Executive Summary

The highly infectious and potential lethality of Ebola Virus Disease requires thoughtful application of medical ethical principles in a novel environment. Public health ethics, seeking the greatest good for the greatest number, will shift the focus of those traditionally driven by clinical medical ethics, seeking the greatest good for the individual patient. Therefore, limiting possibilities for exposure to and transmittal of the virus becomes the highest priority for all clinical and administrative practitioners. This paper articulates processes for ensuring ethical engagement and offers guidance in some specific circumstances, but cannot cover all possible administrative and clinical scenarios.

Purpose

The two purposes of this white paper are to state guiding ethical principles with administrative and clinical applications that should be considered (1) by those writing policies and procedures statements and (2) by those making clinical and social decisions related to treatment of persons who may have contracted the Ebola Virus. The intent is to understand how medical providers’ obligations (duties), patients’ needs (rights), and community risk (safety) must be negotiated in the presence of a deadly and contagious virus.

Mission and ethics implications:

The presence of Ebola Virus Disease (EVD) epidemic in West Africa threatens all persons worldwide should the epidemic not be contained. This white paper addresses what we believe to be core medical, administrative, and social ethical principles unique to this international challenge.

Indiana University Health is committed to improving the health of our patients and community. During times of viral epidemic, the health of the community may require that hospitals and medical systems adjust how we attend to the health of all individuals, since such infectious epidemics may, by their nature, bring the health of some individuals in conflict with that of others. Both science and compassion are required in the face of Ebola Viral Disease (EVD) in order to stop disease transmission and restore to health those who have been infected.
IU Health is prepared to serve both our local community and our world community as requested and needed. But we will do so on the basis of preparedness that advances healing of body, mind, and spirit. We must not be reactive because that poses risk of spreading disease or unnecessarily contributing to fear.

**Overarching ethical principle:**
The long tradition of medical ethical discourse regarding principles of beneficence, nonmaleficence, distributive justice, and precautionary wisdom (and others) must be called upon to shed light on difficult choices that must be made. **These core principles yield the application named repeatedly in this paper, that is, health care workers must place highest value on actions that limit their risk of acquiring and transmitting EVD.**

EVD presents a public health challenge and thus principles related to public safety outweigh personal rights and traditional clinical ethical responsibilities. Specifically, more than any health crisis of the modern era, the nature of EVD’s risk of transmission to health care workers (and thus endangering the public) brings the well-being of infected patients in tension with the well-being of health care workers who serve them. Key obligations include:

1. The duty to contain the spread of EVD.
2. The duty to protect health care workers so as to contain spread of the disease to the community.
3. The safety and protection of the health of health care workers may in some circumstances take priority over the health and chances of recovery of patients so that the health care worker resource can be sustained.
4. Standards of care may ethically evolve in response both to the new information about the relative risks and/or successes of certain interventions, but also according to consideration of local institutional capacities.

**Spheres of Concern:**

1. Epidemic affected areas of West Africa. Obligations to the distant stranger.
2. Patients requesting medical intervention in central Indiana. Families of these patients also require concern. Obligations to the close stranger.
3. IU Health employees and care providers. Obligations to colleagues.
4. IU Health as a public institution. Obligations to the public.
5. The person of the health care worker. Obligations to self.

**Section 1 – Implications of principles related to West Africa:**

Those at the center of an epidemic require immediate and sustained medical and humanitarian assistance. One of IU Health’s governance stakeholders, the Indiana Conference of the United Methodist Church, has a long and deep history of medical
missions in Liberia and Sierra Leone. These resources have been devastated by EVD.

1. IU Health should promptly allocate resources toward medical and humanitarian assistance requested through either the Indiana Conference of the United Methodist Church or the United Methodist Committee on Relief.
2. IU Health media relations should ensure that IU Health health care workers are aware of volunteer opportunities through international medical channels.

Section 2 – Implications of principles related to patients requesting medical intervention in central Indiana:

EVD demands that health care workers distinguish obligations to provide heroic care and heroic medical interventions. All patients and their families have the right to our care. No patient or family has the right to receive every medical intervention available. Beneficence includes not simply the patient but the entire community within its sphere of doing good. In addition, an ethic of precaution (safety) precedes one’s duty to treat.

