COVID-19: What Are Our Professional and Ethical Obligations to Patients and Ourselves?

CONNIE M. ULRICH, PHD, RN, FAAN
PROFESSOR OF BIOETHICS AND NURSING
UNIVERSITY OF PENNSYLVANIA SCHOOL OF NURSING AND MEDICINE
EMAIL: CULRICH@NURSING.UPENN.EDU

CHRISTINE GRADY, PHD, RN, FAAN: CHAIR, DEPARTMENT OF BIOETHICS, NIH
EMAIL: CGRADY@CC.NIH.GOV
PROVIDER/DISCLOSURE STATEMENT

Sigma Theta Tau International is an accredited provider of continuing nursing education by the American Nurse Credentialing Center (ANCC) Commission on Accreditation.

This activity is eligible for 1.0 contact hour.

To receive CNE contact hours learners must complete the evaluation form and be in attendance.

Conflict of Interest: Authors attest that no relevant financial relationship exists between themselves and any commercial supporting entity which would represent a conflict of interest or commercialize the presentation content.
LEARNING OBJECTIVES

1. To identify and discuss the various professional and ethical challenges that nurses are facing during COVID-19.

2. To give examples of allocation frameworks during a public health crisis.

3. To discuss our own safety and well-being during COVID-19.
THANK YOU

- Thank you to all the health care providers who are doing their very best in times of extreme stress, moral distress, and ethical uncertainty. We owe you a debt of gratitude.

- Thank you to Sigma Theta Tau International for their leadership. We are grateful to them for thinking about nurses and others on the front lines and their commitment to bringing the professional and ethical challenges forward for discussion, both within and outside of the profession.
Key Questions Today

- What are our professional and ethical obligations to patients and families?

- How might pandemic dynamics change standards of care?

- Challenges to meeting our obligations in caring for patients at this time
  - How should nurses care for patients in the setting of scarce resources and personal risk?
  - How should nurses make decisions about possible limits on patient care?
### Wuhan coronavirus

**Total cases**: 4,583

**Total deaths**: 106

<table>
<thead>
<tr>
<th>Countries</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainland China</td>
<td>4,515</td>
<td>106</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Macao</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Australia</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Cambodia</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Canada</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>France</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Germany</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Japan</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Malaysia</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Nepal</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Singapore</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>South Korea</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Thailand</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Taiwan</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>
What are We Seeing Today?

- **Confirmed cases of Covid-19 in the US**
  - Confirmed cases: 366,614
  - Deaths: 10,530
- **Globally**: 1,345,048
  - Deaths: 74,565
- >100 healthcare workers have died
- throughout the world
  - Nurses, doctors, paramedics, dentists
  - technicians, physician assistants,
  - pharmacists.
Current Practice Realities

- Today, we are grappling with many challenging ethical issues, including:

- Providing needed care for very ill patients, increasingly under conditions where demand exceeds capacity
- Dealing with the scarcity of PPE, and staff, beds, ventilators, etc.
- Caring for colleagues or friends who become ill
- Working with distressed patients, families, staff
- Worrying about one’s own safety and overall well-being
- Concern about the marginalized
- And others
Ethical Challenges

- These are somewhat uncharted waters, both professionally and ethically.
- Many people have thought carefully about these issues and developed helpful frameworks, guidelines, and algorithms.
- Yet, there are few universally accepted answers for nurses and others on the front lines. We will do our best to share our thoughts and experiences with you as nurse bioethicists.
- We welcome your thoughts and questions on the professional and ethical concerns that you are facing in your practice (or are worried about) because of the COVID-19 pandemic.
Professional and Ethical Obligations to Patients

Nurses and other health care providers have a moral and professional obligation to care for patients even in the face of difficult circumstances and some risk to themselves.
- General positive duties to help
- Specific (role-related) positive duties to provide care
1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

2. **The nurse’s primary commitment is to the patient, whether an individual, family, group, community, or population.**

3. The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

4. The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.

5. **The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.**

6. The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

7. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

9. The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principle of social justice into nursing and health policy.
During a crisis, it is vitally important to adhere to core ethical principles: fairness, duty to care, duty to steward resources, transparency in decision-making, consistency, proportionality, and accountability. Medical decisions informed by these ethical principles may allow for some actions that would be unacceptable under ordinary circumstances, such as not providing some patients with resources when other patients would derive greater benefit from them. When resource scarcity reaches catastrophic levels, clinicians are ethically justified—indeed ethically obligated—to use the available resources to sustain life and well-being to the extent possible.”

