ETHICS IN ACTION

RISK VS. OBLIGATION

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You are the senior resident in the middle of a busy ED shift when your attending and the charge nurse pull you aside. They are in the process of moving a patient from triage into a negative pressure room. The patient is a 28-year-old female with a fever, headache and body aches. She returned from an Ebola-endemic area four days ago. Your attending wants you to be part of the team taking care of her. You are anxious about this, knowing that several healthcare workers have caught Ebola from providing patient care. You remember that one of your friends in medicine residency told you that their department decided a team of attendings would provide care to any admitted Ebola patients and that residents were exempted. Do you have the right to refuse to be involved in this patient's care?

Risk has always been inherent to emergency medicine; taking care of patients who are violent, bleeding and might have a variety of communicable diseases. From an ethical standpoint, it has been accepted that these risks are part of the mission of patient care and that refusing to care for a patient is usually legally and ethically unsound. However, in the past several years the emergence of virulent diseases that are more easily transmissible than many of the well-known communicable diseases of the past have opened up discussion about who should be exempted from caring for these patients.

One of the basic ethical foundations of emergency medicine that comprises the core of our professional code is that we will treat anyone at any time regardless of ability to pay or other external concerns. As a matter of routine, this is ingrained into residency training: by establishing this level of professional conduct at the outset we ensure that we will train practitioners who will carry this belief system outside of residency. As a result, discussion about exempting residents from seeing certain patients has generally been perfunctory. We have focused on training them how to reduce their risk in different clinical scenarios, rather than exempt them from that risk entirely.

Since the 9/11 terrorist attacks, there have been new discussions focusing on whether residents and students, ostensibly there in an educational role, should be allowed to avoid seeing patients whose disease may put the trainee at increased personal risk. With anthrax bioterrorism attacks and the specter of other terrorist attacks such as chemical or radiation exposure, the discussion has at times taken on a heated tone. With the arrival of Ebola in the United States and confirmed cases of transmission to healthcare workers, this debate has taken on new life.

The ACGME has given guidance that trainees should be properly educated in management of the disease, use of personal protective equipment, and have direct faculty supervision while providing care to Ebola patients. Some facilities have taken this further to exempt trainees from caring for Ebola patients; indeed, some institutions have done this on a departmental basis internally with some departments making them "faculty-only" cases and some encouraging direct involvement by residents.

From an ethical standpoint the conflict is as follows. One the one hand, do we place trainees at the additional risk of taking care of someone with a virulent disease that could prove fatal? On the other hand, we want to teach residents that all patients must be cared for. Once one departs an academic setting, there will not be options to care for Ebola patients, at least not without major ramifications for refusing care.

While there are some logistical arguments (e.g., involve the fewest possible providers) and emotional arguments for excluding residents and students from the care of patients with high-risk infectious conditions, ethically the obligation is to treat. There is not a sound ethical or professional argument for excluding residents from these cases, particularly when we do not exempt them from other high-risk patients (HIV, TB, etc.). To maintain internal consistency with our professional code of ethics, we must involve our trainees and make certain they understand the importance of being able to deal with all patients who come through the doors. ◗