

Debate

Framework for a four level continuum of care

Suggested framework for an interdisciplinary and therapeutic plan which requires additional adjustments for each individual case, and regular reassessment of each case.

Terminal level content of care:

Body hygiene, pain control, body position, mouth care, management of emotions.

Palliative level content of care—above mentioned content, in addition:

Skin integrity care; mobilisation, transfers, and exercises; elimination control; hydration and nutrition by mouth; symptoms control (fever, nausea, dyspnoea); medical or surgical interventions required for symptom control.

Usual level content of care—above mentioned content, in addition:

Usually required diagnostic procedures; all required medical treatments with intravenous route if necessary; tube or parenteral artificial nutrition if required; surgical or technical procedures required to improve functional capacity.

Intensive level content of care—above mentioned content, in addition:

Advanced required diagnostic and therapeutic procedures; full cardiopulmonary resuscitation with sustained manoeuvres when required.

remains the basis of all care at higher levels. This careful planning of a continuum of care tends to ensure that older patients receive the most appropriate level of care at the most appropriate time and place.

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ECHO

Ethical points from the SARS outbreak in Toronto



Please visit the *Journal of Medical Ethics* website [www.jmedethics.com] for a link to the full text of this article.

In response to the 2003 outbreak of severe acute respiratory syndrome (SARS) in Toronto, Canada a working party of bioethicists and other professionals was set up to identify the main ethical issues raised by the outbreak. They reached a consensus on ten key ethical values involved: individual liberty, protection of the public, proportionality, reciprocity, transparency, privacy, protection of communities from stigmatisation, duty to provide care, equity, and solidarity. The applicability of these values is explored in relation to four practical professional issues and one global consideration (air travel):

- A hospital worker is quarantined at home for 10 days but fears for her job and her home

Individual liberty must be balanced against protection of the public. Proportionality demands that this be done fairly and reasonably. Transparency requires that people involved be fully informed and reciprocity means that people must not suffer to an unfair extent economically as a result of complying with public health measures.

- A nurse thinks she might have SARS but travels to work on a commuter train.

Should she be named?

Proportionality demands that the nurse's privacy be respected unless breaching that privacy would serve an important purpose for the community. The naming of the Chinese woman who carried SARS to Canada exposed the Chinese community to stigmatisation.

- A health worker is afraid of contracting SARS and transmitting it to her family

Is the duty of health workers to provide care unlimited? The working party was unable to resolve this issue. Reciprocity requires that they be given appropriate support and protection. An insurance fund to cover health workers during epidemics might be considered.

- Other patients had important operations cancelled during the outbreak

Collateral damage during an outbreak is unavoidable. There must be as much equity as possible between the demands of the outbreak and the interests of other patients.

- The disease was spread by air travel

Global cooperation (solidarity) is necessary to deal with serious infectious diseases. Countries should be transparent about diseases that might spread to other countries.

Several of the issues raised do not have readily available answers. The authors of this paper call for further research, both conceptual and empirical. They have constructed a decision tool based on the ten key ethical values.

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