



# ETHICAL GUIDELINES FOR THE CARE OF PATIENTS DURING A PANDEMIC

**Dr. Ignacio Sánchez D.**  
Member of the Chilean Covid-19 Social Committee  
Rector, Pontificia Universidad Católica de Chile.

## I. Introduction

The work presented is intended to summarize some general guidelines for comprehensive patient management in a pandemic situation. This document has been requested by the members of the Chilean Covid-19 Social Committee and has been drafted thanks to the contribution of experts in Bioethics and Clinical Ethics of our country's various university centres and scientific societies, including the Pontificia Universidad Católica de Chile, the Santiago Medical Society, the Universities of Chile, Los Andes, San Sebastián, del Desarrollo, the naval Hospital and the valuable support of the Chilean Professional Medical Association. Their input has been considered along with the international literature published on this topic. The document was presented on two occasions to the Social Committee, incorporating the comments of the members. The collaborative work and the wide scope of interest that the subject matter has generated is greatly appreciated, as well as the reach of these guidelines regarding public opinion and the opinions of the private and public bodies related to the treatment and control of the Covid-19 epidemic.

## II. Ethical duties in a pandemic

One of the priorities in a pandemic is ensuring that the main decisions are based on the best scientific evidence available, and thus the role the experts play is crucial. In every country, the necessity to create a task force of experts (in the areas of public health, biostatistics, virology, mathematical modelling, psychology and sociology, among others) has been emphasized to enable the constant and continuous consultation of these specialists. In this work, it is essential to ensure the reliability and transparency of the information and to count on unified and reliable leadership. It is clear that changes in available information will depend on how the situation develops, which can sometimes only be predicted with varying grades of certainty. Communication with the national community should be fluid, constant, timely, honest and appropriate. It is important to highlight that one of the main priorities must be the protection of health workers. The entire team should be at the forefront of the authorities' concerns, as the adequate care of the population will depend on this. The health team includes those who work in primary care, laboratory settings, emergency services, hospitals and intensive care units. Looking after all aspects of team members' welfare will play an essential role.

As always, data protection regulations are of utmost importance, therefore the security of all personal or sensitive information must be ensured by the health authorities. It is crucial to show the utmost sensitivity to the psychosocial requirements of the population and emphasise and support the social participation of communities. Authorities are accountable to the communities they serve and should ensure information regarding the evolution of the pandemic is credible and legitimate. It should be noted that during a pandemic, personal freedoms must be maintained, but these should always be contingent to the common good. Again, the importance of following the healthcare authorities' guidelines must be highlighted here.

Timely diagnosis through testing high risk groups is crucial. The quality and quantity of tests carried out will be of great importance in order to identify those infected with the virus and their contacts. In this way they can be safely isolated for the recommended quarantine time, while simultaneously following all instructions and guidelines provided by the healthcare authority. During a pandemic, it is particularly important to ensure that socioeconomic status does not affect patients' access to medical treatment.

## III. Person-centered care

The importance of individual patients' dignity, independent of personal, social or ethnic characteristics, co-morbidities or other factors, should be highlighted prior to considering the diagnoses and treatments. Consequently, it is crucial to deliver quality care that is proportionate to the needs of every patient. Together with individual patient needs the value of communities must be stressed, as this will have a direct influence on the health of every person and family. It is essential to take special care of health professionals and understand that during a pandemic, there is a shared responsibility in patient care.

## IV. Hospital management

During this pandemic, it is vital that plans for infrastructure, medical equipment and the supplies necessary for its treatment and management are made well in advance. Centralised planning and co-ordination which considers the short, medium- and long-term issues is essential. Clinical and logistical decisions should take into account the projected growth in case numbers, as well as their severity. This may require measures such as investment in new hospital sites, repurposing of existing beds, partnerships with the private sector and expansion of critical care units, including the acquisition of ventilators and another ICU equipment. The role of specialized healthcare workers in these plans is of great importance, and therefore, the training and professional development required to run these new hospital care units is critical. Furthermore, the information that both they and the general public receive regarding ethical guidelines is an important part of this centralized hospital management effort.

## V. Health equipment

Healthcare workers need adequate personal protective equipment (PPE) to ensure their safety in the workplace and the safety of their families at home. It is also important that healthcare workers receive adequate psychological and emotional support to prevent physical and mental burnout, which is a concern given the potentially distressing work that arises as pandemics evolve. We must keep in mind that all health technicians and professionals fear transmitting the virus back to their families who are at constant risk. The responsibility of safeguarding the personal care of our healthcare workers must be shared. The entire team also needs support in carrying out rituals and respecting situations that involve seriously ill or dying patients that cause great pain and grief within affected families and communities.

## VI. Hospital admission

This document is not intended to replace already existing ethical hospital guidelines, but rather to provide general guidelines for a pandemic. It is important to note that the concept of "caring" comes before and above the importance of "curing." Throughout a pandemic, it should still be remembered that seriously ill patients with conditions unrelated to Covid-19, will continue to require hospitalisation and appropriate clinical management.

Firstly, admission and discharge criteria should be flexible and be constantly reevaluated depending on the circumstances of the pandemic. Medical treatment must be proportionate to the patient's current condition, and their pre-morbid state, including pre-existing medical conditions/co-morbidities (e.g. chronic illnesses and risk factors). These factors will influence in determining a prognosis and in the chance of recovery for each individual case. Although older adults are a higher risk population, age itself is not a factor in influencing access to treatment; that will depend on the clinical condition of each individual patient.