1. An altered standard of care will be instituted based upon the first principle of public health, that is, protection of the health of the public through limiting to the greatest extent possible transmission of the Ebola virus to medical workers.
   - Altered Standard of Care: It is important to recognize that the standard of care shifts when there is a significant threat from communicable disease. The “Standard of Care” applied in this type of circumstance is a sliding scale of care appropriate to the potential risks to health care providers and the greater community in addition to resource demands of the event. Priority must be given to promoting the common good over protecting the individual. Regardless of patient condition, even in the face of a life threatening emergency for the patient, health care workers should always protect themselves from viral acquisition over intervening to assist the patient, even in circumstances where a relatively routine procedure may be life saving.

2. No interventions should be provided that are not sanctioned and practiced by the CDC and the four top level biocontainment patient care units. On the value of transparency for patient and family education, IU Health will provide appropriate information about altered standards of care at times and in ways that support engagement.
   a. The Centers for Disease Control and the four primary inpatient treatment facilities in the US have thoughtfully prepared for viral epidemics and have significant experience in such treatments. If they do not consider an intervention safe, IU Health should not attempt that intervention and IU Health leaders should ensure that the intervention is not attempted at one of our facilities.
b. Interventions provided by IU Health health care professionals may be more limited than the CDC, given our current inexperience in dealing with such virulent viruses. Thus, all interventions will be assigned one of three categories:

i. Interventions that will never be provided.
   These interventions incur too high a risk of disease transmission to be considered. The System Infection Prevention Physician, the Chief Medical Executive, and the Chief Nurse Executive, or their designees will state what interventions will not be offered in any IU Health facility.
   Examples: Any examination or treatment that cannot be accomplished within the Isolation Room or for which no personnel who provide that intervention have been trained in personal protection procedures for EVD. Surgery in an operating suite, Advanced Cardiac Life Support, radiology procedures not available utilizing mobile equipment that can be left in the isolation room.

ii. Interventions that may be considered.
   Interventions that have the potential to save a life may be considered only after careful evaluation by members of the treatment team and with the consent of the facility Chief Medical Officer, the Service Line Chief Medical Officer, the facility Chief Nursing Officer, and other consultants as may be needed and invited. If there is a high likelihood that a risky intervention will indeed save a life, the weight will be to provide the intervention. If there is low likelihood that the intervention can save a life, the weight will be to not provide the intervention.
   Examples: Intubation, dialysis, chest tube insertion, central line placement, blood transfusions, OB procedures.

iii. Interventions that will be provided.
   These are procedures considered at low or no risk of disease transmission. Further, they are universally considered standard supportive interventions for those with EVD.
   Examples include: Oral and IV hydration, nutrition, medication support for blood pressure, comfort care measures, antibiotics, intravenous inotropes.

3. Non-essential medical staff and visitors will not be permitted within the Isolation Room.
   a. IU Health will provide, as we have reasonable capacity and resources, remote presence through video-audio link technologies.
   b. Those in learning capacities (interns, residents, fellows, etc.) will not enter the Isolation Room.
   c. Infected children present a special challenge to this principle. In the interest of not exposing uninfected persons, visitors (including parents) will not be permitted. Risks to the public must be reduced to the greatest extent possible.
i. Exception: If a parent or other family member has recovered from EVD (and thus presumed to have immunity), they may be admitted after review of the risks and benefits accruing to the patient, the visitor, and the public.

d. The spiritual and/or emotional well-being of the patient may require intervention by other health care workers. Example: a chaplain to prepare a patient for death through religious rituals, prayers, or other means.

i. See 2.b.ii. above for those from whom consent must be gained prior to such interventions.

ii. No health care workers will be admitted who have not been thoroughly trained in personal protection protocols and they will be carefully monitored for observance of these protocols.

e. Due to the extremely infectious nature of deceased bodies, special precautions must be exercised in transporting the body from the Isolation Room to the Crematorium.

i. This should be a one-move procedure (e.g., no stopping at the hospital morgue).

ii. No family or religious death rituals will be provided at the site of the deceased. Chaplains will offer spaces in the hospital such as chapels and prayer rooms where such rituals can be expressed in the absence of the deceased.

iii. No option will be provided for disposal of the remains other than cremation. Because cremation is not accepted by many persons, and some religions discourage or prohibit cremation, families and loved ones will receive counseling and support from chaplains, social workers, and others to assist their coping with this fact.

Section 3 – Implications of principles related to medical staff and hospital employees

The protection of healthcare workers from infection is primary in order to limit spread to the population. IU Health must also preserve the system’s ability to care for future patients. The personal, health, and financial needs of those who take on extraordinary risks obliges the institution to make extraordinary efforts to provide for their welfare. Health care workers have historically cared for patients at great risk to themselves, but today in the case of EVD, the primary public health ethic is to prevent spread to others.

