

## **Ethical decision-making at the end-of-life during the COVID-19 pandemic: a systematic rapid review**

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**Background:** The COVID-19 pandemic is forcing healthcare professionals to make complex ethical decisions and decision-making processes in end-of-life (EOL) care.

**Aims:** To identify ethical issues at the EOL during the pandemic and describe palliative care (PC) involvement.

**Methods:** Systematic rapid review (RR). Data sources: PubMed, Web of Science. Three sets with series of MeSH terms each: “ethical decision-making” AND “end-of-life” AND “COVID-19”. Inclusion criteria: empirical studies, in English, German, Spanish, French, Portuguese. Exclusion criteria: bioethics conceptual/theoretical articles, reviews, opinion pieces. Articles independently screened, selected and reviewed by two researchers. Quality appraisal used Hawker’s criteria. Data extraction with PICOD.

**Results:** Our search retrieved 492 articles, 27 were fully assessed for eligibility, and 13 were included in the analysis and synthesis involving studies conducted in intensive care, palliative care and hospices. Five main themes emerged: (i) resource utilisation and allocation (rationing of ventilators in intensive care units (ICU), availability of ICU beds, triage for ICU admission, prediction of mortality, triage for PC home care); (ii) appropriate and proportionate care; (iii) risk for jeopardized compassionate person-centred care (isolation, restricting visits); (iv) strategies to improve EOL care; and (v) PC involvement and professionals’ concerns.

**Conclusions:** This study shows the scarcity of empirical studies on ethical decision-making at the EOL during the COVID-19 pandemic, especially compared to the amount of conceptual and theoretical articles. Main ethical issues were resource allocation, proportionality of care and risk for jeopardised compassionate person-centred care due to isolation and restrictive measures. PC was rarely involved in EOL decision-making in other contexts, with professionals

highlighting their concerns about the need for integration of PC in the care planning responses. **Funding:** FCT and Fundação Grünenthal.

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