It is necessary to stress that to use all available means does not mean resorting to use "therapeutic cruelty" when patients don't require invasive treatment or therapy because of their prognosis or their underlying pathologies. In this sense it is important to highlight the concept of patient "autonomy," which is based on the information provided to them, along with comprehensive and adequate communication with patients and their families. This communication should be carried out with the required timeliness and caution, if possible, when the patient is stable, in order to allow for adequate planning in the case of clinical deterioration. The transfer of patients from a ward/centre of low complexity to a more intensive one should be planned in advance, to avoid moving seriously ill patients, due to the health risks involved. Consequently, appropriate organization with the Armed Forces is also of great importance to this matter.

Decisions such as admission to ICU, treatments, invasive procedures and critical care should be assessed by the medical team and discussed in advance with patients and their families. Obviously, other methods of clinical and therapeutic support such as palliative care including oxygen administration, sedation, pain control, hydration, specific medications and others, should be administered to all patients regardless of their underlying conditions, their personal characteristics, prognosis, or other factors.

## VII. Treatment of patients in Intensive care units (ICU)

The admission of patients to ICU will require periodic and constant clinical evaluation, taking into account the clinical state of every patient. It must be emphasised that the use of therapeutic support with appropriate technology (mechanical ventilation, critical support, etc.) should be provided, on an individualised basis, depending on the patient's condition. The ultimate goal is the health of each individual patient. Occasionally, a second opinion may help optimize clinical outcomes. Likewise, the most important clinical decisions regarding the treatment continuity of a specific patient should be supported by the opinion of the Ethics Committee within each hospital, as they should be able to analyse the patient's situation with more distance and objectivity. Thus, forming these ethical committees at highly complex intensive care centres, will be very important in preparing to make difficult clinical decisions.

The clinical resources provided to patients should be identified once the medical team, the patient and their family have come to a decision and must not depend on the patient's socioeconomic status. In a pandemic situation, equality of access to healthcare for all patients is imperative, and adequate coordination of public and private centers with hospital infrastructure is of the utmost importance in achieving this.

The issue of finite resources, deemed "the last bed dilemma," should not lead to confusion in circumstances where patient numbers cause a demand for beds that exceeds the supply. ICU care must be made available to those patients for which it is the most appropriate alternative. Each patient's potential for recovery, and the immediate clinical situation following specialist's assessment will influence the allocation of resources. The role of the Ethics Committee is crucial in making these decisions. Each patient's risk factors, underlying health conditions, age and the likelihood of their recovery will be the key factors in determining the treatments given to each individual. On the other hand, although we are concerned as to who will be given that "last bed," we must also consider those that will not. It is vital to stress that in cases where patients have severe co-morbidities or are terminally ill, palliative care, psychological and spiritual support are key aspects in allowing a dignified death, in the company of their relatives and loved ones.

## VIII. Final reflections

Although the clinical management of critically ill patients in a pandemic situation is the role of specialists at every intensive medical care center, for the members of the Covid19 Social Committee, it has been important to reflect on these general ethical guidelines in the management of a pandemic, as it has prepared us to face difficult decisions, even in situations of uncertainty and lack of resources. In this way, adequate planning of necessary equipment and infrastructure is vital. Furthermore, it is also stressed that special concern for health teams is a top priority and is at the foundation of a holistic approach during a pandemic.

Effective communication with the patient and their family regarding the clinical management of the disease requires complete transparency, valuing the principle of patient autonomy. It is stressed that treatment should be provided based on the previous overall condition of the patient, and that palliative care must be provided to all patients, regardless of their pre-existing chronic diseases or underlying conditions. Privacy, dignity and care are the principles that should be present throughout each patient's journey and guide communication with patients and their families. Person-centered care should be what defines these ethical guidelines.

President Ignacio Sánchez of the Pontifical Catholic University of Chile has delivered Ethical Guidelines for the Care of Patients During a Pandemic, a statement that provides enormous insight in challenging times for the people of Chile, but also, for the world.

This statement is marked by transparency, prudence, compassion, and justice and stands as a normative standard for all healthcare institutions responding to the crisis.

First, the guidelines are highly transparent by the simple fact that the Chilean COVID-19 Social Committee publishes these norms of how they direct their own staff to respond to patients seeking assistance in light of the virus. Therein the President provides staff and patients the assurance that what is written here is what will be practiced throughout healthcare facilities across the country. Herein is the standard of practice. In a time of unexpected challenges leaders unfortunately often forget the anxieties and difficulties that families have in understanding where they should turn. Healthcare facilities' administrators often leave patients and staff "in the dark" as they try to unravel these unforeseen difficulties; when they do, they add to the lay people a further sense of alienation and unnecessary anxiety. The transparency of these guidelines gives, instead, to those outside "the system" a way of at once appreciating the issues that are at stake together with the assurances that as a person-centered model the institution will be responsive to the patient in need.

Second, there is prudence through these transparent guidelines. Throughout one senses a measured judgment, an appreciation of the matter of the "last bed dilemma" not leading to confusion or "therapeutic cruelty" as being beyond all available means. One has a sense throughout the guidelines that responsible stewardship in a person-centered facility provides optimal care even, nay, especially in times of pandemic.

By articulating the truth that "the concept of 'caring' comes before and above the concept of 'curing'" these standards make evident the profound compassion running through these guidelines. These guidelines are expressions of how the staff will accompany each and every patient. The word compassion, meaning "to suffer with," is throughout this document the measure of the accompanying care that these facilities pledge to provide.

Finally, these guidelines are about justice, about realizing that though we are not without limits, we must be always aware of equity. Responsible stewardship based on justice is always inclusive, responsive, integral, and hospitable. The model of justice here assures all that the standards that are due are the standards that will be met.

**James F. Keenan, S.J.**  
Vice Provost for Global Engagement  
Canisius Professor, Director of Jesuit Institute  
Theology Department, Boston College