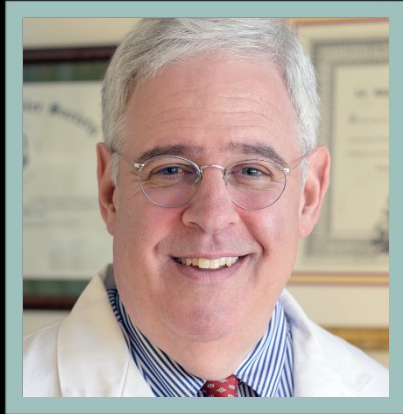


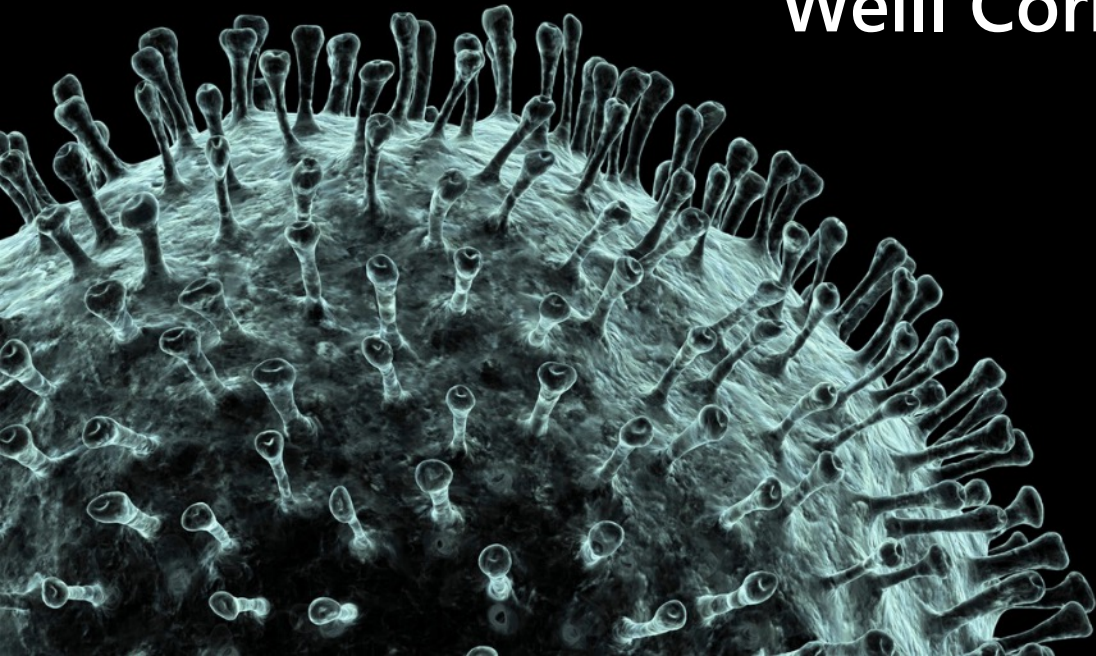
# COVID-19 Conversations



**Joseph J. Fins**

**E. William Davis, Jr. MD Professor of Medical Ethics**

**Chief, Division of Medical Ethics  
Weill Cornell Medical College**



[COVID19Conversations.org](https://COVID19Conversations.org)

[#COVID19Conversations](https://twitter.com/COVID19Conversations)



# A View from New York ...

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228 *The Journal of Clinical Ethics*

Fall 2020

Joseph J. Fins and Kenneth M. Prager, "The COVID-19 Crisis and Clinical Ethics in New York City," *The Journal of Clinical Ethics* 31, no. 3 (Fall): 228-32.

## The COVID-19 Crisis and Clinical Ethics in New York City

Joseph J. Fins and Kenneth M. Prager

### ABSTRACT

The COVID-19 pandemic that struck New York City in the spring of 2020 was a natural experiment for the clinical ethics services of New York-Presbyterian (NYP). Two distinct teams at NYP's flagship academic medical centers—at NYP/Columbia University Medical Center (Columbia) and NYP/Weill Cornell Medical Center (Weill Cornell)—were faced with the same pandemic and operated under the same institutional rules. Each campus used time as an heuristic to analyze our collective response. The Columbia team compares consults during the pandemic with the same period during the year prior. The Weill Cornell service describes the phases of the pandemic to depict its temporal evolution and subsequent ethical challenges. Both sites report that the predominant ethical challenges centered around end-of-life decision making, setting goals of care, and medical futility, all complicated by resource allocation questions and the ambiguity of

