

Care and Ethical Standards Compromised by COVID-19 Outbreaks

Khadije Jahangasht, Abbas Shamsalinia and Fatemeh Ghaffari*

Department of Nursing Care Research, Babol University of Medical Sciences, Babol, Iran

Abstract

COVID-19 is an emerging disease that has challenged global health systems. Despite many efforts to manage the crisis, the number of new cases is still high. In Corona Crisis Management, both internationally and in terms of healthcare systems, the focus was on planning during crisis, and due to the lack of pre-crisis planning, healthcare providers systems enter to crisis situation suddenly and unprepared. The lack of biologic crisis maneuvers associated with emerging diseases such as SARS, Ebola, and COVID-19 by related organizations, and the lack of scenarios for how to deal with it, shocked health workers. In the early weeks of the COVID-19 outbreak, the operationalization of the planned actions fails, and the COVID-19 epidemic led to an influx of people with the disease into care units such as emergency departments and outpatient clinics and hospital beds were filled. The increase of positive disease cases and comprehensive care needs, especially in intensive care units in the first weeks of the disease epidemic, led to extreme fatigue of health care providers, lack of personal protective equipment, shortage of manpower and infection of many health care workers to COVID-19. Sudden exposure to critical situations may cause some dimensions of standard care, including standard precautions when caring for patients and compliance with ethical standards by health care providers, especially at the front line was neglected.

Keyword: COVID-19 • Crisis Management • Healthcare systems

Introduction

The COVID-19 crisis has created unprecedented challenges for health care providers that are at the front line [1,2]. These people are exposed to dangerous occupational exposures that not only expose them to infectious diseases, but may also spread the infection to others [3,4].

Healthcare staffs at the front line are in long-term contact with patients who have been diagnosed with COVID-19 disease at the time of referral to medical centers, or who are in the incubation period or a period of convalescence, or have no clinical signs or symptoms, while they can transfer the disease. Because it is virtually impossible to diagnose all clients in all respects, all patients are considered infected. Therefore, it is very important to follow the standard precautions when caring for all patients and patients visiting medical centers. Standard precautions apply to a set of measures taken to prevent the transmission of diseases to staff and other patients admitted to medical centers, and the basis is safe patient care and reducing the risk of transmission to health care providers. The purpose of the standard precautions, which have been developed and released to prevent the transmission of infection to all staffs, patients and their companions, was to minimize the transmission of

infection and should be performed for all patients under care in medical centers, especially in situations such as epidemics.

Literature Review

Implement contaminants such as COVID-19. Therefore, awareness, acceptance and performance of health service providers in the field of standard precautions are necessary. However, Lack of timely decision-making, incorrect distribution of equipment in units and lack of equipment, incorrect cultural beliefs or religious beliefs that there is no need to use protective equipment, inability to properly use personal protective equipment; ignorance of how to use them and the hassle of using protective equipment reduces the level of standard precautions. At the time of the outbreak of SARS, 50% of those who lost their lives were health care workers who were in contact with infected patients in the hospital and did not pay much attention to the importance of personal protective equipment [5]. Among health care workers, nurses are the main group who are more likely to develop the disease, and adhering to standard precautions is a very important principle in providing safe care and maintaining their health [6].

Another group of health care worker who may forget the standard precautions when transporting suspected cases to medical centers is

*Address for Correspondence: Fatemeh Ghaffari, Department of Nursing Care Research, Babol University of Medical Sciences, Babol, Iran; E-mail: ghafarifateme@yahoo.com

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those who are responsible for transporting patients from the community to medical centers. Other groups that may forget or neglect standard care, especially standard precautions, are people who are temporarily employed in health care centers according to national crisis management protocols or policies. The other group is volunteers who are invited to participate in the national invitation. These people may enter to convalescent hospitals with basic training and within a few days as a caregiver. Although these voluntarily and moral contributions of volunteers have been able to relieve some of the health care burden of providers, but these individuals or their families may have suffered due to insufficient training and urgency in using their aids and due to insufficient training and urgency in using their help and non-compliance with protection standards, they may be exposed to the disease and increase the workload of nurses, doctors and other health care workers [7].

