Catholic Health Association of the United States

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Contact: Brian Reardon
breardon@chausa.org

Catholic Health Care's Responsibility to COVID-19 Patients at the End of Life

Statement by Sr. Mary Haddad, RSM, president and CEO, Catholic Health Association of the United States

"As health care providers across the globe respond the COVID-19 pandemic, there are many ethical considerations around resource allocation and the delivery of care for critically ill patients. Catholic health care is committed to the healing ministry of Jesus and upholding the inherent dignity of all who seek our care. We are also committed to accompanying and supporting patients through the end of their lives.

"Recognizing that COVID-19 is often deadly for patients with comorbid illnesses, and that even with supportive care that may include ventilators, many critically ill patients with COVID-19 will die due to conditions such as multiorgan failure, sepsis, and/or cardiomyopathy. As a result, cardiopulmonary resuscitation (CPR) may be medically inappropriate for a significant portion of critically ill patients with COVID-19 and underlying comorbidities. In keeping with the *Ethical and Religious Directives for Catholic Health Care Services,* if it is shown that the burdens exceed the benefits, it is morally acceptable to withhold CPR. The clinical indication for decision-making about any intervention does not change for COVID-19 patients. The best standards and any state-specific regulations or laws on end-of-life decision making are still applicable.

"It is not morally appropriate to propose a universal, unilateral DNR on patients who have tested positive for COVID-19. This eliminates clinical decision making and erodes the patient-professional relationship. Universal DNRs also fail to take into account patient and hospital-specific information and undermine our duty to treat patients as unique individuals. In all cases where a DNR is being considered, the patient and/or appropriate surrogate should be informed and provided the rationale. When such decisions are made, expert, compassionate communication with the patient and family is always necessary. Pastoral care should be consulted to provide spiritual support to all involved. Caregivers must also continue, or start, all comfort and palliative measures for the patient.

"Beyond weighing the burden and benefits of care to the patient, hospitals also need to consider the health and safety of their staff. Resuscitative measures often involve many members of the care team, use a large amount of personal protective equipment, and most importantly, have a high risk of aerosolizing bodily liquids. In light of COVID-19, it is advised that these procedures be examined and modified, if possible, to reduce staff exposure to the virus. Catholic health care's duty to care exists not only for the patient but also for the care team.

"The Catholic health care ministry has a long tradition and history of caring for patients during public health emergencies. We draw on the strength and dedication of those who came before us to provide compassionate, loving care to patients suffering from this pandemic."

This statement is based on "Code Status and COVID-19 Patient" guidelines created by the Catholic Health Association and the Supportive Care Coalition, working with colleagues at the University of Washington. The guidelines can be found here. While this decision-making model is put forth as a response to COVID-19, it is merely an application and implementation of best-practices applied to the current setting. ##