Federico Nicoli and Alessandra Gasparetto, "Italy in a Time of Emergency and Scarce Resources: The Need for Embedding Ethical Reflection in Social and Clinical Settings," *The Journal of Clinical Ethics* 31, no. 1 (Spring 2020): 92-4.

Clinical Ethics in Catastrophic Situations—COVID-19

Italy in a Time of Emergency and Scarce Resources: The Need for Embedding Ethical Reflection in Social and Clinical Settings

Federico Nicoli and Alessandra Gasparetto

ABSTRACT

The COVID-19 virus is severely testing the Italian healthcare system, as the requests for intensive treatment are greater than the real capacity of the system to receive patients. Given this emergency situation, it follows that citizens are limited in their freedom of movement in order to limit infection, and that in hospitals a significant number of critical situations must be faced. This brief contribution aims to offer a reflection on the public and clinical role of the bioethicist: a figure able to promote dialogue between the world of medicine and the community, and to face ethical dilemmas even in emergent clinical settings.

The COVID-19 virus has placed all Italian citizens in the situation of having to radically change their daily habits and practices due to its highly contagious nature and the probability that it will cause serious respiratory complications.[1]

The dangerous and delicate situation we face raises two questions we must reflect upon, one that has a public health relevance and the other strictly clinical. Every classic bioethics issue has this twofold dimension, since medical decision making has an undeniable social dimension that exceeds the physician-patient relationship and involves all citizens, healthcare professionals, and institutions.[2]

In Italy (and elsewhere) healthcare providers have been called to work in critical conditions. It was not expected that the infection would spread so rapidly throughout the population and there would be such a significant number of serious cases that would require intensive treatment. As a result, the need for beds in intensive care units (ICUs) rapidly exceeded the number of beds actually available.

Thus, the ethical question arises regarding withholding/withdrawing treatments while calculating the balance between benefits and risks and the criterion of proportionality of these treatments for patients affected by COVID-19.[3]

In particular, healthcare professionals, although accustomed to dealing with emergency

Federico Nicoli, PhD, is a Member of the Center for Clinical Ethics, Biotechnology, and Life Sciences Department at Insubria University in Varese, Italy, and is responsible for the Clinical Ethics Service at Domus Salutis Clinic, Teresa Camplani Foundation, Brescia, Italy.

Alessandra Gasparetto, PhD, is a Member of the Center for Clinical Ethics, Biotechnology, and Life Sciences Department at Insubria University.

situations, are not in a position to make the best possible treatment[4] choices, due to a lack of the available means to do so. They often find themselves in difficulty as they interact with patients who would normally be treated, and with patients' family members. To date, the recommendations of the Italian College of Anesthesia, Analgesia, Resuscitation, and Intensive Care (SIAARTI)[5] emphasize that particular attention must be paid to evaluating patients who need an ICU bed, given the limited availability of resources that should be reserved for patients with a higher probability of making a full recovery.

Therefore, at least two ethical dilemmas arise that involve both the communication of the truth regarding the prognosis to the patient, and the actual working conditions in which physicians must function.

Furthermore, in this scenario we are forced to recognize the limits of medical science and the impossibility of being able to offer effective care, even when that would be the most appropriate existing treatment.

At the national level, an important task force has been created in Italy that collects and disseminates real-time, updated data on full recoveries and deaths (the former always higher than the latter).[6] Choosing which patients may benefit from appropriate care—when resources that would be distributed in normal conditions are limited—cannot be reduced strictly to a question of clinical ethics. Our point is that there is no clinical ethical choice without a public health ethics approach.[7]

This forces the world of medicine to increasingly justify to the public the reasons behind its choices in an ethically defensible manner, so that feelings of bewilderment and powerlessness may be kept under control as much as possible.
Physicians should not be left alone to decide solely on a case-by-case basis. This is not to deny their clinical authority and responsibility, but rather to urge a commitment to give such questions public relevance and recognize that it is everyone's responsibility to be involved in the process.

On 6 March 2020 the SIAARTI published its report, "Clinical ethics recommendations for the admission to intensive treatments and their withdrawal in exceptional conditions of imbalance between need and available resources."[8] This document is intended to be a practical guide for critical care clinicians, to provide them with a set of criteria to evaluate and decide on each new admission to the ICU (for COVID-19 patients and others) and potential treatment withdrawal. In the past few days, this report has received both praise and criticism from different parts of society, which confirms its public reach.

