

MORAL Balance

An Ethical Framework to aid Medical Decision-Making

COVID 19 – Hypothetical Case 5

Circumstances leading to an explicit utilitarian approach at a hospital level

What is the medical decision you are trying to make?

Significant deviation from usual practise across multiple clinical areas is it time to move to an explicit utilitarian approach?

e.g.

- Reduction in ICU nursing ratios, utilisation of non-specialist / trained staff
- Stopping entire clinical services to free staff, space & prevent nosocomial infection – eg ENT, cardiac, elective urgent surgical services (with risk / certainty of additional mortality in these patient groups)

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.

- Hospital overwhelmed with new COVID 19 patients.
- PPE in short supply. Services (MESU, pharmacy, estates, logistics) extremely stretched and failed in some clinical areas.
- Mortality increasing in both COVID & non COVID patients.
- ICU approaching maximal surge at x3 usual capacity.
- Staff sickness at 20%, with significant concern may worsen.
- Some clinical services already failing even without decision to stop.
- Increasing episodes of anger against staff; security staff have taken a more visible presence outside key wards.

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(s)

- Autonomy in decision making.
- Mortality.
- Receiving best / usual quality care.
- Reduction in risk to families.

Patient's Family

- All of above plus...
- Personal safety.
- Ability to communicate with medical staff.
- Trust in the system with increasing anger and frustration expressed against staff at perceived failures of care.

Other Agents

- Staff - all of above plus personal and family protection; exhaustion both physical and mental - frequent observation of staff breaking down in tears
- NHS & Public - Maintenance of best quality care available in extreme circumstances.
- Government - Maintenance of public trust in health service to prevent panic, civil unrest and further avoidable mortality and morbidity.

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;">Autonomy (what outcomes matter to the patient)</p> <ul style="list-style-type: none"> - Autonomy - Best / usual medical care - Mortality - Family safety 	<p style="text-align: center;">Burden (what are the burdens and to whom)</p> <ul style="list-style-type: none"> - Increased mortality in patients of speciality services stopped - Moral distress in patients, families & staff - “sacrifice” of patient cohorts - Safety risk of staff working outside roles - Loss of trust of public & profession - long term impact in health & well being - Staff increasingly nervous about own physical safety from perceived family anger and desperation - Fear of what retrospective judgements will be made against staff after COVID passes
<p style="text-align: center;">Benefit (what are the benefits and to whom)</p> <ul style="list-style-type: none"> - Maximise Mortality / morbidity gain across the whole population - Maximise viable hospital services - Protect existing staff - Reduce morbidity / mortality by stopping services which can no longer be delivered, to support ones which can 	<p style="text-align: center;">Justice (fairness in the distribution of benefits and risks)</p> <ul style="list-style-type: none"> - Transparency in process and decision making - maintain public trust - Use available resources efficiently, but not equitably

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?

- Loss of public trust may occur with or without explicit utilitarian approach to service delivery

(ii) Where is the greatest conflict?

- Mortality risk is minimised across population but increased in specific cohorts

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

- Maximising hospital services to provide the best care possible for the most patients within the resource constraints.

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

Email to all staff (with a similar public version on the hospital website)

Thank you for your outstanding work over the last month as we have dealt with unprecedented demand in the hospital as a result of COVID 19.

As clinical director of theatres, anaesthesia and critical care, together with the chief executive team and medical director, we have today made the difficult decision to reduce the clinical services we offer at Hospital X.

With immediate effect we will no longer be admitting patients for in-patient services in ENT, cardiac surgery and some aspects of upper GI and thoracic surgery; as,

- we can no longer safely staff these services,
- these elective cohorts are high users of intensive care & allied services
- these cohorts are at high risk of mortality if they suffer nosocomial transmission of COVID 19, which is increasingly possible as prevalence increases.

We continue to offer outpatient services, and specialist advice in these areas, and are actively looking at neighbouring hospitals who we might support in recommencing these services.

We recognise that these particular patients may have urgent cancer surgery delayed, and that this will unfortunately have an attributable mortality. Furthermore, our ability to deliver emergency surgical care for these patients is also diminished or even absent. Our senior teams are developing plans to attempt to mitigate these risks where possible.

However, the hospital must maintain the ability to protect our staff, patients and the community from the increasing, unprecedented impact of COVID 19 and believe this approach will minimise avoidable loss of life.

Thank you for your ongoing efforts.