

The position of the Slovenian National Medical Ethics Committee about doctors' decisions on respirators usage in the treatment of patients heavily affected with COVID-19

Stališče Komisije za medicinsko etiko Republike Slovenije o odločanju zdravnikov glede vključevanja respiratorjev v zdravljenje hudo prizadetih bolnikov zaradi covid-19

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Abstract

The prognosis of the patient's condition and their will should be taken into account when including respirators in the treatment of COVID-19. Health personnel should be adequately protected.

Izvleček

Napoved izida bolnikovega stanja naj se ob spoštovanju njegove volje upošteva pri odločitvah o vključevanju respiratorjev v zdravljenje bolezni covid-19. Zdravstveno osebje naj bo ustrezno zaščiteno.

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With the escalation of the COVID-19 epidemic, the increasing number of severely aggravated patients who require intensive care therapy and respirator ventilation support poses major ethical and emotional challenges on the medical staff, especially physicians, patients, and their families. With regard to including respirators into the treatment of severely aggravated pa-

tients, the National Medical Ethics Committee of the Republic of Slovenia (NMEC RS) has formed the following principal ethical position, which is also published on its website. NMEC RS does not have the authority to provide guidelines that impact on direct organisational, triage and expert decisions of individual medical establishments or the physicians responsible



for providing healthcare. Therefore, it may only provide the response to the question of which patients are more entitled to ventilation support with a respirator at a principal ethical level. While doing so, it wants to inform healthcare establishments, their ethics commissions, and other employees in healthcare who care for patients at intensive care units of Slovenian hospitals, about its position.

While adhering to ensured healthcare rights and the ethically fair position towards all patients, it is the belief of NMEC RS that when including respirators into medical procedures, it is ethically inappropriate to set an upper age limit, or a limit of any kind, that would divide healthcare fairness to several categories by assigning rights to individual patient groups. With age, the differences in the medical and functional conditions of individuals grow, and it is right to include them when deciding on the type and intensity of treatment. However, when Covid-19 develops, the chances of survival of severely ill patients, who have several critically expressed comorbidities or are in a terminal state of any disease, become so much worse that it is not possible to significantly improve them even with respirators. It is the decision of every individual physician, or even better a multidisciplinary team, to make the decision after the daily check of the patient's medical condition, whether the patient connected to the respirator will benefit from this or not, namely for which of the patients in intensive care respirator use is still sensible. A patient who is connected to a respirator, and whose condition has developed to the point that any further medical measures would be ineffective, and their life is only sustained with the use of a respirator, may be also disconnected with a decision from the multidisciplinary team. In such cases during the epidemic, the patient or their

relatives cannot demand continued fruitless measures or connection to a respirator, but they are given all the required explanations. NMEC RS recommends all intensive care units that if they are faced with an insufficient number of respirators, they should include them into treatment responsibly and ensure the best possible transparency over their decision, and to verify the patients' medical conditions and the suitability of using a respirator on individual patients on a daily basis.

According to the Patients' Rights Act, every citizen has the right to refuse the proposed treatment after being given an understandable explanation. If a patient with developed COVID-19 or any other disease persists in their refusal, then connecting them to a respirator, even if it would be sensible, is not required; however, they must first obtain a decision from the multidisciplinary team, inform the patient's family, diligently note all the activities, and ensure the patient with appropriate palliative care in an environment that supports it.

NMEC RS would also like to alert all key representatives of the healthcare policies and the management of healthcare establishments at all levels of the medical establishment that it is irresponsible to permit physician, nurses, and other medical professionals to perform their professional duty without proper protection. Only sufficient supply with personal protective equipment allows them to fulfil their tasks as safe as possible. Healthcare workers who are in contact with patients are exposed to potential infection. If they fall ill, it is not only their health that is affected, as their absence from work also impacts the scope and quality of healthcare and medical security of the citizens who rightly expect the most from their healthcare establishment during this epidemic.