

ETHICAL ISSUES IN THE RESPONSE TO EBOLA VIRUS DISEASE IN US EMERGENCY DEPARTMENTS: A POSITION PAPER OF THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS, THE EMERGENCY NURSES ASSOCIATION AND THE SOCIETY FOR ACADEMIC EMERGENCY MEDICINE

Author: Arvind Venkat, MD, FACEP, Lisa Wolf, PhD, RN, CEN, FAEN, Joel M. Geiderman, MD, FACEP, Shellie L. Asher, MD, FACEP, Catherine A. Marco, MD, FACEP, Jolion McGreevy, MD, MBE, MPH, Arthur R. Derse, MD, JD, FACEP, Edward J. Otten, MD, FACMT, FAWM, John E. Jesus, MD, FACEP, Natalie P. Kreitzer, MD, Monica Escalante, MSN, BA, RN, and Adam C. Levine, MD, MPH, FACEP, on behalf of the American College of Emergency Physicians, the Emergency Nurses Association and the Society for Academic Emergency Medicine, Pittsburgh, PA, Des Plaines, IL, Los Angeles, CA, Albany, NY, Dayton, OH, Boston, MA, Milwaukee, WI, Cincinnati, OH, Wilmington, DE, and Providence, RI

The 2014 outbreak of Ebola Virus Disease (EVD) in West Africa has presented a significant public health crisis to the international health community and challenged US emergency departments to prepare for patients with a disease of exceeding rarity in developed nations. With the presentation of patients with Ebola to US acute care facilities, ethical questions have been raised in both the press and medical literature as to how US emergency departments, emergency physicians, emergency nurses and other stakeholders in the healthcare system should approach the current epidemic and its potential for spread in the domestic environment. To address

these concerns, the American College of Emergency Physicians, the Emergency Nurses Association and the Society for Academic Emergency Medicine developed this joint position paper to provide guidance to US emergency physicians, emergency nurses and other stakeholders in the healthcare system on how to approach the ethical dilemmas posed by the outbreak of EVD. This paper will address areas of immediate and potential ethical concern to US emergency departments in how they approach preparation for and management of potential patients with EVD.

Key words: Ethics; Ebola virus disease; Emergency department

Arvind Venkat (ACEP, SAEM), Department of Emergency Medicine, Allegheny Health Network, Pittsburgh, PA.
Lisa Wolf (ENA), Institute of Emergency Nursing Research, Des Plaines, IL.
Joel M. Geiderman (ACEP), Department of Emergency Medicine, Cedars-Sinai Medical Center, Los Angeles, CA.
Shellie L. Asher (SAEM), Department of Emergency Medicine, Albany Medical Center, Albany, NY.
Catherine A. Marco (ACEP), Department of Emergency Medicine, Boonshoft School of Medicine, Wright State University, Dayton, OH.
Jolion McGreevy (SAEM), Department of Emergency Medicine, Boston Medical Center, Boston University School of Medicine, Boston, MA.
Arthur R. Derse (ACEP), Center for Bioethics and Medical Humanities (Institute for Health and Society) and Department of Emergency Medicine, Medical College of Wisconsin, Milwaukee, WI.
Edward J. Otten (SAEM), Department of Emergency Medicine, University of Cincinnati College of Medicine, Cincinnati, OH.

John E. Jesus (ACEP), Department of Emergency Medicine, Christiana Care Health System, Wilmington, DE.
Natalie P. Kreitzer (SAEM), Department of Emergency Medicine, University of Cincinnati College of Medicine, Cincinnati, OH.
Monica Escalante (ENA), Institute for Quality, Safety and Injury Prevention, Des Plaines, IL.
Adam C. Levine (SAEM), Department of Emergency Medicine, Warren Alpert Medical School of Brown University, Providence, RI.
For correspondence, write: Arvind Venkat, MD, FACEP, Department of Emergency Medicine, Allegheny Health Network, 320 East North Avenue, Pittsburgh, PA 15212; E-mail: avenkat@wpahs.org.
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Introduction

