

# Emerging Ethical Issues in Palliative Care

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# Palliative care and Public Policy

- Media disaster: “Death Panels”
- Denied option for appropriate EOL care

# Palliative Care and Disaster Planning

- IOM 2006
- ACCP 2008
- IOM 2009

# IOM 2006

- AHRQ sponsors planning guide for mass casualty events
- 26 experts from government, health professions
- 2 pall care experts
- Include palliative care perspective to address concerns re: Katrina

# 2006 project

- Literature search: 0 articles on pall care in disasters
- Expert-based focus group to define issues, options
- 2009 publication

Matzoh et al,  
Palliative care considerations in mass  
casualty events with scarce resources,  
*Biosecurity Bioterrorism*, 2009.

Role of palliative care in disasters

Skills

Services

Supplies

Policies

# Matzoh et al

- Role:
- Save greatest number of lives
- Decrease suffering in non-surviving patients
- Decrease suffering in surviving patients

# Palliative Care Categories

- Patients surviving onset of disaster but with critical injury/illness
  - Category gets larger as resources diminish
- Patients with pre-existing critical illness

# Skills

- Goals of Care
- Identify basic symptoms
- Manage basic symptoms
  - Medication dosage, administration, safety

# Services

- Decrease severe symptoms
- Comfort dying
- Comfort surviving patients
- Comfort family members
- Identify, evacuate, shelter vulnerable populations

# Resources

- Medications, supplies
- Staff
  - Providers with greatest experience likely assigned to survivors
  - Teams with P-Care clinicians, volunteers

# IOM 2009

- Crisis Standards of Care
- Palliative care integral to framework for disaster planning, recommendations
- Little data/research on palliative care disaster needs, priorities, efficacy

# Policies

- Parameters of comfort care in disasters
- Prioritization of patients
- DNR
- LTC
- Evacuation
- Euthanasia

# Katrina 2005

- Excess loss of life at Memorial Med Ctr
- Critically ill, long-term care patients
- Frail elderly, obese
- Power failure, forced evacuation
- Use of morphine, anxiolytics
- MD, 2 RNs arrested for euthanasia

# Katrina Case examples

- Sheri Fink, Deadly Choices at Memorial, NY Times Magazine, August 20, 2009.
- Scott
- LeBlanc
- Burgess
- Everett

# Memorial Hospital

- Loss of power, including elevator
- Temp 100
- Ordered evacuation by 5 pm
- 5 flights down, through hole, drive up ramp, up 2 flights to helipad
- LifeCare:
  - 52 patients critical long-term care

# R. S.

- ICU pt, cardiac sx, surgical recovery
- Middle aged
- Alert, not DNR, not LTC
- 300 lbs.
- Last living patient out
- Fear of obstructing passage

V. L.

82 yrs old

Post colon cancer surgery, LTC

DNR long-standing, in/out patient

DNR: non-evacuation status

Son brought flotilla of boats

Transported against Drs orders

# J. B.

- 79 yrs old
- Advanced uterine cancer, kidney failure, edema
- 350 lbs
- Sedated, near death
- “...increase morphine...til she goes...”

Speaker's Note: Nurses needed elsewhere

“Ewing Cook: “I gave her medicine so I could get rid of her faster. No question I hastened her demise.”

Not declared homicide

# E. E.

- 61 yr old
- Awaiting colostomy surgery
- Paraplegic
- LTC
- Alert, rich family life, No pain, No DNR
- 380 lbs
- Injected, not evacuated, died

Speaker's Note: Homicide

Physical difficulty of evacuation bc of weight

Cf Scott: LTC

# Palliative Care in Disasters

- Key policy issues
  - Staff, stuff, space
  - 2 different populations, many locations

# Unresolved Controversies

DNR

LTC

Evacuation

- Staff volunteers to remain with patients

Euthanasia

# Palliative Care in Disaster Planning

- Emerging Field
- Research, Scholarship, Policies Needed