

## Ethics and Crisis Management in Louisiana: Summary

An ethical framework is an essential ingredient of healthcare practices and the public policies that attempt to administer those practices in our cities, states, and nation. Ethical intentionality is important to the well-being of individual patients, to the communities in which they live, and to the public trust given to medical caretakers and policy makers. This is even more vital during a pandemic. Toward that end, the Louisiana Department of Health has prepared a series of guidelines for such events, entitled: *State Hospital Crisis Standard of Care Space – Guidelines in Disasters*. The document, which is largely intended for hospital policymakers, was first prepared in response to the concerns caused by the 2009 H1N1 influenza virus, and subsequently revised in the context of catastrophic hurricanes. A public version of this is dated 2011 and can be found here: [Louisiana Guidelines](#). The most recent version (2019) can be found on our [Ethics Resources](#) page under COVID-19 in Louisiana.

The guidelines and much of the language of the report were taken directly from a publication of the *Institute of Medicine*, now named the *National Academy of Medicine*, which in turn is part of the *National Academy of Sciences*, a non-profit, non-governmental association. The publication of the *Institute of Medicine* was entitled: *Guidelines for Establishing Crisis Standards of Care for Use in Disaster Situations: A Letter Report*. (A copy of that report can be found at the following site: [National Academy Guidelines](#).)

The LSU Ethics Institute is committed to broadening the public understanding and discussion of ethics in general, and, in this specific instance, the ethical content of the decisions being recommended to healthcare providers during this current COVID-19 pandemic. We are publishing this document for your perusal and will attempt to provide methods of responding to any questions you might have regarding them. Please address your questions to: Ethics Institute: COVID-19 Crisis Management and send to the following address: [ethics@lsu.edu](mailto:ethics@lsu.edu). We have a group of ethicists who will be pleased to respond to your questions.

The documents in question divide healthcare services experiencing emergencies into three broad categories: conventional, contingent, and crisis. The term they use to describe the demands on medical care is “surge capacity.” In a crisis of manageable proportion, the conventional care resources, if properly organized, are sufficient. The usual hospitals, emergency rooms, and medical staff, as well as necessary supplies, are available.

A contingency surge requires additional space for use as hospitals, as well as increased staffing and supplies. These additional spaces, supplies, and staff are usually sufficient to provide a functional equivalency to typical patient care. For much of the world and for large segments of the United States this is likely our current status with respect to COVID-19.

A crisis capacity is one in which there are substantial shortages of resources and a sudden or gradual increase in demand for them. Significant parts of the world and the United States have entered this phase of the COVID-19 pandemic. In Louisiana, the “decision to implement the Crisis Standards of Care guidelines should be based upon the degree of the pandemic (or other disaster) and hospital capacity, in conjunction with a governor ordered state of emergency.” There is a set of nine specific conditions to be met before that decision is made.

Hospital facilities may be at full capacity; trained medical staff may be unavailable or unable to care for the numbers of patients; and critical supplies, from personal protective equipment to ventilators, will be lacking. In crisis capacity, patient care requires and permits some actions there would not be acceptable under ordinary circumstances. This does not mean that ethical norms are abandoned. It does mean that autonomy of clinicians will have to be balanced over and against the needs of the community. Thus, a set of ethical guiding principles are necessary to achieve that balance. As the Louisiana document states, “the guiding principle of crisis standards of care is to do the greatest good for the greatest number of persons.”

What does this mean in terms of the decisions that have to be made? It suggests that triage and clinical teams must make difficult decisions about patient recovery and scarce resources. Those decisions will involve questions like the following: What priorities will be given to the dispensation of resources? Is it likelihood of a patient’s recovery? Is it the age of the patient? Is it the instrumental value of the patient, e.g. medical personnel, which will expand the availability of caretakers for the community? Is it the social value of the patient, such a President, Governor, or Mayor?

Ethical questions of this type, and their answers, operate under a specific set of assumptions:

1. The constancy of local, state, and national efforts to obtain the requisite materials needed for adequate medical care. Preparation before the crisis is essential; and continuous efforts to obtain resources during a crisis is critical.
2. The formulation, by hospitals and clinics, of a series of procedures for making decisions about patient care and resource scarcity, such as postponing or distance managing of regular health care while appointing hospital triage and clinical teams to make and implement ethical decisions about individual care.
3. An awareness that crisis management is not static. Modes of care, use of resources, the pandemic itself will be in a state of flux and in constant need of readjustment. Again, hospitals are faced with the task of insuring administrative leadership in this necessary revision of treatment practices.
4. Ethical standards require transparency. Hospitals and healthcare workers must be transparent about the ethical decisions they are making. A constancy of accountability will improve patient care and maintain public trust.

During the COVID-19 crisis, our responsibility as citizens is to ask whether these assumptions have been adequately met and whether the ethical guidelines are up to the task of encouraging a compassionate and ethical recovery from this pandemic. If not, let’s embrace the challenge of changing them.