Life, Liberty, and COVID-19: An Ethical Examination of Social Distancing

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Disclosure Statement

- I have no actual or potential conflicts of interest to discuss.

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Scenario

- Mr. SB is an 87 yo M w/ PMHx of stage IV squamous cell carcinoma of the lung, HTN, and COPD currently admitted to the MICU (HD #0) with acute hypoxic respiratory failure secondary to a pulmonary embolism. He was brought to UIHC earlier today after his wife called EMS when he had a coughing episode that rendered him unconscious. He was intubated in the field and has since tested negative for COVID-19, though there is concern from members of the medical team that this result is a false negative due to collateral history revealing a cough without shortness of breath or fever for several days prior to his admission. The patient is currently maxed out on pressor support and continuing to show signs of instability. His wife is in the waiting room.
- A care conference is held in-person with the patient's wife of 55 years as well as his two adult children via conference call. Following a thorough discussion of the medical options and recommendations related to the patient's health care as well as an exploration of the patient's wishes and values, his wife, who is the documented DPOA, elects to pursue compassionate extubation. This is supported by his two children.

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Scenario

- As the medical team leaves the meeting, the patient's wife informs you, the lingering member of the medical team, that he "was always a strong Catholic" and that it was "necessary to him" to receive his Last Rites. She also reports that, "I promised him I would do everything possible to uphold his family's tradition," and elaborates on this saying the tradition involves the family laying their hands on the dying while singing "*Amazing Grace.*" She goes on to inform you that, because of the hospital's COVID-19 visitor policies, the pastor and the patient's two adult children and six grandchildren are currently waiting in their cars in the parking garage. Through tears, the patient's wife desperately asks you to "please make an exception" and allow her, the pastor, and the rest of the patient's family to be present at the bedside and perform these two rituals.
- **How do you proceed?**
- Questions to consider…
  - What are some potential benefits to these rituals, and to whom would they apply?
  - What are some potential harms to these rituals, and to whom would they apply?
  - **Should I allow visitors but enforce social distancing?**

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Objectives

At the conclusion of this presentation, the learner will be able to…

- explain the goals, benefits, and harms of social distancing.
- articulate reasons for or against social distancing at the individual patient level using bioethical frameworks.
- propose ethically-conscious, patient-centered strategies for implementing social distancing and/or other non-pharmacological COVID-19 management interventions within one's work environment.

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Outline

- The Procedure of Social Distancing
- Moral Distress of the Health Care Professional
- Ethical Principles
- Practical Application

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Social Distancing - Definition

- Aka "physical distancing"
- Definition - Keeping space between oneself and other people outside of ones home[1]
  - Recommended to be at least 6 feet apart
- Goal – Reduce spread of contagious disease
  - And, as a result, reduce infections, hospitalizations, and deaths from disease

1) https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html

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Social Distancing - Definition

- However, there are many interpretations to the scope of this term as well as a variety of trickle down effects from its application…

https://www.covidoumedicine.com/protecting-your-health/social-distancing

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Social Distancing - Theory

https://corona.katapult-magazin.de/

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Social Distancing - Theory

https://graphics.reuters.com/CHINA-HEALTH-SOUTHKOREA-CLUSTERS/0100B5G33SB/index.html

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Social Distancing - Efficacy

- *Effectiveness of workplace social distancing measures in reducing influenza transmission: a systematic review*[1]
  - 12 modeling studies and three epidemiological studies included
  - Results of model studies supported social distancing in non-healthcare workplaces (reduced total cases and time to peak); "paucity of well-designed epidemiological studies"
- **Evaluating the Effectiveness of Social Distancing Interventions to Delay or Flatten the Epidemic Curve of Coronavirus Disease*[2]
  - Model evaluated effects of social distancing on cases, hospitalizations, and deaths with six weeks of social distancing for groups > 60, 20-59, < 19 years-old using data from COVID-19 in Washington state.
  - Results suggest that even modest reduction in contact among adults improves all three of these metrics for all groups.
  - *currently in pre-print
- *Physical interventions to interrupt or reduce the spread of respiratory viruses*[3]
  - 67 studies in this 2011 Cochrane review concluded that "**there is insufficient evidence to support social distancing as a method to reduce spread during epidemics**."

