

Ethics and Care of the COVID-19 ICU Patient



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Disclosures



Eduardo Martinez DuBouchet, M.D., indicated that he has no relevant financial relationships with commercial interest companies, and he will not include off-label or unapproved product usage in his presentation or discussion.

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Objectives



- Discuss factors used to identify patients for ethical allocation of scarce resources
- Review local and national positions on ethical resource allocation strategies
- Describe our team roles for our systemwide resource allocation plan



Ethical Frameworks

- **Principle of Justice**- Protect vulnerable populations and provide fair allocation of resources
- **Principle of Nonmaleficence**- Do no Harm
- **Virtue Based- Compassion and Caring**- Empathy and consideration of the patient's plight
- **Virtue Based- Prudence, Intellectual Honesty**- Deliberating and discerning alternatives in situations of uncertainty and stress, knowing when you do not know
- **Caring Based**- Assuming responsibility for patients by performing actions that meet their needs
- **Respect for Personhood**- Treatment must reflect the inherent dignity of every person regardless of age, debility, dependence, race and creed.

Distributive Justice

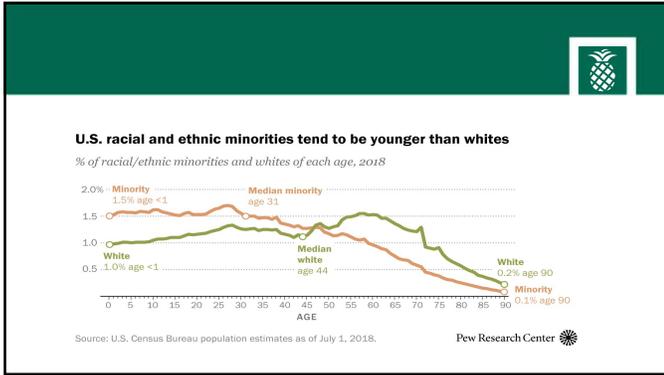


- Needs of others may conflict with patient autonomy
- "Physicians have a responsibility to practice effective and efficient health care and to use health care resources responsibly" Snyder L, ACP Ethics Manual. 6th ed.

Equity- Quality of Being Fair or Impartial



- COVID-19 has inequitable spread
- Racial and ethnic minority groups have increased risks of infection and death
- Among those aged 45-54, for example, Black and Hispanic/Latino death rates are at least six times higher than for whites
- Mindful on the architectural plan for care delivery approaches



- ### Social Determinants
- Less access to healthcare
 - Greater comorbid conditions
 - Occupations and living arrangements less amenable to social distancing
 - Geography

Cultural Bias

- Also known as implicit bias or implicit social cognition, this bias attributes the traits and behaviors of an individual to a larger group of people. Implicit bias creates attitudes or stereotypes that can affect or influence our decisions in an unconscious way. This unconscious bias affects many people because they are unaware of the origins of their baseline of thinking.



- Early message was to “stay home”
- Access to Telehealth could be free
- Smart phone and WiFi access
- Fear of low vaccine acceptance due to lack of trust in authority may propagate disparity

Ethical Duties of Healthcare Leaders 

- Duty to Plan- foreseeable ethical challenges
- Duty to Safeguard- occupational harms, vulnerable populations
- Duty to Guide- contingencies for staff, space and so forth

Ethical Values for Rationing in Pandemics 

- Maximize benefit (lives or life years)
- Treat people equally (randomization)
- Rewarding instrumental value
- Prioritize worst off (sickest, most to lose, at highest risk)

Priority



- Sick- could recover if treated (ICU)
- Unlikely to recover if treated (may reallocate in contingency)
- Likely to recover without treatment (RPM, Bam)

Transparency and Consistency



- All efforts should be exhausted
- Government duty to prevent scarcity (state reporting)
- Duty for geographic health systems to avoid disparity

Scarce Interventions



- Prioritization guidelines should differ by intervention and should respond to changing scientific evidence.
- Treatments may produce the most benefit if preferentially allocated to patients who would fare badly on ventilation

Baricitinib Example (NIH Guidelines)



December 14, 2020

[The COVID-19 Treatment Guidelines Panel's Statement on the Emergency Use Authorization of Baricitinib for the Treatment of COVID-19](#)

On November 19, 2020, the Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for the use of baricitinib in combination with remdesivir in hospitalized adults and children aged ≥2 years with COVID-19 who require supplemental oxygen, invasive mechanical ventilation, or extracorporeal membrane oxygenation. After reviewing the available evidence for baricitinib, the panel has determined the following:

- There are insufficient data for the panel to recommend either for or against the use of baricitinib in combination with remdesivir for the treatment of COVID-19 in hospitalized patients in cases where corticosteroids can be used instead.
- In the rare circumstances where corticosteroids cannot be used, the panel recommends using baricitinib in combination with remdesivir for the treatment of COVID-19 in hospitalized, nonintubated patients who require oxygen supplementation (**BIIa**).
- The panel **recommends against** the use of baricitinib in the absence of remdesivir, except in a clinical trial (**AIII**).



- There are insufficient data for the panel to recommend either for or against the use of baricitinib in combination with corticosteroids for the treatment of COVID-19. Since both agents are potent immunosuppressants, there is potential for an additive risk of infection.
- More data are needed to clarify the role of baricitinib in the management of COVID-19. Healthcare providers are encouraged to discuss participation in baricitinib clinical trials with their patients.

Withholding or Withdrawing



- Most common sudden cause of death in ICU regarding CPR or ventilation
- Ethical and legal obligation on patient's request or that of a LDM in an incapacitated patient with an end stage or terminal condition, if made in accordance with or the best substituted judgment of patient's wishes

Unilateral Withholding or Withdrawal



- Allowed in some states for determined futility

COVID, CPR, and Futility



- Risks to caregivers (occupational exposure)
- Moral distress of perceived futility
- Is there beneficence? Initially unknown

In-hospital Cardiac Arrest in Critically Ill Patients with COVID-19: Multicenter Cohort Study



- 68 geographically diverse U.S. hospitals
- 5,019 critical COVID-19 patients 701 of whom had cardiac arrest (400/701 received CPR)



- 48 survived to discharge
- 28 had normal or mildly impaired neurologic function
- 7% of those who received CPR

- These post-arrest outcomes are similar for sepsis and ARDS



**TRIAGE AND THE ALLOCATION OF ICU RESOURCES
DURING CATASTROPHIC EVENTS**
 Recommendations of the
 Task Force of the Systemwide Adult Critical Care Committee
 Baptist Health South Florida



**Unilateral Withholding
or Withdrawal**

- Removal for Reallocation is fraught with distress to families and care givers as it does not meet usual criteria
- Announcing the possibility of a contingency and Palliative involvement is necessary
- Safeguarding care givers is also paramount should this come to pass

System Tools (Red Cap) 

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