

Reflections on Health Care Providers' Moral Well-Being During This Pandemic

Paddy Rodney

Associate Professor, University of British Columbia School of Nursing
Faculty Associate, University of British Columbia Centre for Applied Ethics

This is indeed, a time for health care providers and health care leaders to stay connected. Across diverse health care professional/provider groups, practice arenas, and locations in Canada, it is clear that health care providers and leaders are facing significant moral as well as clinical challenges.

The clinical challenges are difficult. And they are fluid—we are continually learning about aspects of COVID-19 that make it challenging to prevent, detect, and treat. At the same time, our health care system in British Columbia is benefitting from what many of us see as clear and supportive leadership at the provincial level, particularly from our Provincial Medical Health Officer Dr. Bonnie Henry and Health Minister Adrian Dix. Further, the leadership provided by many health care professionals in our B.C. provincial health authorities, and the related guidelines that they have produced, are laudable.

Nonetheless, the clinical challenges created by COVID-19 are generating significant ethical problems for health care providers, including, for example, witnessing the vulnerability of older adults in care facilities, postponements of some medically necessary treatments, triaging access to acute care, limited access to palliative support, and shortages of personal protective equipment (PPEs). Our provincial health care leaders and front-line providers have been working diligently to ameliorate such difficulties, but health care providers are still experiencing significant moral distress. “They are constrained from moving from moral choice to moral action—an experience associated with feelings of anger, frustration, guilt and powerlessness” (Rodney et al., 2013, p. 169; Jameton, 1984).

British Columbia’s health authority personnel are working to support health care providers to address the ethical challenges they face in practice—and the clinical ethicists in every health authority are fully engaged in promoting ethical patient care and work environments. It is my hope that as we address the pandemic in BC we will continue to listen to and learn from our health care providers. We need to know what they need to function effectively in terms of physical and interpersonal resources in their specific practice environments. I recommend that we take a ‘universal precautions’ approach to making regular de-briefing accessible to all. Our colleagues on the front lines of this pandemic deserve the support.

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