

In brief

Ethics and duties of treating COVID-19 patients

26 August 2021

Background

- There is general agreement that healthcare providers have a [duty or obligation](#) to provide care to patients, however the [extent of this obligation](#) is occasionally contested.^{1,2}
- There is little practical guidance for healthcare institutions that are deciding whether or when to exclude healthcare staff from providing care or allow them to opt out from providing care in order to protect themselves.²

Evidence

- Many perspective and opinion articles outline that healthcare professionals have a duty or obligation to provide care to patients due to the [specialised skills](#) obtained during their training.^{2,3}
- The capacity for a health professional to [protect themselves](#) during a pandemic whilst caring for infected patients, depends on their ability to practise universal precautions.⁴
- While some authors assert that doctors cannot, with integrity, [refuse to serve the victims](#) of an infectious outbreak, there are instances where some argue that healthcare professionals may be excused from their duties.⁵ These include:
 - when there are inadequate [PPE and protocols for infection control](#)⁶
 - where intolerable and unmitigable risk of certain and [significant harm](#) is posed⁷
 - matters in relation to their own unique personal circumstances
 - in those who make sacrifices and increased efforts, yet the reciprocal obligations they are owed in return are not met²
 - for clinicians who are [65 years or older](#), immunocompromised or with significant comorbidities⁸
 - [physical health](#), mental health, and competing personal obligations⁹
 - when their duty to treat is [outweighed by the combined risks](#) and burdens of that work; the obligation to protect one's family from infection contributes significantly to those burdens¹⁰
 - where any decrease in patient care is proportionate to the increase in staff wellbeing.⁴
- If excused from some duties, healthcare professionals may still be expected to contribute in other nonclinical ways.⁷
- [Specific specialties](#) may need to help manage the surge of respiratory failure when required.¹¹
- In the United Kingdom, parliament has introduced [indemnity protection](#) for nurses. There was a rapid deployment of returning nurses and student nurses to a range of traditional and novel roles, including retraining for nurses to work in intensive care settings.¹²

Grey literature

- Occupational health and staff deployment [guidance from Public Health England](#) describes a risk assessment which is required for health and social care staff at high risk of complications from COVID-19 or clinically extremely vulnerable groups, including pregnant and staff from CALD communities.¹³
- The [Australian Nursing & Midwifery Federation COVID-19 response guidelines](#) suggest reassigning registered nurses who are themselves in high-risk categories for COVID-19 complications, to settings and/or duties that significantly reduce the risk of exposure.¹⁴
- The Canadian Federation of Nurses Union recommends that [pregnant healthcare workers who are concerned about their health](#), especially those with comorbidities, seek accommodation from their employer if asked to care for suspected or confirmed cases of COVID-19 in 'hot areas'.¹⁵

To inform this brief, PubMed and Google searches were conducted using terms COVID-19 AND (doctor OR nurse OR health professional) AND (duty OR obligation OR ethics) on 10 August 2021.

References

1. Benedetti DJ, Lewis-Newby M, Roberts JS, et al. Pandemics and Beyond: Considerations When Personal Risk and Professional Obligations Converge. *J Clin Ethics*. 2021 Spring;32(1):20-34.
2. Johnson SB, Butcher F. Doctors during the COVID-19 pandemic: what are their duties and what is owed to them? *Journal of Medical Ethics*. 2021;47(1):12-5. DOI: 10.1136/medethics-2020-106266
3. Dhai A, Veller M, Ballot D, et al. Pandemics, professionalism and the duty of care: Concerns from the coalface. *S Afr Med J*. 2020 May 14;110(6):450-2.
4. McDougall RJ, Gillam L, Ko D, et al. Balancing health worker well-being and duty to care: an ethical approach to staff safety in COVID-19 and beyond. *Journal of Medical Ethics*. 2021;47(5):318-23. DOI: 10.1136/medethics-2020-106557
5. Zubaran C, Freeman A. The uncertainty trope: the duty to treat during a pandemic. *Australas Psychiatry*. 2021 Apr;29(2):180-2. DOI: 10.1177/1039856220975286
6. Swazo NK, Talukder MMH, Ahsan MK. A Duty to treat? A Right to refrain? Bangladeshi physicians in moral dilemma during COVID-19. *Philos Ethics Humanit Med*. 2020 Sep 9;15(1):1-23. DOI: 10.1186/s13010-020-00091-6
7. Bakewell F, Pauls MA, Migneault D. Ethical considerations of the duty to care and physician safety in the COVID-19 pandemic. *CJEM*. 2020;22(4):407-10. DOI: 10.1017/cem.2020.376
8. Laventhal NT, Basak RB, Dell ML, et al. Professional Obligations of Clinicians and Institutions in Pediatric Care Settings during a Public Health Crisis: A Review. *The Journal of pediatrics*. 2020;224:10-5. DOI: 10.1016/j.jpeds.2020.06.054
9. Anderson C, Pooley JA, Mills B, et al. Do Paramedics Have a Professional Obligation to Work During a Pandemic? A Qualitative Exploration of Community Member Expectations. *Disaster medicine and public health preparedness*. 2020;14(3):406-12. DOI: 10.1017/dmp.2020.212
10. McConnell D. Balancing the duty to treat with the duty to family in the context of the COVID-19 pandemic. *Journal of Medical Ethics*. 2020;46(6):360-3. DOI: 10.1136/medethics-2020-106250
11. Rubin MA, Bonnie RJ, Epstein L, et al. AAN position statement. *Neurology*. 2020;95(4):167-72. DOI: 10.1212/WNL.00000000000009744
12. Griffith R. Duty, indemnity and immunity during the COVID-19 pandemic. *British Journal of Nursing*. 2020 2020/05/14;29(9):537-8. DOI: 10.12968/bjon.2020.29.9.537
13. Public Health England. COVID-19: Guidance for maintaining services within health and care settings [Internet] United Kingdom: PHE publications gateway number: GOV-8505; 1 June 2021 [Cited 10 August 2021]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/990923/20210602_Infection_Prevention_and_Control_Guidance_for_maintaining_services_with_H_and_C_settings_1.pdf.
14. Australian Nursing and Midwifery Federation. ANMF Priorities for Nursing Workforce Surge Strategies and Principles for Redeployment of Registered Nurses during the COVID-19 pandemic in Australia [Internet] Australia: ANMF; 24 April 2020 [Cited 10 August 2021]. Available from: <https://agedcare.royalcommission.gov.au/system/files/2020-08/ANM.0020.0004.0001.pdf>.
15. Canadian Federation of Nurses Union. Pregnant Health Care Workers Should Not Be Forced to Work in COVID-19 'Hot Zones' [Internet] Canada: CFNU; 1 December 2020 [Cited 10 August 2021]. Available from: <https://nursesunions.ca/pregnant-hcws-covid-19-hot-zones/>.

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