

Grappling with Providing Humane and Ethical Care in the Midst of a Pandemic

Kevin Rodrigues,
Bioethicist, University Health Network

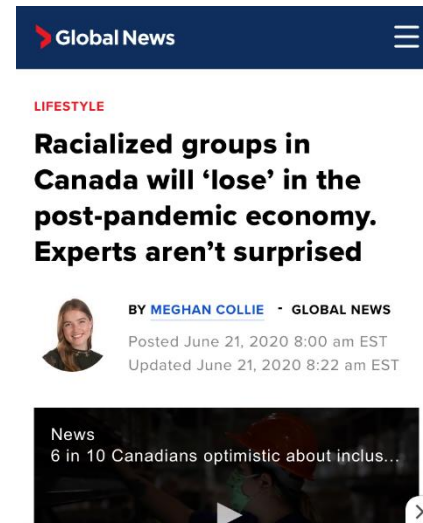
Objectives

- Explore the care and ethical dilemmas that COVID-19 has presented in hospitals and beyond
- Discuss how to approach some of the challenges that COVID-19 has created/exposed
- Suggest some next steps



The Deeper Reality

- We cannot have ethical or dignified care for all, unless we address deeper structural and systemic injustices:
 - Economic disparities
 - Discrimination
 - Racism
 - Ageism
 - Ableism
 - Sex/gender
 - Education
 - Geography/Environment
 - Health access



Micro-Level Pandemic Issues

- Impact on decision-making
- Impact on the well-being of patients/families/communities
- Access to services
- Impact on the provision of care
 - Isolation, quarantine restrictions, face masks, staff shortages
- Threat to the dignity of persons and communities

Macro-Level Pandemic Issues

- Triage decisions
- Ramp-down and recovery of services
- Visitor policies
- Patient flow/discharge strategies
- Strategies for people experiencing homelessness
- LTC strategies

Relevant Ethical Values

- Autonomy/Patient choice
- Cultural Safety
- Reciprocity
- Equity
- Solidarity
- Accountability/Transparency
- Communication/Engagement
- Proportionality
- Stewardship

But... how do we
apply these
consistently and
fairly?

COVID-19 Narratives

- Supna's 90 year old, Hindi speaking mother had an in-person meeting with her oncologist. Due to hospital restrictions, Supna was not allowed to be present for the meeting in which a cancer diagnosis and poor prognosis were revealed. Supna's mother was devastated.
- Joe is deaf, and has been reliant on lip reading to communicate. With hospital staff wearing surgical masks for all interactions, he has felt great anxiety, and isolation.
- Jen works in a neuro-rehab outpatient clinic. She worries that the ramping down of in-person services, and move to technology will not be effective, and will ultimately result in lack of care for her patient population.

COVID-19 Narratives

- Lawrence is 76 years old and has spent over a decade living in shelters and on the street. He is fearful that he is at risk for contracting COVID-19, but worries about going to a hospital to get tested. He has had past traumatic experiences.
- Malik worries that his ICU patient is suffering, and is not benefiting from life sustaining treatment. The patient's children are making decisions, but have not been allowed to be physically present. Malik thinks that this has impacted their appreciation of the patient's condition.
- Jenna is 82 and living with a high quad spinal cord injury. She is worried that she is at risk for severe COVID-19 effects should she contract the illness in her group home. She is also worried that she will not get access to care (such as ICU access) if things get bad, and triage protocols are enacted.

COVID-19 Narratives

- Sue has advanced dementia and is in a geriatric rehab unit. When the pandemic began to impact services, it was determined that geriatric patients were at high risk. Restrictions were placed on the unit. Sue's spouse had been of great help, prior to pandemic, to help calm Sue. Without him, she has seen an increase in responsive behaviours and she has appeared very distressed. The team worries about her well-being, but also is concerned about what to do should she or someone else become ill, due to her wandering.

Bioethics and the COVID-19 Pandemic

- Pandemic frameworks
- Ramping down and recovery of services
- Visitor restrictions
- Patient flow
- Patient Consultation

