Ethical Lessons Learned from the COVID-19 Pandemic at Lenox Hill Hospital & Zucker School of Medicine

Frank A. Chervenak, MD
Laurence B. McCullough, PhD

FIGO Ethics and Professional Webinar
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Disclosure

• Neither Dr. Chervenak nor Dr. McCullough have any financial or other conflicts of interest.
Objective

• To address a pressing question:

• Is it consistent with professional integrity to respond to a public health emergency with a plan for obstetric services that would potentially create an increased risk of maternal mortality?
the Global Voice for Women's Health
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DOCTOR GOES BACK TO WORK AFTER 10 DAYS IN ICU
Dr. Tomer Singer | Medical Director, Shady Grove Fertility New York

IN INVOLVED OR MICROMANAGED PARTS OF THE PROCESS — RISKING OVER NEWSROOM
These are times that try men’s souls.

• Thomas Paine (1737-1809), American Patriot, in December 1776, at one of the darkest moments of the American War for Independence
Total Cumulative COVID-19 Positive Patient Visits

Key Stats: Hospital & Ambulatory (5/25/20)

- **Total Cumulative COVID-19 Positive Patient Visits: 43,751**
  - **Inpatient: 15,033** (23% ICU, 77% Non-ICU)
    - In-House: 680
    - Discharged Alive: 11,203
    - Expired: 3,150
  - **ED Treat & Release: 10,015**
  - **Ambulatory Visits: 18,703**
    - GoHealth: 14,200
    - Other Ambulatory: 4,503

Figures above represent visits with confirmed positive test results – actual total is likely much higher, given that not all patients were tested.
Flattening the Curve

When trying to manage a global pandemic, the ultimate goal is to completely stop the spread – but a more realistic goal is to slow the spread so it can be better managed. Protective measures such as social distancing and self isolation help in this regard.

Adapted from CDC / The Economist
Source: Drew Harris
EOC Highlights: Operations (System, Regional & Clinical)

Ensuring system-wide coordination, to deliver the highest level of quality care possible in times of crisis

- PPE Guidelines
- Clinical Care Guidelines
- Hospital Visitor Policy
- Testing Criteria/Prioritization
- Clinician Privileging
- Patient Tracking/Analytics
- Predictive Modeling
- Capacity/Surge Planning
- Patient Triaging & Cohorting
- Patient Load Balancing
- Canceling Elective Surgeries
- Clinical Trials
Northwell
Hospitalized COVID-19 and Non-COVID-19 Patients

- Hospitalized COVID-19 Positive Pts
- Hospitalized Non-COVID Pts
- Total Hospitalized Pts

Apex: April 7th = 3,425

Source: Krasnoff; based on 3pm dashboard update.
Note: In-House Non-COVID-19 based on midnight census
Northwell’s Daily Burn Rates (PPE)

- **Surgical Masks**: 160,000
- **Goggles**: 2,500
- **Isolation Gowns**: 100,000
- **Gloves**: 1,500,000
- **Face Shields**: 6,000
- **N 95 Masks**: 10,000 – 25,000
  - Last year we used 15,000 per month
Medicine as a Profession

• John Gregory (1724-1773) and Thomas Percival (1740-1804)

• The physician should
  • Become and remain scientifically, ethically, and clinically competent
  • Protect and promote the health-related and other interests of the patient as the primary concern and motivation
  • Preserve and strengthen medicine as a “public trust”
A man — his wife

or a newly married man, not known in London, who, for a more full description of this, read the following article in the Gentleman's Magazine, vol. 28, p. 53.

From the author of the preceding article, it appears, that this man, who has a large family, and is frequently called upon to assist in childbirth, is himself a midwife, and has performed many cases with success. He is now in practice in the country, and his services are highly valued by the people, who consider him as a true friend and protector of the sex.

Forerunner of the Modern Obstetrician
Professional Integrity

• Practice medicine to standards of intellectual and moral excellence
  • Intellectual excellence: deliberative (evidence-based, rigorous, transparent, accountable) clinical judgment
  • Moral excellence: keep individual and group self-interest systematically secondary to the commitment to protecting and promoting the health-related interests of patients
Professional Integrity

• Accepted standards of obstetric and gynecologic clinical practice should not be altered in response to COVID-19 in the absence of evidence requiring critical appraisal of these standards
  • Failure to maintain professional integrity risks uncontrolled variation in the process of patient care
  • The way to maintain professional integrity is to participate in well-designed and conducted clinical trials
Professional Integrity

• Implications for management of scarcity of diagnostic and therapeutic resources
  • In general, intellectual integrity justifies diagnostic evaluation when such evaluation should be considered important for treatment planning
  • In conditions of scarcity of diagnostic tests for COVID-19, justified limits must be identified and implemented
    • When deliberative clinical judgment supports the conclusion that it is justified to rely solely on clinical judgment testing is not obligatory
Professional Integrity

