Nursing ethics: Lessons from a global pandemic

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4 Key issues

1. THE MORAL LIMITS TO THE 'DUTY TO CARE' AND THE ETHICS OF 'REFUSALS TO CARE'/ 'ABANDONING PATIENTS'

2. THE ETHICS OF SOLIDARITY AND THE DUTY OF THE PUBLIC

3. THE MORAL COSTS OF MAKING TRAGIC CHOICES

4. OPERATIONALISING CRISIS STANDARDS OF CARE

The moral limits to the ‘duty to care’ and the ethics of ‘refusals to care’

Historical (militaristic) expectations that nurses will ‘stand at their post’ and not ‘abandon patients’

‘A Nurse is a sort of soldier, and should have a high conception of what duty is, as does a soldier. When a man enlists in the army he does not expect to retire as soon as the enemy appears and the danger becomes great. If he did, he would be called a coward and a deserter, and be execrated by all good people. A Nurse must take her work as it comes and shirk no danger. She has no right to ask, “Is this case contagious?” “Am I running any personal risk?” (Guthrie 1909: 411)’

Lessons from SARS 2003

- Canadian case of RN dismissal for refusing to be deployed
- Aftermath research:

'During a pandemic opting in/opting out 'ultimately turns on a deeply personal and agonizing decision based on a risk-benefit analysis of the moral risks HCPs are prepared to take and what moral interests they are prepared to sacrifice'

- WWII Singapore evacuation example

Ebola outbreak and Congolese nurses

No protective gear such as masks, gowns, boots

Lack of basics such as soap, bleach, beds, bedpans, thermometers, disposable needles

No or limited supplies of medical equipment and essential medicines

(In some cases) having no running water, electricity, or a waste disposal system.

Congolese and Ugandan nurses response

Continued to provide care despite their own vulnerability:

‘We are afraid. We question our safety. But we are obliged to our patients’

‘My children were afraid of me, they were afraid to touch me. I wanted to quit. But I knew if I quit all others would want to quit’

HOWEVER, these nurses had:

Common objective of controlling and stopping the spread of the disease – some of whom were ‘willing to die for others’

Strong confidence in their own ability to keep safe

For many ‘it was unthinkable for them to leave when there were people who needed care’

Assaults on nurses

- Physical assaults when asking patients to wear a mask (e.g., head slammed on desk)
- Nurses in scrubs refused service in supermarkets
- Verbal abuse:

- ‘How can you sleep at night with your dirty COVID money’
- Being called a ‘COVID bitch’.

‘Refusals to care’ / ‘non-abandonment’ narratives

Is unfortunate language has been interwoven into the ‘duty to care’ debate

Notion of ‘refusal’ has pejorative overtones - implies a degree of recalcitrance – e.g., of resisting authority, of not being obedient or compliant, of being stubborn, of resisting ordinary measures

Notion of ‘non-abandonment’ likewise carries pejorative overtones - it implies that agonizing decision not to step forward have abandoned (deserted, neglected, rejected) patient care

Alternative narrative – ‘opting in’

A decision not to respond or ‘step forward’ or ‘opt-in’ needs to be considered in the context in which it is being made – contexts which tend to be rife with extreme risk and uncertainty, not only to the decision-maker but to others for whose health and safety they may also be responsible for .

Require a language that is more reflective of the agonising decisions many nurses have had to make about whether to continue in practice.

Conditions for opting out:

The nurse:

- in a vulnerable group (e.g. medical condition)
- feels physically unsafe due to a lack of PPE/inadequate testing
- inadequate support for meeting the nurse's personal and family needs
- concerned about professional, ethical, and legal protection for providing nursing care in the COVID-19 pandemic [and] organizational support for the registered nurse

(ANA 2020: 2).

Canadian Nurses Association

The essential moral question in cases of nurses withdrawing is not ‘must nurses show up?’ but rather, ‘when nurses show up, how should they be supported? (Wright et al 2020: 4).

The ethics of solidarity and the duty of the public

Solidarity as a foundational ethical principle

‘We are all in this together’

Solidarity as a foundational ethical principle:

*subordinates autonomy and ‘individual rights’ to the moral interests of the collective

*is a fundamental moral requirement that commits people to *action* –i.e., to change their behaviour in the interests of promoting and protecting the greater public good

‘Tragic choices’

Refers to a shocking, intensely sad, or mournful event that typically ends in disaster and which occurs through no fault or failing of those involved.

It underscores human vulnerability and encompasses the idea that people ‘cannot control life’ and that ‘things will always happen that we are powerless to change’.

Example of tragic choices:

- ‘Unforgiving triage’ during the aftermath of the Haitian earthquake disaster:

‘We have no answers. There are no answers’

(Kirsch and Moon 2010)

- Aged based triage during COVID in Italy

Take home message:

‘…there is no magic formula for calculating the lesser of two evils when trying to decide what really is the ‘best thing to do’ in the extreme situation at hand. No matter what is done *someone will be left without.’*

there is *no one perfect solution* since ‘every option has fateful consequences’ (inevitably someone is going to be hurt) (Bobbitt 2020)

