MORAL Balance

An Ethical Framework to aid Medical Decision-Making

COVID 19 – Hypothetical Case 1 – Mr Smith
Possible infection, moderate respiratory impairment, isolation capacity in critical care is available.

What is the medical decision you are trying to make?

To intubate a possible COVID 19 patient in the ED vs a delayed strategy of treatment, monitoring ± NIV

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.

- 67-year-old male.
- Presenting meeting 'possible COVID 19' definition.
- Pneumonic changes on CXR. Some respiratory distress; RR 28, FiO2 40% for saO2 94%.
- If worsens may need intubation, very likely to need intubation if this is COVID 19 (uncertainty depends on current population prevalence / risk factors)
- Wouldn't normally intubate at this early point (– increased mortality & morbidity of IPPV if not required)

- Previous smoker, no formal diagnosis COPD, hypertension, self-caring and independent.

- Isolation bed on ICU available.
- 2 other ICU patients COVID 19 positive and ventilated, three awaiting test results. All in isolation.
- ICU staff are off work in self isolation. None +ve yet.
- Medical ward has COVID 19 x2 patients in isolation. Five in isolation awaiting test results.

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 live (mortality risk)
- To not infect his family.
- To get the right treatment needed.
- Long term functional outcome & duration (may not initially realise this is at risk)

Patient's Family

- Patient to live. They are frightened for patient and themselves. How will they be able to visit if they are in self isolation for 14/7?

Other Agents

- ICU staff are concerned about getting infection or needing to self-isolate and similarly reducing staffing levels.
- Other patients in hospital are worried about cross infection.
- Public – need to protect availability of health care

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.

Autonomy (what outcomes matter to the patient)	**Burden** (what are the burdens and to whom)
- Mortality risk - To not infect his family. - To get the right treatment needed - Functional outcome	- Wouldn't normally intubate at this early point = Risk (weakness, delirium, resp, mortality) - Lose capacity to communicate & subsequent decisions
Benefit (what are the benefits and to whom)	**Justice** (fairness in the distribution of benefits and risks)
- If COVID 19 o early intubation (especially compared to trials of NIV first) ? mortality advantage o reduce infection risk to others (controlled, closed circuit, less AGP)	- Need to protect from infection other patients and staff – protects health system - Uses isolation bed – fixed resource

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?

Early intubation benefit for reducing cross infection and possible benefit to patient. The greater the population risk of COVID 19 the more weight should be given to this outcomes in the balance.

(ii) Where is the greatest conflict?

Early intubation may be an unnecessary procedure for the patient.

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

Intubation would be something we would ordinarily offer this patient if needed. We need to minimise infection risk.

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

Mr Smith presents to ED with moderate respiratory failure and possible COVID 19 infection.

I have discussed the case with my colleague Dr Harvey (ICM Consultant). Given the potential mortality advantage of early intubation and the advantage this give us in preventing COVID 19 cross infection to other patients and staff we advise that we proceed with early invasive ventilation, testing and isolation of Mr Smith.

I have explained our reasoning to Mr Smith, including the benefits and risks of this approach. Additionally, I have spoken to his wife and son via speaker phone (self-isolating).
He and his family are accepting of this plan.

How the balanced decision might shift – reflections and accounting for any feedback on the case

Altering the facts

- Is the mortality benefit of early intubation that strong?
- Could NIV actually be used safely with PPE?
- Local COVID 19 prevalence and ability to isolate may vary by hospital?
- Turnaround to test, if rapid, may swing the balance?