

Quick Reference Ethics Support

For informal or formal clinical or organizational ethics support during the COVID-19 pandemic, physicians can contact both Ethics NSHA and the Nova Scotia Health Ethics Network (NSHEN) by e-mailing or calling Lisbeth Witthoefft Nielsen at czethics@nshealth.ca or 902.473.1564.

Ethics issues arising during pandemics include conflicts between individual freedom and a common good, tensions regarding the duty to provide care and the right to safe working environments, and wide-ranging challenges around resource allocation. For care providers, ethical issues during the pandemic may relate to:

- **Moving from the individual to the group:** Reduced weight will be given to patient autonomy, individual liberty and well-being, during a pandemic and the focus shifts to overall well being of the community. At the same time, providers need to balance this with their duty of care and non-abandonment, understanding that what that entails likely changes as the context changes (e.g., shifts to telehealth).
- **Redeployment and competency:** Providers may be asked to work in an area of care that is unfamiliar or where they haven't worked in many years. They may feel unsure about competency to perform adequately in that role. They may be unsure about skills in end of life care, or in working with patients and families in significant psychological distress. They may also feel unsure about using technology and videoconferencing. Supports and resources such as just in time training are available to help.
- **Concerns that arise from restrictions and reduced authority:** Some services might be temporarily suspended, waitlists might lengthen, and physician authority to direct care may be reduced. Some decisions may be centralized as a means of ensuring that, within the zone or province, more urgent needs are attended to first and more people survive. Providers may feel these constraints affect the ability to practice in a way that maintains usual professional standards.
- **Concerns that arise from a perception of excessive authority:** Healthcare providers may feel that they are shouldering the burden of decision making that ought to be handled at higher levels of administration. Ideally, collaboratively developed systems and guidance documents can help to ensure that individuals don't feel unduly burdened by decision making and are approaching matters consistently and with the support of the institution. In addition, triage teams are being established in anticipation of crisis situations where, as a last resort, very limited services might need to be rationed.
- **Moral distress:** Individuals may feel prevented from doing what they take to be right (e.g. feel rushed to get through patient interactions) or observe others acting in a way they think is problematic (e.g. incompetent or inconsistent care). Left unaddressed, this can take a physical and emotional toll.

- **Conflicting interests:** Providers may have to delay care when adequate PPE is unavailable or not yet donned. In some cases, this may contribute to worse patient experiences or outcomes, even if the process contributes to an overall benefit.
- **Conflicting roles:** Many may find that roles as healthcare providers pull them in one direction, while roles as a partner, parent, family caregiver, and/or teacher pull them in another.
- **Conflicting views about safety and acceptable risk:** Team members may have varying tolerance for risk (this happens outside of public health crises as well), and some may refuse to work. Individuals may also be managing ongoing concerns about the safety of the workplace.
- **Conflicting views about fairness:** Team members may also disagree about what is fair. For example, some may believe that patients should be seen first-come, first-served, while others might argue that younger or more vulnerable patients should be prioritized. In many areas, there will be protocols that govern practice and provide direction. Conversation should still be welcomed about these issues.
- **Physical, mental and emotional exhaustion:** During the pandemic, and after, looking after physical, emotional and psychological well being is important.
- **Solidarity and boundaries:** In the effort to step up when needed, and to be creative and flexible, providers may feel that they have eroded boundaries that normally exist in professional life. This isn't necessarily problematic, given the circumstances, but it may be important to watch for burnout.

Resources that might be useful:

Canadian Medical Association Journal: <https://www.cmaj.ca/>

Canadian Medical Association: <https://www.cma.ca/cma-update-coronavirus>

Doctors Nova Scotia: <https://doctorsns.com/>

Canadian Medical Protective Association: <https://www.cmpa-acpm.ca/en/home>

College of Physicians and Surgeons of Nova Scotia: <https://cpsns.ns.ca/news/covid-19-college-updates/>

Nova Scotia Health Ethics Network: www.nshen.ca

Hastings Centre Report, Ethics Resources on the Corona Virus: <https://www.thehastingscenter.org/ethics-resources-on-the-coronavirus/>

New England Journal of Medicine (Collection of resources on COVID-19):

<https://www.nejm.org/coronavirus?query=RP>

Joint Centre for Bioethics, Stand on Guard for Thee:

http://www.icb.utoronto.ca/people/documents/upshur_stand_guard.pdf