MORAL Balance

An Ethical Framework to aid Medical Decision-Making

MORAL Balance Analysis 4
COVID 19 – Pregnant Staff

What is the decision you are trying to make?
Is it unethical to ask staff at some risk due to health conditions to be ***patient facing,*** *when their pregnant colleagues who are at no/very little additional risk (on the basis of very limited evidence) are given the choice of being patient facing?*

Make sure of the Facts
Outline the facts of the case and decision in question (e.g. diagnosis, prognosis, comorbidities, frailty, all treatment options, verbal or written statements, resources). Include degree of uncertainty if present.

- The current guidance from the Royal College of Obstetrics and Gynaecology for pregnant employees is "pregnant women of any gestation should be offered the choice of whether to work in direct patient-facing roles during the COVID-19 pandemic".[1]

- RCOG, there is very little evidence of additional risk to pregnant women or their baby, particularly less than 28 weeks gestation.

    - "Currently, there is no evidence to suggest that COVID-19 causes problems with the baby's development or causes miscarriage." Knowledge base is low as only months of COVID-19; some evidence derived from other coronavirus.
    - After 28 weeks, if a woman becomes infected she is at higher risk of more severe illness. "Staff in this risk group who have chosen not to follow government advice and attend the workplace must not be deployed in roles where they are working with patients."
    - One world-wide case of vertical transmission (mother to baby); both mother and baby ok.

- UK GOV classifies pregnant woman as a 'vulnerable group'. National guidance is that workers, including healthcare professionals, who are also identified by the Government as vulnerable to COVID-19 should be able to participate in their own risk assessment.[2]

- However, there is evidence that people with hypertension, well controlled asthma or diabetes are at more risk, yet we are not offering them the choice of whether to work in direct patient-facing roles. Asthma and diabetes do fall in the government's vulnerable group, but hypertension does not. Current lists arbitrary without good evidence base yet.

- All health care professionals, like most other key workers, are at increased risk of infection as they can't socially isolate while carrying out their roles. Patient facing roles at higher risk.

- If pandemic worsens or continues for a long duration, staff shortage could become a problem for safe patient care.

1 https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-30-occupational-health-advice-for-employers-and-pregnant-women-during-the-covid-19-pandemic-20200406.pdf
2 https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults

Outcomes of Relevance to the Agents Involved

Agents are anyone who has a moral stake in the outcome (e.g. patient, family, other patients both in the hospital and outside the hospital, hospital staff, and society). Try and outline what outcomes matter most to these agents, especially taking account of any conversations you have had.

Pregnant staff member

- Safety from infection
- Protect unborn child (2 at risk)
- Desire to 'do their bit' for patient care
- Job security and opportunity
- Desire to follow government advice
- Trust in employer

Staff Member's Family

- Safety of the pregnant staff member and unborn child
- Fear of infection themselves
- Financial safety
- Trust in the employer

Other Agents

Baby

- To be protected from harm

Patients

- Enough staff to deliver safe care
- Not to bring a mother and baby to harm

Other staff

- Unfair distribution of risk
- Placed at higher risk of infection, hours, burn out by insufficient staffing numbers
- Protect the vulnerable
- Protect patients

Hospital

- Staff safety
- Enough staff to deliver safe patient care
- Fair distribution of risk
- To follow government advice
- If any child born with / develops disability to not be / or thought to have been, caused from COVID infection the workplace

Society

- Enough staff to deliver safe patient care
- Fair distribution of risk
- Protection of vulnerable populations
- Precautionary principle – not to take unknown risks (e.g. food safety)

Level out the Arguments in a Balancing Box

Populate facts and outcomes into a Balancing Box which uses Beauchamp and Childress's four principles of medical ethics.

Allowing pregnant women (<28 weeks) to choose if to work patient-facing

Autonomy (what outcomes matter to the staff member)	**Burden** (what are the burdens and to whom)
Protect unborn child Desire to 'do their bit' for patient care Job security and opportunity Desire to follow government advice Trust in employer	Risk of having insufficient staff for safe patient care Feelings of unfair distribution of risk leading other staff to resentment and withdrawal from the workplace Exposes other 'vulnerable' staff, who don't fit government category to have to work longer and more often, increasing their risk
Benefit (what are the benefits and to whom)	**Justice** (fairness in the distribution of benefits and risks)
Reduced risk from infection Protects baby from harm Follows government advice Minimises risk of workplace COVID-19 infection being implicated in any birth or childhood conditions Offering choice could mean more will work so they can 'do their bit'	Fair distribution of risk Protection of vulnerable Enough staff to deliver patient care

Level out the arguments by seeing if you can balance the calls of each principle and judging if each fact or outcome is truly commensurate.

Consider asking three questions of the Balancing Box:

(i) Anything of particular note?

Facts suggest risk low < 28 weeks, but government advice clear - 'vulnerable group'

(ii) Where is the greatest conflict?

Having staff to deliver safe patient care with a fair distribution of risk providing equity with other staff also in 'vulnerable group'

(iii) Where is the greatest congruence (agreement)?

Protect the vulnerable

Document Principles

Ethical Question

Is it unethical to ask staff at some risk due to health conditions to be **patient facing**, when their pregnant colleagues who are at no/very little additional risk (on the basis of very limited evidence) are given the choice of being patient facing?

Nottingham University Hospital's Ethics of Clinical Practice Committee considered that the ethical points and principles to consider in response to this question are:

1. **Protecting babies and vulnerable is a societal good (high emotional cost in not doing so).**

2. **Two at risk when considering pregnant staff.**
   a. Clear factual basis for considering > 28 weeks at high risk if infection
   b. Currently insufficient data to clarify this risk < 28 weeks
      i. First trimester is always considered the highest risk period for causing congenital abnormalities
      ii. Some reassuring evidence no harm from other coronaviruses. But COVID-19 too soon to know.

3. **Giving choice to pregnant staff may be empowering and supportive of the professionalism of staff to help patients.**

4. **Need to maintain patient safety (enough staff members) – duty of care**
   a. Consider other roles that are not patient focusing
   b. Graduated response may be needed such that if pandemic worsened and patient care compromised a request for help from all staff with the requisite skills may be required (high emotional challenge if pandemic deteriorates)

5. **Guidance from the Royal College of Obstetrics and Gynaecology that "pregnant women of any gestation should be offered the choice of whether to work in direct patient-facing roles during the COVID-19 pandemic", should be followed unless there is a strong argument against.**

6. **Fairness and consistency – do other vulnerable patient groups need similar protection as pregnant staff?**