MORAL Balance

An Ethical Framework to aid Medical Decision-Making

COVID 19 – Hypothetical Case 3 – Mr Williams
Possible infection, moderate respiratory impairment, scared of being intubated – wants to try without.

What is the medical decision you are trying to make?

To offer NIV to a possible COVID 19 patient?

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.

- 73-year-old male.
- 'Possible COVID 19' definition.
- Pneumonic changes on CXR. Moderate respiratory distress; RR 32, FiO2 60% for saO2 95%.
- If worsens will need intubation, very likely to need intubation if this is COVID 19 (uncertainty depends on current population prevalence / risk factors)
- Current SARS-CoV-2 practice is we would normally intubate at this early point (increased mortality & morbidity of IPPV if not required)

- Non - smoker, previous mechanical valve replacement on warfarin, self-caring and independent.

- Patient very fearful of intubation, and fear of death, saying goodbye. Wife at home (self isolating).

- Despite explaining benefits of intubation (and possible mortality advantage) says he would rather not be intubated unless the only thing that may save his life.

- Daughter is a nurse and wonders about NIV.

- Isolation bed on ICU available.

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.
- To avoid intubation unless absolutely necessary and lifesaving (fear of death, saying goodbye, loss of control)
- Long term functional outcome & duration (may not initially realise this is at risk)

Patient's Family

- Patient to live.
- Respect of patient wishes – NIV alternative.
- 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 – especially if NIV given.
- 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)
- To live - Would prefer not to be intubated - Mortality risk of non-intubation accepted - Would try NIV as per daughter's suggestion - To not infect his family or others. - Functional outcome	- Higher risk of mortality if not intubated - NIV aerosol generating – higher risk infecting others - High risk of death if COVID 19, intubating does deny time with daughter, speaking to wife via phone. - Lose capacity to communicate & subsequent decisions - Forcing intubation – moral distress in staff, family and patient
Benefit (what are the benefits and to whom)	**Justice** (fairness in the distribution of benefits and risks)
- NIV follows daughter's advice - Not intubating allows time for communication, reassurance, respect for patient wish - 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)	- Maintain trust (societal need not to curtail decision making and autonomy of patients) - Need to protect from infection other patients and staff – protects health system

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?

Contradiction within patient's autonomy box – not to infect family or others vs wanting to not have the treatment that reduces this risk (this is common – nothing says all of us have to be consistent in our wants and desires; but this may open an avenue of communication with patient and family)

(ii) Where is the greatest conflict?

Current standard of care vs patient wish.

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

Strong congruence that we should try and find a balance that both respects patient autonomy to not have treatment they do not wish for and protect others.

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

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

Our standard of practice would be to offer Mr Williams invasive ventilation as early intubation has suggested mortality advantage and minimises risk of cross infection to staff and other patients.

He is scared of this treatment fearing loss of control, inability to say goodbye and fears dying. He would accept intubation but only as a last resort. His daughter (nurse) has raised the possibility of NIV.

I have discussed the case with the SARS-CoV-2 decision team (Dr Harvey (ICM Consultant), Dr Gardiner (ICM Consultant) and Dr Brown (Respiratory Consultant)). They will discuss treatment options with the patient and daughter. But their advice is delay intubation, isolation and mask oxygen only, no NIV, and intubate when in clear respiratory distress or patient asks.

Dr Gardiner (ICM Consultant, member SARS-CoV-2 decision team)
I have discussed treatment options with Mr Williams and his daughter. I have outlined the compromise plan as outlined above. I have explained why the current evidence we have is that NIV may increase mortality and exposes daughter and staff to high risk of infection. Both are accepting of this. Mr William's will accept intubation as a lifesaving action if worsens.