state law under crisis standards of care. The Columbia campus saw a statistically significant increase in ethics consultations provided to Hispanic patients, perhaps reflective of the disproportionate burden of COVID-19 suffered by this demographic. While Weill Cornell and Columbia saw a surge in clinical ethics consultations, the two services assumed a more expansive role than one normally played in institutional life. Serving as intermediaries between frontline clinicians and senior hospital administrators, consultants provided critical intelligence to hospital leadership about the evolution of the pandemic, disseminated information to clinicians, and attended to the moral distress of colleagues who were asked to provide care under truly extraordinary circumstances. The COVID-19 surge in New York City revealed latent capabilities in ethics consultation that may prove useful to the broader clinical ethics community as it responds to the current pandemic and reconceptualizes its potential for future service.

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Kenneth M. Prager, MD, FACP, is Professor of Medicine at Columbia University Medical Center where he is Director of Clinical Ethics and Chair of the Ethics Committee. [kmp1@cumc.columbia.edu](mailto:kmp1@cumc.columbia.edu)  
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The COVID-19 surge that struck New York City in the spring of 2020 was a natural experiment for the clinical ethics services of New York-Presbyterian (NYP). Two distinct teams at NYP's flagship academic medical centers—at NYP/Columbia University Medical Center (Columbia) and NYP/Weill Cornell Medical Center (Weill Cornell) campuses—were faced with the same pandemic and operated under the same institutional rules as components of the broader NYP enterprise. Our groups were operating in parallel, responding to the same public health crisis,

state law under crisis standards of care. The Columbia campus saw a statistically significant increase in ethics consultations provided to Hispanic patients, perhaps reflective of the disproportionate burden of COVID-19 suffered by this demographic. While Weill Cornell and Columbia saw a surge in clinical ethics consultations, the two services assumed a more expansive role than one normally played in institutional life. Serving as intermediaries between frontline clinicians and senior hospital administrators, consultants provided critical intelligence to hospital leadership about the evolution of the pandemic, disseminated information to clinicians, and attended to the moral distress of colleagues who were asked to provide care under truly extraordinary circumstances. The COVID-19 surge in New York City revealed latent capabilities in ethics consultation that may prove useful to the broader clinical ethics community as it responds to the current pandemic and reconceptualizes its potential for future service.



New York Times, June 2, 2020

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Volume 31, Number 3

*The Journal of Clinical Ethics* 219

Barrie J. Huberman and Debjani Mukherjee, Ezra Gabbay, Samantha F. Knowlton, Douglas S.T. Green, Nekele Pandya, Nicole Meredyth, Joan M. Walker, Zachary E. Shapiro, Jennifer E. Hersh, Mary F. Chisholm, Seth A. Waldman, C. Ronald MacKenzie, Inmaculada de Melo-Martin, and Joseph J. Fins, "Phases of a Pandemic Surge: The Experience of an Ethics Service in New York City during COVID-19," *The Journal of Clinical Ethics* 31, no. 3 (Fall 2020): 219-27.

## Phases of a Pandemic Surge: The Experience of an Ethics Service in New York City during COVID-19

Barrie J. Huberman and Debjani Mukherjee, Ezra Gabbay, Samantha F. Knowlton, Douglas S.T. Green, Nekele Pandya, Nicole Meredyth, Joan M. Walker, Zachary E. Shapiro, Jennifer E. Hersh, Mary F. Chisholm, Seth A. Waldman, C. Ronald MacKenzie, Inmaculada de Melo-Martin, and Joseph J. Fins

### ABSTRACT

When the COVID-19 surge hit New York City hospitals, the Division of Medical Ethics at Weill Cornell Medical College, and our affiliated ethics consultation services, faced waves of ethical issues sweeping forward with intensity and urgency. In this article, we describe our experience over an eight-week period (16 March through 10 May 2020), and de-

scribe three types of services: clinical ethics consultation (CEC); service practice communications/interventions (SPCI); and organizational ethics advisement (OEA). We tell this narrative through the prism of time, describing the evolution of ethical issues and trends as the pandemic unfolded. We delineate three phases: anticipation and preparation, crisis management, and reflection and adjustment. The first phase focused predominantly on ways to address impending resource

