MORAL Balance

An Ethical Framework to aid Medical Decision-Making

COVID 19 – Hypothetical Case 4 – Mrs Taylor
Possible infection, severe respiratory impairment, significant co-morbidities.

What is the medical decision you are trying to make?

To offer treatment vs palliation.

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.

- 83 year-old female.
- Already inpatient after a fall at home (unclear reasons – initial Dx UTI).
- On open medical ward.
- Likely COVID 19 infection as exposed to confirmed inpatient cases before diagnosis made.
- Pneumonic changes on CXR. Severe respiratory distress; RR 36, FiO2 100% (non-rebreathing mask) for saO2 87%.
- Drousy, ? capacity
- Fever, relative hypotension & new oliguria

- Ischaemic heart disease, episodic angina. Previous stent. Reduce LV function on previous echo.
- Background of regular help at home, but mobilises to shops and visits to friends. Exercise tolerance estimated at 300m. Recent neck of femur fracture, some concern but did well post op.

- Husband and son present. They fear the worse. Son also fearful for his Dad.

- Mortality predicted very high > 80% on current data
- Usual treatment would have been careful discussion with patient & family and consideration of escalation to level 2 / 3 care.

- There is no usual Level 2 or Level 3 capacity, all surge plans have been actioned. There are unused theatre ventilators still; but staffing is stretched.

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 (wishes from family)

- To live, aware may not be possible
- Even more wishes not to suffer or cause suffering to others, especially family
- To not infect her family.
- Long term functional outcome & duration (values independence and not nursing home care)

Patient's Family

- Patient to live if possible, but aware unlikely.
- Patient not to suffer.
- They are frightened for patient and themselves.
- Angry (but not at individual staff) that patient picked up infection in hospital.

Other Agents

- ICU staff are concerned about getting infection or needing to self-isolate and similarly reducing staffing levels – especially if NIV given.
- ICU and hospital staff have limited resource or capacity to devote to patients unlikely to benefit (survive)
- Other patients in hospital are worried about cross infection.
- Public – need to protect availability of health care staff and resource

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) *From family* - To live, aware may not be possible - Even more wishes not to suffer or cause suffering to others, especially family - To not infect her family. - Values independence (living at home) and does not want nursing home care	**Burden** (what are the burdens and to whom) - Denied usual treatment – moral distress to patient, family and staff - Increased mortality (likely small) - Suffering of ineffectual treatment
Benefit (what are the benefits and to whom) - Less futile treatment, false hope - Palliation can be planned and delivered proactively, less suffering - If admit to ICU – family grateful for efforts esp after infection gained in hospital	**Justice** (fairness in the distribution of benefits and risks) - Maintain trust (societal trust that lifesaving treatment not denied arbitrarily) - Need to protect from infection other patients and staff – protects health system - Extremely limited critical care capacity

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?

How confident are we about patient's survival chances even with proposed treatment

– answer is, sadly, very confident.

(ii) Where is the greatest conflict?

Not offering usual standard of trial of treatment.

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

To minimise chance of suffering for the patient.

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

Mrs Taylor has reduced pre-existing physiological reserve and now is highly likely positive for COVID 19. This is causing her severe respiratory impairment and distress, with likely multi-organ failure imminent.

Our standard of usual treatment for pneumonia in the face of her pre-existing impairment would have been careful discussion with patient & family and consideration of escalation to level 2 / 3 care.

Due to COVID 19 we have no Level 2 capacity, and very limited level 3 capacity.

I have discussed the case with my colleague Dr Harvey (ICM Consultant). Sadly, our joint conclusion is that there is a small chance of Mrs Taylor surviving this illness. This would have been our likely conclusion before COVID 19. If she has COVID 19, this makes mortality almost inevitable. We are not in a position to offer escalation of treatment without severely limiting ability to care for other patients who may have a greater chance of survival.

Escalation of treatment would come with significant burdens, and ward based care concentrating on comfort, dignity and palliation of distress (which she is already experiencing) provides the best balance of outcomes.

I have had discussions with Mrs Taylor's family, and have explained that even with infinite resource the benefits vs burdens of escalation are finely balanced, but in current situation it cannot be justified. We do not think she will survive and we will adopt a comfort approach. With family agreement I have completed a DNACPR. Mrs. Taylor seems to nod in understanding of our plan to keep her comfortable.