

Where to find ethical guidance in a pandemic

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Timothy M. Smith

Senior News Writer

The COVID-19 pandemic has demanded that U.S. physicians, medical educators and policymakers ask many difficult ethical questions. Among them: What is the physician's duty to show up for work during a deadly outbreak? When is it appropriate to prescribe drugs that haven't been approved to treat COVID-19? And when the supply of life sustaining equipment like ventilators is severely limited, which patients should get priority?

The AMA has created an ethics resource, "AMA Code of Medical Ethics: Guidance in a pandemic," that offers guidance to these questions and others relevant to the unfolding public health emergency. Drawing on numerous opinions from the Code, this resource includes discussions of ethical challenges particular to the COVID-19 response.

"Over the last couple of weeks, we've been getting an increasing number of questions from AMA members, hospitals and the media that relate to this pandemic," said Audiey Kao, MD, PhD, vice president of ethics standards and editor-in-chief of the *AMA Journal of Ethics*. "In response we put together a repository of guidance to enable physicians to quickly find answers that help them make the best possible decisions during difficult times."

As official policy positions of the AMA, opinions in the *Code* are necessarily framed broadly, so this ethics source features "use cases" that interpret the *Code's* guidance in the context of the COVID-19 pandemic. These include:

Protecting health care personnel. Questions about allocating limited resources apply not only to distributing resources among patients, but also to distributing personal protective equipment during ongoing shortages. Drawing on opinion 11.1.3, "Allocating Limited Health Care Resources," this use case focuses on two key allocation criteria: urgency of need and likelihood of benefit.

Leading a health care team. Providing optimal care in a rapidly evolving pandemic poses challenges for the entire care team, but the team leader faces particular demands. Citing opinion 10.8, “Collaborative Care,” this discussion explores how to model ethical leadership.

Stewardship of limited resources. Shortages of essential medications, equipment and other supplies add immediacy to questions of stewardship. Based on opinion 11.1.2, “Physician Stewardship of Health Care Resources,” this use case explores how physicians should balance their ethical obligation to the well-being of individual patients with their duty to promote public health and access to care.

Prescribing responsibly. Physicians may at times turn to off-label prescribing of medications when no approved therapies exists for seriously ill patients. Referring to opinion 9.6.6, “Prescribing and Dispensing Drugs and Devices,” opinion 1.2.11, “Ethically Sound Innovation in Medical Practice,” and opinion 5.5, “Medically Ineffective Interventions,” this discussion outlines the conditions in which physicians may prescribe potentially effective, but not yet approved therapies.

Fair access to critical resources. During a pandemic, caring for individual patients may conflict with physicians’ obligation to also protect the community at large. Drawing on numerous opinions from the Code, including opinion 9.6.6, “Prescribing and Dispensing Drugs and Devices,” and opinion 1.2.1, “Treating Self or Family,” this use case addresses when and how to draw on resources that are in limited supply and critically needed by all.

Providing care remotely. Telemedicine can play a significant role in connecting patients to care during a pandemic. Citing opinion 1.2.12, “Ethical Practice in Telemedicine,” and opinion 8.5, “Disparities in Health Care,” this discussion provides guidance to address the challenges of remote interactions between patients and physicians and helps physicians avoid creating or exacerbating health disparities.

More help here

The AMA and the Centers for Disease Control and Prevention are closely monitoring the COVID-19 global pandemic. Learn more at the AMA COVID-19 resource center and consult the AMA’s physician guide to COVID-19.