• Implications for management of severe scarcity of diagnostic and therapeutic resources
  • Deliberative triage clinical judgment is required with the goal of maximizing reduction of morbidity and mortality in the population of patients with COVID-19 infection who are seriously ill
  • Imperative to take a preventive ethics approach to avoid the tragic outcomes of otherwise preventable serious disease and death of triage
    • Public health measures
    • Strict adherence to clinical criteria for use of testing
    • Strict adherence to clinical criteria for hospital admission
    • Strict adherence to clinical criteria for critical care admission
    • Strict adherence to clinical criteria for continued critical care management
Relocating to Free Up Hospital Space

• The response in labor and delivery to a life-threatening event is to initiate critical care management, contact the appropriate consultants to labor and delivery, and transfer the patient to a critical care unit or interventional radiology as rapidly as possible when indicated.
Relocating to Free Up Hospital Space

• There would be two changes to this clinical process in an offsite setting:
  • The additional time for consultants to arrive
  • The additional time to transport the patient to the main hospital and its critical care services.
Relocating to Free Up Hospital Space

• In some clinical circumstances, both delays could possibly increase the risk of maternal mortality and morbidity.

• These delays would not be considered ethically permissible in a non-emergent circumstance and thus incompatible with professional integrity in non-emergent circumstances.
Relocating to Free Up Hospital Space

• Failure to expand capacity would have resulted in predictable, preventable deaths from COVID-19 while moving obstetric services offsite would have resulted in fewer if any obstetric deaths.
Relocating to Free Up Hospital Space

• In a public health emergency professional integrity applied to an entire population of patients, including obstetric patients, justifiably prioritizes preventing a large number of predictable deaths over a very small number, if any, of possible maternal deaths.
Frameshifting

- Population-based, beneficence-based deliberative clinical judgment thus differs from individual-patient-based, beneficence-based deliberative clinical judgment.

- Frameshifting is required
Frameshifting

• The initial concern about moving obstetrical services was made from the perspective of individual-patient-based, beneficence-based deliberative clinical judgment.

• However, in a public health emergency a frameshift to population-based deliberative clinical judgment is required in order to meet the needs of the entire population of patients of the hospital.
Frameshifting

• In this context, by moving obstetrics offsite deliberative clinical judgment focuses on reduction of mortality as much as possible in the entire population of patients served by the hospital.
Objective

- To address a pressing question:
- Is it consistent with professional integrity to respond to a public health emergency with a plan for obstetric services that would potentially create an increased risk of maternal mortality?
Answer to Question

• In a public health emergency, it is crucial to distinguish professional integrity in individual patient care from professional integrity in a public health emergency.

• Individual-patient-based, beneficence-based deliberative clinical judgment is not an adequate basis for organizational policy in response to a public health emergency.
Answer to Question

- In a public health emergency it would have been compatible with professional integrity to implement the move offsite.
Answer to Question

• Making this shift is challenging because it requires turning attention away from each individual patient toward the entire population of patients.

• The challenges of obstetricians certainly include stress that originates in the sudden, unexpected shift from the professional commitment to meet each obstetric patient’s needs individually to meeting the needs of an entire population of the hospital.
Conclusions

• In public health emergencies, obstetricians should
  • Expand the concept of the professional virtue of integrity to include a population of patients at-large and not normally served by obstetrics.
  • “Ringfence” obstetric services that cannot safely be moved out of the hospital.
  • Refuse to relabel as “elective” or “non-essential” essential patient care, e.g., termination of pregnancy under applicable law.
  • Provide clinical management following evidence-based guidelines.
  • Experimental clinical management only in approved clinical trials.
  • Permit attendance by spouse or partner at labor and delivery if they comply with effective infection control.
  • Women interested in planned home birth should be informed that it is not a solution to prevent risk of infection.
Conclusions

• In public health emergencies, obstetricians should
  • Continue to care for patients, provided effective infection control measures can be implemented
  • Provide experimental clinical management only in approved clinical trials.
  • Permit attendance by spouse or partner at labor and delivery if they comply with effective infection control.
  • Women interested in planned home birth should be informed that it is not a solution to prevent risk of infection.
Thank you to our health heroes!
Jumping in the deep end

Alison Laxer, MD, graduated early from the Zucker School of Medicine and immediately joined the effort to care for Covid-19 patients.

“My parents, who are both physicians, were nervous. And rightfully so,” said Dr. Laxer. “Who would want their child voluntarily exposed? But they understood and would’ve taken the opportunity to do the right thing if they were in my situation.

Her boyfriend and classmate, Alexander Smith, MD, also decided to be part of history. “It was never a question of whether to do it, but when do we start?” Dr.
This Is the Future of the Pandemic

- **Scenario 1:**
  - Shows an initial wave of cases followed by a consistently bumpy ride of “peaks and valleys” that will gradually diminish over a year or two

- **Scenario 2:**
  - The current wave will be followed by an even larger fall or winter peak, with subsequent smaller waves thereafter, similar to the 1918-1919 flu pandemic

- **Scenario 3:**
  - Depicts an intense spring peak followed by a “slow burn” with less pronounced ups and downs
New York will heal because of you
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