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**UT** Health  
Rio Grande Valley™

# **What are the Bioethics issues that COVID-19 presents?**

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# Objectives

- Define Bioethics
- Explain tools used in Bioethics
- Demonstrate Bioethics issues that the COVID-19 presents
- Connect definition and tools of Bioethics to the pandemic and possible impact in the Rio Grande Valley





# What is Ethics?

“Ethics is a systematic reflection on how to make morally appropriate choices based on convictions about the meaning of life, health, suffering and death.”

“The Bioethics Consultation Service of the Children’s hospital Medical Center.” Cincinnati, Ohio



# What is Bioethics?

“The critical examination of the moral dimensions of decision-making in health-related contexts and in contexts involving the biological sciences.”

“ Bioethics and Social Responsibility.” Gorovitz, Samuel. The Monist 60 ( January, 1977)

# Why is Bioethics Important?

- Realisation that ‘not everything goes’, e.g.
  - Tuskegee Syphilis Experiment
  - Nazi human experimentation (Nuremberg Trials, 1945-1949)
  - TGN1412 trial: Did something go wrong?
  - Dr Shipman
  - DDT (Rachel Carson’s ‘Silent Spring’)
- Therefore: need for justification

# Some Ethical Theories

- Consequentialism
- Deontology

# Consequentialism

- Good: what is likely to produce better than bad consequences.
- Bad: what is likely to produce worse than good consequences.
  - E.g.: **utilitarianism**: good is what produces the greatest utility (usually understood in terms of ‘happiness’) for the greatest number.
    - Often used for resource allocation issues: **how can we promote the largest amount of happiness with limited resources?**



# Consequentialism

## Problems:

- Can we know the likely consequences of our actions? What if there is great uncertainty?
- Impartial moral theory  $\leftrightarrow$  Some would say that we have a duty to be partial.
- Certain rules may be ignored (yet some forms of consequentialism take some deontological principles into consideration)

# Deontology

- From the Greek word for ‘duty’
- rules, which express our duties
  - E.g. killing someone to give their organs to someone else may ignore our duty to respect that person’s right to life.

# Deontology

- Problems:
  - Always following rules of conduct can lead to negative consequences
    - e.g. not fabricating a research result might mean admitting that your study found nothing that is interesting.

# Bioethics Principles

- Autonomy: free will
- Beneficence: do good
- Non-maleficence: do not harm
- Justice: social distribution of benefits and burdens



# Triage 1992 and 1994



**Front**

**TRIAGE TAG**

No.

MOVE THE WALKING WOUNDED **MINOR**

NO RESPIRATION AFTER HEAD TILT/OPA **DECEASED**

RESPIRATIONS — OVER 30 **IMMEDIATE**

PULSE — NO RADIAL PULSE **IMMEDIATE**

MENTAL STATUS — UNABLE TO FOLLOW SIMPLE COMMANDS **IMMEDIATE**

OTHERWISE... **DELAYED**

| Time | Pulse | B/P | Resp | <input type="checkbox"/> Awake       |
|------|-------|-----|------|--------------------------------------|
|      |       |     |      | <input type="checkbox"/> Verbal      |
|      |       |     |      | <input type="checkbox"/> Pain        |
|      |       |     |      | <input type="checkbox"/> Unconscious |

**P0 DECEASED**

**P1 IMMEDIATE**

**P2 DELAYED**

**P3 MINOR**

**Back**

**TRIAGE TAG**

PROPERTY ID TAG

ACCIDENT LOCATION MARKER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Transport: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_

Major Injuries:

HEAD  BACK

CHEST  EXTREMITIES

ABDOMEN  OTHER \_\_\_\_\_

ALLERGY: \_\_\_\_\_

Rx: \_\_\_\_\_

NOTES: \_\_\_\_\_

**P0 DECEASED** Expired Resuscitation

**P1 IMMEDIATE** Always respiratory, cardiac problems, uncontrolled hemorrhage, open chest wounds, severe head injury, shock, burns or crush

**P2 DELAYED** Spinal cord injury, multiple chest fractures, multiple burns, uncontrolled head injury

**P3 MINOR** All minor and noncatastrophic fractures, wounds, other injuries, burns or psychological problems





# Talmud Baba Metziah 62a (500 AC)

Two people are traveling together in the desert. Civilization—a settlement where water and food are available—is not nearby. One of the travelers possesses a canteen of water sufficient to enable only one person to make it to the settlement alive. If, however, the two travelers share the water in the canteen, neither will survive.


