Objectives

The attendee will:

• Understand the fundamental aspects of healthcare ethics
• Be able to discuss the basis of ethical behavior
• Describe ethical issues that are currently present in the Covid-19 pandemic
• Be able to discuss the three concepts of distribution and utilization of resources in a pandemic
• Be aware of the recent revisions to the NATA Code of Ethics and be able to apply them in their professional practice.
• Be aware of the 2017 updates to the BOC Standards of Professional Practice for athletic trainers.
• Understand the importance of compliance with the state practice laws for their work setting.
• Be able to identify resources to find current information on compliance areas.
Fundamentals of Ethical Behavior in Healthcare

- Autonomy – to honor a patient’s rights to make their own decision as long as they are lawful and not harming others

- Justice – to be fair and treat cases alike
  - Dr. Martin Luther King “of all the forms of inequality, injustice in health care is the most shocking and inhumane”

- Beneficence – take active steps to promote good for the client/client support system

- Nonmaleficence –
  - “Above all, do no harm”
  - The ideal to not knowingly inflict harm to achieve the outcome
Basis of Ethical Behavior

- Moral Sensitivity – recognizing, interpreting, and framing ethical situations
- Moral Judgement – deciding on right vs. wrong actions
- Moral Motivation – prioritizing ethical values over other values
- Moral Courage – implementing the chosen ethical action
Moral Dilemma

“….a situation in which the existence of contradictory obligations results in the inability to avoid doing wrong”

Gillette’s 5 Categories of Disaster Ethics

- Allocations
- Liberty for Individuals
- Liberty for Providers
- Fairness
- Public Coordination

Considerations

- Ethical issues increase as a profession assumes more responsibilities within their scope of practice (Swisher, 2002).
- Ethical Roles, Responsibilities, and Obligations are the most common documented themes in ethics publications (Swisher, 2002).
- Moral dilemmas in healthcare exist when two good choices exist for the patient but the clinician can only do one (Nalette, 2010).
Ethical Issues in COVID-19

“Killing someone directly is never morally right, but sometimes, choosing someone to save and leaving another to die is” (Jaziri & Alnahdi, 2020)
Ethical Issues in Covid-19

- Exponential increases in COVID-19 cases
- Shortage of ventilators
- Shortage of materials
- Shortage of ICU beds
- Shortage of staff
Restrictions on treatment beneficence is not optional, but a necessary response to the devastating impacts of the Covid 19 pandemic.

Main ethical concern – how to systemically and ethically determine priorities.

Which Covid-19 patient to save, or attempt to save, when facing limited resources.
COVID - 19

- Statistics are useless – changes daily
- Highest number of cases are in the US (but we do emphasize testing) – Brazil is second
- Highest number of deaths are in the US
- Highest number of recovered patients is in the US
- Highest case-fatality rate is Italy (they have the second oldest population after Japan)
Factors Related to Fatality

- 1 in 7 COVID-19 patients complain of breathing problems with additional complications
- Frequently there are respiratory and additional vital systems failure
- Can lead to viral pneumonia becoming Acute Respiratory Distress Syndrome (ARDS) – fatality rate fluctuating from 27-45%
Factors Related to Fatality

- Gender – male patients (double the rate of females)
- Elderly patients over 80 years of age (Elderly are the most high-risk group of vulnerability)
- Comorbidities such as:
  - Diabetes
  - Hypertension
  - Cancer
  - Cardiovascular disease
  - Chronic respiratory diseases
Ethical Issue #1

• Two patients come into the ER:
  - an elderly patient comes in first, and then a younger, patient
  - both are in respiratory distress from COVID-19
• The principle of “first come, first serve” does not apply (If there is only one ventilator left, assigning it to the first patient brought into respiratory distress….if his changes of benefiting from the respiratory assist are low, would mean an unfair condemnation for all those who could come behind with a better life expectancy
• When medical resources are limited, it is necessary to ration them by orienting treatments to those most in need and who would benefit most
Three Concepts – Distribution and Utilization of Resources

• Allocation – the distribution of all medical facilities, devices, and resources regardless of the principle of scarcity

• Rationing – deals with the distribution of medical resources, while taking into account the availability and sufficiency of resources to satisfy patient’s needs