What matters most to us is to highlight the meaning and value of the SIAARTI effort in times of emergency. The SIAARTI document has the merit of not leaving physicians to decide alone without any guidance, making choices based only on their common sense and experience. This document tries to fill an ethics gap.

However, to us it is essential to emphasize that the responsibility to develop an ethical, shared framework for making medical decisions in an emergency, in a time of limited resources, does not lie simply with the medical class, but must rest on medicine in dialogue with the entire society. Moreover, in a time of unexpected crisis, there is no room for in-depth reflection and accurate planning, since one has to decide and act quickly. Clearly it would be desirable for such activities to be carried out in advance and within a public health ethics perspective.[9] This underscores the importance of the public role and function of bioethicists, who contribute to the field by offering rigorous ethical reasoning and information in the service of all.

Likewise, Italy suffers from a great gap in availability of ethics services in support of daily clinical medicine. Instead, to us, this is what the level of clinical ethics should be: the clinical ethicist must cover a primary role in daily patient care, in particular by means of ethics case consultation.[10]

Italian clinical ethics is still in its early stages. Only a few regions of Italy have established clinical ethics committees, and there is no mandatory national requirement to establish clinical ethics support services to ensure ongoing ethics support with specifically trained professionals who are entirely dedicated to clinical ethics activities.[11] It is, therefore, imperative, in line with international experience, to embed clinical ethics in the Italian healthcare system and so allow clinical ethicists to make their professional services available. This requires a healthcare system that is increasingly sensitive to its ethical dimensions, especially under the difficult conditions such as those we face in the present.

NOTES

1. Decreto del Presidente del Consiglio dei Ministri, "Ulteriori disposizioni attuative del decreto-legge 23 febbraio 2020, n. 6, recante misure urgenti

in materia di contenimento e gestione dell'emergenza epidemiologica da COVID-19, applicabili sull'intero territorio nazionale," 11 March 2020, *https://www.gazzettaufficiale.it/eli/gu/2020/03/11/64/sg/pdf.*

2. N. Berlinger and J. Moses, "The Five People You Meet in a Pandemic and What They Need from You Today: Bioethics Backgrounder," *Hastings Center Report,* special issue (November 2007): 1-14, *https://www.thehastingscenter.org/publications-resources/special-reports-2/the-five-people-you-meet-in-a-pandemic-and-what-they-need-from-you-today/.*

3. Italian College of Anesthesia, Anelgesia, Resuscitation, and Intensive Care (SIAARTI), "Clinical ethics recommendations for the allocation of intensive care treatments, in exceptional, resource-limited circumstances," 16 March 2020, *http://www.siaarti.it/SiteAssets/News/COVID19%20-%20documenti%20SIAARTI/SIAARTI%20-%20Covid-19%20-%20Clinical%20Ethics%20Reccomendations.pdf.* The document opens in a new tab.

4. E.D. Pellegrino and D.C. Thomasma, For the Patient's Good: *The Restoration of Beneficence in Health Care* (Oxford, U.K.: Oxford University Press, 1988).

5. SIAARTI, "Clinical ethics recommendations," see note 3 above.

6. Ministero della Salute, "Covid-19, The situation in Italy," 12 March 2020, *http://www.salute.gov. it/portale/nuovocoronavirus/dettaglioContenutiNuovoCoronavirus.jsp?lingua=italiano&id=5351&area=n uovoCoronavirus&menu=vuoto.*

7. Berlinger and Moses, "The Five People You Meet in a Pandemic," see note 2 above.

8. SIAARTI, "Clinical ethics recommendations," see note 3 above.

9. Berlinger and Moses, "The Five People You Meet in a Pandemic," see note 2 above.

10. M. Picozzi, F. Nicoli, and R. Pegoraro, "The Development of Clinical Ethics in Italy and the Birth of the 'Document of Trento,' " *Clinical Ethics* 12, no. 1 (2017): 24-30.

11. M. Picozzi, A. Gasparetto, F. Nicoli, and R. Pegoraro, "Certification and Evaluation of the Clinical Ethics Consultant: A proposal for Italy," *Annali dell' Istituto Superiore di Sanità* 54, no.1 (2018): 61-6.