

Ethical Considerations for ICU COVID-19 Patients

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Under normal non-pandemic circumstances, the general principles of medical ethics apply, as described by Beauchamp and Childress.ⁱ These include patient autonomy, beneficence, non-maleficence, and justice. However, under resource-limited circumstances such as in the COVID-19 pandemic, the utilitarian philosophy of social justice (the most good for the greatest number of people) becomes important, although the most care provided for most people is always a preferred option.ⁱⁱ Ethical timepoints when this principle must be invoked will occur when allocating ICU beds, ventilating patients, withdrawing life supportive treatment, starting experimental treatments, and resuscitating patients in a modified manner. These decisions will require: 1) a hospital policy or stance, 2) consultations with the broader ICU team, and 3) rapid ethics consultations.ⁱⁱⁱ Aspects to remember when making such decisions include a) the age and premorbid status of the patient, b) the severity and prognosis of the disease, c) the severity of the shortage of resources (supply/demand proportion), and d) the stage of the pandemic (whether the overburdened phase has been reached).^{iv}

Ways of moving forward should include the following measures: 1) instituting goals of care discussions early in the treatment plan; 2) communicating frequently and transparently with family members; 3) having frequent team/interprofessional meetings; 4) conducting a time-limited trial of therapy in selected patients; and 5) avoiding therapies that are untested and may lead to harm; however, in patients with COVID-19, experimental therapies are warranted if there is consensus. Remember that the situation changes rapidly. It is important to involve multidisciplinary teams in decision-making if time permits.^v

Start conversations with a show of empathy and compassion. The patient is someone's loved one who is being denied an ICU bed or ventilator. Remember that you should pre-empt the situation and have the conversation with families early rather than late, especially when patients are older and at high risk. At times, these decisions will take a toll on you psychologically. Have a support structure

in place! Virtue ethics encompasses moral and clinical judgement based on social justice.^{vi} Institute comfort care measures for those not selected for life support. Palliative care teams can be activated if they are available. Do not abandon your patients. It is important that doctors at the bedside are not left to make triage decisions alone, a situation that can cause extreme moral conflict and distress. Ideally, triage officers or teams, comprising individuals who are not involved in the direct care of the patient, should make ethical decisions regarding allocation of precious resources.^{vii}

In the next wave of COVID-19, further ethical issues and lessons learned should be addressed and planned for. These include:

- i) Stress and anxiety of physicians and front-line workers – Experience shows that front-line workers are scared of getting infected and passing it on to loved ones. Proper supply of PPE, standard operating procedures, and regular team meetings and camaraderie can mitigate these symptoms.^{viii}
- ii) Patients dying without family members in the ICU – Due to infection control measures, many ICU patients died in the first wave without their loved ones at the bedside. This caused a great deal of distress among family members as well as staff, not to mention suboptimal end-of-life care. Providing safe and reliable procedures that allow loved ones with proper PPE at the bedside can mitigate this stress.^{ix}
- iii) The ethics of approving and making available off-label usage of drugs/therapies and vaccines without proper scientific study must be considered in terms of their regulation and oversight.^x
- iv) Part of the ethical debate will involve whether society can recover normalcy when the pandemic is still not under control. This must be a discussion that should involve all stakeholders and all perspectives.^{xi}
- v) Serious consideration must be given in safeguarding the role of women physicians and frontline workers as they navigate the added pressures of academic or clinical and research careers together with financial and childcare challenges.^{xii}

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