

Caregiver FAQs: Ethical Considerations – For Internal Use Only

The information below summarizes common concerns that may cause some caregivers to experience moral or psychological distress as the COVID-19 pandemic evolves. This document identifies the values underlying these common concerns, explains the ethical framework guiding these responses and provides resources to support caregivers during this time.

To submit questions for future caregiver FAQs, please [click here](#) and complete the survey under **Moral Distress Resources**.

› Our duty to care for our patients and each other remains a steadfast and driving principle in our response to the evolving circumstances of COVID-19.

What should I do if I feel uncomfortable caring for a patient who is COVID-19 positive?

It is normal to feel fearful and reluctant to care for patients who have an infectious disease because of the risk of contracting and transmitting it to loved ones. Cleveland Clinic remains committed to ensuring caregivers are provided with up-to-date information regarding infection prevention best practices and personal protective equipment.

Values	<p>At Risk: Personal and family safety; professional obligation; duty of care</p> <p>Overriding Value: Healthcare professionals have an ethical duty to provide care even if there is personal risk to themselves. Healthcare workers not providing direct patient care have obligations by virtue of their employment. The organization has an obligation to take reasonable steps to mitigate the risk to its workforce by responsibly allocating personal protective equipment, implementing processes that enhance safety, and providing moral and psychological support.</p>
Resource	<p>Share your concerns with your supervisor or manager, and discuss how you can optimize your ability to keep you and your family safe while caring for a patient who is COVID-19 positive. There are also a number of resources to help support you both personally and professionally. For up-to-date information, please see the COVID-19 Toolkit available via the intranet. Additional resources include Moral Distress Resources, OneClick Well-being, Caring for Caregivers, Office of Professional Staff Affairs.</p>

Is it wrong to prevent families from seeing their sick or dying loved one?

Cleveland Clinic understands the importance of family members visiting their loved ones during times of illness; however, due to recent social distancing and self-isolating recommendations for reducing the spread of COVID-19, we made the difficult decision to restrict all but absolutely essential visitation.

Values	<p>At Risk: Respect for autonomy; honoring valued relationships; therapeutic relationship</p> <p>Overriding Value: The need to protect the public and our communities from harm in these extraordinary circumstances means we cannot include family and loved ones in all of our patients' journeys in traditional ways. To mitigate the impact on the values at risk, we should continue to find non-traditional ways that enable patients and families to connect in meaningful ways as long as doing so does not cause additional distress. Visitation policies will continue to be reassessed as circumstances unfold.</p>
Resource	<p>Communicating the need to balance family relationships with protecting the community in a compassionate and empathetic way is central to caring. At this time, special accommodation will be made for pediatric patients, labor and delivery patients and end-of-life situations. Virtual technology may be used for patients and families who are separated during this time. Office of Patient Experience has excellent resources for communication tips, as do other organizations like Vital Talk.</p>

I am worried about working in an unfamiliar setting. Will there be support? How can I prepare?

During public health emergencies, certain clinical areas can become overly burdened whilst others may see a reduction in services. To be responsible stewards of personnel and optimize care for our patients, you may be asked to work in a different area and to undertake work that may not have been a usual part of your role.

Value	<p>At Risk: Personal/professional autonomy; personal/professional integrity</p> <p>Overriding Value: To meet the needs of our patients and the community, provide care safely across the enterprise and be responsible stewards of resources, healthcare workers will be asked to work in different settings that may be unfamiliar.</p>
Resource	<p>Working in an unfamiliar setting can be worrisome and uncomfortable. Training is being provided to support those that may be asked to contribute in ways outside traditional roles (e.g., updating RN skills and critical care orientation). Please reach out to your manager for more information about relevant training and support; external online resources include the Society of Critical Care Medicine: Critical Care for the Non-ICU Clinician and American Nurses Association: COVID-19. Well-being support is also available. Caring for Caregivers; Office of Professional Staff Affairs; OneClick Well-being; Moral Distress Resources.</p>

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I am worried I will have to care for a caregiver that I know.

Despite best efforts, it is likely that at some point caregivers may be required to directly care for someone they know.

Values	<p>At Risk: Personal and professional boundaries</p> <p>Overriding Value: It is important to balance potential conflicts of interests or conflicts of conscience with maintaining the safety of others. Balancing these values is more complex during a public health emergency.</p>
Resource	<p>Caring for an individual that you know may feel very uncomfortable. It is important to maintain professional standards. If you find that you are in a position in which you feel a conflict of interest or conflict of conscience, share it with your manager. Caring for Caregivers and Spiritual Care are available to provide emotional and psychological support.</p>

If we do not have enough resources, such as ventilators or ICU beds, for patients who would likely benefit, how will we decide?

Decisions about the allocation of scarce resources, such as ventilators and ICU beds, are difficult and ethically complex. You and your team will have robust guidance about resource allocation decisions, and the support you need to care for patients (and yourselves), if needed. An interdisciplinary team of Institutional leaders is making extensive plans.

Values	<p>At Risk: Person-centered care; stewardship of scarce resources</p> <p>Overriding Value: During times of resource restriction or resource scarcity, the way we care for patients <i>must shift</i> from person-centered to community-focused. This means balancing the needs of the person you are immediately caring for with the interests of others.</p>
Resource	<p>Current policies and procedures will be updated to reflect the evolving needs as the COVID-19 pandemic unfolds. The Ethics Consultation Service remains available to support caregivers, patients and families navigate ethical conflict, issues or questions involving patient care.</p>

I am conflicted about having to care for patients in ways that I wouldn't in usual circumstances.

Due to the increased need for healthcare services, caregivers will need to adapt to new ways of working. We understand that this time is likely to feel very challenging.

Value	<p>At Risk: Personal and professional integrity</p> <p>Overriding Value: During a public health pandemic, community-focused considerations are prioritized over traditional patient-centered considerations. A public health emergency requires healthcare professionals to be flexible and adjust from traditional ways of caring for patients. It is important to maintain standards of care that are as just, equitable and non-discriminatory as possible.</p>
Resource	<p>It is normal to feel conflicted about providing care outside the usual standards. Institutional leaders are working to develop new processes and contingency plans for providing care in new ways as circumstances change. It is important that caregivers continue to engage in self-care and support one another. We recognize that many caregivers will feel stretched as they continue to provide the best care that is possible despite the potentially limited resources available. Resources for moral distress can be found on the Bioethics intranet page.</p>