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## VENTILATOR ALLOCATION GUIDELINES

New York State Task Force on Life and the Law  
New York State Department of Health

November 2015

U.S. Department of Health and Human Services  
**Office of Inspector General**



## Hospitals Reported That the COVID-19 Pandemic Has Significantly Strained Health Care Delivery

Results of a National Pulse Survey  
February 22–26, 2021

Christi A. Grimm  
Principal Deputy Inspector General  
March 2021, OEI-09-21-00140



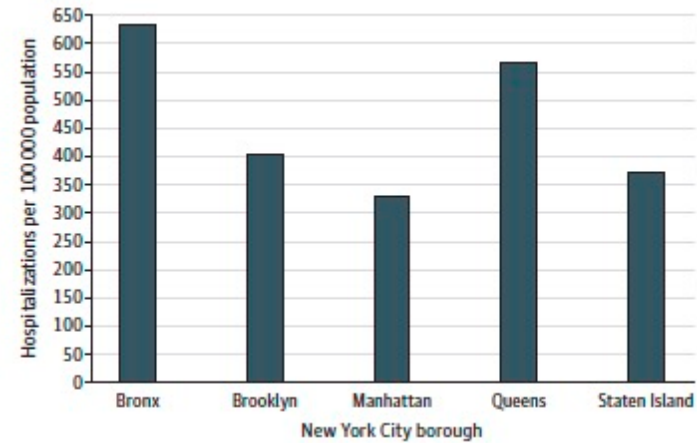
# Variation in COVID-19 Hospitalizations and Deaths Across New York City Boroughs

Table. Population and Hospital Characteristics Among New York City Boroughs<sup>a</sup>

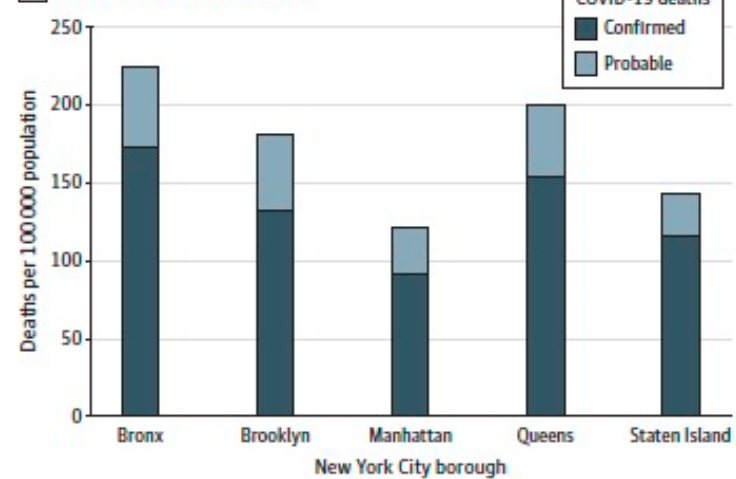
	New York City borough				
	Bronx	Brooklyn	Manhattan	Queens	Staten Island
Total population, No.	1 432 132	2 582 830	1 628 701	2 278 906	476 179
Population density per square mile	33 721	37 163	71 434	21 081	8112
Persons per household, mean	2.74	2.62	2.08	2.86	2.80
Demographic characteristics					
Age, median, y	34.4	35.4	37.6	39.2	40.1
Aged ≥65 y, %	12.8	13.9	16.5	15.7	16.2
Sex, %					
Males	47.1	47.4	47.3	48.5	48.5
Females	52.9	52.6	52.7	51.5	51.5
Non-US-born, %	34.4	35.6	29.2	47.6	25.2
Race/ethnicity, % <sup>b</sup>					
White	25.1	46.6	59.2	39.6	75.1
Black or African American	38.3	33.5	16.9	19.9	11.5
Asian	4.6	13.4	14.0	27.5	11.0
Other race <sup>c</sup>	36.8	10.4	15.4	17.0	5.2
Hispanic <sup>d</sup>	56.4	19.1	25.9	28.1	18.7
Socioeconomic status					
Household income, median, \$	38 467	61 220	85 066	69 320	82 166
Persons living under poverty, % <sup>e</sup>	27.4	19.0	15.5	11.5	11.4
Education level, %					
High school graduate or higher	73.3	83.4	87.7	82.5	87.7
Bachelor's degree or higher	20.7	38.9	61.4	33.5	34.3
Hospital characteristics <sup>f</sup>					
Total short-term acute care hospitals, No.	7	14	16	9	2
Beds per 100 000 population	336	214	534	144	234

