

# MORAL Balance

An Ethical Framework to aid Medical Decision-Making

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## **MORAL Balance Analysis 2**

### **Non COVID-19 Cancer Surgical Prioritisation**

#### **What is the medical decision you are trying to make?**

How should we prioritise non COVID-19 cancer patients awaiting surgery?

#### **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.

Facts relevant to the decision.

#### **Cancer Facts**

- Prognosis of the cancer
- Surgical chance of cure, or is surgery designed for palliation or symptom relief?
- Impact of a delay to surgery - is this quantifiable? e.g. cancer spread, complications - bowel obstruction, airway compromise
- Other treatment options (both now and after)
- General guidance [https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Specialty-guide\\_Cancer-and-coronavirus\\_17-March.pdf](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Specialty-guide_Cancer-and-coronavirus_17-March.pdf)

#### **Surgical facts**

- Length of time
  - o Pre-op requirements
  - o Surgery itself (theatre time)
  - o Recovery
- Complexity of surgery
  - o Multiple teams
  - o Special equipment
  - o Recovery phase (both in hospital and after discharge)
    - likelihood of complications
    - critical care requirements
    - community input needed on discharge
- Is the surgery aerosol generating?

#### **COVID-19 Facts**

- infection rates locally
  - o Likelihood of patient acquiring infection in hospital, perhaps taking it into community
  - o Likelihood of patient bringing infection into the hospital (Asymptomatic carrier risk). Could this in the future be mitigated by patients being tested before surgery?
- Mortality of infection vs mortality of surgery or no surgery

#### **Resource Facts**

- Staffing
  - o Numbers
  - o Skill mix
  - o PPE requirements
- Capacity

- o Theatre capacity, COVID-19 free theatre complexes available?
- o Critical Care Capacity
- o Post-operative capacity

#### **Patient Facts** (Additional to the Cancer Facts)

- Capacity of the patient to make informed decisions about care or likely alterations to pathway
- Likelihood of making a swift recovery, without complications
  - o Co-morbidities
  - o Frailty and physiological reserve
- Mortality risk if becomes infected with COVID-19
- Family, friend and community health support post-operatively on discharge

#### **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 get the cancer treatment they need
- To not get infected with COVID-19
- To not infect others
- To have fair access to NHS resources
- Avoid suffering

#### **Patient's Family**

- All of the above
- For their relative not to be seriously harmed or miss out on treatment for the benefit of others
- Fear that as visiting hospital is harder, they cannot see and check up on their relative's care
- Visits to hospital risk family contracting infection

#### **Other Agents**

##### **Hospital**

- Healthcare professionals wish to avoid getting infection both for the safety of themselves, their family, society; as well as so they can keep working
- To minimise additional pressure in staff - physically, emotionally and morally
- Avoiding the spread of infection in hospital
- To use resources wisely and well, bringing the most benefit
- To save the life of patients needing cancer surgery
- Making best use of the staff skills
- Morale of staff if treatment can't be implemented
- Avoid patient suffering

##### **Society**

- Reduce spread of infection

- Not to disadvantage one group of people for the benefit of another
- To not discriminate, especially against the most vulnerable
- To make transparent and retrospectively justifiable decisions
- To see resources used equitably

## 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.

<p style="text-align: center;"><b>Autonomy</b> (what outcomes matter to the patient)</p> <ul style="list-style-type: none"> <li>- To get the cancer treatment they need</li> <li>- To not get infected with COVID-19</li> <li>- To not infect others</li> <li>- To have fair access to NHS resources</li> <li>- Avoid suffering</li> </ul>	<p style="text-align: center;"><b>Burden</b> (what are the burdens and to whom)</p> <ul style="list-style-type: none"> <li>- Complexity of surgery <ul style="list-style-type: none"> <li>o Surgery needed</li> <li>o Individual patient factors</li> <li>o Recovery time and complication risk (including on discharge)</li> <li>o Resources (people, equipment, need critical care, community care)</li> <li>o Aerosol generating surgery</li> </ul> </li> <li>- Spread of infection <ul style="list-style-type: none"> <li>o Patient</li> <li>o Others</li> <li>o Staff</li> <li>o Society</li> </ul> </li> <li>- Emotional <ul style="list-style-type: none"> <li>o Patient and family</li> <li>o Staff</li> </ul> </li> </ul>
<p style="text-align: center;"><b>Benefit</b> (what are the benefits and to whom)</p> <ul style="list-style-type: none"> <li>- Most benefit <ul style="list-style-type: none"> <li>o Most people</li> <li>o Best outcomes</li> </ul> </li> <li>- Outcomes from surgery vs outcome from COVID-19</li> </ul>	<p style="text-align: center;"><b>Justice</b> (fairness in the distribution of benefits and risks)</p> <ul style="list-style-type: none"> <li>- Reduce spread of infection</li> <li>- Equitable use of resources</li> <li>- Not to disadvantage one group of people for the benefit of another</li> <li>- To not discriminate, especially against the most vulnerable</li> <li>- To make transparent and retrospectively justifiable decisions</li> </ul>

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?

- Infection risk in all 4 boxes

(ii) Where is the greatest conflict?

- The complexity of the surgery vs available resource

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

- Achieving the best outcomes for the most people

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

Need for higher management to balance the needs of COVID-19 patients vs the needs of non COVID-19 patients.

Proposed series of questions to aid cancer surgery prioritisation

1. Can the surgery wait? If yes how long? Other treatment options?
2. Proposed benefit of the surgery
  - a. Cure (likelihood) vs palliation
3. Complexity of the surgery
  - a. Pre-op treatment needed e.g. chemotherapy, radiotherapy
  - b. Type of surgery needed (duration of surgery)
  - c. Recovery time and complication risk (including on discharge)
  - d. Resources needed (people, equipment, need critical care, community)
  - e. Aerosol generating surgery?
4. Impact of COVID-19 locally and at this time
  - a. Clean theatres, recovery areas, ward
  - b. Resource limitations (e.g. staff, critical care)
  - c. Likelihood of patient acquiring COVID-19, or taking it back to community especially to vulnerable family / carers.
  - d. Likelihood of patient bringing in COVID-19 (can this be mitigated)
5. Individualised patient factors
  - a. Likelihood of patient making a swift recovery, without complications (co-morbidities, frailty and physiological reserve)
  - b. Mortality risk if becomes infected with COVID-19
  - c. Family, friend and community health support post-operatively on discharge
  - d. Other individual patient factors that have relevance

Once priority made there needs to be consideration of how this is explained to the patient.