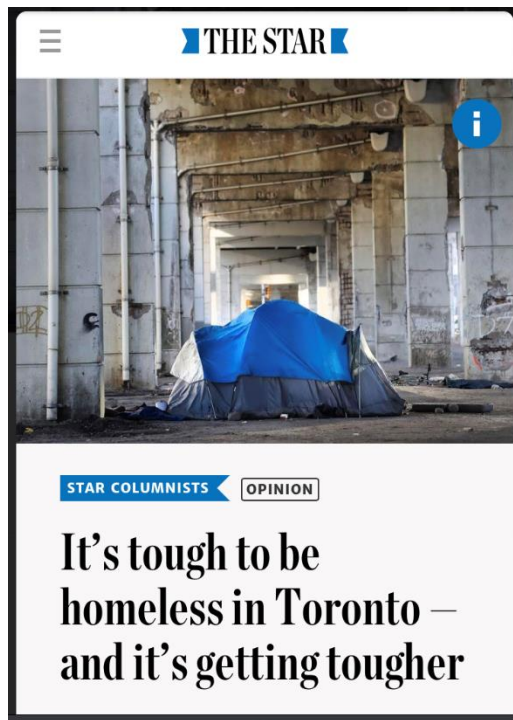
What We Saw/Are Seeing

- Exposure of existing inequities
 - Disproportionate disease burdens borne by people experiencing homelessness, LTC residents, seniors, racialized, etc.
- Pandemic principles not so easy to apply
- Unintended harms
 - In part a product of consultative process

Living in the “New Normal”

- What about:
 - Informed consent?
 - Dignity?
 - Cultural safety?
 - Patient choice/autonomy?
 - Substitute decision making?

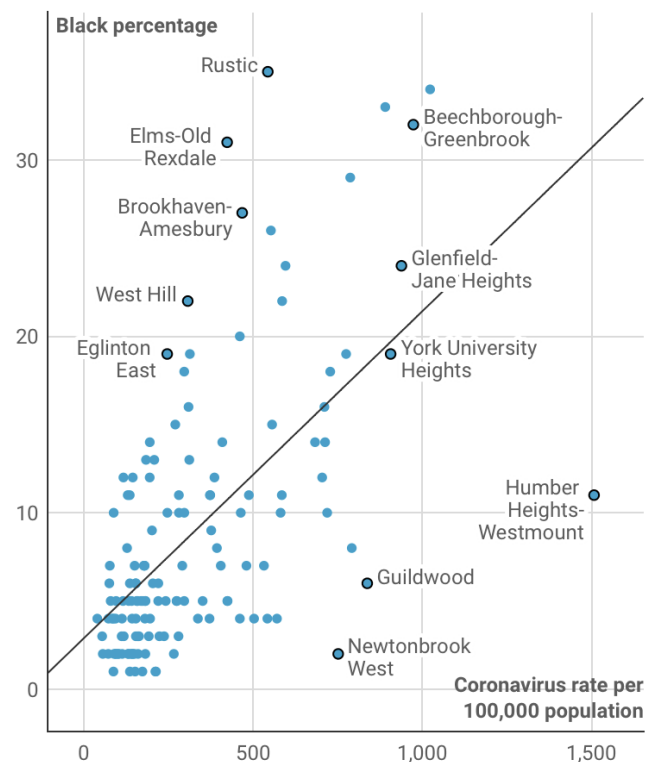
“New Normal” or “Same Old, Same Old?”



- 27% of seniors experienced difficulty paying rent
- 62% reported trouble with covering their monthly expenses
- Between 2011-2014, the percentage of seniors living in poverty in the GTA increased from 10.5% to 12.1%
- Seniors experiencing homelessness doubled from 2009-2011 in Toronto
- 30,000 seniors were on Toronto's wait list for social housing in 2014
(Homelessness Hub)

“New Normal” or “Same Old, Same Old?”

Coronavirus and people identifying as Black



Get the data · Created with Datawrapper

Members of the Black Lives Matter Toronto group briefly halted the Pride parade today, holding up the marching for about 30 minutes.



Members of Black Lives Matter Toronto, who were part of the parade as honoured guests, held up the marching for about 30 minutes. (Mark Blinch/Canadian Press)

- While Black Canadians make up 3% of the Canadian population, they account for 10% of inmates in federal prison.
- In 2013, 27% of all carding incidents were focused on Black Torontonians, despite Blacks making up only 8% of Toronto residents.
- History of policy that has led to the deaths and intergenerational trauma of Indigenous people
- Experiences of racism tied to self-identification of poorer health (Nestel, 2012)

The Way Forward...

“When you dance around the status quo, you preserve it. When you preserve the status quo you preserve violence against Indigenous and Black people.” – Pam Palmateer

What does radical change look like?

The Way Forward...

- Recognize that Healthcare is intertwined with other social institutions
- Anti-racism, anti-discrimination policies
 - Inclusion and partnership as we plan for the future
- Housing strategy
- LTC reform
- Proactive engagement
 - i.e. advance care planning
 - Community consultation