1) Ahmed F, Zviedrite N, Uzicanin A. Effectiveness of workplace social distancing measures in reducing influenza transmission: a systematic review. *BMC Public Health*. 2018;18(1):518. Published 2018 Apr 18. doi:10.1186/s12889-018-5446-1
2) Matrajt L, Leung T. Evaluating the effectiveness of social distancing interventions to delay or flatten the epidemic curve of coronavirus disease. Emerg Infect Dis. 2020 Aug [date cited]. https://doi.org/10.3201/eid2608.201093
3) Jefferson T, Del Mar CB, Dooley L, et al. Physical interventions to interrupt or reduce the spread of respiratory viruses. *Cochrane Database Syst Rev*. 2011;2011(7):CD006207. Published 2011 Jul 6. doi:10.1002/14651858.CD006207.pub4

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Social Distancing - Burdens

- Problems with enacting the social distancing procedure...
  - Erosion of physical relationships
  - Psychological harms
  - Multifaceted, financial hardships
  - Inequitable societal distribution of burdens

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Social Distancing - Burdens

- Erosion of physical relationships
  - Seemingly immeasurable value of human contact
    - Literature is impressive on its importance[1,2]
    - Personal experiences

1) Ardiel EL, Rankin CH. The importance of touch in development. Paediatr Child Health. 2010;15(3):153-156. doi:10.1093/pch/15.3.153
2) Cascio CJ, Moore D, McGlone F. Social touch and human development. *Dev Cogn Neurosci*. 2019;35:5-11. doi:10.1016/j.dcn.2018.04.009

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Social Distancing - Burdens

- Psychological Harms
  - Maintenance of social relationships is critical to health
    - Influence of social relationships comparable to mortality risk of smoking and alcohol[1]
  - Indirect: restricting activities that are major coping mechanisms for human beings from either a participatory or observatory perspective
    - Ex. performing arts/concerts, athletics/sporting events, religious ceremonies
  - Direct: increasing anxiety and stress that comes with navigating an altered social landscape
    - Grocery store
    - Homeschooling / Virtual Learning
    - Avoiding health care appointments due to anxieties raised with needing to keep distance

1) Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. PLoS Med. 2010;7(7):e1000316. Published 2010 Jul 27. doi:10.1371/journal.pmed.1000316

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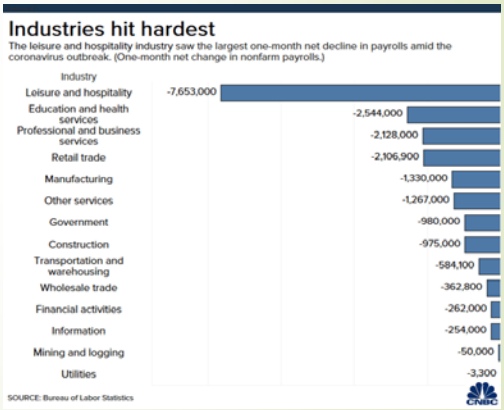
Social Distancing - Burdens

- Multifaceted, financial hardships
  - Loss of employment due to social distancing measures being in place
  - Loss of employment can lead to…[1]
    - Inability to feed family or afford healthy food
    - Loss of housing
    - Stopping or altering medication regimen
    - Avoiding seeking necessary health care due to cost
  - …which propagate additional physical and/or mental health problems



https://coronavirus.jhu.edu/from-our-experts/the-unequal-cost-of-social-distancing

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Social Distancing - Burdens

- Inequitable societal distribution of burdens
  - Who can actually work from home?
    - Rich v Poor
    - Black v White
    - Gen Z v Millennials, Gen X, Boomers
  - Who to put at risk?
    - Example

