Ethical issues in the care of Ebola patients

New York State Task Force on Life and the Law

Ethical issues in the care of Ebola patients

- Hospitals around the country are trying to determine if certain treatments for patients presenting with Ebola Virus Disease (EVD) should be avoided.
- One specific treatment, cardiopulmonary resuscitation, has come under particular scrutiny. In part, this is because EVD can lead to hemorrhagic bleeding, which could be exacerbated by chest compressions. The bleeding would increase the risk of exposure to EVD for health care workers.
- Additionally, if CPR is needed, the patient is already in a medically compromised state and the risk may not justify the benefit to the patient of performing CPR.
- Questions have also been raised about other potentially life-saving procedures (e.g. cardiac catheterization) which would require moving the patient through the hospital.

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Current Perspectives[1]

- Several bioethicists and facilities have weighed in on the issue
- Nebraska Medical Center, in Omaha, has decided it won't perform CPR on patients with EVD.
- Dr. Joseph Fins, a bioethicist at Weil-Cornell, wrote a paper in the Hastings Center Report recommending against CPR since it would be medically futile and put staff at risk
- Texas Health Presbyterian Hospital, which treated Thomas Eric Duncan, received a DNR from Mr. Duncan.
- Professor A. Scott Lea at University of Texas Medical stated that they would give CPR to a person presenting with Ebola that walked in to the hospital and collapsed, but not someone who was at a stage, such as total respiratory failure, that they were not likely to come back from.
- The CDC has provided no clear guidance at this point but calls for minimal exposure only as necessary. In their EMS guidance they note that "Pre-hospital resuscitation procedures such as endotracheal intubation, open suctioning of airways, and cardiopulmonary resuscitation frequently result in a large amount of body fluids, such as saliva and vomit. Performing these procedures in a less controlled environment increases risk of exposure for EMS personnel. If conducted, perform these procedures under safer circumstances (e.g., stopped vehicle, hospital destination)"
- The CDC also advises health care workers to avoid unnecessary contact with patients and "If direct contact is necessary, personal protective equipment (PPE) and dedicated equipment must be used to minimize transmission risk."

1. Stephanie Armour, "Hospitals Wrestle with Extent of Ebola Treatment" *Wall Street Journal* Oct. 31, 2014

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Legal Concerns

- Under New York law, CPR should generally be provided unless the health care decision-maker has consented to a DNR order and a DNR order has been issued by a health care practitioner who can issue DNR orders within his or her scope of practice. (NY PHL § 2962).
- Unless a patient or a patients surrogate has completed a DNR order a facility must provide CPR, even when treatment is medically futile.
- It is in a hospitals best interest if they do not want to perform CPR to seek consent for a DNR order from the patient, their health care proxy, or their surrogate.
- There are no laws or regulations that would prohibit a health care provider from putting on necessary Personal Protective Equipment (PPE) before performing CPR.

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Ethical Issues

- Balancing patient autonomy, risk to staff, and risk to public health.
  - Certain procedures intended to save patients, such as CPR, may create increased risk of exposure to fluids containing EVD.
  - Exposure to EVD body fluids can lead to staff contracting EVD and putting those they come in contact with at risk for EVD.
  - Many of these procedures are necessary for patient care. Additionally, under ordinary circumstances, unless a patient consents to withholding treatment, not to perform them would be unethical.
  - What duty do we owe the patient and what duty do we owe healthcare workers?
  - When these duties collide, what actions should we take?

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What we need to learn

- Is CPR medically futile in certain cases? If so, when does it become futile?
  - One proposal has been multi-organ failure in EVD.
- Are there other treatments that could put staff at risk that would also be futile, and if so, at what point are they futile?
- Is it possible to perform CPR and other treatments without compromising staff safety?
- If the treatment is not futile, but puts staff safety at risk, where do we draw the line between saving patients and protecting the safety of staff and the general public health?

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Preliminary Guidance

- At this point, administering CPR should be considered on an individual patient basis, based on the progression of their disease, the futility of the treatment, and the risk to health care workers of the treatment.
- No health care worker should provide any treatment to a patient with EVD without proper PPE.
- Facilities should, upon admitting a patient with EVD, promptly have a discussion with the patient and his or her family about end-of-life treatment and decision-making.
- As more information becomes available about the course of EVD cases and medical futility in EVD cases, the Department of Health, Hospital Ethics Committees, and The Task Force, should continue to examine the ethics of certain treatments that may pose an increase risk for health care workers.