Another standard of care that should be observed at the time of corona prevalence is medical ethics standards. Medical staff, especially physicians and nurses, is obliged to perform ethical standards, namely the protection of the client's rights and the prevention of his or her injury, both material and non-material. They have a moral duty to defend their sick rights. What is certain is that patient care is intertwined with ethics. That is accepting and caring of patients is a purely moral matter. Ethical principles in care state that the recovering of patients should be a priority for health care providers. Therefore, a treatment team based on a social contract is expected not to forget ethical-oriented care in times of crisis, such as the epidemic of COVID-19.. The innate nature of health care providers is respect to the patients' rights, including the protection of the patient's privacy and human generosity. By breaking the patient's rights, in fact, his vulnerability to emerging diseases, including COVID-19., increases, and non-observance of ethics will lead to challenges and consequences that will reduce patient satisfaction and reduce the quality of care [8]. However, non-readiness of dealing with the current situation, urgency in providing services to patients, contamination and high mortality rates of COVID-19. disease may cause health care providers have no opportunity to upgrade and

rebuild their moral, psychological and emotional capabilities to confront with problems of COVID-19. prevalence. Taking care of critically ill and contagious patients may not give them enough time to resolve conflicts between their values, careers, and patient values, and may not play a significant role in making decisions about patients under their care. In fact, in such cases, their ability to reason morally decreases. In the current Covid-19 crisis, ethical codes, which are items of patient rights such as patient privacy, non-labeling of the patient, and decision-making based on ethical principles, virtues, and basic guidelines, may be less respected.

On the other hand, some factors in patient care with COVID-19., such as disrespecting patients' independence, feeling unable to prevent death, observing patients' suffering, providing end-of-life care, feeling of useless medical care, and improperly feeling and lack of self-confidence can lead to moral distress in health care workers, which can lead to physical and emotional fatigue, job unusable, their health reduction, and poor-quality care. Moral distress may prevent these people from managing moral dilemmas in their clinical performance, and this process can adversely affect the mental health and spiritual health of health care workers. It also reduces their energy and motivation to provide patient care. Moral distress may also cause an increased professional negligence in the observance of ethical standards and increasing health care workers error. Ultimately, ethical merit, that is, having performance through the ethical codes and the responsibility of health care workers that provide quality care, may be diminished in the context of the prevalence of COVID-19.disease [9].

The results of studies conducted on epidemics of emerging and pandemic diseases, such as Ebola, SARS and H1N1 flu, show that ethical and care standards have also been compromised during the outbreak of previous emerging diseases (Table 1).

Table 1: Overview of the challenges posed in the care of emerging diseases.

Article title	Published year	Authors	Missed standards of care in emerging diseases
Cardiopulmonary Resuscitation for Ebola patients: Ethical Considerations (6).	2015	Connie M. Ulrich, Christine Grady	Nurses 'support for the patient, nurses' direct intervention in preventing further injuries, paying attention to the patient's interests in choosing critical care, adhering to ethical principles in decision making when resuscitating patients, and preventing the onset and spread of fear in society and family
Developing the duty to treat: HIV, SARS, and the next epidemic (7).	2008	J Dwyer D F-C Tsai	The professional duty of patient care is to provide services in critical situations of infectious diseases
Lessons from the response to A 2010 H1N1 influenza, 2009, India: ethics in pandemic planning (8).		Chhanda Chakrab orti	The task of providing care by medical staff, the ethical decision-making challenges in patient quarantine, privacy and personal information. Eliminating the need for patients to know the limits of professional responsibility and presenting balancing care in times of crisis

Ethics, Pandemics, and the Duty to Treat 2011
(9).

Heidi Malm
et al

Provide Halistic care, obtaining
testimonial, special training for patients and
observing professional ethics codes

Discussion

Due to the care problems that may reduce the performance of health care providers during the outbreak of COVID-19, providing preventive measures in this regard can lead the quality of cares and reduce the transmission chain and maintain the health of patients in physical, spiritual and mental dimensions. One of the solutions recommended in health care systems to increase care standards and reduce the time and severity of exposure of health care workers in the front line against the virus can refer to use full protective equipment during care, emergency triage of patients in emergency departments and rapid transfer of critically ill patients to the intensive care unit or to the specific sections of COVID-19. Strategies such as early detection, disease reporting, observing isolation and quarantine guidelines, and supportive care can also help to reduce the prevalence of the disease. Implementing care guidelines and standards during outbreaks of infectious diseases such as Covid-19 in medical centers are important tools used to standardize patient care processes and are an inseparable part of quality improvement. These standards cover all aspects of care, and ignoring or disregarding them for any reason threatens the health of patients and the treatment team.

Conclusion

In summary, the prevalence of COVID-19 has become a clinical threat to the general population, especially health care personnel around the world and in Iran, and what health care providers need to do is provide full health care and compliance and the implementation of ethical principles to prevent the spread of COVID-19. Holding retraining courses for staffs and changing the educational curricula of medical students can lead to a reduction in the negative consequences of the Covid-19 epidemic and an increase in the quality of cares.

Conflict of Interest

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