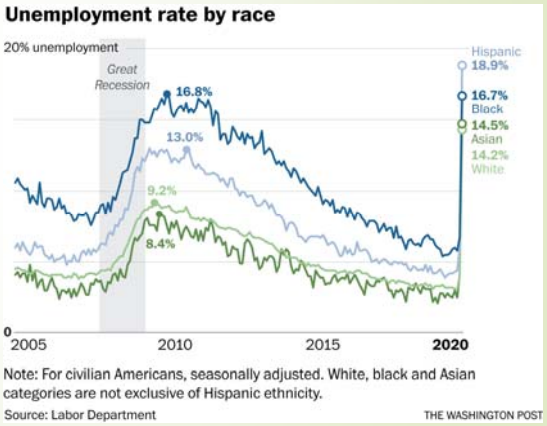
      Elderly and/or

      immunocompromised

      ---versus---

      Poor and/or

      at risk for domestic abuse



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Questions to Group

- Additional thoughts or perspectives on social distancing's...
  - Benefits?
  - Harms?
  - Goals?

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Diagnosis

COVID-19

Prognosis

?

Burdens of Treatment

- Erosion of physical relationships
- Psychological harms
- Multifaceted, financial hardships
- Inequitable societal distribution of burdens

Non-Maleficence & Justice

Procedure

Social Distancing

Probability of achieving goal w/ or w/o procedure

- w/ = +/?
- w/o = -/?

Beneficence

Goal

Save as many lives as possible

Autonomy & Justice

Adapted from Kaldjian, L.C. Clarifying Core Content of Goals of Care Discussions. J GEN INTERN MED 35, 913–915 (2020). https://doi.org/10.1007/s11606-019-05522-5

Population Health

Consequentialism

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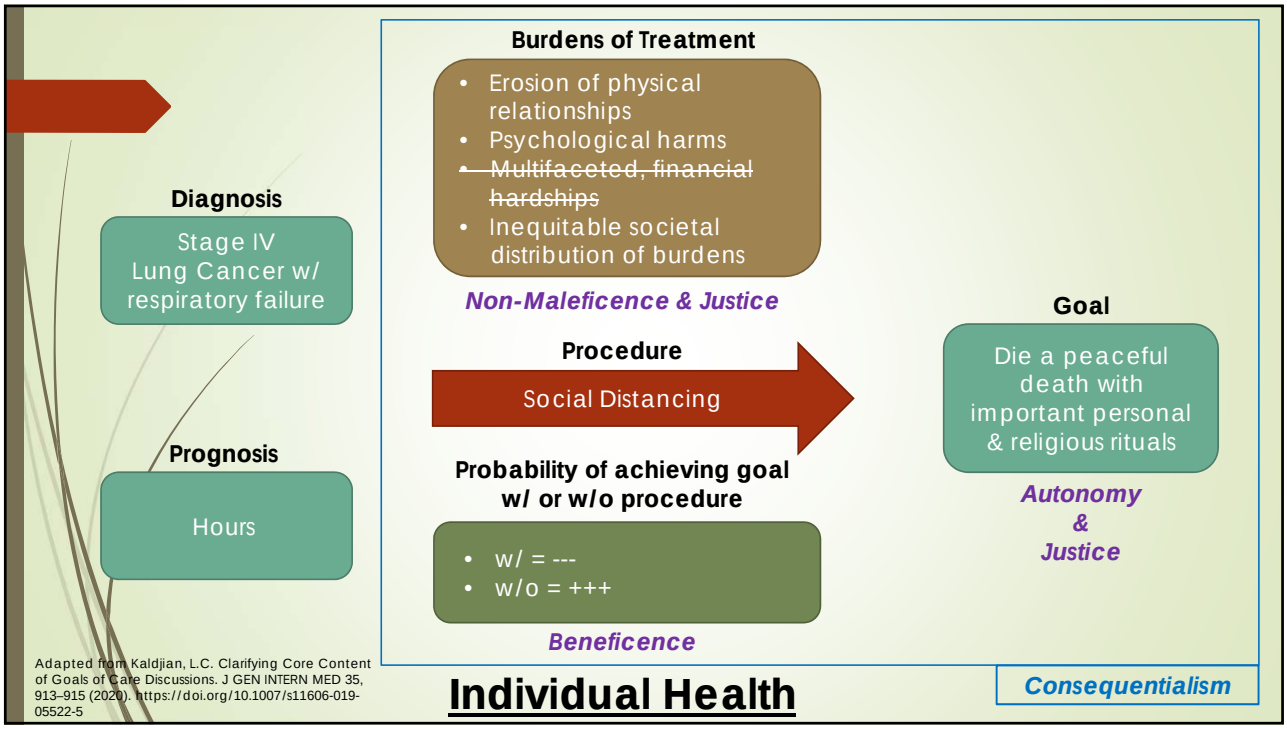
Diagnosis
Stage IV Lung Cancer w/ respiratory failure
Prognosis
Hours
Burdens of Treatment
• Erosion of physical relationships
• Psychological harms
• ~~Multifaceted, financial hardships~~
• Inequitable societal distribution of burdens
Non-Maleficence & Justice
Procedure
Social Distancing
Probability of achieving goal w/ or w/o procedure
• w/ = ---
• w/o = +++
Beneficence
Goal
Die a peaceful death with important personal & religious rituals
Autonomy & Justice
Adapted from Kaldjian, L.C. Clarifying Core Content of Goals of Care Discussions. J GEN INTERN MED 35, 913–915 (2020). https://doi.org/10.1007/s11606-019-05522-5
Individual Health
Consequentialism

