Hello APC and TC leadership – I did a workshop with our local chaplains at NM in Chicagoland area as well as campus partners in downtown Chicago on ethical framework for pandemic. This is the summary of information shared/ideas for how chaplains can adjust their care to this very different approach. One of the chaplains suggested this might be helpful for a larger audience (mostly directed, however, to chaplains who work inpatient acute care). Let me know if you think this or something similar would be helpful to share.

1. Ethical framework shifts in a public health crisis from balancing patient autonomy with beneficence/non-maleficence (principle approach) to a more utilitarian approach – greatest good for the greatest number. This means individual liberty may be restricted including access to health care.
2. If healthcare resources become extremely limited – as is anticipated – for patients seeking care for general conditions or COVID infections, care will go to those most likely to benefit taking into account how long they will need care, ventilator, etc. Those who would survive on their own and those who would die even with care will be excluded if we reach that point of extreme triage.
3. This may mean that advance directives ("do everything no matter what") or religiously based requests to sustain life cannot be honored. This will be very challenging both for families and healthcare providers. We may have to exclude persons who are hospice eligible, for whom treatment will only buy them a little time, in order to give care to those who could be around for years to come.
4. Essential personnel, if they can be returned to the workforce relatively quickly, will receive priority as well as we need to keep the society functioning. If no healthcare workers, we can't provide care for "the greatest number." If no police, well…pandemonium could ensue.
5. The institution also has a duty to support and protect its workforce. THIS IS WHERE YOU CAN HELP. Be creative in providing online or virtual support to your units, reach out to managers to see what would help right now, and do not run into a burning house without your O2 (put on PPE if needed even if it delays your response).
6. Chaplains are used to be a calming presence in a time of crisis – this is even more important now than ever – but you will need to embrace this crisis framework as you frame you advocacy and care for patients and families.
    - Patients and families may not receive all the medical interventions they think they need or deserve. Attend to their grief and anger but hold onto the larger "tragic" choice framework so you don't feed a sense of entitlement either.
    - Patients may be denied vents or taken off life support – if they are not likely to recover – even against the wishes of their loved ones. This will be really hard for both families and staff. Support, support, support. Validation of feelings. Call ethics for a moral distress debrief if needed for staff.
    - Patients may be sent to nursing homes or LTACs over against the wish of family or their own refusals. We are working with our preferred provider network of nursing homes to ensure patient safety from COVID – additional screening for new admissions, etc. If the beds in the hospital are needed for sicker patients, the patient/family may lose choice in timing or place.
    - Decisions about allocation of scarce resources will never be made on the basis of social characteristics such as race, ethnicity, socio-economic status, disability. We are also hoping that access to health care more generally will be leveled through cooperation between hospitals in the area so those historically more disadvantaged do not remain so in the pandemic.

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