

# MAUDSLEY LEARNING WEBINAR SERIES: The Psychiatry of Pandemics

# Webinar 5: The Pandemic Ethics - Q&A

26th May 2020

## Speaker panel:

- Dr Sotiris Posporelis
- Dr Sridhar Venkatapuram

## To watch the webinar recording, <u>click here</u>.

Share your thoughts via twitter and join the conversation by including **#psychiatryofpandemics** @maudsleylearn @ConsultantConn in your posts!

**Question 1:** What's your view on the ethical aspects of trying to create advanced care plans for large cohorts of patients who lack capacity (e.g. have dementia, are in care home settings, or with have severe frailty) who are unlikely to be offered ICU in short time scales?

## Answer:

## (Dr Sridhar Venkatapuram):

I do not know enough about this topic, but I believe that if the person already lacks capacity, the advance care plans would be of a different nature that of people who are who still have adequate capacity. Regarding making plans for large cohorts of people, in essence, that what they techno-ethical guidelines were trying to but saying that it would be done case by case basis. Most of those guidelines were crude and discriminatory. There will never be a full agreement on what the right decision tree is for providing scarce healthcare; so, what matters is transparency and good reasons.

**Question 2:** What are the ethics around the early delivery of a patient or obstetrician perception of risk in an evolving pandemic?

#### Answer:

## (Dr Sridhar Venkatapuram):

This pandemic is not the worst pandemic possible, and this virus is not the most harmful virus possible. We know how to prevent infection, and we know how to





#psychiatryofpandemics





manage infection, particularly among younger healthier people. So, a woman of reproductive age is not going at the most risk of high infection so it would not be ethical to deliver her baby early because of pandemic. But it seems that there was/is a risk that all healthcare is shut down except covid-19 response, then there would need to be assessment of whether early delivery/c-section is safer for woman and baby because of particular risks.

**Question 3:** Have you observed an increase in OCD, Tics, Separation Anxiety or any of the other neuropsychiatric symptoms, indicative of PANS?

#### Answer:

(Dr Sridhar Venkatapuram): I am not a medic.

**Question 4:** What are the main ethical issues that have been discovered when treating mentally ill patients who are infected by the coronavirus?

#### Answer:

#### (Dr Sridhar Venkatapuram):

Some patients have been exposing care workers and others to their infection by spitting. This is a new kind of harm to staff and others. There may be other issues of older people with mental impairments who are being neglected or treated poorly and dying.

**Question 5:** What role can liaison psychiatrists play in the ethics of a busy General Hospital ICU in the Pandemic?

#### Answer:

#### (Dr Sridhar Venkatapuram):

The main concerns of ethics are about acting rightly and focusing on human wellbeing. Part of LP's role can be to provide support to staff who are overwhelmed and suffering trauma, and part of role is to help patients. It is particularly important to provide support to people who are making difficult decisions about triage or end of life care.

Question 6: Does genetics play a role in contracting the virus?

#### Answer:

(Dr Sridhar Venkatapuram): I do not know.











**Question 7:** Are there ethical frameworks especially suited to making decisions during a global health crisis? And are there particular ethical principles which are less suited/helpful in considering decisions to be made?

#### Answer:

### (Dr Sridhar Venkatapuram):

It is become clear that many societies do not understand the role of ethics or ethicists. Furthermore, even in places like UK and USA, people do not understand that there are differences between clinical ethics, public health ethics, and global health ethics. In the clinic, we are committed to protecting each individual patient and their wellbeing and autonomy. At the population level we are interested in interventions that will protect the population as a whole, as well as vulnerable minority groups. At the global level we are interested in the ethical relations between nation-states, Intl orgs, and businesses and philanthropists. Asking a clinical ethicist what to do about lifting lockdowns or solidarity between nations would be inappropriate, but that is what is happening. We need to think about what a good society looks like, and how health fits into it, and the role of the government is in relation to protecting and promoting health.

#### To access the recordings of the full series:

E: webinars@consultantconnect.org.uk | W: consultantconnect.org.uk/webinars





