

Utilization of a Bioethics Consult Service During the COVID-19 Pandemic

Nicholas Salupo, DO and Jeffrey Kaufhold, MD, HCEC

Introduction

The COVID-19 pandemic has taken over 700,000 lives in the United States. To limit the spread of the disease we saw a swift, yet incongruent, response at the federal, state, and local levels. At our ~350 bed community teaching hospital we responded by limiting visitors and non-staff from entering the hospital for much of 2020.

The Bioethics Consultation Service consists of two attending physicians and medical residents. Consultations are placed within the electronic medical record and routed to the chairperson. Consultation is communicated to and then completed by a member of the service. This process remained unchanged since March 2020. We never had to ration life sustaining treatments under crisis standards of care.

In 2020 we saw a significant increase in ethics consultations that we hypothesize is one indicator of a healthcare model does not fairly distribute limited resources to the most vulnerable patients. In 2020 we saw a significant redistribution of reasons for consultation. This is a presentation of the utilization of our Bioethics Consultation Service in response to COVID-19 and while operating under restrictions to limit the spread of disease.

Methods

Institutional review board approval was obtained to review Bioethics Consult Service charts since March 10 2020. Consultation data was characterized by patient demographic data, diagnosis, and reason for consult. It was compared to historical data internally maintained by the Bioethics Consultation Service for 2015-2019.

Results

Table 1. Ethical Dilemma Requiring Bioethics Consultation

Reason for Consult	2020	2019	5-year Average
Appropriateness of Care	8	44	15
Withdrawal of Care	27	15	10.4
Clarify Code Status	27	24	11.6
Identify Spokesperson	27	30	14.4
COVID-19	9	0	0

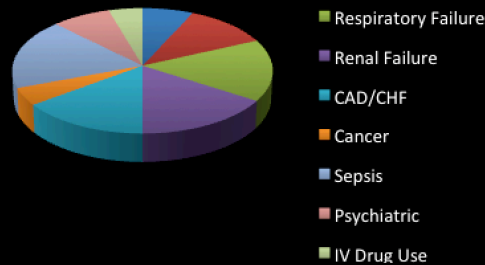


Figure 1. Diagnoses of Patients Requiring Consultation

Table 2. Patient Demographics of Bioethics Consultations

Year	Volume	Median Age (yrs)	Female (%)
2020	73	60.1	43
2019	59	58.8	69
2018	39	61.7	44
2017	29	67.3	34
2016	39	64.7	26
2015	28	66.1	68

Discussion

- 123% increase in consultations 2019 to 2020.
- 221% increase in 2020 versus last five year average.
- Improper documentation of the advance directive in electronic medical record impacted the level of care provided.
- Hospital visitor restrictions significantly impacted the ability to complete ethics consultation due to limited face to face communication.
- Multifactorial etiology for increased utilization.
- We currently expect a 250% increase in 2021.

References

1. "CDC COVID Data Tracker." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 11 Oct. 2021, covid.cdc.gov/covid-data-tracker/#cases_casesper100k.
2. "Coronavirus Disease 2019 (COVID-19)-Associated Hospitalization Surveillance Network (COVID-NET)." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, www.cdc.gov/coronavirus/2019-ncov/covid-data/covid-net/purpose-methods.html.
3. "Deaths Involving Coronavirus Disease 2019 (COVID-19) by Race and Hispanic Origin Group and Age, by State." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, data.cdc.gov/NCHS/Deaths-involving-coronavirus-disease-2019-COVID-19/ks3g-spdg.
4. Virani AK, Puls HT, Mitsos R, Longstaff H, Goldman RD, & Lantos JD. Ethics rounds: benefits and risks of visitor restrictions for hospitalized children during the COVID pandemic. *Pediatrics*. 2020. <https://doi.org/10.1542/peds.2020-000786>