PANDEMIC ETHICAL RESOURCES

The following is a list of resources related to ethical considerations during a pandemic.

The Society for Simulation in Healthcare does not prescribe or recommend any particular ethical stance or clinically related decisions based on the information contained herein. Decisions about ethical stances and subsequent clinical care must be made by institutions in coordination with their governing bodies (e.g. state/province).

American Medical Association. (2017). *Code of Medical Ethics*. Chicago: American Medical Association.

- Overview: hey describe the core **ethical** principles of the **medical**profession. Doctor-patient relationships are strengthened by the practice of **medical ethics**, which can help you create better communication and health care decisions. ... Respecting patients' privacy is crucial.
    - See Opinion 5.3 “Withholding or Withdrawing Life-Sustaining Treatment” at https://www.ama-assn.org/delivering-care/ethics/withholding-or-withdrawing-life-sustaining-treatment
    - See Opinion 8.3 “Physicians' Responsibilities in Disaster Response and Preparedness” at https://www.ama-assn.org/delivering-care/ethics/physicians-responsibilities-disaster-response-preparedness
    - See Opinion 11.1.3 "Allocating Limited Health Care Resources" At https://www.ama-assn.org/delivering-care/ethics/allocating-limited-health-care-resources

Biddision, L.D. Berkowitz, K.A. et al. (2014). Ethical Considerations: Care of the Critically Ill and Injured During Pandemics and Disaster: CHEST Consensus Statement. *CHEST Journal*. *146*(4), 145S-155S.

- BACKGROUND: Mass critical care entails time-sensitive decisions and changes in the standard of care that it is possible to deliver. These circumstances increase provider uncertainty as well as patients' vulnerability and may, therefore, jeopardize disciplined, ethical decision-making. Planning for pandemics and disasters should incorporate ethics guidance to support providers who may otherwise make ad hoc patient care decisions that overstep ethical boundaries. This article provides consensus-developed suggestions about ethical challenges in caring for the critically ill or injured during pandemics or disasters. The suggestions in this article are important for all of those involved in any pandemic or disaster with multiple critically ill or injured patients, including front-line clinicians, hospital administrators, and public health or government officials.

Centers for Disease Control. (2011). Ethical Considerations for Decision Making Regarding Allocation of Mechanical Ventilators During a Severe Influenza Pandemic of Other Public Health Emergency. Retrieved March 30, 2020 from https://www.cdc.gov/about/advisory/pdf/VentDocument_Release.pdf

Farinelli, M. & Gursky, E.A. (2011). Death in Large Numbers. Chicago: American Medical Association.

- Overview: In a mass fatality event, mortuary affairs systems could become overwhelmed, making it crucial that communities have programs in place to effectively carry out the managment of human remains and respond to the needs of family members of the deceased. Death in Large Numbers provides critical information for those responsible for preparedness, response and recovery operations in catastrophic incidents with mass fatalities

Schuchter, P., & Heller, A. (2018). The Care Dialog: the "ethics of care" approach and its importance for clinical ethics consultation. *Medicine, health care, and philosophy*, *21*(1), 51–62. https://doi.org/10.1007/s11019-017-9784-z

- ABSTRACT: Ethics consultation in institutions of the healthcare system has been given a standard form based on three pillars: education, the development of guidelines and concrete ethics consultation in case conferences. The spread of ethics committees, which perform these tasks on an organizational level, is a remarkable historic achievement. At the same time it cannot be denied that modern ethics consultation neglects relevant aspects of care ethics approaches. In our essay we present an “ethics of care” approach as well as an empirical pilot project—“Ethics from the bottom up”—which organizes ethics consultation based on this focus. Findings and philosophy of the project will be discussed as far as relevant for ethics consultation in the healthcare system.

Truog, R.D., Mitchell, C. & Daley, G.Q. (2020). The Toughest Triage—Allocating Ventilators in a Pandemic. New England Journal of Medicine. Downloaded from nejm.org on March 30, 2020.

Welie, J. V., & Ten Have, H. A. (2014). The ethics of forgoing life-sustaining treatment: theoretical considerations and clinical decision making. *Multidisciplinary respiratory medicine*, *9*(1), 14. https://doi.org/10.1186/2049-6958-9-14.

- ABSTRACT: Withholding or withdrawing a life-sustaining treatment tends to be very challenging for health care providers, patients, and their family members alike. When a patient's life seems to be nearing its end, it is generally felt that the morally best approach is to try a new intervention, continue all treatments, attempt an experimental course of action, in short, do something. In contrast to this common practice, the authors argue that in most instances, the morally safer route is actually to forgo life-sustaining treatments, particularly when their likelihood to effectuate a truly beneficial outcome has become small relative to the odds of harming the patient. The ethical analysis proceeds in three stages. First, the difference between neglectful omission and passive acquiescence is explained. Next, the two necessary conditions for any medical treatment, i.e., that it is medically indicated and that consent is obtained, are applied to life-sustaining interventions. Finally, the difference between withholding and withdrawing a life-sustaining treatment is discussed. In the second part of the paper the authors show how these theoretical-ethical considerations can guide clinical-ethical decision making. A case vignette is presented about a patient who cannot be weaned off the ventilator post-surgery. The ethical analysis of this case proceeds through three stages. First, it is shown that and why withdrawal of the ventilator in this case does not equate assistance in suicide or euthanasia. Next, the question is raised whether continued ventilation can be justified medically, or has become futile. Finally, the need for the health care team to obtain consent for the continuation of the ventilation is discussed.