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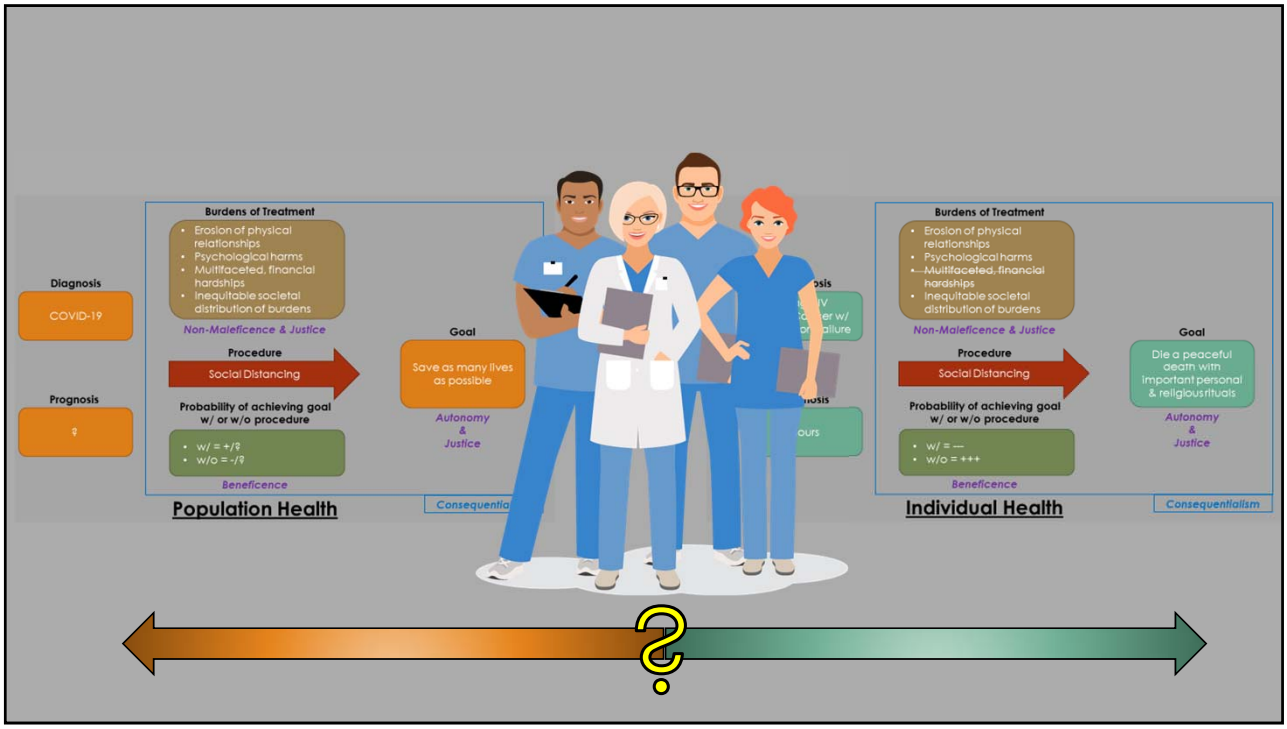
Diagnosis
COVID-19
Prognosis
Burdens of Treatment
• Erosion of physical relationships
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• Multifaceted, financial hardships
• Inequitable societal distribution of burdens
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Social Distancing
Probability of achieving goal w/ or w/o procedure
• w/ = +/?
• w/o = -/?
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• w/o = +++
Beneficence
Goal
Die a peaceful death with important personal & religious rituals
Autonomy & Justice
Individual Health
Consequentialism