1. Only health care workers who request assignment to work with patients with EVD will do so as long as sufficient personnel request assignment.

   a. Workers who request assignment will be carefully screened, oriented, and trained.

   i. If an insufficient number of persons request assignment for this responsibility, medical and administrative leaders will consider
options. Examples include assigning and training staff who have not requested assignment, transferring the patient to a local facility that does have sufficient staff, and asking CDC to identify a facility and transfer.

ii. Should the number of workers or the specialty focus of those workers not be sufficient to meet the demands for patient care, IU Health may assign essential health workers to the treatment of Ebola patients.

iii. The fact that IU Health hospitals have long histories of serving the emergency needs of all patients who arrive at their doors places special responsibility on leaders to recruit sufficient workers for training to meet the expected demand.

iv. No person in a learning capacity (students, interns, residents, etc.) will be assigned to care for EVD patients.

b. Standards for PPE must be no less than CDC, but may be more if documented as effective.

c. Any health care worker who will treat a known infected patient must have received extraordinary training in the use of personal protection equipment. This training must be documented, evaluated, and maintained over time.

i. Example: Emergency department workers who suspect that a patient has EVD will isolate that patient and provide no further assessment or intervention. Rather, the team trained for EVD intervention will be called.

d. Health care workers who are actively working with EVD patients must be assured that sufficient protective resources will be provided to them: isolation equipment, other workers to watch and warn of potential breaches, sufficient rest, and financial resources and salary support for periods of quarantine.

2. All health care workers should receive accurate information concerning:
   a. Actual risk;
   b. Actions to lower risk;
   c. Strategies to reduce fear and avoid panic.

3. Room cleaning and hazardous waste management must meet the highest industry standards. If an insufficient number of workers request this assignment among service support workers (e.g. environmental services personnel) to perform this function, professional staff may be trained to provide this function.

4. Health care workers who are assigned to work with EVD patients may be rewarded in unique ways:
   a. Financial payments that recognize their special contributions, but that do not create incentives to take risk.
b. Generous procedures that provide for the physical, emotional, and spiritual well-being of the volunteer and her/his family should quarantine be required.
c. Strict procedures that will limit risk to the public in the case of health care worker suspected exposure to EVD.

Section 4 – Implications of principles related to IU Health as a public institution

IU Health is a significant public institution in Indiana and provides many public goods. Therefore, the well-being of the institution and its obligations to serve the public require articulation. Ethical principles related to resource allocation and distributive justice inform the duties and rights of IU Health as it addresses the challenges posed by EVD.

1. IU Health should rationally distribute its resources so as to maximize its good both in the short-term and into the long-term future. Examples: It is not likely that every hospital in the IU Health system can immediately be competent in all aspects of EVD treatment. While all entities must be competent in assessing for possible presence of EVD and being first responders, leadership should determine what entity(ies) can actually provide such treatment and focus resources to promote the greatest community good.

2. IU Health may engage other health care institutions to develop cooperative and joint ventures that focus resources in such a way that patients, institutions, and the community benefit. Examples: Creation of a single regional site for EVD treatment with shared funding. Insurance companies should waive out-of-network charges and limitations for patients whose treatment begins in an out-of-network entity.

3. IU Health in cooperation with public health agencies will provide active and progressive education about prevention of spread of disease and engage efforts to reduce fear.

4. IU Health will support quarantine that is based on effective interventions, both to address the disease risk and to reduce public fear. This may include enforcing isolation of patients who are suspected to have EVD (initial presentation prior to confirmatory medical test) or confirmed to have EVD over the objections of patients who may wish to leave the facility.

Section 5 – Implications of principles related to personal well-being

One primary obligation of the health care worker is her/his personal well-being. A great gift of this well-being is willingness to self-sacrifice on behalf of others’ needs.
Those who desire to volunteer for service to EVD patients, whether through IU Health or international medical agencies, should carefully consider their motivations, the needs of their family, and the health of their communities.

**Final comments**

While this paper points to core ethical principles and articulates some of the implications of those principles in the presence of EVD, this discussion will evolve and broaden. There will be ongoing conflicts between duties and goods, between obligations and rights, between compassion and safety. Administrators, clinicians, patients, families, and the public will be engaged in ongoing dialogue, engagement, and reflection.

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