

COVID-19's Impact on Ethical Care

**Investigating the impact of the COVID-19 pandemic
on healthcare ethics to enhance patient care quality**



BACKGROUND AND CONTEXT

The unforeseen and exceptional challenges posed by the COVID-19 pandemic have placed a substantial strain on healthcare resources.¹ Among the numerous ethical dilemmas brought to the forefront by this pandemic, one of the most significant is the potential necessity for healthcare systems to allocate limited critical care resources and modify treatment approaches for both urgent and routine medical issues. In doing so, they must carefully balance considerations of distributive justice and the protection of patients and healthcare professionals on one side, and individual benefit and autonomy on the other. These decisions may have enduring consequences for the established ethical values and principles that have traditionally guided the patient-provider relationship.

ABOUT THE STUDY

In the backdrop of the ongoing NHS staff crisis², characterized by shortages and mounting pressures, this collaborative project, which brought together an academic medico-legal expert and healthcare professionals from University Hospitals Southampton, delved into the potential long-term repercussions of COVID-19 on the ethical dilemmas confronting medical practitioners and patients within healthcare settings. Specifically, it examined issues related to patient prioritization, resource allocation, and staff shortages. Employing qualitative research methods, the project explored the complexity and practical aspects of decision-making in intensive care settings during the pandemic.

This briefing document aims to encapsulate the challenges encountered by healthcare professionals throughout this crisis while offering valuable insights and lessons to guide the development of a resilient healthcare system rooted in ethical principles.

POLICY BRIEF AIMS



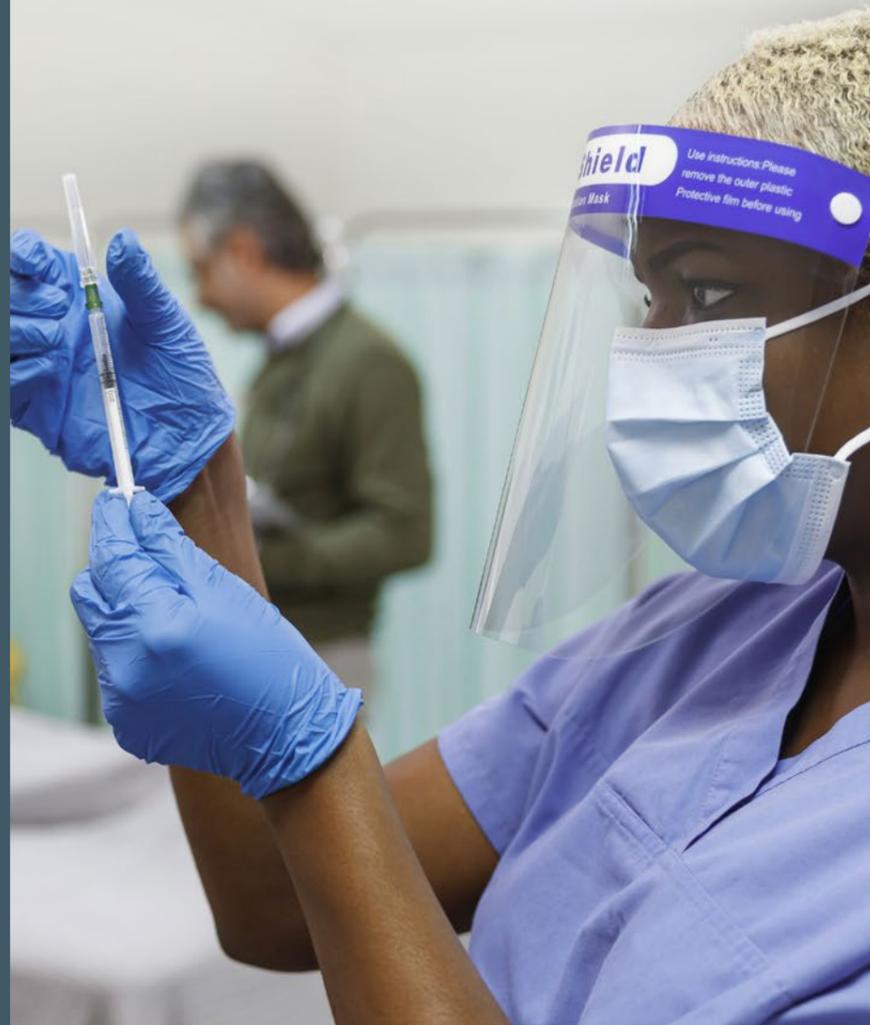
Improve understanding of the **practical impact** of COVID-19 on the ethics of care in healthcare practice



Shed light on the difficulties encountered regarding **patient prioritisation** during health emergencies



Influence policy to strengthen future **pandemic preparedness**



KEY FINDINGS

- During the pandemic, shortages of ventilators, respiratory wards and Personal Protective Equipment (PPE) caused **difficulties in patient care** in University Hospital Southampton. Limited oxygen supply and bed space in critical care posed additional challenges.
- Evolving messages and guidance on patient prioritisation and resource allocation hindered effective and fair decision-making by the clinicians.
- The **lack of trained personnel** (particularly nursing staff), to handle the care of critically ill patients reliance on agency staff, and burnouts affected patient care quality.
- Ethical and clinical considerations relating to critical care can conflict with political perspectives influenced by public pressure, emphasizing the need for clear guidelines on patient admission.
- Non-COVID patients such as those with cardiac conditions, faced substantial **treatment delays that exacerbated their conditions**, leading to an increase in mortality. To illustrate, it is estimated that more than 30,000 deaths related to heart disease occurred as a result of extended waiting times in the UK.
- **Improvement in team cohesion and collaboration** was noted to be an effect of the pandemic. Hospital staff demonstrated **flexibility and resilience** despite lack of clear guidance and support from national decision-makers.



RECOMMENDATIONS

The following recommendations are relevant to Local NHS trusts and hospitals, and Integrated care systems, the Department of Health and Social Care, NICE, NHS England, medical associations, charitable organisations and other stakeholders involved in decision making for patient care.

- 1 Develop** local and specific guidance regarding patient prioritisation during a public health emergency
- 2 Enhance** effective communication channels and information sharing to foster open and productive dialogue between national and local healthcare decision-makers
- 3 Establish** contingency plans and surge capacity strategies both at the local and national level
- 4 Increase** capacity and resources to maintain a consistent quality of care across different medical conditions
- 5 Improve** transparency and communication regarding healthcare decision-making to mitigate the burden on clinicians stemming from public expectations.
- 6 Promote** a culture of appreciation, inclusivity and respect of hospital personnel.

Authors

Dr Melinee Kazarian

Southampton Law School

Mr Andrew Webb

University Hospitals Southampton NHS Foundation Trust

Ms Elisabeth Kombate

Southampton Law School

Citations

¹The hidden impact of COVID-19 on patient care in the NHS in England, BMA, July 2020.

²J Dobson, 'Time is running out to resolve the NHS workforce crisis', BMJ 2023; 380: p681.

³<https://www.bhf.org.uk/what-we-do/policy-and-public-affairs/tipping-point>