



Slide 1



Is there an ethical justification to limit treatment of Ebola (EVD) patients in Critical Care settings?

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AND BACKED BY THE BEST PROTECTION WARRANTY IN CANADA.

Some U.S. hospitals weigh withholding care to Ebola patients

By JILL A. SPECTOR/ABC NEWS

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Ebola Exposed an Ethical Dilemma for Nurses: Caring for Patients While Risking Their Own Health

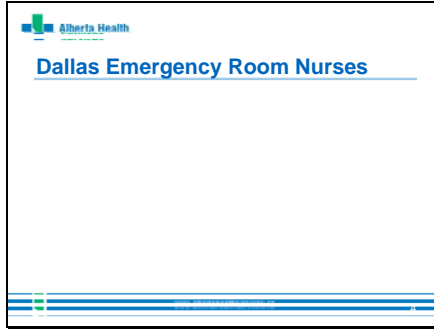
The notion that nurses have been compromised and compromised to nurse an ethical dilemma to treat any patient, no matter the diagnosis, has become a national discussion on nursing ethics.

Jul 4, 2014



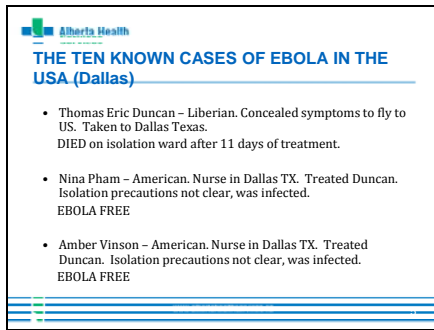
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Alberta Health
Dallas Emergency Room Nurses

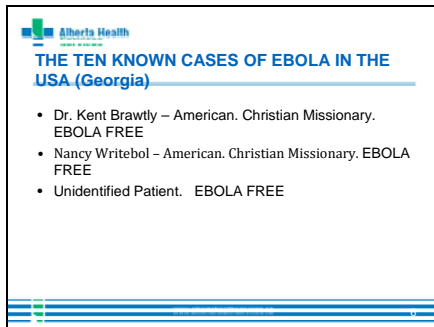
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Alberta Health
THE TEN KNOWN CASES OF EBOLA IN THE USA (Dallas)

- Thomas Eric Duncan – Liberian. Concealed symptoms to fly to US. Taken to Dallas Texas. DIED on isolation ward after 11 days of treatment.
- Nina Pham – American. Nurse in Dallas TX. Treated Duncan. Isolation precautions not clear, was infected. EBOLA FREE
- Amber Vinson – American. Nurse in Dallas TX. Treated Duncan. Isolation precautions not clear, was infected. EBOLA FREE


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Alberta Health
THE TEN KNOWN CASES OF EBOLA IN THE USA (Georgia)


- Dr. Kent Brawly – American. Christian Missionary. EBOLA FREE
- Nancy Writebol – American. Christian Missionary. EBOLA FREE
- Unidentified Patient. EBOLA FREE

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 **Alberta Health Services**

THE TEN KNOWN CASES OF EBOLA IN THE USA (New York)

- Dr. Craig Spencer – American. Doctor working in Guinea. Developed symptoms AFTER return home. Straight to treatment. EBOLA FREE




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 **Alberta Health Services**

THE TEN KNOWN CASES OF EBOLA IN THE USA (Omaha)

- Ashoka Mukpo – American. Freelance Cameraman for NBC. Infected in Liberia, flown to Omaha. EBOLA FREE
- Dr. Rick Sacra – America. Christian Missionary. EBOLA FREE




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 **Alberta Health Services**

LATEST CASE:


- Dr. Martin Salia – Sierra Leonean. MSF. Treated in Omaha. Had FALSE NEGATIVE by PCR on Nov. 7, was testing positive by Nov. 10.
- Full ICU treatment including:
 - dialysis
 - transfusion of convalescent plasma
 - experimental MAB (ZMapp).



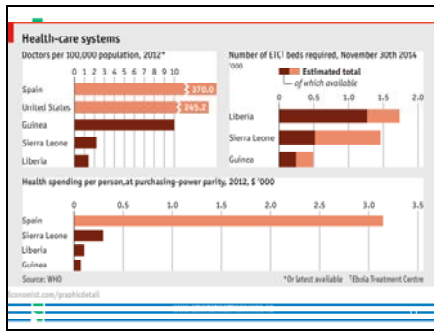
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 **LATEST CASE: cont.**


- DIED Nov 17, 11 days after clinical diagnosis. Delay in treatment may have hampered outcome: was in multi-system failure by the time full treatment commenced.




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 **Economist Dec 4th stats**

The United States has 245 doctors per 100,000 people; Guinea has ten. The particular vulnerability of health-care workers to Ebola is therefore doubly tragic: as of November 30th there had been 622 cases among medical staff in the three west African countries, and 346 deaths.




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Background (why this question?)

- AHS/UAH site planning begins August 2014
- At that time, no EVD patient had ever been treated in a modern ICU.
- Extreme risk of transmission to healthcare workers, caregiver, well known.
- Three issues emerge that demand consideration.




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Three Issues

- Culture of Emerg/ICU
- Fear/Stigma surrounding infection
- Invasive nature of intensive care with special attention to blood-related testing/treatment, particularly extracorporeal circulative tx (haemodialysis, ECMO)




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First Question:

- To mitigate the risk of ICU "culture" can we relieve the pressure on bedside clinicians by ruling out, in a principled, evidence or value-based fashion, any form of treatment that will clearly not benefit EVD patients, or cannot be done safely.




