Ethics Guidance for Contingency and Crisis Conditions

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November 15, 2021

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Guidance Documents

- Ethical Framework for Transitions Between Conventional, Contingency, and Crisis Conditions in Pervasive or Catastrophic Public Health Events with Medical Surge Implications
- Ethical Framework for Allocation of Monoclonal Antibodies during the COVID-19 Pandemic
- Ethical Framework to Allocate Remdesivir in the COVID-19 Pandemic
- Allocation of Ventilators & Related Scarce Critical Care Resources During the COVID-19 Pandemic
- Hospital Guidance: Making Cardiopulmonary Resuscitation Decisions in the Context of the COVID-19 Pandemic

Guiding Ethical Values

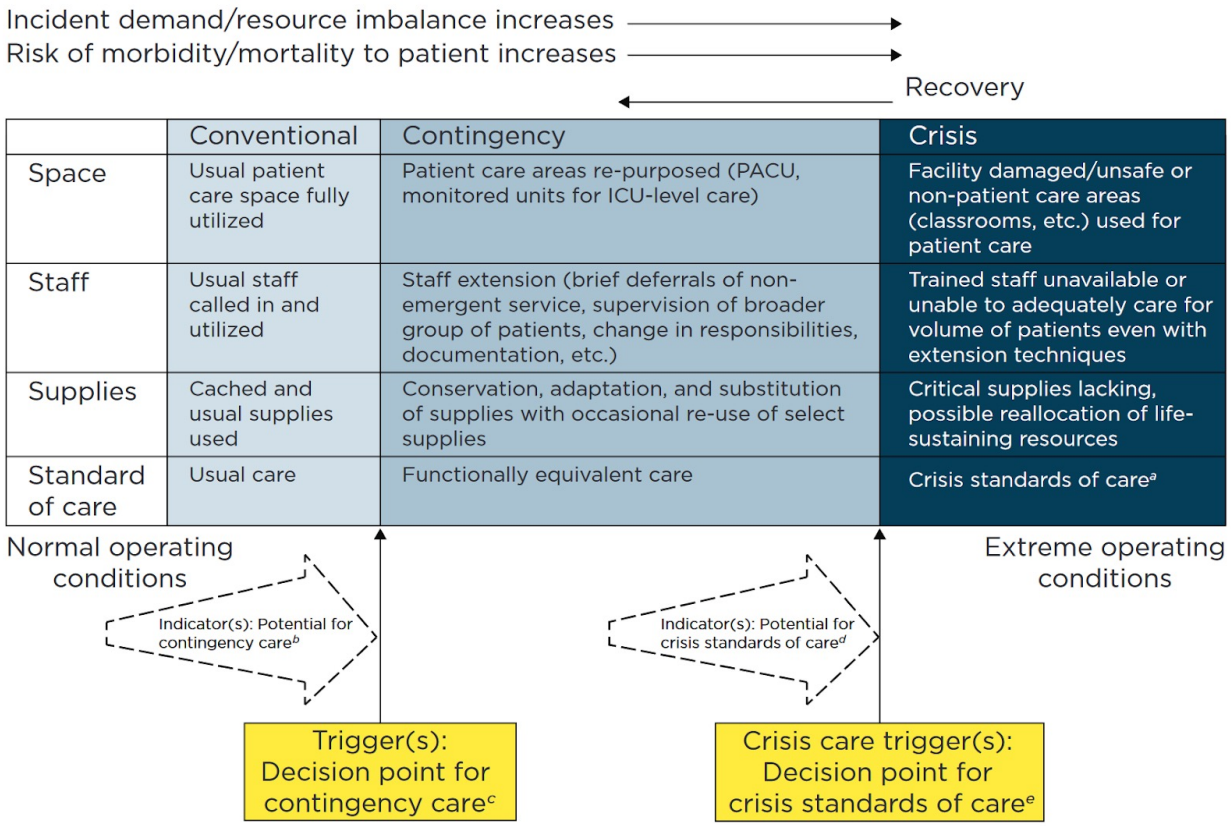
Pursue the common good in ways that:

- Are accountable, transparent & worthy of trust;
- Promote solidarity & mutual responsibility;
- Respond to needs respectfully, fairly, effectively & efficiently.

