Five Notable Ethics Issues Relevant to Child Neurologists during the COVID-19 Pandemic

A Message from the CNS Ethics Committee

During times of societal upheaval, such as in war or pandemics, physicians take on leadership roles in their communities. Physician leadership is guided by the ethical values of the profession, the principles of medical practice, and a **Code of Professional Conduct**. This "*Code*" serves as a guide for professional ethics and physician behavior.

Medical ethics traditions began in the era of Hippocrates, but a *Code* was first written in 1803 by the English physician-philosopher, Thomas Percival, and first adopted around the mid-19th century. This *Code* helped formalize the standards of conduct for physicians in relation to their patients, their fellow physicians, and the profession at large. The *Code* has evolved over time to align with the contemporary demands of medical practice.

This *Code* distinguishes the words "***must***" (indicating a need for ethically obligatory actions), from the word "***should***" (indicating ethically permissible or strongly recommended actions). Professional actions are subject to exceptions under some special circumstances based on personal ethical judgment and discretion, but most actions are guided by a commitment to serve the best interests of patients in need.

As during past pandemics, clinicians, nurses, and other healthcare workers belong to a group of essential personnel, called upon to lead a unified effort to prevent and treat clusters of infectious disease. In the current pandemic epidemiologists, infectious disease experts, and public officials indicate that we ***must*** prevent further outbreak of disease—in the short term through "social distancing" in an effort to decrease dissemination of the SARS-CoV-2 virus, diminish coronavirus disease (COVID-19), and avoid overwhelming hospitals.

Ethics Issue #1: Nonmaleficence and telemedicine.
In contrast to past pandemics, modern communication technology, using HIPAA-compliant video-conferencing tools (or "telemedicine"), can help facilitate the social distancing of stable outpatients by caring for them remotely. In the prior SARS epidemic, up to 40% of infections were nosocomial and this pattern is repeating itself in the current SARS-CoV-2 pandemic. Based on the ethics principle of **nonmaleficence**, clinicians, nurses and other health professionals have a moral responsibility to inform patients about the risks of nosocomial infection and the need to prevent it. Strategic use of telemedicine during a pandemic is an ethical action, which should be valued and reimbursed by the health care system. Child

neurologists ***should*** utilize telemedicine in clinical practices whenever possible during an epidemic or pandemic.

Ethics Issue #2: Protecting health care personnel.
Physicians and other health care providers have an obligation to provide urgent medical care during disasters—an obligation even when there is a higher risk to the clinician's own safety, health or life. However, health care providers need to balance their obligations to patients, to themselves (and their families), and to future health care. Physicians and others in the health care workforce are limited resources in society. The risks of providing care to individual patients today should be evaluated against the ability to provide care for the next generation of patients. Whether clinicians can ethically refuse to provide care if personal protective equipment (PPE) is not available depends on several factors, including the anticipated level of risk. Some circumstances, unique to individual clinicians, may justify such a refusal (e.g. when clinicians have underlying health conditions that put them at much higher risk for a poor outcome if they were to become infected).

Ethics Issue #3: Veracity, fidelity, and autonomy.
Veracity is the principle of telling the truth and is related to the principle of **autonomy**. Veracity is the basis of trust in the "doctor-patient" relationship (or in pediatrics, the "doctor-child-parent/caregiver" triad relationship). Veracity enables meaningful treatment goals and expectations. Clinicians ***must*** be truthful about a diagnosis, the benefits and disadvantages of various treatment options, and their costs. Truthfulness allows patients to use their autonomy (or parents/caregivers to use their parental authority) to make decisions in their own (or their child's) best interest. The obligation of veracity, based on respect for patients and autonomy, is acknowledged in the *Code*. Clinicians ***should*** strive to prevent the distribution of misinformation or ineffective therapies during the COVID-19 pandemic.

Ethics issue #4: Allocating limited health care resources.
Clinicians should be aware of society's limited health care resources and not squander those resources by providing nonessential or unnecessary care—especially during a viral pandemic. Criteria for allocating limited resources among patients in various contexts, including urgent triage situations (e.g. limited ventilators during a pandemic) may depend on the urgency of medical need; the likelihood and anticipated duration of benefit; and the likely outcome or change in quality of life. Health care professionals and institutions ***should***:

1) give priority to patients for whom treatment will avoid premature death or extremely poor outcomes;

2) use objective, flexible, and transparent protocols to determine which patients will receive recourse when differences among patients are uncertain; and

3) require that allocation policies be explained when patient care is compromised due to limited resources. Guidance from the *Code* may help resolve the following ethical issues, which are emerging during the COVID-19 pandemic:

- Allocating personal protective equipment (PPE) among health care personnel

- Responsibilities of leaders of health care teams in the context of pandemic disease and the dilemma of needing to protect certain vulnerable physicians and other health care workers
- Considerations of stewardship in balancing the needs of individual patients and those of the community at large

Ethics Issue #5: Duties to community and society.
During a viral pandemic, the idea of a health care "team" may encompass more than the traditional care teams of a health care organization. The professional community at large may need to function collectively as a "team" in providing care to the social and geographic communities in which they practice. Considering the financial barriers to health care access, physicians ***should*** promote access to health care for all individual patients, regardless of a patient's economic means. In view of this obligation, physicians (individually and collectively through their professional organizations, such as the CNS), ***should*** participate in the political process as advocates for patients (or support those who do) to diminish financial obstacles to necessary health care. All stakeholders in health care, including physicians, health facilities, health insurers, professional medical societies, and public policymakers ***must*** work together to ensure access to necessary health care for all people.

Respectfully,

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