

# COVID-19

## Section 7 – Ethics and end-of-life decisions

### Guideline context



A new and highly contagious virus (SARS-CoV-2) causing a potentially lethal disease (COVID-19)



#### Regional variation in:

- Healthcare organisation
- Prevalence of COVID-19
- Ethical, legal and sociocultural framework

Many things are unchanged...



When to start/stop CPR should always depend on context & conditions (harm-benefit balance)



Consider advance care planning to ensure treatment aligns with patient's values and preferences



Shared Decision Making  
(patient / surrogate - legal guardian / team of healthcare professionals)

Need to balance potential patient benefit with risk to the rescuer



Unknown risk to CPR providers- societal implications of healthcare worker infection with COVID-19



Distributive justice: only when resources are truly lacking in a whole region should *prioritisation* of healthcare provision be considered by the authorities.

Some things are different...



Limited knowledge as to benefits of CPR in patients with COVID-19

**If prioritisation of healthcare provision is required, it must be based on individual patient evaluation and not by category (e.g. age or profession...)**