Reflections of Health Care Professionals During COVID-19 Pandemic: A Qualitative Approach Towards Inclusiveness of Ethics in Medical Education

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Abstract

Introduction: COVID19 pandemic has taught innumerable lessons of which ethical challenges have played a major role. There are no strict guidelines for health care professionals concerning ethical practices in India, the present study highlights the perception, challenges in this aspect by reflecting on the pandemic situation.

Objectives: 1. To identify and discuss the various challenges of ethical practice among health care professionals. 2. To evaluate the perceptions of health professionals towards ethical practices.

Method: A mixed research was conducted to identify the challenges, evaluate the perception among health care professionals while practicing ethics through a semi structured questionnaire.

Results: The mean age was 23.46 yrs. and majority 73% have faced challenges like ethical dilemmas during the pandemic. Around 88% of the participants have never attended any training on bioethics. Majority (92%) perceived the current teaching learning system inadequate for tackling dilemmatic situations. The ethical reflections were analysed by thematic analysis with emergence of 8 themes which are - Informed consent, truth telling, confidentiality, Communication, Doctor patient ratio, Leadership, Decision making, Conflict Management.

Conclusion: Majority encountered various new challenges and perceived the current practice of ethics to be inadequate. Also recommends regular opportunities of ethical reflections, & continuous teaching, training program for effective ethical practices by health care professionals.

Key Words: Ethical dilemma, health care professionals, Covid-19 pandemic, themes, ethical practice, Ethical reflections

Introduction

Ethics address questions about the feasibility and desirability of actions to benefit society.[¹] Over the past few months, health professionals (HPs) have been confronted with the pandemic situation that includes both the need & fear of population along with constraints of the world. Although the struggle...
over the duty to care with an unknown level of risk was spine chilling, HPs were at the forefront to deal with every dilemmatic situation whether its breaking a bad news or giving the best available treatment. [2,3] HPs were ignorant about the importance of ethical practices until the covid-19 crisis, attributed to the ill-equipped medical schools in India for bioethics training and traditional medical education curriculum focusing on scores, with no opportunity for ethical reasoning, no exposure to contrasting ethical opinions or ethical reasoning. Therefore there is an urgent need for asystem with scope of critical reflection, new knowledge production & imminent action.[4,5]

The present study is planned to highlight the ethical concerns by the health care professionals through reflecting on dilemmatic situations during the pandemic to improve the clinical practice of ethics.

**Objectives**

1. To identify and discuss the various challenges of ethical practice among health care professionals.
2. To evaluate the perceptions of health professionals towards ethical practices.

**Methods and Methodology**

A Mixed method of research was conducted in a cross section of health professionals (Physicians including Interns, Post graduates and senior residents) who were on duty during the covid-19 pandemic. A sample of 62 between the age group of 23-45 years were selected through convenient sampling after taking their consent, excluding incompletely filled forms and those who were reluctant to share sensitive information. After ethical committee approval a pre-validated (validation by 6 subject experts) self-administered questionnaire was distributed to all participants. The questionnaire comprised of 3 sections with 7 Mcqs of demographic & other details, 5 questions related to their perception on ethical practices in 5 point likert scale and rest 10 open ended questions based on their ethical reflections under the headings of what happened (the challenges faced and how those have been tackled within each of the four major categories of i.e, autonomy, justice, beneficence, non-maleficence), so what (what is the effect on HPs, patient, & health care system), & what next (how we can improve ethical practices at individual and administrative level). The data thus collected was analysed using percentage, proportions, & themes. The responses were printed out as transcripts and read thoroughly to generate codes, group them into categories and search for provisional themes by 4 separate coders. The themes were then finally identified, reviewed, and defined to publish it on paper.

**Results (Findings)**

80 participants were selected and 18 were excluded attributed to incomplete forms. The mean age was 23.46 yrs and majority were males (64%) doing their internship (84.6%). Most of them were hostlers (78%) belonged to Rural (84%) background. 73% encountered ethical dilemmas during COVID 19 posting. Around 88% have never attended any workshops, CME or training on bioethics. [Figure 1] 92% have either strongly agreed or agreed to inadequacy of current teaching learning system for bioethics, only 27% were confident in tackling ethical dilemmas, 34% were aware of guidelines, risks & benefits related to bioethics, 86% wanted bioethics to be mandatory part of the curriculum.

