

An ethical framework for decision-making about staff safety: balancing health professional wellbeing and duty to care

Health professionals are exposed to risks of various kinds when doing their jobs. In usual times, clinicians have the information and resources they need to appropriately protect themselves while still providing optimal care for patients.

In the COVID-19 pandemic however, achieving both staff protection and high quality patient care has become difficult in many settings. In some situations, the two values – health professional wellbeing and patient care – cannot both be optimised due to the virus itself as well as the health system conditions the pandemic has created.

The aim of this ethical framework is to guide the process of balancing these two values, facilitating ethical reflection and/or decision-making that is systematic, specific and transparent.

It provides a structure for individual reflection, collaborative staff discussion, and decision-making by those responsible for teams, departments or other groups of healthcare staff. The framework applies specifically to issues of PPE in COVID-19, and also has potential to assist decision-makers in other situations involving protection of healthcare staff.

STEP 1 Characterise the degree of risk to staff as precisely as possible.	STEP 2 Identify the feasible options for protecting staff, specific to this setting.	STEP 3 For each option, identify the degree of protection afforded to staff and the impact on patients.	STEP 4 Look for the option or options that have a proportionate effect on patient care.	STEP 5 Note the conditions that would prompt a review of the decision.
 What is the risk status of the specific patient or patient group? What is the type and length of contact between health professional and patient, and how likely is COVID-19 transmission (or the relevant risk to the health professional) through this route? 	 What are the possible options for protecting staff from the risk in this setting, given available resources? Are there individual staff members with particular vulnerability to the risk? 	 How much protection does this option offer staff? What is the effect on the patient or patient group that would follow from implementing this option? 	 Does the option make a meaningful difference to staff wellbeing? Is the decrease or change required in patient care proportionate to the increase in staff safety from that option? Does another option provide (almost as much) protection for staff, with less detrimental impact for patients? 	 What changes to the clinical situation would require the decision to be reviewed? What new information or evidence would require the decision to be reviewed? What changes to staff members' individual circumstances would require the decision to be reviewed?