Promote the common good by balancing 3 equally important & overlapping ethical objectives:

- Protect the population's health by reducing mortality & serious morbidity
- Respect individuals & groups
- Strive for fairness and protect against systematic unfairness

Attending to Contingency and Crisis Conditions



	Conventional	Contingency	Crisis
Space	Usual patient care space fully utilized	Patient care areas re-purposed (PACU, monitored units for ICU-level care)	Facility damaged/unsafe or non-patient care areas (classrooms, etc.) used for patient care
Staff	Usual staff called in and utilized	Staff extension (brief deferrals of non-emergent service, supervision of broader group of patients, change in responsibilities, documentation, etc.)	Trained staff unavailable or unable to adequately care for volume of patients even with extension techniques
Supplies	Cached and usual supplies used	Conservation, adaptation, and substitution of supplies with occasional re-use of select supplies	Critical supplies lacking, possible reallocation of life-sustaining resources
Standard of care	Usual care	Functionally equivalent care	Crisis standards of care[a]

Institute of Medicine. 2013. *Crisis Standards of Care: A Toolkit for Indicators and Triggers*. Washington, DC: National Academies Press, p. 17. https://doi.org/10.17226/18338.

Contingency or Crisis Conditions?

- Healthcare facilities and systems should determine whether they can maintain conventional care practices or whether they face contingency or crisis conditions.
- Note that this decision is resource specific.
- Regional and statewide coordination is required in contingency and crisis conditions
- In some circumstances, regional or state authorities may be responsible for acknowledging contingency or crisis conditions and providing guidance

Contingency Conditions

- Goal: to adapt care practices to avoid crisis conditions while striving to maintain usual standards of care.
- Care should be functionally equivalent to care that is provided in conventional conditions.
- Functional equivalence is characterized in terms of
  - Outcomes
  - The aim of care

How to Judge Functional Equivalence

- Track outcomes to learn
- In the absence of outcomes data, rely on clinical judgment of experts

Avoid Ad Hoc Alterations to Care Practices

- Consult with unit, facility or system leadership
- Follow institutional policy and ethics guidance (if available)
- Under time pressure: consult with a colleague with relevant expertise and notify leadership afterward

Crisis Conditions

- **When functional equivalence can no longer be maintained, crisis conditions exist and a transition to crisis standards of care is the ethically appropriate response.**
- Goal: to promote overall benefit to the population while respecting rights and promoting fairness/equity.

Resource Allocation in Crisis

- Substantive ethical norms: to promote fairness and equity, a common ethical framework should guide allocation throughout the state.
- Fair and transparent processes are also required.

Substantive ethical norms

- Overarching goal: to promote overall benefit to the population while respecting rights and promoting fairness/equity
- It is not equitable to allocate scarce resources
  - First-come, first-served or
  - On the basis of whether patients have a pre-existing relationship with the health system
- MN ethics guidance also specifies a list of criteria that should not be taken into account in triage or rationing decisions (e.g., ability to pay, perceptions of quality of life, citizenship or immigration status, etc)

Fair, transparent processes

- Patients should be informed that CSC are in effect
- Triage/allocation decisions should be made by non-bedside providers who are specifically tasked with these decisions
  - Avoids ad hoc triage/rationing
  - Ensures that decisions are made effectively by people who trained in clinical protocols and ethics guidance
  - Enables monitoring for fairness and equity
    - Data should be recorded and routinely reviewed

Futile, Potentially Inappropriate and Non-beneficial Treatment

- Facilities may adopt expedited decision-procedures to address futile, potentially inappropriate and non-beneficial treatment when necessary to reduce the expenditure of resources associated with normal conflict resolution procedures.
  - E.g., a shorter timeline, involving fewer stakeholders, or fewer levels of administrative review
- In contingency conditions, expedited process must be functionally equivalent to normal processes in terms of protection for patient rights
- In crisis conditions, it may be impossible to maintain functional equivalence, but certain minimum requirments must be met.

How To Navigate the Shift to CSC

- Facilities/systems should be having conversations about how to implement CSC in their contexts.
- Involve ethics
- Reach out to state resources for consultation/support
- For some resources, we have had to navigate crisis conditions already in this pandemic

For Further Info on MCEC

- Guidance documents can be found at: https://www.health.state.mn.us/communities/ep/surge/crisis/index.html
- Lim et al. Developing an Ethics Framework for Allocating Remdesivir in the COVID-19 Pandemic. *Mayo Clinic Proceedings* September 2020;95(9):1946-1954 at https://www.mayoclinicproceedings.org/article/S0025-6196(20)30620-0/pdf
- DeBruin and Wolf. Ethics Support During COVID-19: The Minnesota COVID Ethics Collaborative. *Minnesota Medicine* Jan/Feb 2021: 10-11.
- Wu, DeBruin, Wolf, Klemond and DeMartino. Addressing a Missing Link in Emergency Preparedness: New Insights on the Ethics of Care in Contingency Conditions from the Minnesota COVID Ethics Collaborative. *American Journal of Bioethics* July 2021: 17-19.

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