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 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 posed[7]
    - 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 met[2]
    - for clinicians who are 65 years or older, immunocompromised or with significant commodities[8]
    - physical health, mental health, and competing personal obligations[9]
    - 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 burdens[10]
    - 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.

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Evidence checks are archived a year after the date of publication

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