Rishi K. Wadhera, MD, MPP, MPhi  
 Priya Wadhera, MD, MS  
 Prakriti Gaba, MD  
 Jose F. Figueroa, MD, MPH  
 Karen E. Joynt Maddox, MD, MPH  
 Robert W. Yeh, MD, MSc  
 Changyu Shen, PhD

**A** Patient hospitalizations per 100 000 population



**B** Deaths per 100 000 population



## COVID-19 makes clear that bioethics must confront health disparities

July 8, 2020 8.16am EDT



The Statue of Liberty. Stock Photo/Getty Images

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With some reluctance, I've come to the sad realization the COVID-19 pandemic has been a stress test for bioethics, a field of study that intersects medicine, law, the humanities and the social sciences. As both a physician and medical ethicist, I arrived at

### Author



#### Joseph J. Fins

The E. William Davis Jr, M.D.  
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Professor of Medicine at Weill  
Cornell Medicine, Cornell  
University

### Disclosure statement

Joseph J. Fins does not work for, consult, own shares in or receive funding from any company or organization that would benefit from this article, and has disclosed no relevant affiliations beyond their academic appointment.

IDEAS

# We Are Living in a Failed State

The coronavirus didn't break America. It revealed what was already broken.

JUNE 2020 ISSUE



**George Packer**

Staff writer for *The Atlantic*



OLIVER MUNDAY

The virus should have united Americans against a common threat... The virus also should have been a great leveler. You don't have to be in the military or in debt to be a target – you just have to be human.

George Packer  
The Atlantic  
June 15, 2020

# Talking about Ethics when COVID-19 becomes Endemic



NPR

**Mourning**

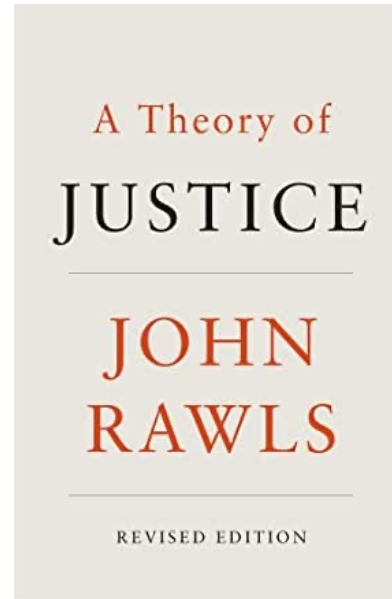


**Solidarity**



New York Times

AP March 30, 2020



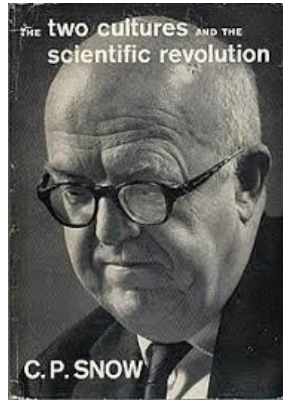
Belknap Press



The New Yorker

**Imagine  
Justice**

# Talking about Ethics when COVID-19 becomes Endemic



Cambridge Univ Press

## STEM & The Humanities



WPA Public Health Clinic Brooklyn, 1936  
CUNY Roosevelt House



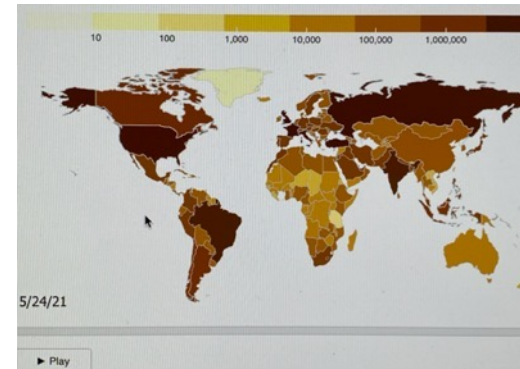
Tuskegee Syphilis Study  
CDC

## History and Civics



WHO

## Global Equity



Johns Hopkins