47% opined ethical dilemmatic situations were administrative responsibility attributed to lack of training on bioethics, unawareness towards the hidden curriculum on ethical practices in medical education, ignorance & exhaustiveness of the system. [Figure-2]

The qualitative data collected from the participants through open ended questions based on their reflection and experiences with regard to usual ethical practices, ethical dilemmas encountered, challenges faced, and suggestions for improvement. The transcribed data was coded by 4 separate coders, reviewed and rereviewed before defining final 8 themes under 4 categories(Autonomy, Beneficence, non-maleficent and Justice). It resulted in emergence of seventeen sub-themes submerged in 8 themes such as I) Informed consent, II) truth telling, III) confidentiality IV) Communication V) Doctor patient ratio VI) Leadership VII) Decision making VIII) Conflict Management. [Table-1]
Table 1: The Categories, themes & subthemes emerged out of thematic analysis:

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<tr>
<th>SN</th>
<th>Categories</th>
<th>Themes</th>
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<tbody>
<tr>
<td>1.</td>
<td>Autonomy</td>
<td>a) Informed consent</td>
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<td>b) truth telling</td>
<td>Lack of Understanding</td>
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<td>c) confidentiality</td>
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<td>Beneficence</td>
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<td>Doctor patient relationship</td>
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<td>Non maleficent</td>
<td>Leadership</td>
<td>Idiopathic situations,</td>
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<td>Decision making</td>
<td>sudden death,</td>
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<td>4.</td>
<td>Justice</td>
<td>Conflict Management</td>
<td>Casualty Triage</td>
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<td>Critical, ambiguous, uncertain situation</td>
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<td>Communication</td>
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Figure-1: Experience of Health care Professionals on practice of ethics

Figure 2: Perception of Health care professionals on current ethical practices

1. Autonomy:

Theme-1: Informed consent: It is required for a medical or surgical procedure, or for research, that the patient or subject must be competent to understand and decide, receives & comprehends a full disclosure, acts voluntarily, and consents to the proposed action.[6] Doctors on duty faced major problem while taking consent from patients and their relatives attributed to inability to make the patient understand the pros and cons, ignorance, and non-satisfaction from patients’ side as well.
Theme-2: Truth telling: Truth-telling is a vital component in a physician-patient relationship; without this component, the physician loses the trust of the patient. An autonomous patient has all the right to know his/her diagnosis, prognosis, also an option to forgo this disclosure. Likewise, physicians also recommended to respect patient preferences. Many health care professionals found truth telling difficult attributed to current violence against doctors and ever-changing medicine practice leading to lack of empathetic approach to patient care.

Theme-3: Confidentiality: Physicians are obligated not to disclose confidential information given by a patient to another party without the patient’s authorization. However, sharing necessary medical information for the care of the patient from the primary physician to consultants and health-care team comes under exception. Although it seems easy and convenient current pandemic situation compelled the health care professional to breach the confidentiality sometimes where patients did not wish to disclose their covid status attributed to stigma, discriminations based on gender or age.

3. Beneficence:

Theme-4: Communication: Communication is an act of sharing information from sender to receiver. An effective communication occurs when communicator respects others’ views, disagreements, listens carefully, speaks, or writes clearly. The present study revealed that doctors have faced challenges while using soft skills especially communication. Failing which during the pandemic the health care professionals were captured in situations like burnout attributed to infodemic and fear of getting infected.

Theme-5: Doctor-patient relationship:

The present health care system entirely relies on doctor-patient relationship. It is the medium in which data are gathered, diagnoses and plans are made, compliance is accomplished, and healing, patient activation, and support are provided. However the decreasing ratio of doctor: patient during pandemic, increase demand of health care due to case overload, lack of resources, standard protocols and pandemic crisis created chaos in the health system.

3. Non-Maleficence

Theme-6: Leadership:

Goleman said, Leaders need an inner focus to be aware of their own feelings, values and intuitions, and to manage themselves well. A leader also involves others for building trust, care and respect among each other- the art of leading itself. Leadership position is very tricky, and many times confused with highest position in the hierarchy. An effective leader has to have required soft skills which is not taught in undergraduate or post graduate MBBS curriculum making the position of a doctor critical in unknown, sudden difficult situation. The health care professionals have perceived lack of leadership skills as the reason behind people’s ignorance and prevailing unawareness during the pandemic.

Theme-7: Decision making:

Trewatha & Newport defines decision making process as the selection of a course of action from among two or more possible alternatives to arrive at a solution for a given problem. We as the leader of a health care team must weigh the pros and cons, discuss all possible solutions. This is where the dilemmatic situations arise putting a health care professional in trouble where he/she must choose one over another.