• Triage – used in healthcare to focus on decision-making about distribution and utilization
Concept of Medical Triage with COVID-19

- “First come, first serve” does not apply
- The priority has to be given to the patient having the highest “life expectancy”
- Owing to the large number of COVID-19 patients requiring ventilator support, healthcare professionals are facing a decision dilemma at higher occurrence and at quicker speed
- Justification rationing decision-making in one situation, may not be unjustified in another
- No treatment currently provides “assured recovery” or benefit for a COVID-19 patient
Prone Positioning Team

- Minimum of 5 people including airway doctor
- Team members to introduce themselves and state their role
- Airway doctor positioned at head end and responsible for coordinating procedure
- At least two other people either side of the patient, but more may be required depending on the size of the patient
- Additional staff allocated to the management of chest drains/ECMO cannulas if in situ

Images courtesy of Jamie Nguyen, NYU - Langone
- Patient should be laid flat with the bed in a neutral position, on a clean sheet with a slide sheet beneath.
- Arm closest to the ventilator is tucked underneath the buttock with the palm facing anteriorly (See diagram).
- Anterior ECG electrodes removed.
- Pillows if required, can be placed over the chest, iliac crests and knees. They should be placed strategically, according to the patient’s body habitus to reduce the pressure placed upon the abdomen.
Deliberate, Multi-step Process
An elderly COVID-19 patient is currently receiving ventilator treatment and their prognosis is not good. A younger patient with limited co-morbidities comes into the ER in acute respiratory distress. There are no free ventilators. Do you remove the elderly patient from the ventilator and give it to the younger patient?
Goal

- Maximize the total benefit and life expectancy in the COVID-19 pandemic
  - Removing a critical elderly patient from an ICU ventilator to give it to a younger patient is ethically justifiable (however, elderly patients must be previously informed that this is a possibility at admission)
What Ethical Values Guide Triage of COVID-19 Patients?

**Justice** – What is fair for the individual? What does that person deserve? What is that person entitled to expect?

**Distributive Justice** – the fairness, equity, and suitability of distribution determined by societal norms, which in turn derive their justification in the community structure.

**Principle of Formal Justice/Formal Equality** – does not delineate particular circumstances or situations, specifying when patients must be treated in the same manner.

**Material Principle of Justice** – identifies the substantive properties to be considered in determining distribution.
Principles of Distributive Justice Used in Medical Triage Decision Making

- to every patient an equal share
- to everyone in accordance with need
- to everyone in accordance with effort
- to everyone in accordance with free market conditions
- to everyone to maximize total utility

Beauchamp and Childress, 2009
Three Approaches to Distributing Resources Related to the Concept of Distributive Justice

Utilitarianism – tries to maximize total benefits and life expectancy (QALY’s)

Egalitarianism – highlights the moral equality between patients by delivering equal chance for equal need of healthcare beneficence

Prioritarianism – tries to give medical support/resources to the most compromised COVID-19 patients by providing them priority in compromised situations
Quality-Adjusted Life Years (QALYs)

- QALYs calculates the value of preventing COVID-19 deaths by assessing the cost-viability of clinical medication.
- The use of QALYs in rationing includes two stages:
  - choosing outcome metrics that adjust life-years for quality
  - distributing to maximize QALYs.
- The use of QALYs approach permits effectiveness’ evaluation between diseases and healthcare services:
  - the intensive care unit treatment of COVID-19 patient costs nearly $700 per QALY
  - the intensive care unit treatment of acute kidney failure costs around $40 per QALY
Health Policies Have to Optimize the Utilization of the Mobilized COVID-19 Support Resources

- Public uncertainty of general policies including cost strategies has made the usage of QALYs and cost-effectiveness analysis an ethical dilemma.

- Canadian health policy changes as a result of the distribution of COVID-19 fatalities and total gained quality-adjusted life years by age group.
Recommendations to Overcome COVID-19 Ethical Dilemmas

- Maximization of total benefit and life expectancy:
- Prioritization of health professionals:
- Do not apply “first-come, first served” principle
- Reactivity to contingency
- Practice the same ethical principles to all patients even those non COVID-19
Thank You!!

For all you do for our:
- Communities
- Families
- Profession
- Association
References


