Navigating the Ethics of COVID-19 in Otolaryngology

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Abstract
The COVID-19 pandemic has dramatically altered how otolaryngologists contemplate and assume their roles in health care delivery. The ethical implications of this pandemic upon our practice are formidable, and distinct from other surgical fields. The salient ethical issues of public health stewardship and safety, distributive justice and non-abandonment are distilled for the practicing otolaryngologist.
The COVID-19 pandemic has undermined every aspect of medical care virtually
overnight. Early publications underscore the overwhelming acuity and volume of patients who
will require treatment, and how this will strain systems with insufficient resources to absorb
these incremental needs. Issues related to resource utilization, exposure risk, and unique
implications of the procedures we perform have essentially overridden many basic elements of
what otolaryngologists have taken for granted in daily practice. The safety precautions and other
downstream effects on our specialty have been well described, and undoubtedly will be further
explored in the emerging literature as our collective experience matures. Herein, the ethical
morass that COVID-19 creates will be examined for those grappling with its daily reality.

In general, tenets of medical ethics for practicing otolaryngologists have focused on the
primacy of choices and actions involving individual patients and the singular doctor-patient
relationship. These patient-centered principles significantly differ from concepts of public health
ethics, which are by necessity population-, rather than individual-driven. The overwhelming
epidemiological need to “flatten the curve” and limit the spread of COVID-19 across
communities requires steps that would otherwise not be taken due to risk of harm to or
disenfranchisement of individuals. For example, in the current pandemic, any otolaryngologic
evaluation or treatment that risks aerosolizing virions must be limited, modified, or ideally
delayed. Likewise, while individual rationing decisions rarely play a role in day-to-day care
provided by otolaryngologists, concern for available medical supplies, personal protective
equipment (PPE), and hospital beds requires us to allocate in a way that is uncommon in the
developed world. As a result, many otolaryngologists are facing the prospect of anxiously
waiting until they can resume any semblance of their daily routine.
The concept of delaying or refusing medically necessary care is anathema to dedicated clinicians. We pride ourselves on assuming supererogatory responsibilities in times of crisis. But the COVID-19 era has created a situation in which expedited and evidence-based care, even for urgent conditions such as airway stenosis and head and neck cancer, may be all but impossible. While part of this relates to resource allocation, it also involves protection of our patients. Clinical exposure that may increase iatrogenic contraction of the virus is even more concerning when realizing that high risk patients are even more vulnerable to poorer outcomes. Likewise, head and neck cancer treatment will not only potentially expose patients, but treatment effects may also make them frailer and more vulnerable, even though delaying cancer treatment carries its own risks. These dilemmas create impossible choices and tradeoffs.

Our inability to optimally perform our work is not an excuse to remain idle. Patients in need and those scheduled for upcoming procedures and appointments can and should be contacted remotely in order to provide guidance and surveillance. We can convey a great deal of reassurance and support without face-to-face interactions. In addition, we have an obligation to provide care and avoid perceived or real senses of abandonment on the part of our patients, and thus triage urgent/emergent situations to limited available resources is still needed. In addition, depending upon workforce constraints, otolaryngologists may be asked to assume other roles in healthcare delivery during the pandemic, from contributing ambulatory surgical ventilators/supplies, to working in other clinical units, to donating blood. Alacrity to help in unconventional means has historically been a strength of our profession, and the time is nigh to meet it head-on.

Another aspect of compassionate care provision involves addressing the psychosocial well-being of our patients, both for those who have COVID-19 and those who do not. Clinicians
will need to validate these concerns, and shepherd local and national resources that may be helpful, even if we feel unequipped to provide sufficient support ourselves. The emotional burden and toll upon us as clinicians is similarly taxing; these extraordinary situations invariably engender intense moral distress. Clinician wellness and self-care and paying heed to signs of burnout and compassion fatigue are critical components of remaining sufficiently resilient to continue our necessary work in extraordinary circumstances. COVID-19 will test the very fabric of healthcare delivery, and require otolaryngologists to exercise moral and professional fortitude in ways previously unimaginable. This involves a deliberate and careful balance of limiting exposures and maximizing benefit, while still upholding our intrinsic ethos to serve our patients in need.
References


