

COVID-19 PANDEMIC: HOW BIOETHICS CAN HELP FACE HEARTBREAKING CHOICES

**A dialogue between Maria Aluaş and Professor Rouven PORZ,
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The exceptional situation experienced in the last months with the COVID-19 pandemic raised difficult ethical questions in medical, political and social decision-making. A Clinical Ethics Unit is a facility in a hospital that is set up with the purpose to help medical professionals when they are facing difficult ethical decisions, for example in relation to their patients' diagnosis or therapy or in relation to deal with the relatives of patients. In this interview we will interrogate Professor Rouven PORZ, from the University Hospital Bern "Inselspital" in Bern, Switzerland. He is the head of a Clinical Ethics Unit and president of the European Association of Centers of Medical Ethics (EACME). We will talk with him about the role and the meaning of clinical ethics support during the Covid-19 pandemic.

MA: Before asking you about very specific activities, please tell us, what is the usual daily activity of an ethicist in the clinics setting?

RP: The role of a clinical ethicist is a relatively new role in our Western healthcare systems. We see ourselves as a support function for doctors, nurses, midwives and physiotherapists - in other words, for all health care professionals - when they are faced with difficult ethical situations. But what is an 'ethical situation'? It is for example a conflict of values: one does not know what to do, or a team does not know how to best treat a patient. I give you an example: Imagine a therapy situation with a very, very sick old male person in the intensive care unit. And, let's imagine that this man is currently incapable of making his own judgments. A doctor now wants to discontinue the therapy; he gives many reasons why a further therapy is not worthwhile. However, another doctor wants to try a new experimental therapy, and the daughters of the patient are overwhelmed. Can they let their father die? Or do they have to keep trying? Such and similar situations are relatively common in a University hospital, simply because medicine

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today has so many possibilities to do so much. Here it can help to have this decision-making process structured by an ethicist, so that every perspective has its say, that every voice is heard, and that - in the end - hopefully, the decision will be in the best interest of the patient. Here the ethicist is a process aid, a facilitator of the decision-making process. He or she does not make a decision himself or herself.

Besides activities like that, we can give one-to-one advice, or we conduct inter-professional case discussions or offer continuing education on ethical issues. In addition, we teach medical students and nursing staff at the university or at the technical college. And, we also counsel the board of directors of our hospital when it comes to strategic institutional questions around ethics topics.

MA: What have been your activities, related to healthcare professionals and patients in recent months, during the pandemic?

RP: To be honest, our role was not very different from that described above: we tried to help with the situations that were considered ethically difficult by the health care professionals. First, we helped to think about whether and how guidelines for triage in the intensive care unit were needed. Then we introduced a telephone consultation for employees who had questions about Corona. But all in all, we spent a lot of time (especially with the students) explaining how our work paradigm in the hospital has changed. We were very used to offering individualized medicine and putting the individual patient in the foreground of attention (that is the realm of 'medical ethics'). From one day to the next, however, there was a new paradigm: Now the focus was no longer on the individual but on public health (so we had to change from the paradigm of 'medical ethics' to public health ethics). This was very difficult for many employees to understand, and it is not easy for many of them even at the moment.

MA: What were the most discussed ethics issues and values related the emergency of pandemic?

RP: This was different at the beginning of the crisis, in the middle or now. Specifically, in March 2020, there was a lot of talk in the health sector about the concern that there would not be enough resources for all patients in intensive care units. During the lockdown, other problems were suddenly at stake: Which elective surgeries should be postponed, which ones have to be performed? Can visitors come to the hospital or not? How to deal with domestic violence, or with the increase of usage of alcohol during the lockdown? At the moment, we seem

to have a first 'normalization'. Now it becomes visible in Switzerland that the biggest ethical problems may have occurred in the nursing homes (and not in the intensive care units). Many old people were no longer allowed to receive any visits at all, and some of them died without being able to say goodbye to their relatives. In addition, there were probably disproportionately many COVID-19 infections in the nursing homes. This problem is now being dealt with. But, it is now June 2020 and we are still living in uncertainty about how this year will continue and what new things may come related to COVID-19.

MA: In your perception, what could be the most important role of bioethicists and clinical ethicists after the Covid-19 pandemic?

RP: I think our most important role will be to explain and teach. As I have said, Western medicine is so attuned to self-determination and emphasis on the individual patient that the new paradigm of public health is not yet fully understood. This is where we must help. Just as it is now normal for us to wear seat belts in our cars and cycle helmets (these are also public health measures), hygiene measures must be understood, and the understanding of the importance of vaccination also plays an important role in public health. Ethics must not be patronizing or too moral, ethics must help people come to terms with what is at stake. That is why I believe that ethics has the following important tasks in the Corona crisis: it can help to encourage people (students, doctors) that we are really facing uncertainty in situations of crisis. The discipline of ethics is used to dealing with uncertainties and discrepancies. Ethics is about meaning, and that is something different from scientific facts. In the search for meaning there is always uncertainty. Ethics can help explain that these uncertainties are human (and ethics should never try to provide certainty if there is no certainty). Aristotle already said these two and a half thousand years ago (and he did not know about COVID-19 coming): Ethics is always blurred, because human actions are also often blurred. There is certainty in mathematics, but not in ethics. So let us not pretend certainty in situations of uncertainty.

