

COVID-19 and Moral Distress in Healthcare Professionals: Can Ethics Committees Make a Difference?

COVID-19 e Sofrimento Moral nos Profissionais de Saúde: As Comissões de Ética Podem Fazer a Diferença?

Keywords: COVID-19; Ethics; Mental Health; Morals; Resource Allocation; Stress, Psychological

Palavras-chave: Alocação de Recursos; COVID-19; Ética; Princípios Morais; Saúde Mental; Sofrimento Moral; Stress Psicológico

To the Editor:

Moral distress represents psychological harm that arises when people are forced to make, or witness, decisions or actions that contradict their core moral values.¹ Although moral distress is not a mental illness, those who suffer from sustained moral distress may experience negative thoughts about themselves, as well as marked feelings of shame, anger, guilt, powerlessness or disgust.¹ This set of symptoms may lead to the development of mental health issues, such as depression or post-traumatic stress disorder.² Situations associated with moral distress include rationing or triaging scarce resources, such as ventilatory support or intensive care beds, deprioritizing non-COVID-19 patients who may be harmed by delayed care, making stressful ethical decisions without adequate support, or allocating professionals to unordinary responsibilities that may limit their adequate professional performance.¹

During the months of January and February in 2021, Portugal faced the third wave of the pandemic. As new COVID-19 waves emerge, the country's national health

system becomes confronted with the possibility of collapse.³ As such, frontline healthcare professionals are likely to face ethical dilemmas regarding the allocation of limited resources. These are not theoretical dilemmas, because they may, in the context of scarcity, ultimately result in choosing which patients live or die. Despite the public health dimension of the pandemic, the burden of complex ethical decisions is fundamentally left to the bedside clinicians and nurses, resulting in a powerful imbalance towards enormous and solitary decision-making responsibility. These conditions can heighten moral distress and cause additional harm. In scenarios likely to induce moral distress, it is necessary to adopt measures that reduce its impact on the health and well-being of healthcare professionals. Therefore, the burden of decision-making should transition from a singular case-by-case basis to a broader public interest approach.⁴ This purpose can only be achieved by the active participation of ethics committees – locally, nationally and internationally – in the decision-making process. Despite being thought of as 'research gatekeepers', ethics committees and councils should extend their expertise to everyday clinical circumstances and join frontline healthcare professionals in formulating sound ethical and technical guidelines that will reduce the psychological burden of intricate decisions which, if made alone, may violate the moral integrity of professional staff.

Although some Portuguese institutions have already paved the way,⁵ we argue that a wider intervention of ethics committees to establish and promote ethical frameworks and guidelines is not only desirable, but necessary, because it may help reduce the moral distress and harm associated with making complex ethical decisions in a scenario of acute scarcity of healthcare resources.²

REFERENCES

1. Sheather J, Fidler H. Covid-19 has amplified moral distress in medicine. *BMJ*. 2021;372:1-2.
2. Greenberg N, Docherty M, Gnanapragasam S, Wessely S. Managing mental health challenges faced by healthcare workers during covid-19 pandemic. *BMJ*. 2020;368:1-4.
3. Demony C. Portugal's health system on brink of collapse as COVID-19 cases surge. *Reuters*. [accessed 2021 Feb 13]. Available from: [https://www.reuters.com/article/us-health-coronavirus-portugal-](https://www.reuters.com/article/us-health-coronavirus-portugal-idUSKBN29M0L3)
4. Han JJ, Luc J. Ethical guidelines and moral distress during the COVID-19 pandemic: the trainees' perspective. *Ann Thorac Surg*. 2020:S0003-4975(20)30876-6.
5. Comissão de Ética para a Saúde do Centro Hospitalar e Universitário de Coimbra. *Implicações Assistenciais e Éticas da Pandemia COVID-19*. Coimbra: CHUC; 2020.

Sérgio M. MARTINHO^{1,2}, Ana Mafalda CARVALHEIRO², Margarida SILVESTRE^{1,3}

1. Institute of Bioethics. Faculty of Medicine. University of Coimbra. Coimbra. Portugal.

2. Psychiatry and Mental Health Department. Leiria Hospital Centre. Leiria. Portugal.

3. Reproductive Medicine Department. Coimbra Hospital and University Centre. Coimbra. Portugal.

Autor correspondente: Sérgio M. Martinho. sergio.martinho@chleiria.min-saude.pt

Recebido: 16 de fevereiro de 2021 - Aceite: 17 de fevereiro de 2021 - Online issue published: 01 de abril de 2021

Copyright © Ordem dos Médicos 2021

<https://doi.org/10.20344/amp.15966>

