When Disaster Strikes: Ethical Issues in IPAC Outbreak

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Objectives
• Discuss ethical issues of resource allocation
  • High volumes of patients
  • Shortages of anti-viral therapy, ventilators

• Discuss issues related to HCW professional responsibility
  • Patient vs personal risk
  • Home vs work related responsibilities
Ethical Responsibility

• What makes something ethical?
• We know it when we see it, but can we really describe it?
• The complexity is that these issues are at the interface of:
  a) personal attitudes, beliefs, experiences
  b) societal norms, pressures, beliefs
  c) legal constructs

Shifting Sands of Ethics

• Physician assisted suicide
  1980-illegal
  2000- illegal but questioned
  2015- legitimate and ethical

• Death with dignity
Shifting Sands of Ethics

• 1980: <28 week birth
  ..... Spontaneous abortion

• 1990: some 24 week babies survive

14th Century

• Bubonic Plague ravages Europe

• One remedy was to move out of the city for fresh air

• Physicians leave the city when the plague hits!
2015: Ebola in West Africa

- >800 healthcare workers die
- Hospitals close due to lack of staff
- 100’s of physicians die or refuse to see patients
- 1000’s die with lack of diagnosis and treatment.

Novel Respiratory Illness-Ethics

- A novel infection has appeared in Canada
- Initial information suggests that infected individuals have a 30% mortality
- The disease seems to spread human to human
- The very young and the elderly are worst affected
Personal vs Professional Responsibility

- Aggressive medical care and early diagnosis improve survival
- Community clinics close
- Back log in the Emergency department
- Mixed messages from community leaders and public health

Do I stay home and let patients die?

How Do You Decide?

- I took an oath to save lives
- I am committed to help my patients
- I am very afraid to get sick
- What will happen to my family if I die?
- What happens if I bring home the disease and infect my family?
Key Questions?

- Is the disease hospital based or community based?

- If the disease (e.g., influenza) is in the community, the hospital may be a “safer” environment

- What can I do to reduce my risk of infection?

- What can my Institution do to make the environment safe and reduce my risk?

Who is responsible for my safety?

- Personal
- Supervisor
- Workplace
- Public Health
- PHO
- Government: provincial/federal/territorial
- WHO
Lessons learned

Ebola

• 1976... nurses die of Ebola

• 1986... use of gloves and masks..

• No HCW deaths

• Focus on proper safe burial
Ebola 2015-USA

- No healthcare workers died in the US
- Aggressive medical care made the difference
- Transmission of disease was easily managed with proper PPE
- Hysteria drove over-the-top response
- Panic drives public policy

The Ethical Solution?

- It is not about ethics and competing responsibilities!
- The solution is appropriate IPAC
- The solution is preparedness
- Perhaps?? Lack of preparedness is unethical.

It is hard to say that I was ethical by abandoning my patient responsibilities
Infection prevention and control: Who’s role is it anyways?

- **IPAC is everyone’s role and responsibility**
- Responsibility for **personal protection**
- Responsible for patient **care** and **protection**
- Prevention of spread from HCW to patient, patient to HCW, patient to patient, to family members.
- IPAC is a **culture** of personal and mutual respect
- A culture of hand hygiene and personal behaviors and choices

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How Do You Decide Priorities in NRI?

- Best to plan ahead
- Transparency of the policy
- Rationale that is clear
- Use triage for who are most likely to survive
- If possible identify the most “at risk”
- Compassionate approach to those who we cannot help
Who should get Tamiflu in short supply

- Prophylaxis should **not** be the priority
  - Effectiveness is poor
  - Resource intensive
  - Duration unknown (and side effects)
  - False sense of security
  - Avoids importance of personal protection

Who Most Likely Dies of NRI

- Depends on the organism
- SARS >50
- pH1N1: pregnant, obesity, young adults
- Seasonal influenza: very young and very old
- Legionella: very old with COPD
- H5N1: contact with sick or dead birds
Pandemic planning: Pregnant Women

- Originally were not included on the pandemic priority list
- Mortality in 1919, 40% among pregnant women. High fetal mortality
- In shortage, treat the pregnant mom

Save 2 lives with one treatment!

Pandemic Planning: The Elderly

- In outbreaks some of the first deaths are in the very old and infirm
- They can fill up hospital beds, ventilators
- Then where do the young ones go?
The Elderly: Policy

- In pandemic, elderly and very infirm in nursing homes will not be transferred to acute care

- Is this ageism?

- Is this discriminatory?

- Is this ethical?

PANAM Outbreaks and Ethics

- A 28 year old athlete fell while training 1 week before her race

- She presents to the clinic 2 days later with cellulitis of her right hand

- Culture is taken and she is started on antibiotics

- MRSA is identified, antibiotics are modified and she is placed in segregation in the athlete village.
4 Days Later

• The hand cellulitis is improved with only a small open area and mild oozing of clear liquid.

• The patient wants to compete in her heat tomorrow evening

4 Days later

• Policy is 7 days of antibiotics and re-culture
• If the patient does not run tomorrow, and misses her heat, she cannot compete
• She has been training for 10 years
• If she does well, she qualifies for the Olympics in 2016
• At her age she may never get another chance to qualify
Ethical Dilemma

• Do we let her compete or not?

• What are the dangers to the athletes around her?

• Good of the One vs Good of the Many?

• What mitigating circumstances can we consider?

• What if her event was wrestling?

Conclusion

• Ethical dynamics are a constant shifting sand of conflicting priorities, rights and responsibilities

• New information should be applied to modify this dynamic

• Balance rights, responsibilities, the priority of the collective over the individual
Conclusion

• Apply new knowledge to bridge the gap between the competing rights

• Application of IPAC protection principles can be a key driver in this process in outbreaks

• Applying appropriate PPE can reduce individual risk, and enable HCWs to safely and ethically fulfill their professional responsibility

• Institutional responsibility to train and refresh HCWs on appropriate PPE in an outbreak

Conclusion: Athlete with MRSA

• Proper bandage of the infected hand, should likely not be a major risk for her ability to compete in the 100M sprint

• Bandaging would not be sufficient if her event were wrestling

• The difference: The risk exposure of the other athletes
Questions and Comments

Thank you