- NASEM Rapid Expert Consultation on Crisis Standards of Care for the COVID-19 Pandemic (2020)
What Ethical Principles Guide Us in This Public Health Crisis?

- **Fairness** – Standards that are, to the highest degree possible, recognized as fair by those affected by them – including the members of affected communities, practitioners, and provider organizations, evidence based and responsive to specific needs of individuals and the population.
- **Duty to care** – Standards are focused on the duty of healthcare professionals to care for patients in need of medical care.
- **Duty to steward resources** – healthcare institutions and public health officials have a duty to steward scarce resources, reflecting the utilitarian goal of saving the greatest possible number of lives.
- **Transparency** – in design decision making, and information sharing.
- **Consistency** – in application across populations and among individuals regardless of their human condition (e.g. race, age disability, ethnicity, ability to pay, socioeconomic status, preexisting health conditions, social worth, perceived obstacles to treatment, past use of resources).
- **Proportionality** – public and individual requirements must be commensurate with the scale of the emergency and degree of scarce resources.
- **Accountability** – of individual decisions and implementation standards, and of governments for ensuring appropriate protections and just allocation of available resources.²

Continuum of Care for Crisis Standards of Care

1. **Conventional care** - everyday healthcare services

2. **Contingency care** - when demand for staff, equipment, or pharmaceuticals begins to exceed supply. Contingency care seeks functionally equivalent care, recognizing that some adjustments to usual care are needed.

3. **Crisis care** - when resources are so depleted that functionally equivalent care is no longer possible.
Usual Standards of Care

- Respect for patient autonomy
- Maximize benefit to each of your patients
- Fidelity/allegiance to each patient
- Not all who could benefit receive treatment (due to lack of access/insurance)

Public Health Crisis/Crisis Standards of Care

- Respect for common good, not individual autonomy
- Less autonomy for practitioners
- Maximize benefit to the greatest number of people
- Allocate scarce resources responsibly
- Not all who could benefit receive treatment (due to scarcity)

Ethical Priorities

(Thank you to Denise Dudzinski)
Familiar Challenges

“All of us who have worked in the nursing and medical professions have been fearful at some point in our careers. Perhaps it was fear of communicating a poor prognosis to a cancer patient, or fear of placing an intravenous line in someone with scarred veins, or fear of simply saying the wrong thing to a family in distress. We also at times fear for our own safety such as when a violent patient lashes out, or a patient has active tuberculosis or another contagious infectious disease.”

Unfamiliar Challenges
Dealing with Scarcity of Resources

How should nurses care for patients in the setting of scarce resources and personal risk?

Balancing care obligations and commitments with caring for oneself (and loved ones)

- To protect self and families
- To protect/conserve healthcare work force
Increasing Resource Scarcity

- **Resources**
  - **Stuff**: Conservation/use of alt. meds, Emergency stockpiles accessed, Reuse of critical supplies authorized, Triage protocols activated
  - **Space**: All usual beds full/reserve beds activated and filled, All in-place/reserve beds activated and filled, All facility areas (hallways, etc) in use and filled, Some areas unsafe, Move patients
  - **Staff**: Reserve staff needed, External staff needed, Staff must perform atypical tasks, Lay volunteers must perform key aspects of care

- **Capacity (operational quality)**
  - Supplies unavailable/unusable
  - Infrastructure destroyed
  - Few/no staff available

- **Usual Ops**
  - Usual Quality
  - "Conventional Ops" Modest/brief degraded quality
  - Minimal/transient degraded quality

- **"Contingency Ops"**
  - "Contingency Ops" Modest/brief degraded quality
  - Significant/ongoing degraded quality

- **"Crisis Ops"**
  - Catastrophic failure
  - No care possible

The Hastings Center
Attending to Own Safety and Overall Well-being

- How should we think about our obligation to care for patients in this pandemic?
- Especially when there is
  - some uncertainty about the mode of transmission,
  - lack of personal protective equipment,
  - staffing shortages that may compromise safety
  - loved ones at home who might be immunocompromised or?
- Nurses and other health care providers moral and professional obligation to care for patients even in the face of difficult circumstances and some risk to themselves, is not absolute.

- Risk to the nurse can be a justification for not providing particular kinds of care in certain circumstances and can outweigh the nurse’s obligations to provide care.

- In the face of possible serious or life-threatening risks to the nurse, careful analysis of these risks in light of possible benefits to the patient is crucial.