In March 2014, an outbreak of Ebola Virus Disease (EVD) was confirmed in the West African nation of Guinea with subsequent rapid spread to the neighboring countries of Liberia and Sierra Leone. Given the underdeveloped health infrastructures in the 3 primary affected nations and the high transmission and mortality rate of the disease, domestic and international public health agencies called for aid and personnel to be rapidly deployed to the affected nations to treat infected patients and prevent further spread of the Ebola outbreak. Yet despite significant efforts from the international community, EVD continues to represent a significant challenge in the region. As of January 2015, the Centers for Disease Control and Prevention (CDC) reports that the total case count stands at 21,689 with 8,626 deaths and continues to rise.¹

In the United States, the transfer of Ebola-infected healthcare workers from the outbreak zone to US hospitals raised public awareness and fear of spread of the disease. This fear was heightened after the initial missed diagnosis in a US emergency department of a patient with EVD who later died,² the transmission of Ebola to 2 nurses who cared for this patient³ and a subsequent case of an emergency physician who traveled to West Africa to care for patients with EVD and required hospitalization after returning to the United States.⁴ These cases raised significant concerns that US emergency departments and hospitals were not adequately prepared to diagnose and treat patients with EVD. In addition, the infection of healthcare personnel created the specter of a more widespread outbreak in the general population due to poor infection control guidelines, inadequate training and management protocols in US medical centers and initially absent mechanisms to identify potentially infected individuals arriving through US ports of entry.⁵ A subsequent controversy surrounding a nurse who returned from West Africa without symptoms of EVD and was held in quarantine highlighted concerns about how personal liberty and public health should be appropriately balanced.⁶ In response, both emergency medicine and emergency nursing organizations and federal agencies have issued guidance on the nature of EVD, approaches to identification, isolation and treatment of potential patients and standards for use of personal protective equipment (PPE) by healthcare providers.⁷⁻⁹

While the number of cases in the United States remains low to date (10 total patients, 4 diagnosed in the US and 2 deaths), the outbreak of EVD has raised ethical issues relevant to US emergency departments and hospitals, emergency physicians and emergency nurses. Issues artic-

ulated in the medical literature and by the press include the following: how resources should be used in preparation for the likely rare event of an undiagnosed patient with EVD who presents to a US emergency department,¹⁰ whether there should be a different standard for care of Ebola-infected patients than for other patients with less contagious and lethal diseases¹¹ and whether healthcare providers are obligated to place themselves at a significant degree of risk while caring for these patients due to their professional status.¹² To address these concerns, the American College of Emergency Physicians (ACEP), the Emergency Nurses Association (ENA), and the Society for Academic Emergency Medicine (SAEM) developed this joint position paper to provide guidance to US emergency physicians, emergency nurses and other stakeholders in the healthcare system on how to approach the ethical issues posed by the outbreak of EVD. This paper will address areas of immediate and potential ethical concern to US emergency departments in how they approach preparation for and management of potential patients with EVD.

Characteristics of EVD of Ethical Relevance

Since the outbreak of EVD, numerous articles have been published on the epidemiologic characteristics of this condition and the microbiological details of the causative organism.¹³⁻¹⁶ However, particular characteristics of EVD are worth highlighting to provide the factual basis for addressing the ethical questions raised in this outbreak for US emergency departments. First, it is well recognized that individuals with EVD will often have relatively non-specific symptoms, common to many viral infections, in their initial stages of presentation (eg, fever, headache, myalgias).^{15,17} Such non-specific presentations make unrecognized infection with Ebola a realistic concern. Lack of prompt identification of potential patients by emergency department staff can increase the risk of spread of the disease and mandates a heightened awareness of the risk factors for the disease. Second, the pathophysiology of contagion is related to contact with blood or bodily fluids from an infected individual, with rising viremia in the late stages of disease presenting a particular risk for human-to-human transmission. However, even a low level of viral inoculation can lead to EVD.¹⁸ This recognized pathway of spread aids in evaluating the risk of transmission from patient to healthcare providers or the general public. At the same time, knowledge of how the Ebola virus is transmitted heightens the ethical concerns posed by the potential presentation of highly symptomatic and contagious patient(s) to an emergency department, especially if to a center

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