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

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

BY JULIE STEENHUYSEN AND SHARON BEGLEY

CHICAGO/NEW YORK | Wed Oct 22, 2014 7:16pm EDT

Barbara Smith, a registered nurse with Mount Sinai Medical Health Systems, St. Luke's and Roosevelt Hospitals in New York, demonstrates putting on personal protective equipment (PPE) during an Ebola educational session for healthcare workers at the Jacob Javits Convention center in New York, October 21, 2014. REUTERS-Mike Segar

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

The assertion that nurses had been left unprotected and unprepared to fulfill an ethical mandate to treat any patient, no matter the diagnosis, has fueled a national discussion on nursing ethics.

Josh Cable

Dec 4, 2014

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Ebola is the latest in a slew of challenges and ethical dilemmas in the nursing profession that create a chasm between nurse and patient.

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On Oct. 16, when a nurse from a Texas hospital took to the national media to decry unsafe conditions for workers exposed to the Ebola virus, the echoes carried all the way to

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Dallas Emergency Room Nurses

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.

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

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

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

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

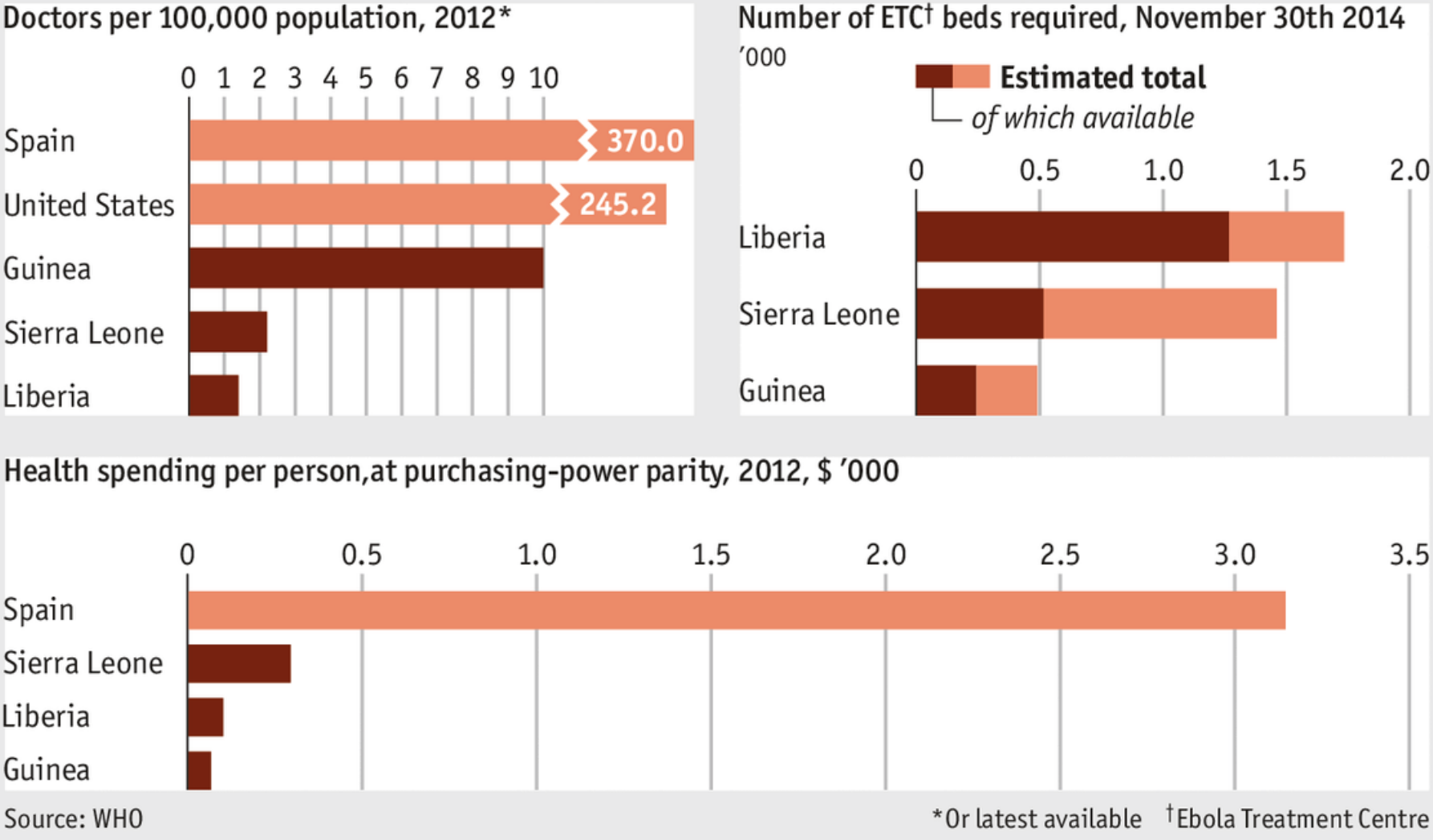
LATEST CASE:

- 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).

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.

Health-care systems



Source: WHO

*Or latest available †Ebola Treatment Centre

Economist.com/graphicdetail

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.

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.

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)

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.

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?

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.

Conscientious Objection

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.

The answer appears to be no:

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

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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.
- That said, EVD also draws us out of an all-things-equal mindset.

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)

Stigma

Stigma

- Which epidemic comes to mind?

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)

Final points

- Communicate the facts, not the fear.

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- 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.

Thank you!

Please contact me with any questions or concerns:

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