



A nurse's obligations to patients with Ebola



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IN THE PAST YEAR, the media aired stories that suggested Ebola virus disease (EVD) would become rampant in the United States.¹ The U.S. government and CDC were accused of inadequately addressing public health concerns about EVD.² Public schools in Ohio and Texas closed due to fears that children and staff may have been exposed to EVD on a commercial airliner.³

Like members of the general public, nurses often have difficulty separating valid concerns from rumor and misinformation. In light of the controversies still surrounding

EVD transmission, this article explores the nursing profession's moral obligation to patients with EVD and evaluates the organizational ethics mandated for hospitals to provide adequate education and protection for nurses.

About EVD

Previously known as Ebola hemorrhagic fever, EVD is a rare and deadly disease caused by infection with the Ebola virus. EVD was first discovered in 1976 near the Ebola River in what is now the Democratic Republic of

the Congo. Outbreaks occurred sporadically across Africa. Researchers believe that bats are the most likely reservoir of the virus.⁴

Liberia, Sierra Leone, and Guinea in West Africa have experienced the largest Ebola epidemic in history. From March 2014 through September 2014, 6,574 cases and 3,091 deaths from EVD were reported in Africa.⁴ The first known patient with EVD in the United States was a man who traveled from Liberia to Dallas, Tex., in September 2014.⁴

Potential risks

EVD is spread through direct contact with blood or body fluids of a person who has EVD or through contact with objects that have been contaminated with these fluids; infected fruit bats or primates; and possibly contact with semen from a man who's recovered from EVD.^{4,5} More severe signs and symptoms are associated with higher concentrations of the virus. EVD isn't believed to spread through the air or water; the main source for spread is human-to-human transmission. Avoiding direct contact with infected persons, including corpses and their body fluids, is of paramount importance.⁴

Family, friends, and healthcare providers in close contact with patients with EVD are at the highest risk of contracting the disease. Most

transmissions in the United States occurred in healthcare workers who broke technique upon doffing personal protective equipment (PPE).² Strict adherence to proper procedure for removing contaminated PPE is required to prevent self-contamination.

The risk of spreading EVD to other patients has resulted in organizational plans to limit a nurse's assignment to caring for only one patient with EVD at a time. Many hospitals have prepared unused areas and retrofitted them to care for patients with EVD and other contagious diseases to minimize the potential transmission to other patients.⁶

Code of ethics

The Code of Ethics for Nurses was developed as a guide for carrying out nursing responsibilities in a manner consistent with quality nursing care and the ethical obligations of the profession. Three provisions of the code are relevant in evaluating a nurse's moral obligation to care for patients with known or suspected EVD:

- Provision 1 of the ANA Code of Ethics states: "The nurse practices with compassion and respect for the inherent dignity, worth and unique attributes of every person."⁷ The interpretive statement asserts that "the worth of the person is not affected by

illness, ability, socioeconomic status, functional status, or proximity to death." It continues to assert that "nurses establish relationships of trust and provide nursing services according to need, setting aside any bias or prejudice." And "respect is extended to all who require and receive nursing care in the promotion of health, prevention of illness and injury, restoration of health, alleviation of pain and suffering, or provision of supportive care."⁷

- Provision 2 informs this discussion by reinforcing that nurses' primary commitment is to the patient, even when the patient's wishes are in conflict with others.

- Provision 5 states: "The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth."⁷ The interpretive statement for this provision describes integrity as "an aspect of wholeness of character that requires reflection and discernment; its maintenance is a self-regarding duty."⁷ It describes threats to integrity as fiscally or morally mediated and suggests compromise that maintains the dignity of the nurse and others.⁷

Conscientious objection to participation is offered in the interpretive statements as an opportunity for nurses to preserve their moral integrity in situations that violate the moral integrity of the profession. Nurses are then justified in refusing to participate on moral grounds after assuring the patient's safety and avoiding abandonment by withdrawing only after alternative sources of nursing care are available. (See *Ethically justified limits*.) The statements also describe situations that would be excluded from such objections including personal preference, prejudice, convenience, and arbitrariness.⁷

Ethically justified limits

In a thought-provoking article in *Bioethics Forum*, Dr. Joseph Fins asks if resuscitation is safe in patients experiencing hemorrhage, as chest compressions would likely accelerate exsanguination.¹⁰ The next problem is practical—how could a code response team safely don the appropriate PPE in a timely enough fashion to begin resuscitation? The delay would put a patient who survives at risk for anoxia and brain damage. Emergent endotracheal intubation and venous access placement put the code team at risk for exposure to blood and secretions. Dr. Fins asserts that attempting resuscitation for patients with EVD is a grave health risk for well-intentioned, heroic staff who may rush in with inadequate PPE, risking self-contamination and further spread of the disease. He believes that patients with EVD should receive ICU care, including massive fluid replacement and dialysis, but the line should be drawn at CPR.¹⁰

Risk and responsibility

The American Nurses Association (ANA) maintains a Position Statement on Risk & Responsibility in Providing Nursing Care. It states that nurses are challenged to thoughtfully analyze the balance of professional responsibility and risk, including moral obligation and options, in particular situations in order to preserve the ethical mandates of the profession. Nursing creates a relationship of trust between nurse and patient, with special duties for the nurse, including the responsibility to care for patients. The nurse has a moral obligation or duty to patients and isn't at liberty to abandon patients in need of nursing care.⁸

The position statement from the ANA reads as follows: "The ANA believes that nurses are obligated to care for patients in a non-discriminatory manner, with respect for all individuals. The ANA also recognizes there may be limits to the personal risk of harm nurses can be expected to accept as an ethical duty."⁷

Organizational ethics

The mission, vision, governance, and leadership of an organization are reflected in its ethical practices. Within healthcare, organizational ethics encompass the professional and moral conduct of the organization and constitute how it should behave as it interacts with patients, families, visitors, providers, and staff.⁹

Healthcare organizations have a moral duty to protect staff. Organizations are morally obligated to provide the most effective PPE, sufficient training in its use and removal, and appropriate support to staff who embrace their moral obligation to care for these patients. The CDC recommends that staff caring for hospitalized patients with known or suspected EVD follow standard, contact, and droplet precautions. PPE is required for all healthcare professionals who have the potential for exposure to patients and/or to infectious



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materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or aerosols generated during certain medical procedures.⁴

Implications for practice

According to the ANA Code of Ethics for Nurses and the Position Statement on Risk & Responsibility in Providing Nursing Care, nurses are morally obligated to provide care to patients with EVD.^{7,8} However, the amount of personal risk nurses can be expected to accept as an ethical duty must be addressed to enable nurses to fulfill their moral obligation. Nurses have a professional obligation to educate themselves about proper nursing care of patients with EVD as well as current recommendations for PPE type and usage as articulated in Provision 5 of the ANA Code of Ethics.⁷

The dilemma is how to balance nurses' personal risk with the obligation to care for patients with suspected or confirmed EVD. This can be resolved by healthcare organizations meeting their responsibility to protect staff. Healthcare organizations are ethically obligated to provide appropriate PPE, educate staff on proper techniques for donning and removing PPE, enforce evidence-based safety standards, and follow professional guidelines that support nurses who care for patients with EVD. ■

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