So many times, dilemmatic situations make this process difficult. Such as unknown disease like Covid 19, treatments based on trial-and-error methods, with equal ratio of risks and benefits to the patients.

4. Justice:

Theme-8: Conflict Management:

Conflict is always a part of human existence irrespective of the persons and units or organizations involved. Sometimes conflict brings advantages when it is properly handled but it also leads to disadvantages when wrongly handled. Conflict management is done by collaborating, accommodating, competing, compromising, and avoiding. As per the perceptions of health care professionals, many unknown and known conflicts raised at workplace, some resolved and some not, which has resulted a clouded judgement, a false sense of fairness and transparency, which must be
tackled by appropriate training, regular feedback, and standardised policies/protocols.

Effective practice of ethics is minimal at present & the system needs lot of improvement as perceived by the participants. Suggestions given by participants were awareness, training for healthcare professionals on bioethics, continuous process of ethical reflection to learn from it along with resources and manpower enhancement. Minor group have stressed upon surveillance on healthcare professionals, dedication, and self-practice of ethics. [Figure 3]

Discussion

Present study observed a varied perceptions of health care professional towards ethics and its practice. Hospitals must move fast to set up their decision-making frameworks regarding crisis situations like covid-19 pandemic and transparently communicate to the communities. Maccaro et. al. observed that despite the increased awareness of interdisciplinarity many use ethics with slight competence. However, the uncertainty related to pandemic will be alleviated by developing international regulations to act as a moral compass in crisis situations. [12,13]

In this study ethical challenges were discussed in terms of 8 categories and 17 themes. Similar challenges related to ethical issues were notices in high-prevalence countries around the world, during the pandemic. Skapetis, Law and Rodricks applied current ethical principles to present a unique set of challenges faced by a country with lower prevalence of COVID-19. [14]

In the present study various ethical challenges were highlighted, while sorting the patients during triage, allotting bed after admissions, taking up leadership role, making decisions during a conflicting situation. Similarly, many perceived current medical teaching & training programs on bioethics as inadequate. Studies have listed various new challenges like provision of timely health services, safeguarding vulnerable people, urgent needed remedy yet with, principles of bioethics. Likewise various other challenges such as dealing with COVID-19 patients who no longer have access to their doctors; adhering to ethical criteria when assigning risky duties to healthcare professionals; and making life and death decisions while allocating scarce resources, handling informed consent, the special needs of paediatric patients, engaging communities, mitigating concerns about discrimination and the effects of structural inequities etc [15,16]

According to ethicists enhancing medical outcomes takes precedence as a resource allocation principle in emergency triage of extremely restricted resources. Therefore, shared responsibility, and resolution of ethical disputes with appropriate guideline by relevant international and national organisations could help responding the crisis without jeopardising human rights, individual and community well-being. [17, 18]

This study observed few unique ethical dilemmatic situations which had impacted the patient and doctors adversely. They were raised while providing recommended treatment, drugs, vaccines to patients while in scarcity, personal protective equipment kits to physicians during it’s unavailability, lack of psychological counselling for doctors while in stress and burnout in the context of Covid-19 crisis. The pandemic has transformed, clinicians’ usual clinical ethics by a framework of public health ethics. Allocation of resources and provision of care in hotspot cities highlight necessitated careful ethical analysis, and made the system evolved to face the crisis. [19, 20]

The health care professionals suggested solutions for better handling crisis situation in future, such as training on bioethics, documenting ethical reflections regularly, opportunity for ethical reasoning by exposure to real time critical situations and provision of effective feedback system, routine monitoring and surveillance of events related to ethics, stringent ethical guidelines by organizations along with opportunities for appropriate resource management etc. During outbreaks, ethical considerations, such as health privacies, policy implementation, evaluation, re-evaluation and amendments are extremely essential. Similarly, ethical frameworks to build trust, solidarity and guide decision-making with continuous evolvement is also equally important. [21,22]

Conclusion

The study concluded that majority perceived the current practice of ethics to be inadequate, associated with various challenges such as taking informed
consent, truth telling, maintaining confidentiality, communicating effectively, availing resources, showing leadership skills, making decision or managing conflicts, while dealing with crisis situations. The study recommends regular opportunities of ethical reflections, appropriate resource management, effective feedback system and teaching, training program for effective ethical practices by health care professionals.

Limitations: small sample size, inclusion of only health care professionals and self-administered questionnaire with majority of qualitative component in the research.

Conflict of interest: Nil

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Ethical clearance: Taken from IEC (23/IEC/GEMS&H/2021)

References