- 1. sage rules that the owner of the canteen is obligated to share his water. His reasoning depends on an emotional argument: Who would want to live having witnessed their companion dying and knowing that he died because the owner did not share his water?*
- 2. sage rules that the owner of the canteen can claim all the water (if, indeed, he needs all of it to live) because the kinsman cannot “live with” him unless he himself remains alive. Hence the owner of the canteen should prioritize himself over his companion.*



# Prominent Bioethics Issues

- How do doctors and hospitals decide who gets potentially lifesaving treatment and who doesn't?
- Should regulations supporting good research be the same everywhere?
  - E.g. Study of the COVID-19 Vaccine
- Why are health resources insufficient (in some countries) and how should resources be allocated?
  - E.g. not enough personal protective equipment (PPE), not enough high-filtration N-95 masks for health care workers), hospitals beds, etc.
- When is withholding/withdrawing treatment appropriate?
- Will “Do Not Resuscitate ” (DNR) orders be affected ?





# Three Ethical Duties of Health Care Leaders Responding to COVID -19

- Duty to Plan: Managing Uncertainty
- Duty to Safeguard: Supporting Workers and Protecting Vulnerable Populations
- Duty to Guide: Contingency Levels of Care and Crisis Standards of Care

**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* Nancy Berlinger, PhD; Matthew Wynia, MD, MPH; Tia Powell, MD; D. Micah Hester, PhD; Aimee Milliken, RN, PhD, HEC-C; Rachel Fabi, PhD; Felicia Cohn, PhD, HEC-C; Laura K. Guidry-Grimes, PhD; Jamie Carlin Watson, PhD; Lori Bruce, MA, MBE; Elizabeth J. Chuang, MD, MPH; Grace Oei, MD, HEC-C; Jean Abbott, MD, HEC-C; Nancy Piper Jenks, MS, CFNP, FAANP. The Hastings Center • March 16, 2020

# Facing Covid-19 in Italy

“Dr. D., a middle-aged chief of cardiology at one of the biggest hospitals in northern Italy, developed a fever. Fearing he might have Covid-19, he sought confirmatory testing but was told there weren’t enough tests available for those who hadn’t had demonstrated exposure to an infected person. He was therefore advised to stay home until the fever resolved. He returned to work 6 days later, but 5 days after that, a mild fever recurred, and soon he developed a cough. He again quarantined himself in the basement of his home so as not to expose his family.”

“Who gets a ventilator or a hospital bed — Italian doctors sought ethical counsel and were told to consider an approach that draws on utilitarian principles.”

Facing Covid-19 in Italy — Ethics, Logistics, and Therapeutics on the Epidemic’s Front Line  
Lisa Rosenbaum, M.D. <https://www.nejm.org/doi/full/10.1056/NEJMp2005492>



# Bioethics Approach

A utilitarian approach would maximize overall health by directing care toward those most likely to benefit the most from it.

A ventilator, would go to someone more likely to survive instead of someone deemed unlikely to do so. It would not go to whichever patient was first admitted, and it would not be assigned via a lottery system.

(If there are ties within classes of people, then a lottery — choosing at random — is what some ethicists recommend.)

Who Should Be Saved First? Experts Offer Ethical Guidance

<https://www.nytimes.com/2020/03/24/upshot/coronavirus-rationing-decisions-ethicists.html?referringSource=articleShare>

A British researcher said, “There are arguments about valuing the **young over the old that I am personally very uncomfortable with,**” adding, “Is a 20-year-old really more valuable than a 50-year-old, or are 50-year-olds actually more useful for your economy, because they have experience and skills that 20-year-olds don’t have?”

“ Chilling’ Plans: Who Gets Care as Washington State Hospitals fills up.”

<https://www.nytimes.com/2020/03/20/us/coronavirus-in-seattle-washington-state.html>