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Moral Distress

- Moral distress – refers to the **experience of being morally constrained**[1]
  - Occurs when **people make moral judgements** about the right course of action but are **unable or unwilling to carry it out**.
  - Internal: a personal failing (ex. fear or lack of resolve)
  - External: situational (ex. hierarchical decision making)
- Any specific examples of how people have felt moral distress in relation to social distancing and COVID-19?
  - Enter in chat box or jot down for yourself; will revisit later

1) Joan McCarthy & Rick Deady. Moral Distress Reconsidered. Nursing Ethics 15, no. 2 (2008): 254-62

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Clinical Ethics and Public Health Ethics

Duties of Public Health Ethics

- Promote public safety
- Protect community health
- Fairly allocate limited resources relative to need

Focus on community.

Duties of Clinical Ethics

- Maintain fidelity to the patient (non-abandonment)
- Relieve suffering
- Respect the rights and preferences of patients

Focus on individual patient.

Adopted from: https://www.thehastingscenter.org/guidancetoolsresourcescovid19/

The Hastings Center

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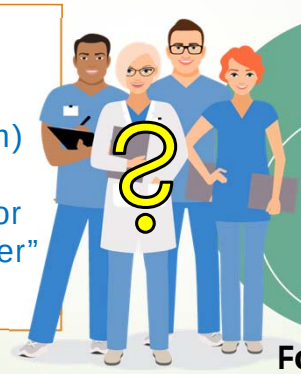
Clinical Ethics and Public Health Ethics

Duties of Public Health Ethics

Teleology (Consequentialism)

"Greatest good for the greatest number"

Focus on community.



Duties of Clinical Ethics

Deontology (Principalism)

"The Four Principles of Bioethics"

Focus on individual patient.

Adopted from: https://www.thehastingscenter.org/guidancetoolsresourcescovid19/

The Hastings Center

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Ethic of Care

- Founded by Carol Gilligan, PhD in 1982 in her book *In A Different Voice* and further developed by Nel Noddings, PHD in 1984 in her book *Caring: A Relational Approach to Ethics and Moral Education*
- Ethic of care "implies that there is moral significance in the fundamental elements of relationships and dependencies in human life."[1]
  - Assumes that caring is inherently basic to humanity
    - Because impulse to care is a universal human attribute, a caring relation (i.e. a relationship in which people act in a caring manner) is ethically basic to humans.[2]
- Inductive method to ethics rather than deductive method such as deontology or teleology
- Some themes of deontology and teleology are present, but is more **concerned with relationship and context** to assess what is right rather than utilizing abstract and impersonal reasoning to determine what is right; some elements of virtue ethics are present as well

1) https://www.iep.utm.edu/care-eth/#SH3f
2) https://www.britannica.com/topic/ethics-of-care

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Ethic of Care

- Guiding thought: caring is essentially human and a moral attitude: "a longing for goodness that arises out of the experience or memory of being cared for"[1]
- What makes action right: degree to which one is engaging in a caring encounter[1]
  - "Receptive attention" motivates the carer to respond to the cared-for in ways that are helpful
  - Caring encounter also requires that the cared-for to recognize the care has occurred
  - Furthermore, caring also encompasses more public notions of "caring-about," which speaks to principle of justice and helps to establish, maintain, and enhance the caring encounter

