

## VOL.1 Patients dying alone: The dilemma between infection control and medical ethics

In April 2020, when Coronavirus disease (COVID-19) had its first rapid spread in Japan, nurses at hospitals caring COVID-19 patients faced both tough working conditions and issues with medical ethics. This is the story of the nurses' ethical conflicts associated with COVID-19, but found solutions to some of their challenges.

Kawasaki Municipal Tama Hospital is located in the northern part of Kawasaki City in Kanagawa Prefecture, and is classified as a core hospital responsible for acute medical care in that area. It has been accepting COVID-19 patients with moderate symptoms.



A meeting in the infection ward : Zoning of the area behind the blue wall is a red zone with infected people

At its peak of COVID-19 outbreak in April and May, some elderly patients with dementia were admitted to the hospital as well as those with intellectual disabilities, the frontline situation became quite severe. At that time, Yoshiko Sato, Deputy Director of hospital and Director of Nursing, saw the nurses struggling between medical ethics and infection control.

Ms. Sato explains, "To minimize the nurses' exposure time, I instructed them to try not to be in the

red zone with infected people for more than one hour at a time. But the nurses were not able to leave their patients' sides as everything just took time. They couldn't feel a patient's pulse because multiple layers of gloves blocked the sense of touch in their hands. They couldn't get too close to a patient's face to read their expressions, or hear what they were saying. They had a really hard time as they could not care for their patients as a nursing professional should."

In April, the nurses' dilemma came to a head. One elderly patient who had transferred from another hospital passed away.

Since that patient had requested no life-sustaining treatments, the hospital was tasked with end-of-life care for the patient without any further advanced medical care even if the disease became critical. We had a procedure manual for end-of-life care for COVID-19 patients, but the nurses said that some of the contents were not ethically acceptable.

Ms. Sato says, "End-of-life care in normal times involves staying close to patient's heart and understanding to their every need as well as providing grief care for families. That process is simply ingrained in our staff, but with COVID-19 patients, they were not able to do so. Some nurses even spoke out, saying 'this is not real end-of-life care?!'"

In addition, nurses felt difficulty that the patient frequently removed his ECG monitor and oxygen mask. Then, the patient had to be physically restrained, and he died in his restraints. The nurses normally try to avoid using physical restraints, so that was a huge shock for them. At the death conference (debriefing) held 10 days after the patient's death, many nurses expressed their heartbreak. Some nurses even shed tears and said, "What is nursing?"

Ms. Maki Fujii, the Certified Nurse Specialist in Family Health Nursing<sup>\*1</sup>, who was working to support the nurses, listened to their complaints at the death conference, and suggested that nurses should share not only the things they couldn't do, but also the things they did for patients, or what went well. There were then such comments as, "I was able to show the patient an email from his grandchild" or "I was able to talk with his family." More positive comments were heard, such as solutions including "finding what I can do in these tough times" or "thinking about what I might be able to do next time."

Ms. Fujii and the nurses began a discussion about what they could do if they were ever in the same situation again, such as enabling conversations between patients and families when they couldn't see each other directly, including conversations through the wall or using information and communication technology.

They also launched weekly "Sharing meetings" which enabled regular communication among staff members. This led to a dramatic improvement in team morale in the infection ward.

In parallel with these efforts, Ms. Sato made a proposal at the hospital's COVID-19 Task Force, to create an ethical guidelines for healthcare professionals in the hospital as a whole.

As a result, the new Ethical Guidelines for Treatment of COVID-19 Patients was compiled, based on the Four Principles of Health Care Ethics, and set out the hospital's position under the eight points. Today, with no end in sight to COVID-19, the nurses continue their work while facing the difficult balance between infection control and medical ethics.



PPE checks were carried out in pairs

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\*1 Certified Nurse Specialist in Family Health Nursing: These specialists undergo specialist nursing training at a graduate school, and then pass the credentialing examination given by JNA. They take on the principal roles of managing relationships between patients, families and medical professionals, providing grief care for families and helping patients and their families improve self-care and empowerment.

See the following website for more information about Certified Nurse Specialists:

<https://www.nurse.or.jp/jna/english/nursing/education.html>