

Document produced by the GOSH Paediatric Bioethics Service – March 2020

## Ethically Acceptable Practice in a Pandemic

These are unprecedented times

- When resources are truly overwhelmed, hard decisions need to be made, more frequently and more rapidly – overt rationing decisions become necessary.
- Some are existential for patients/people

Short of overt Major Incident Disaster Triaging we need to ensure that decisions are:

### **Reasonable; Open and transparent; Inclusive; Responsive and Accountable**

We need to ensure consistency between centres and across regions, with both administrative and regulatory oversight. Crucially, there must be both real-time and future support for the teams making these challenging decisions.

The level of intervention may need to be based on more utilitarian-type principles than normal – *e.g. doing the greatest good for the greatest number of people*. This means replacing our usual focus on doing what is in an individual's best interests by considering distributive justice (the socially just allocation of resources).

This is not to say discrimination is ever acceptable, however decisions based on the best use of resources, such as ventilators, may need to be made.

Factors to consider include chances of recovery, length of time likely to make that recovery and with greatest stress on the system some consideration of the long-term quality of that person's recovery.

For clinical teams making these challenging decisions ethics support must be provided during the acute decision-making phase – this can help ensure decisions are:

- (i) Morally acceptable and lawful
- (ii) Recorded

- It will help protect patients from any discrimination, whether overt or subconscious.
- It will help protect practitioners who are doing their best from later unfair scrutiny.
- It will ensure second opinions can be obtained in a reasonable time-frame, though this is unlikely to occur during the acute resuscitation phase.

These considerations are not limited to the *commencement* of interventions: accelerated withdrawal of life-sustaining treatment may be necessary in order to minimize opportunity costs for others – this reverse triage similarly needs consistency, oversight and support.

Essentially, (1) do your best, (2) treat people fairly, (3) there needs to be ethical help available, (4) show your working out - i.e. keep excellent contemporary notes and seek ethical support.

**GOSH Paediatric Bioethics Service:** [Clinical.Ethics@gosh.nhs.uk](mailto:Clinical.Ethics@gosh.nhs.uk)