1) https://infed.org/mobi/nel-noddings-the-ethics-of-care-and-education/

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Learning from the past

2014-2016 Ebola Outbreak in West Africa

- 60% of all Ebola cases reported in Guinea linked to traditional burial practices[1]
  - Family laid hands on and washed deceased
  - Ebola transmitted through direct contact with blood and other body fluids
- Moral distress!

https://www.washingtonpost.com/business/2020/03/18/ebola-coronavirus/

1) Manguvo A, Mafuvadze B. The impact of traditional and religious practices on the spread of Ebola in West Africa: time for a strategic shift. Pan Afr Med J. 2015;22 Suppl 1(Suppl 1):9. Published 2015 Oct 10. doi:10.11694/pamj.supp.2015.22.1.6190
2) Alexander KA, Sanderson CE, Marathe M, et al. What factors might have led to the emergence of Ebola in West Africa?. *PLoS Negl Trop Dis*. 2015;9(6):e0003652. Published 2015 Jun 4. doi:10.1371/journal.pntd.0003652

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Learning from the past

2014-2016 Ebola Outbreak in West Africa

- A Caring Response…[1]
  - Receptive attention paid by a group of four counselors in Beni, an Ebola-affected city in DRC.
    - Helped members of Nande – the largest ethnic group in Beni, create new interpretations of traditional funeral ceremonies but without body of the deceased.
    - Ex. planting of tree over alternative burial site
  - Cared-for expressed appreciation for care
    - Sense of closure: "It will always help me to remember my husband whenever I see the tree."
    - Hundreds of trees and flowers have been planted in and around Beni

https://www.washingtonpost.com/business/2020/03/18/ebola-coronavirus/

1) https://www.npr.org/sections/goatsandsoda/2020/04/02/793951420/new-mourning-rituals-offer-comfort-and-closure-during-an-outbreak

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Learning from the present

- Hospital policy seems to support an ethic of care…

Changes
- **Adult inp**
  - Visiting
  - For the
    for deta
- **Pediatric**
- **Emergen**
- **Adult ou**
- **Pediatric**

th the specific unit

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Ethic of Care

- Critiques
  - Ethic is too contextual; lack of absolute leads to leads to moral relativity
    - However, because assumed that caring is universal, ethic of care is similarly in line with virtue ethics, which is typically not viewed as morally relative
  - Difficult to define and lacks practical application
    - Hope that examples discussed help to refute
  - Conclusions drawn from Inductive reasoning may not be universal truths because their dependence on the premise is always uncertain, unlike deductive reasoning
    - Agreement with this depends on agreement with deductive reasoning as superior method to reason

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Moving forward

An Ethics Framework for the COVID-19 Reopening Process[1]

1. Identify and assess the feasibility of the policy or decision under consideration (ex. social distancing)
2. Identify pertinent moral values (some examples listed below)
   - Well-being
     - cases and deaths from COVID-19, economic effects, effects on development/children
   - Liberty
     - freedom of movement, freedom of religion, privacy, political participation
   - Justice
     - income, race and ethnicity, age
3. Place policies along y-axis and values along x-axis; assess how policy would promote or undermine moral values. Deliberate ways how to mitigate or remedy negative effects of the policy or decision
4. Provide transparency as to why a policy or decision was or wasn't justified to appropriate parties

1) https://bioethics.jhu.edu/research-and-outreach/covid-19-bioethics-expert-insights/resources-for-addressing-key-ethical-areas/grappling-with-the-ethics-of-social-distancing

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Moving Forward

	Freedom of movement	Freedom of religion	Privacy	Age
No visitor policy when COVID-19 spread is high				
One visitor policy when COVID-19 spread is moderate or less				
Social Distancing Enforced				
Face Masks Enforced				

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Take Home Points

- The decision to social distance should be carefully deliberated
  - Not benign
  - Incomplete data regarding efficacy
- Important to consider other forms of non-pharmaceutical interventions as potentially superior ethical alternatives to social distancing
  - e.x. masks, hand washing
- Consider an ethic of care to help navigate moral distress, especially if health care professional

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