NUS National University of Singapore
Centre for Biomedical Ethics
Yong Loo Lin School of Medicine

CBmE PANDEMIC ETHICS SERIES

Intensive Care Triage: Communication and Support for Patients and their Families, and Healthcare Workers

Working Paper 2

This working paper is part of a series written by the Centre for Biomedical Ethics, Yong Loo Lin School of Medicine, National University of Singapore, and is intended to provide information for healthcare professionals and decision-makers on ethical issues arising from the COVID-19 pandemic. The views expressed do not, in themselves, reflect official government policy on these matters. Contributors to the series are listed on the last page.

REFERENCES

Communicating with patients and families

1. Truog, R. Mitchell, C. Daley, GQ. The Toughest Triage — Allocating Ventilators in a Pandemic. *NEJM*, March 2020. Available at: https://www.nejm.org/doi/pdf/10.1056/NEJMp2005689?articleTools=true.
2. VitalTalk, COVID Ready Communication Playbook. Available at: https://www.vitaltalk.org/wp-content/uploads/VitalTalk_COVID_English.pdf.
3. BMA- COVID-19 – ethical issues. A guidance note https://www.bma.org.uk/media/2226/bma-covid-19-ethics-guidance.pdf.
4. National Guidelines for Palliative Care, (Revised on 20th Jan 2015), Standards Development Subgroup of the National Strategy for Palliative Care Implementation Taskforce, Singapore. Available at: https://singaporehospice.org.sg/site2019/wp-content/uploads/National-Guidelines-for-Palliative-Care-Revised-Ed.-Jan-2015.pdf.
5. Center to Advance Palliative Care (CAPC), Leading Through a Crisis: Helpful Quick References for Leaders. Available at: https://www.capc.org/toolkits/covid-19-response-resources/. (Under Palliative Care Team Tools)

Moral distress

6. Nancy Berlinger, PhD; Matthew Wynia, MD, MPH; Tia Powell, MD; et al. Ethical Framework for Health Care Institutions Responding to Novel Coronavirus SARS-CoV-2 (COVID-19) Guidelines for Institutional Ethics Services Responding to COVID-19 Managing Uncertainty, Safeguarding Communities, Guiding Practice, *The Hastings Center Report*, March 16, 2020. Available at: https://www.thehastingscenter.org/ethicalframeworkcovid19/.
7. N Greenburg N, M Docherty, S Gnanapragasam et al. Managing mental health challenges faced by healthcare workers during COVID-19 pandemic. *BMJ*. 2020 Mar 26;368:m1211. Available at: https://doi.org/10.1136/bmj.m1211.
8. Nuffield Council on Bioethics, Rapid policy briefing: Ethical considerations in responding to the COVID-19 pandemic, 17, March 2020. Available at: https://www.nuffieldbioethics.org/assets/pdfs/Ethical-considerations-in-responding-to-the-COVID-19-pandemic.pdf

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Intensive Care Triage: Communication and Support for Patients and their Families, and Healthcare Workers

Key Ethical Principles

1	Respect for persons	Responsibility to communicate honestly and sensitively to patients and families, give them opportunities to share their views about matters that affect them, and respect their choices about care and treatment to the extent possible.
2	Stewardship	When resources are limited, to maximise benefits: prioritise saving lives and more life years.
3	Fairness	Resource allocation and triage rules apply equally to everyone.
4	Reciprocity	Moral obligation to support healthcare workers who are taking on more responsibilities and burdens in the pandemic, e.g. provide proactive counselling to manage moral distress.

Prevailing clinical guidelines on Intensive Care in a pandemic contain recommendations for triage and allocation of resources in healthcare institutions under such circumstances. They aid in clinical decisions by outlining: (a) the applicable ethical principles, (b) inclusion and exclusion criteria for ICU admission, and (c) guidance on withdrawing ICU care in surge or crisis scenarios. This document addresses ethical issues related to communicating such decisions, e.g. the use of time trials, withdrawal of ventilator support, to persons affected by them.

