Case 3: Moving infectious potentially dying patients

Key words: infectious disease; end of life care; best interests; risks to staff; making decision in teams

You are working in a small Ebola treatment unit (ETU) during a major Ebola outbreak in a low-income country. The ETU was established to guarantee that affected healthcare workers would get care. It is well stocked and staffed and only receives eligible personnel. It is believed that this measure will instil confidence in both the local and international communities, so that personnel continue to work or will come to the affected area to help care for the sick and contain the spread of the disease. Referrals come from across the country and whilst the roads in the immediate vicinity are good, infrastructure elsewhere is poor.

It can take up to two days for infected local healthcare workers to be transported by road across country to the treatment centre. Transfer by helicopters is not currently an option. This is because they are few and far between, and needed for the speedy transfer of resources and uninfected key personnel. Decontamination procedures would put them out of action for too long. Personnel have to travel with patients in the confines of the ambulance. This presents additional risk of infection and is also unpleasant due to the heat and lack of air conditioning, exacerbated by the wearing of PPE (personal protection equipment).

A local healthcare worker is referred to the unit. From the symptoms described it seems likely that this patient is 'stage 3' (though relatively stable), which means that the chances of treatment being effective are greatly reduced. However, the best available treatment in the country is on offer in the ETU, whose facilities and range of treatment options are far superior to those available locally. Alternatively, the patient could remain in the local unit where they were working. It is, however, unlikely that this patient will ultimately survive, but the disease progression is uncertain and very poorly patients have been known to survive.

Although the ETU is able to offer palliative care in the form of symptom relief and control, patients often die alone as nursing staff are unable to sit with dying patients due to the heat and its effects on those wearing PPE. Entry into the red zone (infected area) is restricted to only those that are necessary, to limit risks to staff. Moreover, there are no visiting arrangements for family members. The best that can be offered is that the patient, if sufficiently well, is wheeled to within sight of relatives, who are separated from the patient (and therefore possible infection) by two fences, two metres apart. Many relatives do not make the journey to the ETU and sometimes only receive a final photograph of their loved one.

The wishes of the patient are not known.

Issues raised by the case

1. Maintaining rules of eligibility (MRoE)

2. Pragmatic application of policy

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3. Ethically justifiable risk to staff

4. Determining a patient's best interests

Potential learning outcomes

1. Identification and consideration of ethical issues

2. Coping with moral distress/negotiating with colleagues who hold different opinions

3. Increased understanding of ethical issues surrounding MRoE and pragmatic considerations

4. Beginning to understand and apply consequentialist ways of addressing issues and associated problems as well as an application and an understanding of ethical duties

5. Beginning to understand how ethical issues may be anticipated and avoided

6. The definition and value of end of life care

1. What are the ethical arguments for and against accepting this referral?

There is no doubt that this is an eligible patient. This case is designed to draw a distinction between acting because one can *and acting as one* ought *to do.*

Arguments For:

- *Best available care for the patient, giving them the maximum chance of survival*
- *Prioritising clinical outcome is generally seen as a common ethical standard and goal*
- *Some palliative care is available and probably will be better than that available to the patient currently, so even if it is not possible to cure and save the patient at least they can alleviate suffering*
- *To transport and care for this patient is within the remits of the mission and therefore is an existing duty and should be undertaken, regardless of the risks and unpleasantness for staff*
- *The purpose and scope of the ETU is to treat patients such as these, there is therefore a corresponding promise to the host country and individual healthcare workers to care for this patient. A failure to recover and treat this patient would be a breach of promise to these people.*
- *Any failure to undertake what was promised would likely lead to a lack of trust in the mission support, UK military and UK and lead to a national loss of reputation in the UK military and the UK such that international relations may also suffer*
- *This in turn may also lead to less healthcare personnel being willing to come/continue to work in the affected area/ country to help care for the sick and contain the spread of disease. Therefore a failure to respond to this particular*

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case may be a causative factor in the future spread of Ebola, nation or even worldwide with devastating consequences and loss of life.