American Nurses Association Position Statement on Risk and Responsibility in Providing Nursing Care 2015

- The patient is at significant risk of harm, loss, or damage if the nurse does not assist.
- The nurse’s intervention or care is directly relevant to preventing harm.
- The nurse’s care will probably prevent harm, loss, or damage to the patient.
- The benefit the patient will gain outweighs any harm the nurse might incur and does not present more than an acceptable risk to the nurse.

Attending to Own Safety and Overall Well-being

Nurses and other healthcare professionals promise to provide care to those in need. Skills are not transferrable – HCPs cannot easily be replaced by others who lack appropriate training.

Healthcare workers voluntarily assume some risk, knowing they will need to help in emergencies and pandemics.

Healthcare organizations have a reciprocal duty to protect HCPs and keep them safe to the best of their ability.

Ethically nurses and other healthcare providers can decline to do certain things when the risk to the healthcare provider is too great.
### Table 2. Ethical Values to Guide Rationing of Absolutely Scarce Health Care Resources in a Covid-19 Pandemic.

<table>
<thead>
<tr>
<th>Ethical Values and Guiding Principles</th>
<th>Application to COVID-19 Pandemic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximize benefits</td>
<td></td>
</tr>
<tr>
<td>Save the most lives</td>
<td>Receives the highest priority</td>
</tr>
<tr>
<td>Save the most life-years — maximize prognosis</td>
<td>Receives the highest priority</td>
</tr>
<tr>
<td>Treat people equally</td>
<td></td>
</tr>
<tr>
<td>First-come, first-served</td>
<td>Should not be used</td>
</tr>
<tr>
<td>Random selection</td>
<td>Used for selecting among patients with similar prognosis</td>
</tr>
<tr>
<td>Promote and reward instrumental value (benefit to others)</td>
<td></td>
</tr>
<tr>
<td>Retrospective — priority to those who have made relevant contributions</td>
<td>Gives priority to research participants and health care workers when other factors such as maximizing benefits are equal</td>
</tr>
<tr>
<td>Prospective — priority to those who are likely to make relevant contributions</td>
<td>Gives priority to health care workers</td>
</tr>
<tr>
<td>Give priority to the worst off</td>
<td></td>
</tr>
<tr>
<td>Sickest first</td>
<td>Used when it aligns with maximizing benefits</td>
</tr>
<tr>
<td>Youngest first</td>
<td>Used when it aligns with maximizing benefits such as preventing spread of the virus</td>
</tr>
</tbody>
</table>
Triage

Once in crisis capacity, many hospitals/health care facilities will have triage teams tasked with deciding which patients will be allocated scarce ICU beds and equipment like ventilators and ECMO machines.

Recommended that treating clinicians should not be asked to make allocation decisions for their patients. That responsibility should fall to Triage Teams.

Truog R; Mitchell C, Daley G. The Toughest Triage — Allocating Ventilators in a Pandemic. *NEJM* 2020
Continuum of Care in Crisis Standards

• Every single patient who could benefit from a scarce resource (ICU bed, ventilator) deserves the resource. (and is likely to receive it under usual standards of care)
• Depending on the degree of scarcity, not every patient may get the resources or treatment/care they deserve.
• Patients who do not receive certain limited resources should still receive quality care and palliative care as appropriate.
• Nurses and other healthcare providers will continue to care about all of their patients.
Clinicians, such as physicians and nurses, are trained to care for individuals.

Public health emergencies require clinicians to change their practice to respond to the care needs of populations.

In a public health emergency, the fair allocation of scarce resources requires clinicians to prioritize the community.

The shift from patient-centered practice to patient care guided by public health duties creates great tension for clinicians, including clinical ethics consultants.
Moral Distress

Moral distress—the feeling of being unable to “do the right thing” or feeling powerless to avoid wrongdoing or harm—is foreseeable during a prolonged public emergency and severe resource limitations affecting patient care and health care workforce safety.

-Moral distress is likely before, during, and after crisis conditions
Moral Courage and Moral Strength

We are seeing nurses and others do what they need to do to care for patients. We have read about nurses wearing garbage bags (in the US), using make-shift shields, and improvising other ways to care for patients.

What gives nurses and others the moral strength to continue to practice? We define moral strength as the capacity of clinicians to practice with confidence, moral clarity, and compassion and make difficult ethical and clinical decisions within complex environments. The steadiness, stability, focus that resides in and supports those who care for patients day after day, and year after year- and engage with the moral complexities.

Yet, healthcare workers in crisis situations will have to live with decisions made and things they did not want to happen (whether or not they agree with them)
‘Courage is not the absence of fear, but rather the assessment that something else is more important than fear.”

— Franklin D. Roosevelt
THANK YOU