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Second Question:

- Ought we develop policy that attempts to establish a reasonable balance between patient benefit and staff safety? Is this the 'ethics' contribution to policy-making in the care of EVD patients?




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Justifications to limit therapeutic tx.


- Resource Allocation, e.g. most recent pandemic planning, cost, etc.
- Safety
- Patient direction
- Note: in these circumstances, it is inappropriate for bedside clinicians (fiduciaries) to also be acting as resource allocators.



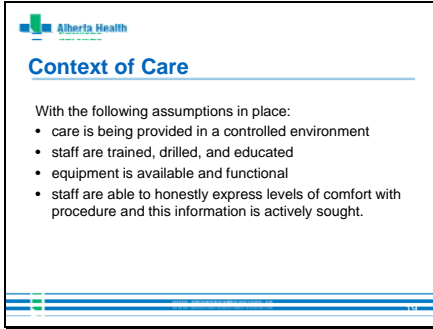
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Conscientious Objection



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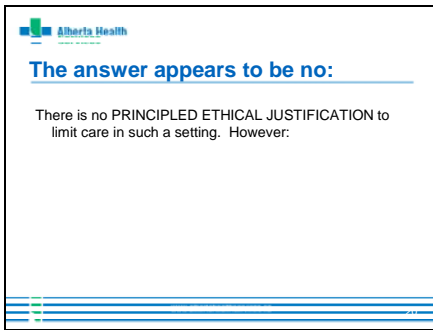


Context of Care

With the following assumptions in place:

- care is being provided in a controlled environment
- staff are trained, drilled, and educated
- equipment is available and functional
- staff are able to honestly express levels of comfort with procedure and this information is actively sought.

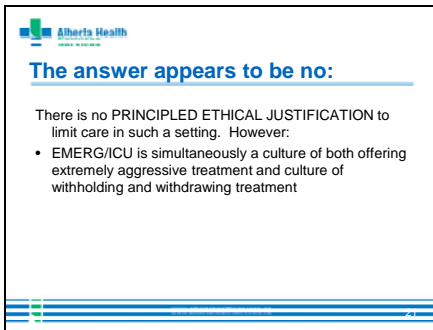
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The answer appears to be no:

There is no PRINCIPLED ETHICAL JUSTIFICATION to limit care in such a setting. However:

Slide 21




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- EMERG/ICU is simultaneously a culture of both offering extremely aggressive treatment and culture of withholding and withdrawing treatment

Slide 22




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- Clinicians must have the ability to use clinical discretion to determine if and how EVD patients will benefit from intensive interventions.

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- EMERG/ICU is simultaneously a culture of both offering extremely aggressive treatment and culture of withholding and withdrawing treatment
- Clinicians must have the ability to use clinical discretion to determine if and how EVD patients will benefit from intensive interventions.
- That said, EVD also draws us out of an all-things-equal mindset.

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Safety –vs- Efficacy

Canadian Critical Care Society
Canadian Association of Emergency Physicians
Association of Medical Microbiology and I.D. Canada


Ebola Clinical Care Guidelines: A guide for clinicians in Canada (Report #2-Updated: October 28, 2014)

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 Alberta Health
Stigma




Slide 26

 Alberta Health
Stigma

- Which epidemic comes to mind?




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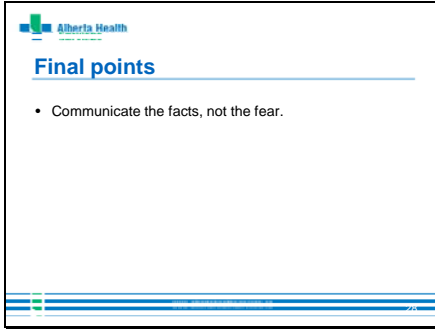
 Alberta Health
Stigma

The spread of Ebola is not just the spread of the virus... it is the spread of fear... and fear goes much faster... fear, fear, fear, fear, everywhere.

Prof. Guido Van Der Groen
(co-discoverer of the Ebola virus)



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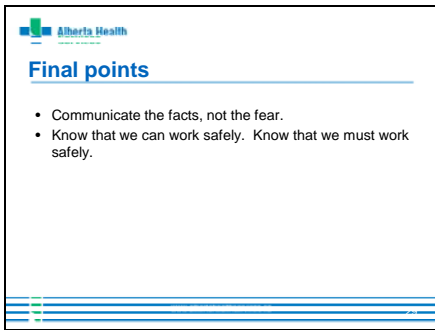


Alberta Health Services

Final points

- Communicate the facts, not the fear.

Slide 29

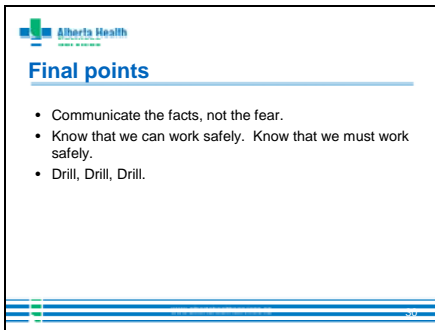


Alberta Health Services

Final points

- Communicate the facts, not the fear.
- Know that we can work safely. Know that we must work safely.

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Alberta Health Services


Final points

- Communicate the facts, not the fear.
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- Drill, Drill, Drill.


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 **Final points**

- Communicate the facts, not the fear.
- Know that we can work safely. Know that we must work safely.
- Drill, Drill, Drill.
- Oppose evidence-poor policy. Support and encourage efforts to help those most vulnerable.



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 **Thank you!**

Please contact me with any questions or concerns:
bleier@ualberta.ca