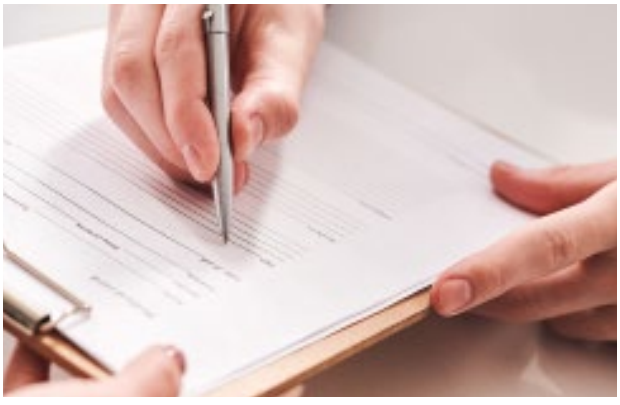
(1) What is an ethical approach to communicating with patient and family about time trials of ICU support?

1. Under normal circumstances, the patient's values, preferences and wishes would guide HCWs' approach to a patient's treatment, within certain limits. In a pandemic, patients and their families should be told that healthcare workers (HCWs) will take their preferences and wishes into account, to the extent possible.

2. Before discussing an ICU support time trial, HCWs should ask patients their understanding of their medical condition. This will enable HCWs to fill in any gaps in the patient's understanding and address any concerns the family may raise. The patient and family should be informed that the ICU support time trial is a treatment to give the patient the best chance of survival and recovery, and is offered on a trial basis for a few days to ascertain whether the patient is benefiting from the treatment. If the trial is not benefiting the patient, or if the patient develops serious complications, then they will probably have to change the type of care provided to the patient.

3. HCWs already know they should listen carefully, acknowledge what the patient and family are thinking and feeling, show compassion, communicate honestly, and provide explanations in plain language that the patient and their family can understand.

4. Conduct advance care planning and discuss the patient's wishes regarding treatment, including family members where appropriate, if feasible to do so.



(2) What is an ethical approach to communication with patient and family on ventilator withdrawal and the shift to supportive (therapeutic or palliative) care?

1. HCWs should explain to patients and families that in the pandemic, resource allocation and triage rules apply equally to everyone.
2. Understanding what is going on and what to expect with their condition and treatment will help patients and their families, and will prepare them emotionally and psychologically.
3. This will be a distressing time for patients and families. They should have access to psychological and spiritual support, if feasible.
4. Patients and their family members should be clearly advised, if available, that the shift to supportive care will be provided by a specialised team and optimized to meet their needs.

5. In communicating the information, consider using tools and resources available, including samples scripts found on Vitaltalk (https://www.vitaltalk.org/wp-content/uploads/VitalTalk_COVID_English.pdf) and others.

(3) What is an ethical approach to communication with the intensive care team and other HCWs if and when (1) and (2) happen, and how should institutions mitigate and address moral distress among HCWs in the pandemic?

Key Ethical Principles

1	Public health ethics	Recognises the moral equality of persons, with a duty to protect the health of the population and distribute resources in a fair manner.
2	Clinical ethics	Focuses on the duty of care owed to the patient, with their autonomy interests, and needs in clinical care being the primary considerations.

1. Moral distress, also known as moral injury, occurs when HCWs feel they cannot "do the right thing" or are helpless to avoid wrongdoing or harm.
2. During a public health crisis, HCWs may experience sustained pressure to make extremely difficult decisions, such as allocating scarce resources and balancing competing obligations to patients. They are also likely to experience strong emotions, including uncertainty and fear. The psychological impact of a high rate of loss of life within short periods of time can be particularly challenging.
3. Institutions therefore have a duty of care to their HCWs and should take steps early on to prepare them for the anticipated challenges to protect their mental wellbeing and reduce burnout.
4. HCWs should be informed of the national guidelines and its application in the clinical setting during the pandemic when resources are scarce.

5. Healthcare leaders can support HCWs to process the moral dilemmas they may face when resources are scarce by:

b

Building awareness of HCWs of the shift to providing care from a clinical ethics perspective to a public health one, and the ethical underpinnings of the latter, which focuses on saving lives.

c

Reassuring HCWs that they can still do their best for each patient, and that if triage decisions assign them lower priority, e.g. not for ICU care, they will be channelled into the best alternative form of (therapeutic or palliative) care.

a

Holding open platforms to support frank and honest discussions about the moral difficulties using realistic case scenarios and specific challenges faced by HCWs.

d

Equipping frontline staff to manage sensitive communications with patients and families, such as discussions about ICU time trials and withdrawal of treatment.

f

Healthcare leaders and supervisors should communicate and debrief frequently with their teams, as this can alleviate moral distress.

e

Establishing processes to support and identify HCWs who are feeling overwhelmed or suffering from burnout, including referral to psychological support if indicated. Supervisors should be explicitly briefed and prepared for this role.

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