

Ethics Panel Response to Strategic Ethical Question (discussed at Panel Meeting 30/04/2020)

Advising clinicians on ethical decision making in making decisions about use of critical care resource

National Principles	Panel Responses
Respect	<ul style="list-style-type: none"> ➤ Importance of being open and honest with patients, and communicate clearly with patients, families and staff as to what decisions are being made on allocating resources and the reasons why. Maintain a patient's autonomy, respect a patient's wishes, which could differ from the views of the clinician ➤ Mental Capacity Act, Deprivation of Liberty Standards to be and guidance on capacity when treating children and younger persons to be considered carefully in assessing patient's wishes
Minimising the overall harm from the pandemic	<ul style="list-style-type: none"> ➤ Decisions to postpone assessment, diagnosis or treatment of non-CV19 conditions should be clearly communicated together with some indication of the likely timescales where possible ➤ Decisions need to consider the potential harm of treatment as well as benefits, these include harm from critical care treatment and longer term effects of CV19 disease ➤ Decisions should be based on clinical need, prioritising where possible the likelihood of the resources having a positive outcome. ➤ Aim is to do good and not cause harm – is admission to critical care and e.g. ventilation likely to be beneficial for the patient (bearing in mind pre-morbid condition and current disease status)? What is the risk of harm e.g. environment, discomfort, psychological trauma ➤ Comparing the two patients, who has the better chance of a good long-term outcome with critical care support? Using a validated survival indicator tool might be helpful, although these may be biased toward "short-term" survival, whereas "long-term" survival is more important to consider. It may be easier to consider this in terms of "saving lives" and "saving life-years", and even the quality of those "life-years" could be considered. ➤ Where resources are strictly limited then due consideration should be taken of the quantity of resource required for the individual and whether this is the best use of that resource
Fairness	<ul style="list-style-type: none"> ➤ All decisions should be based on clinical need, prioritising where possible the likelihood of the resources having a positive outcome ➤ Approaches to decision making in different parts of the health board and by different clinicians should be consistently applied across the health board, whilst being individualised for patients ➤ Ensure that resource allocation is not adversely influenced by subconscious (or conscious) bias based on protected characteristics, as set out in the Equality Act 2010
Working Together	<ul style="list-style-type: none"> ➤ All Hospitals in Hywel Dda need to apply the same principles consistently and support each other to ensure capacity is equitably used for the population ➤ Staff should be reassured the health board will support staff and the decisions they make which comply with the latest available guidance
Reciprocity	<ul style="list-style-type: none"> ➤ We should ensure psychological and emotional support is available to staff who are having to make difficult resource allocation decisions, especially where there is a potential negative outcome for some patients as a result, and the families of those affected. ➤ Critical Care capacity constraints should be escalated through routine managerial arrangements in and out of hours, and senior managers need to communicate capacity constraints in the system to ensure that critical care resource is prioritised effectively
Keeping things in proportion	
Flexibility	