

# VCH Ethics Services Presentation: Non-Adherence During COVID-19

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# Presentation Roadmap

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# Ethics Services Overview – How Can We Help You?

- Our role is to support you to identify, analyze, and resolve ethical issues
- Ethics Services can provide:
  - Clinical or Organizational Consultations
  - Ethics Education
  - Input into Policies and Guidelines
- More information about education opportunities, VCH Ethical Decision Making Frameworks for clinicians and leaders, as well as other ethical resources can be found on:
  - Ethics Services Website: <https://my.vch.ca/learning-practice/ethics>



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# Handouts

- [“COVID-19 Ethics Analysis: Intervening When Patients or Residents Pose a Risk of COVID-19 Transmission to Others”](#)
  - Published by B.C. CDC & BC Ministry of Health
  - Drafted by the Provincial Ethics Response Team (Bethan, Co-chair & Julia, member)
- Young, J. & Everett, B. (2018). *When patients choose to live at risk: What is an ethical approach to intervention?* BCMJ 60(6): 314-318.
- VCH Ethics Services Information Sheet

## Question & Final Assessment of Ethical Analysis

**What is an ethical approach to intervening for a resident who cannot (e.g. incapable due to dementia or psychosis) or will not (i.e. capable but non-adherent) adhere to physical distancing and infection control measures and thus poses a risk of harm to others?**

It is reasonable to consider an escalating degree of intervention when individuals engage in activities or behaviours that put others at an intolerable risk of harm

# Case Examples

- Resident with severe dementia wanders into other residents' rooms, and touches others (unable to adhere)
- Several residents leave facility on a regular basis and do not adhere to physical distancing, washing of hands on re-entering (chooses not to adhere)

# Values Grounding This Assessment

- 1. The Harm Principle** – Society should protect itself from harm
- 2. Proportionality** – Options to reduce harm should be proportional to the risk
  - More restrictive measures may be justified in some cases to reduce the risk to the person, other patients or health care workers but should only be used when necessary and in compliance with legislation
- 3. Fairness** – Similarly situated resident should be treated similarly
  - HCP should not assume residents are equally able to comply
  - Interventions must be fair to those who are capable but non-adherent and those who are not able to comply may require a different approach

## Values Grounding This Assessment (continued)

4. **Least Coercive and Restrictive** – Interventions must be effective but the least restrictive and coercive as possible
  - Interventions should be tailored to individual’s specific needs and circumstances e.g. age, gender, race, sex, ability, trauma history and barriers to communication
5. **Respect** – When possible, individual liberties & autonomy should be respected
  - Cultural safety and truthfulness should be practiced by care providers & leaders
6. **Procedural Justice** – Decisions should be open, transparent, inclusive, accountable and reasonable
  - Should use available evidence and ensure assumptions made are well grounded and defensible
  - Consistent and transparent communication about the decision

# Ethical Analysis of Risk

1. Which principles are in conflict?
  - AUTONOMY vs NON-MALEFICENCE
2. What is the nature of the risk? How serious? How probable? Evidence vs speculation?
3. Risk to who?
  - OTHERS and/or SELF
4. Is the resident capable or incapable?
  - LEGAL vs ETHICAL CONSIDERATIONS
5. Can risk be reduced to an acceptable level?
6. Consensus or disagreement within the team?
7. If applicable, does the substitute decision maker (SDM) agree with the intervention?

# Ethical Criteria for Intervening

Is your proposed intervention:

- 1. Effective?**
- 2. Not creating other and greater harms than you seek to prevent?**
- 3. Minimal, yet effective?**
- 4. Not discriminatory?**
- 5. If at all possible, thought justifiable by the resident (or their SDM)?**

## Escalating Degrees of Intervention

- Examine specific circumstances and facts vs. perceived risks (Covid + or not)
- Consider implementing environmental interventions (signage, security, greeters)
- Educate, inform, and encourage residents to comply considering creative or unique options for individual needs (redirection, distraction)
- Consider safe supply of pharmaceutical alternatives to toxic street drugs for those who use substances (BC Centre on Substance Use Risk Mitigation in the Context of Dual Public Health Emergencies: Interim Clinical Guidance)
- Consider cohorting residents engaging in similar behaviours (limit access to other residents and staff, hotel rooms staffed to meet residents' needs)

## Escalating Degrees of Intervention (Continued)

- If adherence not achieved by the above, MRP consults with MHO who will help assess risk on a case-by-case basis and provide direction on further management
- Recognize many residents live with trauma and avoid re-traumatization. Only use physical, chemical or environmental restraints when necessary and in compliance with relevant legislation
- Consult **Ethics Services & Risk Management** when concerned about the appropriateness of restraints
- Document decision and rationale
- Reassess decision and remove when no longer necessary to manage risk

# Questions & Discussion

Please reach out to Bethan and Julia to discuss individual cases

For more information about VCH Ethics Services please visit:

<https://my.vch.ca/learning-practice/ethics>

## Thank You