in the United States. During this time, we pray for all those affected by the virus. CHA has created a webpage with information, prayers and resources from our members and other reliable sources related to COVID-19, available at:

www.chausa.org/coronavirus
Catholic Ethics and the Challenge of COVID-19: Part Two

Co-sponsored by Georgetown University

April 23, 2020

RATIONING CRITERIA AND VENTILATOR ELIGIBILITY

Daniel Sulmasy, MD, Ph.D., MACP

Pellegrino Center for Clinical Bioethics
Georgetown University

PREFERENTIAL TREATMENT FOR MEDICAL PERSONNEL AND FIRST RESPONDERS

Claudia Sotomayor, MD, D.Be.
David Miller, Ph.D.

Georgetown University Medical Center
Today’s Moderator

Nate Hibner, Ph.D.
Director, Ethics
The Catholic Health Association of the United States
Prayer for a Time of Pandemic

May we who are merely inconvenienced remember those whose lives are at stake.
   May we who have no risk factors remember those most vulnerable.
May we who have the luxury of working from home remember those who must choose between preserving their health or making their rent.
May we who have the flexibility to care for our children when their schools close remember those who have no options.
May we who have to cancel our trips remember those that have no safe place to go.
May we who are losing our margin money in the tumult of the economic market remember those who have no margin at all.

As fear grips our country, let us choose love. During this time when we cannot physically wrap our arms around each other, let us yet find ways to be the loving embrace of God to our neighbors. Amen.

~ Cameron Bellm
Our Featured Speakers

Daniel Sulmasy, MD, Ph.D., MACP
Professor of Biomedical Ethics and Acting Director, Kennedy Institute of Ethics, Georgetown University

Claudia Sotomayor, MD, D.Be.
Clinical Ethicist and Adjunct Assistant Professor
Pellegrino Center for Clinical Bioethics, Georgetown University Medical Center

David Miller, Ph.D.
Associate Director for Academic Programs and Administrator for the Center for Clinical Bioethics, Georgetown University Medical Center
The Ethics of Rationing Ventilators in the Face of an Overwhelming Surge of Patients with COVID-19

Daniel P. Sulmasy, MD, PhD
André Hellegers Professor of Biomedical Ethics
Departments of Medicine and Philosophy
Acting Director, Kennedy Institute of Ethics
Faculty, Pellegrino Center
Georgetown University
A fundamental premise

• Circumstances do not dictate our ethical principles
• We apply our ethical principles to whatever circumstances we encounter
• And when the circumstances are extraordinary, we need our ethical principles even more than we did before
• *Not*, “This pandemic is changing everything.”
In ordinary circumstances, the most salient principles of medical ethics are

- **Duty to benefit patients**
  - Corollary: do not harm them
  - Corollary: do not do what does not benefit them

- **Duty to respect patients as persons**
  - Corollary: show appropriate respect for them as moral agents
In extraordinary circumstances of overwhelming need and scarce resources, two other principles come to the foreground:

• **Solidarity**
  - Respect for the common good
    - Not just the sum of the individual good but an
    - Integral sense of the common good:
      - The good of the whole partly determines each individual’s good

• **Justice**
  - Equity
    - All persons are treated as equal on the basis of their humanity alone
  - Fairness
    - Procedures for distributing burdens and benefits are:
      - Reasonable
      - Objective
      - Transparent
      - Shared by/ applicable to all
All of these principles are at play in our response to the COVID-19 pandemic.
Virtues are also part of the ethics of being a health care professional

• We become professionals by having *professed* to care for our patients in the swearing of our oaths

• The situation of illness gives patients no recourse but to trust us
What are some of those virtues?

• The cardinal virtues:
  • Practical Wisdom (*phronesis*)
  • Fortitude
  • Temperance
  • Justice

• Professional virtues:
  • Competence
  • Altruism
  • Fidelity to trust
  • Compassion
  • Humility
  • Integrity
The fight against COVID-19 will demand great virtue of us all
Ethical mandate to avoid rationing

- **Respect for persons**: inquire about preferences for life sustaining treatments
- **Beneficence**: we do everything reasonable and possible to benefit patients
  - Try to increase the supply
  - Use alternatives almost as good to temporize
  - Transfer if necessary and possible (Perhaps acting as a health system)
  - Maybe be creative?
    - Sharing vents (Columbia, SUNY Upstate, Ohio State)
    - Using scuba masks (Italy)
Ethical rationing (if it is necessary) is based on

