

September 2024 Ethics for Lunch: Antimicrobial Resistance

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Summary:

Antibiotics are often perceived as a benign medical intervention with the potential to help and low risk of harm when there is uncertainty about whether a patient has a bacterial infection. Decision-making around antibiotic use is often only considered a short-term process without attention to the role of antibiotic planning in longitudinal goals of care conversations.

Complex infections frequently involve multiple medical teams who have diverging opinions about the role and utility of antibiotics. This may lead to confusing or misleading treatment plans or inappropriate expectations about recovery. Managing complex infections requires provider-to-provider communication and may require compromises to balance different priorities. It may help to avoid being dogmatic about the "perfect" approach to a hypothesized infection, and to instead choose a partial or step-wise treatment plan, acknowledging uncertainty.

Antibiotic stewardship – system-level efforts to measure and monitor how antibiotics are prescribed by clinicians – can conflict with professional autonomy. Terms that are commonly used in antibiotic stewardship – inappropriate use, misuse, overuse, rational use – suggest there is a moral weight to clinical decision-making around antibiotic use.

Use of antibiotics prescribed in healthcare settings has contributed to the emergence of increasingly antibiotic-resistant bacteria. This introduces an ethical tension between providing medical care at an individual level and preventing future harm from antibiotic resistance at the community level. Individual healthcare providers may not feel it is ethically appropriate to focus on community level interests when treating individual patients. This is where antimicrobial stewardship programs, operating at the hospital or health systems level, step in and assume responsibility for preserving antimicrobial effectiveness for the community and the future.