

Medical Ethics and COVID-19: Naming and Addressing the Moral Injury of Care during COVID-19

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Introduction

Working within the context of Health Care for the Homeless (HCH) means that providers and staff regularly navigate complex needs and systems to best care for the people they serve. A key piece of this is ensuring the dignity of the people experiencing homelessness. Providers seek to offer high quality care, meeting people where they are, but often face the tensions that come from balancing limited resources, negative experiences individuals had within systems, and what is considered the best treatment plan. Ethical challenges are not new to health care; however, COVID-19 highlighted these difficult decisions providers make. How do you balance respecting an individual's choice to remain in a congregate setting while knowing the risks of COVID-19 infection in these spaces?

There may be no definite answer to many ethical questions, but discussion and grounding in ethical principles allows space for providers to share their experiences and find solidarity with their peers. The Council held four listening sessions facilitated by subject matter experts. Each session provided framing on a different aspect of medical ethics considering COVID-19 with ample time for discussion. Topics included general medical ethics, ethics and vaccine hesitancy, ethics and emergency shelter, and moral injury.

The purpose of this document is to summarize ethical challenges providers have faced during COVID-19 and share strategies to address moral injury stemming from difficult ethical decisions.

Medical Ethics

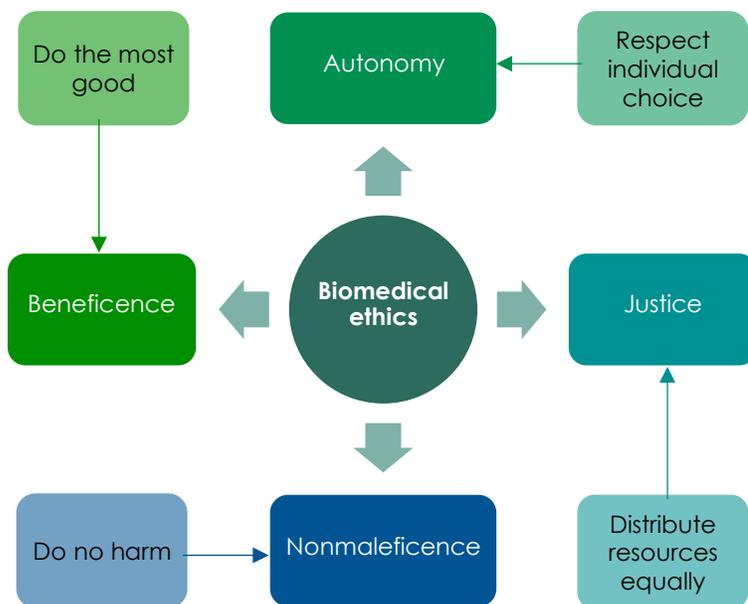
Bioethics grounds itself in four principles: autonomy, beneficence, justice, and nonmaleficence.¹ Each of these pillars plays a role in how providers navigate difficult decisions. In HCH settings, this may look like the provider modifying a care plan based on a person's preferred shelter type (autonomy) or incorporating harm reduction (nonmaleficence). In practice, individual providers may find that they lean into one ethical principle over another, especially when the principles feel in conflict.

"We tend not to have an issue with autonomy when the person agrees with us."

From "Ethical Dilemmas in Homeless Healthcare: The Gray Zone"
See Resources Below

¹<https://depts.washington.edu/bhdept/ethics-medicine/bioethics-topics/articles/principles-bioethics>

How do we balance what one person wants (autonomy), when that choice may harm others, the good of many (beneficence)? During COVID-19, providers had to decide whether to allow someone to make a choice on where they want to stay considering the precautions they are willing to take if those choices may put others at risk. For example, if someone is not willing to isolate, but is willing to stay in a congregate shelter, do we embrace their autonomy? If so, do we require masking or request regular testing to protect others? Is there a space to isolate within the shelter? Many listening session participants hold that working with people experiencing homelessness, autonomy is especially important as many choices are limited for them due to limited resources.



How do we balance what a person wants and offering resources equally across a community? With limited resources, there is an inherent moral injury in not being able to provide everyone what they need. Determining who has access to housing, shelter beds, isolation and quarantine sites, transportation vouchers, food, and other essential needs often relies on prioritization processes that leave people out. Prioritization itself requires a determination of who we deem most in need or most worthy, which inherently can lead to moral injury.

“The longer I’m in the field, the more on the extreme my perspective. If we don’t stand up for the individual’s autonomy, who will?”

Listening Session Participant

Ethics and Vaccine Hesitancy

Vaccination remains an important step in curbing the spread of COVID-19, however misinformation and mistrust of the medical system has complicated vaccine uptake. With widespread misinformation around the safety and efficacy of COVID-19 vaccines and misinformation around the COVID-19 virus itself, providers had to not only offer health education, but also navigate the extra hurdle of addressing myths. This is compounded by racial and ethnic disparities and historically medically disenfranchised populations understandably mistrusting the medical system as the legacy of malpractice in medical research, such as the Tuskegee study, have far reaching effects.