- Need
- Prognosis
- Effectiveness
Ethical rationing is not based on

• Individual characteristics not related to need, prognosis, and effectiveness
• To do otherwise is not to respect equal individual dignity
• We should decide whether the treatment is worthwhile, not whether the person is worth treating
• Age alone ought not be a criterion
  • No absolute age cutoffs
  • No Maximizing Life-Years or QALYs (biased against elderly & disabled)
  • Figures into estimates of effectiveness
• Disability alone ought not be a criterion
  • Neither physical nor intellectual
  • Could figure into prognosis or effectiveness
• Social worth ought not be a criterion
  • Not the rich over the poor
  • Not the educated over the less educated
Based in social solidarity & equal dignity

• Concern for the common good
• *Not* by pitting groups against each other
  • Wealthy, healthy, and young vs. the poor, disabled, and old
• But by equitably applying rules that apply to *all* persons
A Triage Protocol Based on Need/ Prognosis/ Effectiveness

• Do everything possible to avoid triage

• Triage trigger:
  • Government
  • Health system
  • Chief of intensive care
Need

• A normal clinical decision—this patient has medical need for a ventilator
  • standard decision to ask for a MICU consult
Instead of a MICU consult, Consult the Triage Team First

- Members: two to three
  - One clinical ethicist
  - One critical care physician not on service
- More than one so everyone is kept honest
- Separates the team treating patients from those excluding patients
- Reduces “moral distress” of clinicians
Prognosis

• If we are in a triage situation, patients who (to a reasonable degree of medical certainty) have a less than six-month life expectancy can be excluded.

• Justification:
  • Unlikely to survive to hospital discharge (ineffective)
  • Little chance of even short-term benefit

• For example:
  • Metastatic cancer refractory to treatment
  • End stage HFrEF—eg—Class IV symptoms, hyponatremia, hi BNP, EF < 20%
  • End stage COPD
  • End stage neuromuscular disease
  • End-stage dementia (bed-bound, unable to recognize loved ones or speak)
Effectiveness

• Have a need and are not terminally ill
• Scoring (would recommend APACHE II over SOFA)
  
  e.g., APACHE II Score > 35, excluded (mortality > 85% even outside COVID 19)

• Lowest score gets highest priority
“Tiebreakers”

• Not patient characteristics unrelated to need, prognosis, effectiveness
  • Age
  • Disability
  • Social worth
• Waiting list
• Clinical judgment about effectiveness
• Do not expect more precision and certainty than medicine actually permits
Anyone not ventilator eligible should be

- Informed
- Provided the best available alternative
- Offered a palliative care consult
Ethical mandate to care

• Again, ethics as usual
• Imperative to treat the symptoms and address the psychosocial and/or spiritual needs of all patients
• Palliative Care referrals
  • Anyone whose symptoms are refractory or difficult to manage
  • Anyone electing to forgo life-sustaining treatment
  • Anyone triaged to comfort care or best available alternative to ventilator
• Pastoral Care
  • Patients may have spiritual needs even if not physically symptomatic
But let’s hope (and pray) it does not come to rationing
Should Health Care Personnel Get Preferential Treatment During the COVID-19 Pandemic?
Objectives

1. To examine different arguments for and against the preferential treatment for healthcare personnel during a pandemic.

2. To consider possible distinctions between various secular and Catholic perspectives with respect to particular treatments.
Should health care personnel get preferential treatment during the COVID-19 pandemic?

YES  NO
1. If we are using a scoring system (such as SOFA or APACHE) to allocate resources, it might not seem reasonable to distinguish between medical personnel and other patients.
• Who should be considered health care personnel?

• Why is it relevant?
2. It might seem reasonable for health care providers to get priority in access to health care in a pandemic. After all, they justifiably receive priority for vaccines based on their increased risk due to clinical exposures and their potential role as vectors of disease.¹

3. It could be argued that giving priority to treating physicians and other health care providers will ensure that they are well enough to treat others during the pandemic.\(^1\)

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4. HCP have an inherent ethical obligation to treat patients during disasters. They are bound by a social contract.¹²


Should health care personnel get preferential treatment during the COVID-19 pandemic?

Yes, because it is a legitimate expectation based on an implicit social contract.

Yes, they should have access to prophylaxis and all treatments available for the common good, even in critical situations.

Yes and No. They should have access to prophylaxis and effective treatments available for the common good, but there should be no preferential treatment in critical situations (e.g., allocation of vents).

No, because they understood that they would be at greater risk when they entered the profession.
Under certain circumstances, medical personnel are entitled to, and deserving of, preferential treatment.
RESOURCES


Conclusions,

Questions

&

Discussion
Register for Upcoming Webinars in This Series

April 30
Part Three: Organizational Ethics and Ethical Issues

www.chausa.org/events/calendar-of-events

Topics for May sessions to be announced.
Thank You for Attending

An email will be sent with a recording of the webinar.

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