

# MORAL Balance

An Ethical Framework to aid medical decision-Making

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## Moral balance analysis COVID 19 BAME staff

### What is the decision you are trying to make?

**Is it ethical to ask BAME staff to be patient facing without FFP3/N95 masks with the emerging evidence of increased impact of COVID 19 in this group?**

**Make sure of the Facts** (Outline the facts, decision in question, impact, all options, resources. Include degree of uncertainty if present.)

In the UK more COVID 19 admissions to hospital were seen in the BAME group compared to that expected from the population proportion at a country level. In addition, more admissions to HDU/ITU were also seen in the BAME group compared to the white ethnic group. Whilst the latter is levelled out to an extent in the general population after adjusting for patient characteristics such as comorbidity, the healthcare worker data suggests that deaths seem to be concentrated in nursing and care worker groups.

NHS employers guidance was issued recently for “extremely vulnerable” and “at risk” categories. This now includes BAME populations as they appear to be associated with increased risks, particularly in those with co-morbidities who are presenting with adverse outcomes at a younger age.

COVID 19 mainly transmits through respiratory droplets, the smaller of these are known as aerosols. If there was a plentiful supply of FFP3/N95 masks then we would be all wearing these highly effective masks provided a fit test was passed. PHE has issued guidance on how this scarce resource is to be managed. Surgical masks are widely available but are a loose fit and designed to protect patients and not the healthcare worker. Their effect can be enhanced by patients wearing surgical masks to protect the healthcare worker. FFP3/N95 masks are not as breathable as surgical masks and each mask must be used to its maximum potential. Other methods to reduce transmission such as hand hygiene, 2m distancing and reducing exposure time with a COVID 19 patient down to 15 minutes are also effective alongside mask (latter two more difficult to achieve in a hospital environment).

Society demands that there is no prejudice. 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 are at a higher risk. BAME healthcare workers risk assessment must be fair, based on evidence and the likely effectiveness of risk management strategies. They should not be based on factors that may introduce discriminatory access to protection. Psychological impact of the effect COVID 19 has had on BAME healthcare workers and family members must be considered alongside allocation of limited resources based on local and national policies that set out agreed criteria for access.

If pandemic worsens or continues for a long duration, staff shortage could become a problem for safe patient care and staff morale.. Staff sickness may worsen creating rota |shift gaps and increase the occupational exposure of remaining staff picking up extra shifts. Psychological impact of the anxiety of re-deployment of a BAME healthcare worker in these situations needs consideration alongside better mask protection. Line managers have been tasked to manage this demand on individual basis during health worker assessments.

## Outcomes of Relevance to the Agents Involved

Agents are anyone who has a moral stake in the outcome (e.g. healthcare worker, family, hospital staff, and society). Try and outline what outcomes matter most to these agents)

### BAME healthcare worker

- Autonomy in decision making
- Mortality
- Receiving best quality protection
- Reduction in risk to family
- Safety from high viral load | exposure or optimisation of protection
- Desire to 'do their bit' for patient care and their team
- Job security and opportunity
- Desire to follow government advice
- Trust in employer

### BAME healthcare workers family

- Fear of the infection for themselves
- Trust in the employers
- Financial safety

### Other staff

- 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

### Society

- Enough staff to deliver safe patient care
- Fair distribution of risk
- Protection of vulnerable populations
- Precautionary principle – not to take unknown risks

## 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.

<p style="text-align: center;"><b>Autonomy</b></p> <p>(what outcomes matter to the BAME healthcare worker)</p> <p>Desire to ‘do their bit’ for patient care          Job security and opportunity          Desire to follow government advice          Trust in employer          Safety from high viral load   exposure          Minimised risk of transmission to BAME family          Desire for all other healthcare workers to be protected          Maintain resources to others          Not to suffer physically or psychologically during work          To be involved in decisions about their safety e.g. rota, PPE</p>	<p style="text-align: center;"><b>Burden</b></p> <p>(what are the burdens and to whom)</p> <p>Re-deployment risk of having insufficient staff for safe patient care          Re-deployment creating staff resentment and increasing other staff exposure to the infection through gaps in shifts and rotas          Re-deployment creating job insecurity          Impact on limited PPE resource          Impact on colleagues with limited protection          What if COVID 19 situation drags on, does intervention help?</p>
<p style="text-align: center;"><b>Benefit</b></p> <p>(what are the benefits and to whom)</p> <p>Protect staff          Care for their family          Time for more data to bring clarity          Time to cope with psychological stress from increased impact on BAME healthcare workers          Offering choice could mean they feel safe and will ‘do their bit’</p>	<p style="text-align: center;"><b>Justice</b></p> <p>(fairness in the distribution of benefits and risks)</p> <p>Distribution of resources fairly          All other staff in the hospital   NHS          Good use of resources          Protection of vulnerable          Enough staff to deliver patient care</p>

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?

Protecting NHS has been the government ambition. This has evolved during the COVID 19 situation in the UK. The scarcity of PPE was well established before the impact of COVID 19 on BAME healthcare workers emerged.

(ii) Where is the greatest conflict?

Protecting staff in order to deliver care in at risk areas and resource management

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

To allow protection of staff and enable them to “do their bit” for colleagues and patients

## Ethical Question

**Is it ethical to ask BAME staff to be patient facing without FFP3/N95 masks with the emerging evidence of increased impact of COVID 19 in this group?**

The BAME Network (EKHUFT) considered that the ethical points and principles to consider in response to this question are:

1. Protecting healthcare workers and the high emotional cost in not doing so
2. Consideration of the psychological well being of staff whilst in an “at risk” group
3. Giving choice to BAME healthcare staff may be empowering, supportive and inclusive
4. The need to maintain enough skilled staff members for patient safety and reduction in staff exposure to infection
5. Fairness and consistency – balancing resources with other vulnerable staff groups needing similar protection