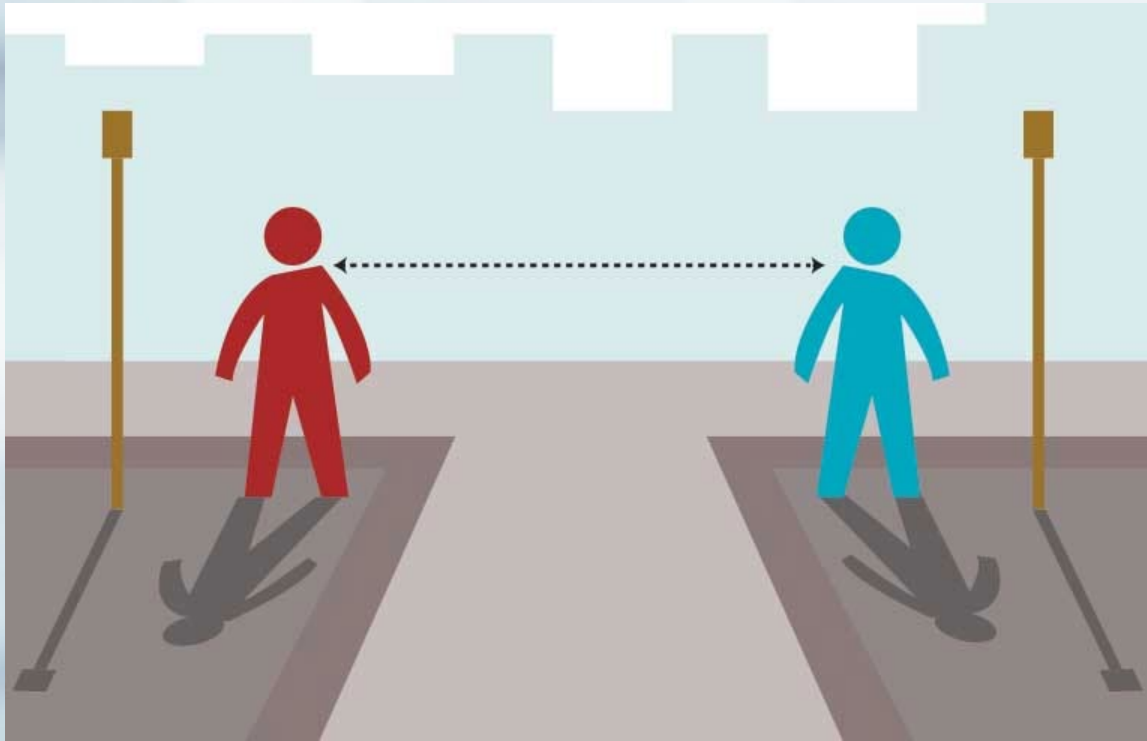
Dr. Emanuel (Vice provost for global initiatives and chairman of the Department of Medical Ethics and Health Policy at the University of Pennsylvania) disagreed with that interpretation: “The 20-year-old has lived fewer years of life; they have been deprived of a full life. If they have roughly comparable prognoses, then **the fact that the 20-year-old has not had a full life counts in their favor for getting scarce resources.**”

“ Who Should be Safed First.”

<https://www.nytimes.com/2020/03/24/upshot/coronavirus-rationing-decisions-ethicists.html?referringSource=articleShare>

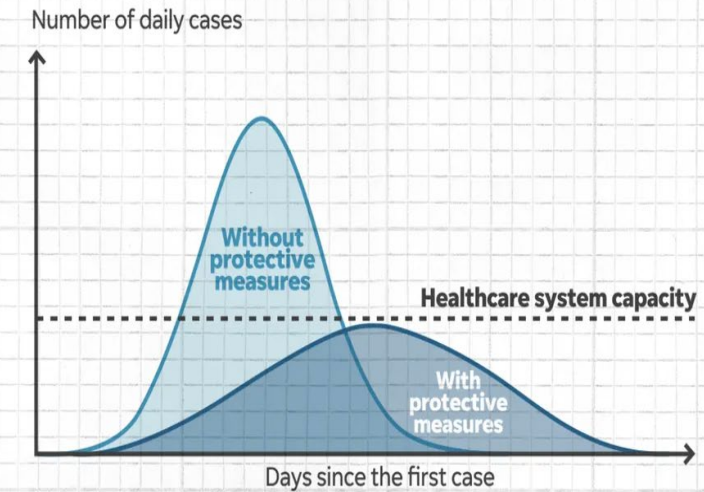


# Final Comments...



## SOCIAL DISTANCING

FAQs



SOURCE: CDC

# It is Time to Make your Own...



**Masks made by the UTRGV College of Fine Arts students**

<https://www.nytimes.com/2020/03/31/opinion/coronavirus-n95-mask.html?referringSource=articleShare>

Exodus 30:20-21

20 Whenever they enter the tent of meeting, **they shall wash with water so that they will not die.** Also, when they approach the altar to minister by presenting a food offering to the LORD, 21 **they shall wash their hands and feet so that they will not die.** This is to be a lasting ordinance for Aaron and his descendants for the generations to come.”

Isaias 26:20

Come, my people, enter your chambers,  
and shut your doors behind you;  
**hide yourselves for a little while**  
**until the fury has passed by.**



# Objectives Covered

- Bioethics= Biology + Ethics
- Explain tools used in Bioethics
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ANY  
QUESTIONS?



Thank you

