



COLLEGE OF MEDICINE

Principal

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Dear Colleagues,

at the University of Malawi we try to evaluate ethical challenges concerning the admission of patients to our critical care units. Our hospital, Queen Elizabeth Central Hospital has around 1200 beds (with several patients per bed in the pediatric wards during the rainy season) and we treat around 250,000 in-patients a year.

Constantly we face the problem, that we never have enough ICU beds for our patients. Usually we face the fact that for every bed there are multiple patients in need. We conducted a survey on our Malawian collaborators into these ethical challenges.

Today we would like you, colleagues from different medical professions, but with an interest in sepsis, critical care and infectious diseases (and maybe in the resource poor countries) to be our control group from a wealthy country.

On the backside you find a list with a short description of 23 different (septic and non-septic) patients. You can give your opinion (via a credit score) whether they should be admitted in one of our scarce ICU beds or not. 100 credits means they should be admitted immediately; 0 points means they should not be admitted at all. You can use every number only once. So when you have several urgent cases you have to decide for e.g. 99, 95 or 85 credits depending on your decision how reasonable (by what reasons so ever) it is to admit the patient or not. The number of beds available is of no importance, because the highest score just determines who gets the next available bed.

We'd love to hear from you about your opinion on our daily problems in order to help us making improvements in clinical practice, resource allocation and health prioritization.

All patients have been existing patients (!). 20 min for the survey might appear a short time – but in reality you do not have more time for the decision to admit a patient on your ICU in our setting.

If you have questions or concerns please come to the front desk and ask. The survey will take around 20 minutes and is completely anonymous. We really do appreciate your input.

First some general questions:

Age:

Sex:

Country of work:

Position:

Specialty:

Did you work in the tropics?

Where?

For how long?

P.t.o >>>



Weimar Sepsis Update 2019: Reality check – Who really gets the bed in ICU?

You are responsible for the small ICU of your large African hospital with 1200 beds. Your ICU is responsible for all patients – from the preterm to the adult and for all the different departments. Every day numerous patients are waiting for admission and you have never enough information! Somehow you have to decide whom to admit and ***you invent the following system and you provide every patient with credits from 0 - 100:***

100 credits = immediate admission / 0 credits = no admission / 99 – 1 credits = your decision is in between

Patient who needs admission to the Intensive Care Unit	Credits
A young man in severe sepsis after a bowel resection in theatre (otherwise healthy).	
An unconscious, fitting 4 year old boy (healthy otherwise) with cerebral malaria	
A young mother of four who comes in shock with a Hb of 2.2 after a cesarian section (healthy otherwise)	
An elderly lady after an accident with a broken femur, five broken ribs, a head injury & a ruptured spleen.	
An unconscious 40 y old farmer from a village with an isolated head injury and a GCS of 6 (no CT-scan)	
A two year old child with severe bronchiolitis	
A 15 year old boy with beginning urinary sepsis without organ dysfunction	
A term born (2 hrs old) with an omphalocele	
A young man with 85 % burns after an accident at the uranium mine	
An 8 year old girl after thoracotomy because of tb-spine with respiratory problems after the operation.	
An elderly gentleman post prostatectomy with a severe hypertonus & asthma & diabetes.	
An unconscious young mother of six with meningitis (HIV reactive).	
A 90 year old gentleman in septic shock after a severe pneumonia	
A septic preterm of 1000 gram with a three day old gastrochiasis.	
The brain dead finance minister, whom the Minister of Health sends for immediate further treatment	
A 25 year old farmer with suspicion of tetanus. Having a locked jaw and body cramps all 7 minutes.	
A 60 year old priest with a mild stroke and a constant flow of religious visitors - demanding strongly ICU	
A brutal thief, injured life-threatening through a police bullet after he stole in the hospitals pharmacy	
A 7 year old girl with the suspicion of a Guillain-Barre syndrome presenting in respiratory insufficiency	
A young lady of 17 years with severe peripartum sepsis (HIV reactive, diabetic, asthma, child alive).	
A lad of 23 years with sepsis from bedsores laying in a hut in the village after an HIV-related stroke	
A 22 year old prostitute with a GCS of 10 and a bacterial meningitis (HIV non(!) – reactive)	
A drunken minibus – driver with a tension pneumothorax	



Please leave the questionnaire in the box on the table with the Malawi flag.

Thank you very much for your time and cooperation!