



COVID-19 UPDATE

20 January 2021

COVID-19 PATIENTS: DEALING WITH ETHICAL CONCERNS ARISING FROM SPECIAL REQUESTS (EQUIPMENT AND STAFFING) DURING THE PANDEMIC

Over the past while our hospitals have experienced unusual situations relating to the admission and care of Covid-19 patients which have raised practical and ethical concerns. The following **examples** illustrate the matter, with the **concerns** raised and the **guidance** provided thereafter:

Example 1 (equipment donations and loans): The husband of a patient who is in a Mediclinic hospital Covid-19 ward arranges for a ventilator to be brought from a state hospital (on loan) to allow her to be intubated and ventilated in ICU when told that the hospital ventilators are all in use. In other examples the family of a patient may provide certain equipment, e.g. purchase an Airvo, either to be used (on loan) and sent home with the patient, or donated to the hospital.

Concerns: We have no knowledge of the quality of the product, the service history, the insurance cover, when the equipment must be returned etc. In a situation where triage is being applied there may be considerations of de-escalation of care, other patients may then be more “worthy” of the equipment and considering whether the equipment forms part of the hospital’s available resources. Or, is the equipment used only for this one patient and then returned?

Guidance: Ideally the agreement to accept a patient and external equipment should clarify these aspects, but under time constraints this is probably not possible. In addition the request and access to the hospital of the equipment may come from multiple sources, e.g. HGM, pharmacy, doctor etc. The following can guide decisions:

- Once the particular patient for whom the equipment was intended no longer needs it, it should be returned, unless the provider advises that the hospital can keep the equipment (either as a donation, or on loan for an extended period of time), and it will be used as part of the available resources to treat any patient meeting the requirements for usage.
- The equipment should not thereafter be reserved for specific patients.
- If the equipment is retained it should be assessed in terms of loan equipment or donations/gifts for quality – the procurement department (Annelia Bezuidenhout) can be contacted for urgent decisions in this regard.

Example 2 (staffing): The family of a patient request a dedicated professional nurse with a Critical Care qualification 24/7, at their expense.

Concerns: Where the availability of human resources is strained this may not be possible and will further exacerbate the shortage of critical care expert nurses and availability of these nurses for other patients.

Guidance: Ideally the situation should be explained carefully and sensitively to the family as to why this is not possible, illustrating the following:

- The staff are currently stretched – all available and suitably qualified staff are working and it is important for them to also rest.
- Patient acuity and needs are evaluated on a continual basis and resources allocated accordingly.
- Team nursing is applied for all patients.
- It is very challenging to orientate and train staff during the pandemic who are not familiar with the hospital and the additional Covid-19 measures.

Contributors:

Clara Findlay

Dr Kim Faure

Estelle Coustas