

Case Study – The Isolated Long-Term-Care Patient and Scarce Resource Allocation



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Patient is an 82-year-old female, who is currently a resident at a long-term care facility. The patient is suffering from severe dementia, COPD, and other conditions, and recently tested positive for COVID-19. The patient is a widow and has family out of state, who can be available by phone if necessary but have not visited for many years. She tends to be a loner, is seemingly happy being alone, and does not appear to enjoy it when staff or volunteers spend time in her room with her, either reading or sharing stories.

Since being diagnosed with COVID-19, she has been put in isolation, with staff and volunteers encouraged to not spend more time with her than necessary. There are also discussions regarding lack of personal protective equipment, especially for “non-essential” patient interactions. Without family, the patient appears to become more depressed, scared, and irritable.

Ethics has been requested to support the staff and think of potential ways to support the patient. The central ethical question is: What is the obligation to the staff?