MORAL Balance

An Ethical Framework to aid Medical Decision-Making

COVID 19 – Hypothetical Case 6 – Mr Davies
Relatives visiting a COVID 19 mechanically ventilated patient on ICU.

What is the medical decision you are trying to make?

Should relatives be stopped visiting a *COVID 19 mechanically ventilated (and unconscious) patient on ICU*?

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.

- 61-year-old male, Mr Davies
- Day 2 of ICU care – mechanically ventilated for hypoxic respiratory failure soon after arrival into the ED
- In isolation bed on ICU
- Confirmed COVID 19 +ve that afternoon.
- Past medical history – ex smoker, office worker, generally fit and well, increased BMI
- Moderate mortality risk, if survives expect number of weeks hospital

- Relatives have arrived to visit (wife, adult sons x2); they had visited yesterday when patient was unstable and in respiratory distress; asking to see the patient – very worried
- To enter side room – relative will need to wear PPE; and not be present for any aerosol generating procedures

- Patient is 2nd COVID +ve patient on the ICU; both in isolation rooms
- Staff rota under pressure from staff off work from self isolation
- PPE is in supply.

- Government public health guidance has been released that day that those living with a patient confirmed or possible COVID 19 should isolate for 14/7
- ICU senior management team have not had time to work out their relatives visiting for COVID 19

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 (assumed)

- To live (mortality risk)
- To get the right treatment needed.
- To not infect his family
- To reduce stress on his family
- If awake to be with family

Patient's Family

- Patient to live and be well cared for
- Personal safety.
- Ability to see and be with patient, especially if going to die
- Ability to get accurate and compassionate information from healthcare team
- To be reassured
- To maintain trust in the healthcare staff and system

Other Agents

Staff

- deliver excellent physical care as well as emotional care to family
- protect from infection – family, themselves, other staff, society
- to protect themselves from exhaustion,
- avoid confrontation with family
- maintain supply of PPE

Hospital Management

- protect staff – as individuals and for maintenance of the rota (especially highly trained staff)
- avoid major confrontations with family,
- avoid distracting media scrutiny
- follow government advice

Government

- for their guidance to be followed
- to suppress spread and peak of infection
- to maintain good public order

Society

- to reduce infection transmission
- to ensure the mantra 'do as you would have been done unto you' is being observed

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)
Assumed - To live (mortality risk) - To get the right treatment needed. - To not infect his family - To reduce stress on his family - If awake to be with family	- Infection spread risk – to patient family, then to society - Risk to staff – distraction with family, higher risk staff infected
Benefit (what are the benefits and to whom)	**Justice** (fairness in the distribution of benefits and risks)
- Ability to see and be with patient will allow them to check he is well cared for, to gain accurate information in person from staff - May increase family trust in system, especially if EOL discussions are needed - Staff and hospital feel compassionate if family visit, avoids confrontation	- Fairness of who can visit or not; setting precedent - Compliance with Govt directives designed to protect most vulnerable in population and the greatest number - Maintenance of healthcare resource both in terms of people and PPE

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?

- Strong government directive which family are breaking (certainly wife who lives with husband, less so sons)

(ii) Where is the greatest conflict?

- Compassionate care vs prevention of infection

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

- Autonomy (less so), Burden and Justice – all have prevention of infection as a major theme

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

Mr Davies is Day 2, mechanically ventilated for respiratory failure, sedated to unconsciousness, and is COVID 19 +'ve. His mortality risk is moderate. If survives recovery will be slow.

Family (wife and 2 sons) are asking to visit so they can see Mr Davies. They saw him yesterday when he was unstable, just prior to intubation.

Government has issued new guidance that those living with a patient confirmed or possible COVID 19 should isolate for 14/7. This applies most directly to Mr Davies' wife who lives with him.

Allowing family visit presents a number of risks. It breaks government guidance; it exposes family to higher risk of contracting COVID 19 and offers additional risk to staff by causing distraction in supervising family PPE.

Mr Davies is not imminently dying and is unconscious. He would be unaware if family were or were not present.

I have discussed with the ICU Matron and we are of the united opinion that the family cannot be allowed to visit. She will discuss with them options of showing them a photograph through the window into the isolation room. Unfortunately, because of the risk of the image being shown on social media we cannot give them the image. She will also provide a medical update to the family. I am happy to speak to family if that is needed. But we do need them to leave the hospital and self isolate as per government guidance.

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

Altering the facts

- Government directive very clear in this case. Making the decision somewhat easier. What about if case was in the early days of COVID 19?
- End of life care? Allowing in person or via technology of family self isolating?
- Child not an adult?
- Conscious not unconscious?