Role and Function of a Hospital Ethics Committee (HEC) in the Pandemic

HECs’ mission includes (i) education about ethical issues, (ii) development and review of hospital policies and procedures and (iii) ethics case consultations. These activities might be more important than ever during a pandemic.

1. **Case consultation services** – Covid cases (including triage, resource allocation, CPR, elective procedures, visitors, infection disclosure and privacy, etc.) can be sources of moral distress and should be addressed promptly.

2. **“Rounding”** – There is no need to round in person to provide effective ethics services:
   - Video tools are generally good and it is easy to round virtually
   - There are shortages or feared shortages of PPE and other resources needed for direct patient care, i.e., an ethics consultant who is not already providing direct care should not consume such resources.
   - Being in the hospital poses risks to ethics consultants and family members; if you become infected or infect others, you are taking scarce resources from others
   - Comparative value: Ethics consultants should not be expected to expose themselves to risk or increase risk to others that are disproportionate to the public health benefits their efforts are likely to achieve

3. **FBN Recommendations**
   - **Recommendation 1**: In the absence of clear guidelines, clinical ethicists who are not involved in direct patient care as licensed healthcare providers should engage in virtual, not live, consultations
   - **Recommendation 2**: Establish, seek or maintain pandemic support regarding education and policy development.
   - **Recommendation 3**: Consider “virtual ethics rounds” to signal ethics committee availability

4. **The FBN**: Its Guidelines for Ethics Committees: A Resource for Hospitals, Nursing Homes and Hospices is available to members; we have started a COVID-19 webinar series, and are creating an institutional policy repository with active and draft documents.