MORAL Balance Analysis 1
Restricting the mobility of patients without capacity

What is the medical decision you are trying to make?

Dear UKCEN members,

Forgive me for contacting you out of the blue; I have your contact details as Trust ethics committee Chairs. An ethical dilemma has arisen which is likely to be/become a national issue, and I'd be grateful for your thoughts on this, perhaps with a view to developing an agreed framework to approach this.

To summarise:
The ethical dilemma is related to wandering older patients, who do so because of delirium/dementia or severe psychosis. In the current circumstances this risks spread of C19 either from or to these patients. Spread of infection is usually managed by allocating staff to do so, however this carries risk of infecting staff and this will add to the inevitable reduction in staff available as time goes on.

The ethical question is whether it would be ethical to sedate such patients. On one hand it protects them and others from infection and may preserve staffing to look after them, but on the other it may increase respiratory risks with C19 and risks of falls.

"In the community hospitals we have an elderly cohort of patients who will experience delirium. The same will occur in the Older adult MH wards and parallels will occur in the MH wards with psychotic patients. The challenge is that these patients wander. Where they are not COVID +ve they risk catching this from others though when they are COVID +ve they risk spreading this to others. We mitigate this in physical health wards by having staff specifically identified to manage them though in the context of COVID 19 the prolonged exposure raises significantly the chance of risk to the staff member. The stark reality is that we will not have the staff to do this either with increased risks of falls and cross infection.

Having discussed this with Elderly care medical staff we feel the only alternative is that these patients are sedated. However this also brings risk as the respiratory depression may in itself cause further risk associated with COVID pneumonia and further risks of falls with injury. The risks of death in this group are significant in any case though likely to be increased through this intervention.

This will be a national problem also and we would very much welcome a steer from colleagues across the system about the management of such a scenario."

One to one nursing would be used to settle both agitated and potentially aggressive patients as well as those wandering. Those patients that would usually wander are likely to get more agitated when being obliged to comply with infection control measures too. Staffing shortages and infection control measures needed are likely going to make these patients increasingly difficult to manage. Sedating them would be a potential way of managing them but would not fit with our usual practice and risks respiratory compromise and falls as already stated.

Make sure of the Facts

Outline the facts of the case and decision in question (e.g. diagnosis, prognosis, comorbidities, frailty, all treatment options, verbal or written statements, resources). Include degree of uncertainty if present.

- COVID-19 worldwide pandemic.
- Case numbers rising rapidly in UK – though some regional variation (London and South England worse)
- Spain and Italy are seeing collapse of their healthcare system
- Self-isolation a UK government directive in over 70s.
- Rest of population encouraged to minimise social contact unless essential.
- In Italy nearly 10% of the infections are in health care workers. Hospitals are not a safe place to avoid COVID-19.
- In Italy case fatality rate > 90 years = 23%, 80-89 = 21%, 70-79 = 13%, 60-69 = 3.9%

- Elderly patients with dementia and others with MH who lack capacity will wander
- Sedation can reduce this. Heavy sedation will stop wandering.
- Sedation can reduce cough and lead to respiratory complications, which can be fatal.
- Sedation can lead to increased risk of falls.
- Physical restraint is not as familiar in UK but more common in other culturally comparable countries eg Australia.
- Physical restraint risks increasing patient's frustration and agitation.
- Higher care ratios can help control wandering but risks
  - Greater chance exposing patient to COVID-19 if healthcare worker unknowingly infected
  - Staff numbers are reducing due to sickness, self isolation and school closures, plus fear
  - There are less relatives who may assist in patient supervision owing to restricted visiting by Trust / Govt

Outcomes of Relevance to the Agents Involved

Agents are anyone who has a moral stake in the outcome (e.g. patient, family, other patients both in the hospital and outside the hospital, hospital staff, and society). Try and outline what outcomes matter most to these agents, especially taking account of any conversations you have had.

