

Intensive Care for COVID-19 Patients with Severe Mental Illness: A Call for Debate

Cuidados Intensivos para Doentes COVID-19 com Doença Mental Grave: Um Apelo ao Debate

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Palavras-chave: COVID-19; Doença Mental; Ética; Unidades de Cuidados Intensivos

Dear Editor,

The COVID-19 pandemic is inflicting extraordinary and sustained demands on Intensive Care units (ICU) around the globe. The shortage of ICU beds and ventilators has placed intensivists in scenarios of great ethical complexity. The question as to who benefits from a scarce resource, on what grounds and to whom it is denied, touches on central basic rights of those affected, and raises fundamental issues of distributive justice. Currently, the admission of severely mentally ill patients to the limited resources of the ICU is still a matter of divergence between physicians.¹

During the pandemic, the ICU triage process should consider clinical prospects such as individual benefit, ability to survive intensive care and previous functional status, along with the ethical principles of distributive justice and proportionality. Standing on non-utilitarian views, some European countries rejected ICU triage based on mental and physical impairment, claiming the paramount value of human life and that every life is worth saving.²

While saving most lives seems like a legitimate definition of efficiency in this context, it is not an unequivocal ethical choice. One might argue that saving most lives is only one of various possible ways to maximize optimal medical care - physicians may also aim to preserve quality and not just quantity of life. Functional status (FS) at baseline is a central

factor regarding the decision to admit or refuse a patient to the ICU.³ FS is commonly assessed using instruments such as the Clinical Frailty scale⁴ or the ECOG Performance Status.⁵ However, FS assessment instruments are not validated for application in psychiatric populations and do not take into account mental health related issues, and therefore offer limited ground for patient triage. This may lead to conflicting judgments, eventually paving the way to possible undue discrimination of individuals with a severe psychiatric disorder and broadening pre-existing health inequalities, given that determinants of ill-health often cluster in groups that are socially deprived, such as patients with severe mental illness.

The duty of care is foundational to medical practice. Our reflection calls for the need of a collective debate, informed by ethical values and recommendations, which supports the expansion of triage processes that protect vulnerable severely mentally ill patients. This path, guided by clear ethical principles and aided by continuous research, is the best way to preserve individual interests and to ensure equity in the management of health resources during the pandemic.

AUTHORS CONTRIBUTION

DM, NVB, AC, JG: All authors contributed equally to the conception and design of the paper, draft and critical review.

COMPETING INTERESTS

The authors have declared that no competing interests exist.

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Diana MOURA¹, Nuno VIEIRA E BRITO², Ana CABRAL¹, João GOUVEIA³

1. Psychiatry Department. Coimbra Hospital and University Centre. Coimbra. Portugal.

2. Internal Medicine Department. Northern Lisbon Hospital and University Centre. Lisbon. Portugal.

3. Intensive Care Medicine Department. Northern Lisbon Hospital and University Centre. Lisbon. Portugal.

Autor correspondente: Diana Moura. dianamoura@gmail.com

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