

Altered Standards of Care; Unaltered Standards of Ethics

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Disclaimer: The opinions expressed here are my opinions only and do not represent any opinions, positions or policies of any organization to which I am, or ever have been, affiliated.

Conflicts-of-Interest (COI): I have no COIs relevant to today's activities.

The Setting

The work of the Ethics Subcommittee of the Project on the Allocation of Scarce Resources Following an Attack Using an IND (improvised nuclear device) focuses on:

1. The first, approximately, 48 hrs. after an IND event has taken place, and
2. Ethical decision-making of an isolated physician or group of physicians and other clinicians before some approximation of a command structure has been established.

Ethical Ground Work To Date

There are many places to start.

There is a rich literature, dating explicitly back to the Napoleonic wars, addressing the ethics of medical decision-making under crisis resource conditions.

One can go back farther, all the way back to the Golden Age of Greece, to find guidance on this complex issue.

Ethical Ground Work To Date

Today, we start with the work, involving many of those participating in the present effort, that set out the basic ethical notion, based on utilitarian ethical theory, of:

The greatest good for the greatest number; the good defined as lives saved.

Devereaux et al., Summary of suggestions from the Task Force for Mass Critical Care Summit, January 26-27, 2007. *Chest*. May, 2008 Supplement; 1S -7S.

Ethical Ground Work To Date

The good defined as lives saved, is a natural, intuitive place to start.

From this starting point, work has progressed illuminating several of the ethical principles and values important to allocation of scarce medical resources.

Ethical Ground Work To Date

Another important group produced the following list:

- Duty to care
- Duty to steward resources
- Duty to plan
- Distributive justice
- Transparency

Powell et al., Allocation of ventilators in public health disaster. *Disaster Med Public Health Preparedness*. 2008;2:20-26.

Moving the Ethical Analysis Forward

We asked:

1. Is there anything more ethically important than working to save lives?, and
2. When attempting to save lives, when is efficient care too efficient?

Moving the Ethical Analysis Forward

Our answers:

1. While seeking the good of saving lives (ie. care for, at a minimum stabilize to prospect of transport), the principle of justice, defined as fairness, acts as the specifying ethical principle on utility.
2. Efficient care is too efficient when it is not provided fairly.

Moving the Ethical Analysis Forward

That is, fairness acts as a break on overly aggressive efficiencies in resource allocation.

Just seeking to save the most lives is not what makes treatment decisions ethical under any circumstances, including crisis conditions.

What makes for ethical decision-making about use of (scarce) medical resources is to do so fairly.

Moving the Ethical Analysis Forward

Fairness requires, crisis conditions or not, that physicians treat, as best they know how, while they juggle fluidities of case mix and resources.

What is fair is to make a good faith effort to treat all patients according to need, based on best medical assessment of outcome, given knowledge of resources available.

Moving the Ethical Analysis Forward

Raising up the principle of fairness as the primary ethical principle guiding physicians and other clinicians about how best to pursue efficiencies of medical scarce resources assures that the most lives saved will be saved in ways society will recognize as ethical once society recovers from an IND.