Patient

- To be kept safe
- To be allowed freedom of movement
- To not be caused distress

Patient's Family

- Patient to be kept safe
- Others to be kept safe
- For their relative not to be seriously harmed for the benefit of others
- For any restrictions on their relative to be proportionate
- Fear that as visiting hospital is harder, they cannot see and check up on their relative's care

Other Agents

Hospital

- Healthcare professionals wish to avoid infection
- Staff not to be under any additional pressure
- Other patients wish to avoid infection

Society

- Reduce spread of infection
- Not to sacrifice one group of people for another
- To not discriminate, especially against the most vulnerable

Level out the Arguments in a Balancing Box

Populate facts and outcomes into a Balancing Box which uses Beauchamp and Childress's four principles of medical ethics.

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Autonomy
(what outcomes matter to the patient)

- To be kept safe
- To be allowed freedom of movement
- To not be caused distress

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Burden
(what are the burdens and to whom)

- Sedated patients more likely to develop respiratory difficulties or fall. Mortality risk
- Physical restraint risks injury and perhaps greater distress.
- Patient's won't fully understand why they are being physically restrained or feeling unlike themselves (chemical restraint).
- Restraint may reduce family anxiety as reassurance relatives less at risk of becoming infected.
- Sedation may make alterations in behaviour as a result of COVID-19, harder to diagnose
- Higher level nursing care may not be possible due to sickness, takes staff away from other areas.

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Benefit
(what are the benefits and to whom)

- Sedating wandering patients would protect them from coming across other patients who might be infected with COVID-19.
- Sedating wandering patients would protect others from infection with COVID-19 if patient became infected (prior to isolation).
- Sedation, restraint may reduce family anxiety as reassurance relatives less at risk
- Sedation may / may not reduce nursing level cares?

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Justice
(fairness in the distribution of benefits and risks)

- Not to sacrifice one group of people for another
- To not discriminate, especially against the most vulnerable (unable to understand or articulate)
- To be proportionate in any deprivation of liberty.

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Level out the arguments by seeing if you can balance the calls of each principle and judging if each fact or outcome is truly commensurate?

Consider asking three questions of the Balancing Box:

(i) Anything of particular note?

- The contradiction in autonomy box between being kept safe and not be distressed

(ii) Where is the greatest conflict?

- Between limiting one person's liberty for public health benefit and to protect themselves (even if they are not appreciative or aware of it)

(iii) Where is the greatest congruence (agreement)?

- Reducing infection transmission.

Document Decision (it can be helpful to use the framework to help guide documentation or place this sheet in the medical notes)

This is a difficult ethical dilemma.
We are trying to balance conflicting needs:

1. The need to protect the patient from acquiring COVID 19, or transmitting to others; in our cohort of elderly patients in our ward – infection will carry a very severe mortality
2. The need to support our depleted workforce, especially when relative visiting is so curtailed by Trust/Govt policy

Decision should be individualised to patient, time and place.

Given that COVID 19 is present in the hospital and our local community. The ability to isolate our elderly and wandering cohort of patients from infection is limited, without restricting their movement.

Suggestion would be to adopt a stepwise approach and strive to achieving a minimal, individualised and proportionate restriction of mobility for each our patients.

Step 1 - Cohort
Cohort groups of patients with one nurse, limiting wandering to that ward bay.

If inadequate, cannot be safely achieved or delivered

Step 2 – Individualising choice of physical vs chemical restraint
Based on patient's diagnosis, likelihood to wander and physical strength of patient, risk of respiratory deterioration.
This decision should be made through collaboration with the patient's NOK by phone, and at the very least an explanation given for any decision.
Documentation of each individualised plan in the patient's medical records.

Use the input of other eservices, for example the deprivation of liberty team, to review organisational and individual decisions, ideally by site visit.

<u>How the balanced decision might shift – reflections and accounting for any feedback</u>
Altering the facts

- Younger patients (e.g. mental health psychosis) where risk of mortality with COVID 19 much lower – may be best to go to chemical restraint earlier?
- Nursing levels very reduced – go to restraint much sooner, accepting risk?
- Does the sedation really work like is suggested – harder to do in practice, falls much more common, patient perhaps harder to manage with sedation than without.
- How long would sedation be needed – days, weeks, months?

- Once started – stopping sedation may be equally as hard ethically?

Outcomes of relevance

- The Braveheart ethos "They can take our lives, but they will never take our freedom!" If the patient could choose maybe the patient would choose to take the risk and wander. If they became infected and died, better that than loss of freedom. But what if they infected someone else?