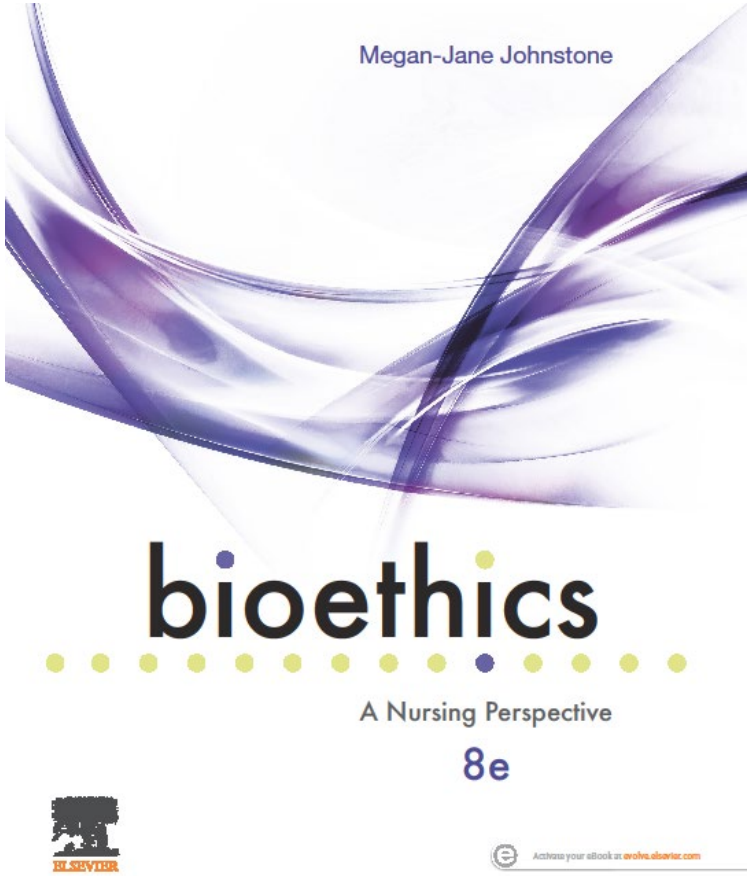
Operationalising crisis standards of care

- Having to grapple with the tensions that exist between a system of health care ethics that is centred on the *rights of individuals* vs *what is best for the community*
- Nurses are schooled in the principles of *patient-centred care;* making the shift to *public-centred care* and *patient care guided by public health considerations* is likely to be difficult

Conclusion

- The COVID-19 pandemic has been a time of moral reckoning.
- It has called into question the taken-for-granted values, norms and role expectations of society and the adequacy of accepted professional ethical frameworks for guiding just decision-making and behaviours during the pandemic.

References



- The bogus ‘right’ NOT to wear a mask

  https://anmj.org.au/the-bogus-right-not-to-wear-a-mask/

  * COVID-19: The ethics of solidarity and encouraging responsibility

  https://anmj.org.au/covid-19-the-ethics-of-solidarity-and-its-dereliction/

  * COVID-19: The moral costs of making tragic choices

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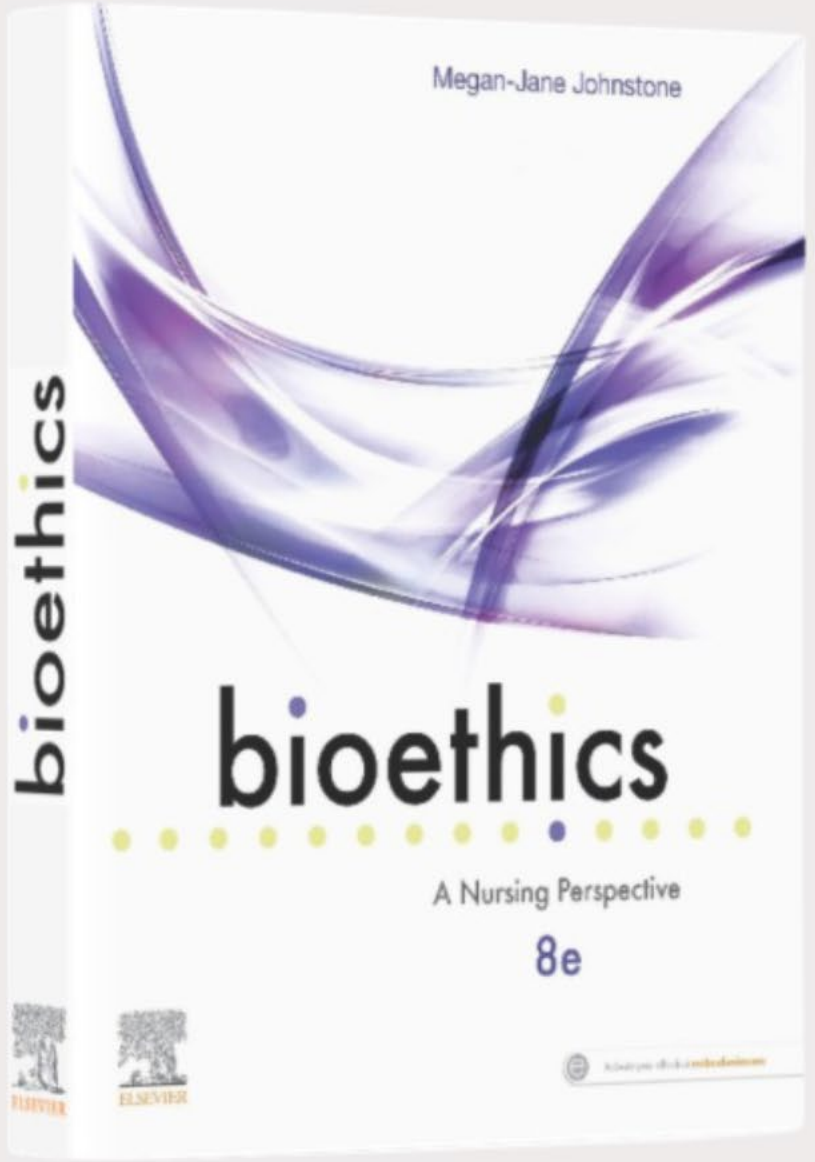

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