Health centers can work to address vaccine hesitancy among both staff and people experiencing homelessness, but only if they are tuned into the concerns people have. Boston Health Care for the Homeless has created a COVID-19 Vaccine Equity Advisory Group that seeks to address these concerns. This model was informed by work that they had implemented to improve influenza vaccine uptake and was firmly grounded in input from staff who were vaccine hesitant. In addressing these concerns, the Boston HCH found that there are considerations and strategies to fostering vaccine uptake.

Fostering Vaccine Uptake in People Served

- Leverage the existing relationships staff have with individuals
- Consider that mistrust is both from historical incidents and personal negative experiences interacting with medical systems
- Consider whether incentives are appropriate and if so, what is a reasonable incentive
- Consider concerns that a prioritized population may interpret this as being the "test subject" for the vaccine
- Consider if access to services will be impacted based on vaccine status

Fostering Vaccine Uptake in Staff

- Leverage pre-existing trust with the staff member(s)
- Balance supporting hesitant staff and addressing misinformation
- Consider that members of the medical community are not immune to mistrust in the medical and/or research establishment
- Consider how to account for the views of staff that are not supportive of unvaccinated staff
- Consider how to protect staff from stigma based on vaccine status

Ethics and Shelter during COVID-19

In many communities, there are limited shelter beds available to people experiencing homelessness. With COVID-19, this was further complicated as shelter decompression was necessary to allow for social distancing. This dramatically limited the number of available shelter beds, and in some cases these sites have not scaled back up. Places like California dedicated funding to operate isolation and quarantine sites out of motels when shelters, like those in Los Angeles County, faced a 50% reduction in beds.

In addition, shelter staff are considered essential workers. While administrative staff may have been able to work from home, frontline staff had to go into the shelter to keep the remaining beds available. Staff in shelters in Los Angeles were operating in ways that had previously been outside their scope, conducting health screenings and monitoring potential COVID-19 outbreaks. Being on the front lines risked exposing staff to COVID-19 infection. Shelters also faced a workforce shortage, with Los Angeles seeing an almost 70% reduction in front line staff.

The ability to provide isolation and quarantine sites did offer an alternative to shelter stays, but these resources are still limited. As providers navigated options for people experiencing homelessness, they had to consider the limitations they may be placing on individual choice. Providers also had to consider how to reduce census at sites with decompression, some opting to reduce beds by attrition, and what to do when someone does not want to quarantine.

Moral Injury and Ethics

The especially difficult decisions health care providers make may result in moral injury², whether that be a decision where all options have a negative outcome or making a decision that goes against their beliefs.³ As providers navigated ethically difficult decisions during COVID-19, they may experience moral injury as guilt, shame, and self-condemnation.

Moral Injury:² Changes in biological, psychological, social, or spiritual functioning resulting from witnessing or perpetrating acts or failures to act that transgress deeply held, communally shared moral beliefs and expectations.

For many HCH providers, the moral injury and burnout during COVID-19 was compounding on that they may have already felt working in resource limited environments. The added complications of trying to care for their own families and limiting personal interactions to minimize exposing loved ones to COVID-19 wore on staff. They also had to balance personal and family responsibilities with caring for those they serve, navigating feeling powerless in the face of larger systems, and acknowledging their own privilege as well as the emotional toll the work takes. It is ever more important to find ways to support health center staff by providing opportunities for staff to engage in self-care and providing tangible access to psychological support.

Conclusion

Ethical dilemmas compounded over last two years have as existing disparities were exacerbated and effective COVID-19 prevention strategies, like isolation, quarantine, hand washing, and masking, were often not readily accessible to people experiencing homelessness. As providers were working with limited resources, and as personal experience with COVID-19 merged with professional duty, staff experienced significant moral injury and burnout. Despite the challenges of the last two years, HCH providers and staff have creatively worked to provide high quality health care that maintains the dignity of people they serve. It is important that structures are put in place or enhanced to ensure that staff have the support needed when they are faced with difficult ethical decisions.

Resources

- Ethical Dilemmas in Homeless Healthcare: The Gray Zone, *Maribel Lougee, MD, Elizabeth Gaines, PHN, Sue Dickerson, RN*, <https://nhchc.org/wp-content/uploads/2019/08/ethical-dilemmas-in-homeless-health-care.pdf>

² [https://www.archives-pmr.org/article/S0003-9993\(10\)00713-6/fulltext](https://www.archives-pmr.org/article/S0003-9993(10)00713-6/fulltext)

³ https://www.ptsd.va.gov/professional/treat/cooccurring/moral_injury_hcw.asp

- Burnout and Moral Injury
 - Living Through the Pandemic: What CAN You Do?, National Health Care for the Homeless Council, <https://nhchc.org/webinars/living-through-the-pandemic-what-can-you-do/>
 - Preventing and Eliminating Burnout in Practice, Association of Clinicians for the Underserved, <https://clinicians.org/acu-2017-webinar-series-team-based-care/>
 - STAR² Center Burnout Assessment Tool, Association of Clinicians for the Underserved, https://chcworkforce.org/web_links/star2-center-burnout-assessment-tool/

Disclaimer

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