Arguments Against:

- *It can take up to two days to transport the patient- which would be uncomfortable for the patient who is already suffering. Is this really in the patient's best interests?*
- *Staff will have to wear PPE in the extreme heat within the confines of transport without air-conditioning- this will not only be difficult and very unpleasant for those members of staff involved there would also be a corresponding risk of heat exhaustion*
- *Risk of spreading infection whilst transporting the patient- this may be linked to the heat and discomfort of the transport conditions*
- *Although palliative care is available in the ETU- it is limited and due to the nature of the disease, it is limited to plastic-covered personnel offering symptom relief but unable of be present with the patient for very long*
- *Relatives may not be able to travel to the ETU- which would be further distressing to both patient and relative and maybe distant from patients in the ETU*
- *Likely poor clinical prognosis- the patient is unlikely to survive and therefore efforts to move the patient are likely to end up being wasted. Although it is good to provide palliation it might be better to allocate beds to (and for safe to face risks treating) patients with better odds for survival. This argument assumes: 1) that the bed can and will be allocated to someone who is less poorly 2) conserving the life of one person is more valuable than ensuring the comfortable death of someone else. This is NOT the same as when these two values conflict in the care of an individual patient (as occurs, perhaps in the context of debates about euthanasia). The trade is between extending one person's life-chances verses ensuring the more comfortable death of someone else entirely.*

2. **How does the fact that this is a military operation affect the ethical considerations in this case?**

   This may lead to discussion about different modes of decision-making and differences in a military and non-military environment. Learners may draw upon their own experience when there was a grey area and a decision needed to be made. Encourage learners to share experiences and reflect on what worked well and what didn't work so well, in both a military and non-military context. Ask students to examine the reasons for a reliance on leadership and fellowship in the military.

3. **Which do you think is the most important argument or factor on deciding whether to transport the patient or not?**

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Ask the learners for a show of hands as to who would transport the patient and who would not- if this has not been established with the first question.

When learners identify what they think is/are the most important factor/s- identify any consensus or differences. Then change the factor/argument that learners agreed was the most important factor and discuss with the learners if this changes their conclusion or decision process.

For example, if leaners say that the terms of the mission is the single most important factor- change the mission statement to something that allows the ETU greater leeway.

4. **How should a decision like this be made given that the team do not agree? Generate at least four different ways of making a decision in this case and examine the advantages and disadvantages of each decision model. For example, one way of making a decision would be to give each member of the team a vote.**

   You may want to specifically ask the learners: Are there any additional factors that need to/could be taken into account when determining how this should be decided? Again, military context and experience may prove useful reflection for individual learners as well as the group.

   Hopefully the group will generate a number of alternative ways of reaching a decision in this case; then ask the group to look at the advantages and disadvantages of each model. If the group does not generate discussion about the advantages and disadvantages of particular models of decision making the following models could be offered.

   Models of decision making- What are the advantages and disadvantages of these options:

   1. ***Discuss the factors and importance of each ethical argument for and against – ending with a democratic vote, where each member of the team gets one vote each.*** *The clear advantage here is that everyone's views count and therefore it is likely to be automatically perceived as a fair way. Disadvantages: the personnel who will be travelling to accompany the patient and will carry a greater burden of clinical risk and contact may perceive that their views and votes should have greater weight. In addition, it may undermine the chain of command or team leader if it is believed that if people are unclear about what their orders are it should go to a democratic vote.*

   2. ***Discuss the factors etc. with a vote but the people that are going to have to accompany the patient or deliver hands on care get two votes.*** *Advantage: This is likely to be perceived as fair but the fact that it goes against formal equality may be seen as not entirely fair. Disadvantages: It*

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may undermine the chain of command or team leader if it is believed that if people are unclear about what their orders are it should go to a type of democratic vote.

3. ***OR team leader gets two –*** *similar advantages to 1 and similar disadvantages to 2, although the additional vote for the team leader may reinforce the model of leadership and followership*

4. ***An invitation of opinion, but the decision is made by the team leader.*** *Advantage: clear leadership and with the invitation of opinion means that the team is involved in constructing the material of the decision. Disadvantage: there may be a perception of unfairness in that the people taking the risks haven't made the decision to take that particular risk.*
This approach needs to be fully understood: voices may be actively heard without views necessarily being acted up. The team leader is then responsibility for providing reasons for the ultimate decision to demonstrate how the views of dissenters have been taken into account, even if they were not decisive.

5. ***Refer up the Chain of Command****. Advantage: clear leadership and decision. Disadvantage: may not be as nuanced as a decision made on the ground and the team may feel disempowered and de-motivated.*

6. ***Ask the relatives to make the decision.*** *Advantage: no clear right decision, therefore empower the patient and relatives; the relatives are most likely to know what the patient wanted and whether they can make the journey. Disadvantage: lack of leadership; questionable abdication of responsibility.*

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