ΑΡΘΡΟ ΣΥΝΤΑΞΗΣ

The ethics of nursing care rationing in the context of COVID-19 Pandemic

Health care resources are always limited to cope with the endless needs of people especially during periods of crisis such as wars, disasters, and pandemics. In these cases, the demand usually exceeds the available facilities for treatment and rationing is unavoidable, meaning that in acute cases, not all those who need care will receive it and the decision is often made by the clinicians. Such crises and especially pandemics may create enormous pressures on the health systems' capacity and also pose ethical challenges as well, such as how to maximize the benefits produced by scarce resources, how to treat people equally, promoting and rewarding instrumental value, and giving priority to the worst off (Netwick et al., 2020).

Decisions for the allocation of resources usually take place on two levels, one on a macro level for policy makers who decide on budgets and one on a micro level (Igoumenides et al., 2020) where the responsibility of decision making at the bedside falls on the clinicians and the term most often use is "rationing" of care. Allocation of resources is also distinct from rationing of care meaning that from an ethical perspective, resource allocation is a concept that is neutral about the moral implications of the allocation decision (Scott el al., 2019) and therefore those who make the decisions at a higher level, cannot see the direct impact of their judgements. At the point of care delivery, rationing takes place again on two levels, that is the institutional rationing (e.g. in hospitals) with clear and explicit guidelines and at the individual level where rationing takes place implicitly through the decision-making process of health care professionals. In the case of physicians there are explicit recommendations to consider in rationing, but as nurses are concerned, decisions with regard to the allocation of care are left to their individual judgement without explicit frameworks, rationing principles or specific instructions provided by institutions to guide their decision-making (Scott et al., 2019) and there is no minimum standard to ensure safe and competent nursing care services (Tonnesen et al., 2020). This means that nurses need to prioritize their work and inevitably delay or omit some nursing interventions increasing the risk of adverse patient outcomes that threaten safety and quality of care.

Historically, the nurses' role in the pandemics and disasters is indisputable, since there is evidence that nurses were in the position to participate in all the aspects of response including services at the frontline as well as in the community (Paterson et al., 2020) to alleviate suffering and contribute in preventing the loss of social cohesion. However, the COVID-19 pandemic brought to the surface the concept of nursing care rationing since it poses a challenge to professional nurses who are struggling to satisfy patients' needs, to save lives but also to help

those who cannot be treated, patients at the end of life to a peaceful and dignified death. This was evident in hospitals when patients with the COVID-19 were left alone without any member of the family near them, so nurses had to help people with their presence, their compassion and care, or facilitating virtual goodbyes for patients and supporting their families. Unfortunately this important part of nursing is not recognized in the "resource allocation level" and even if there are explicit institutional guidelines of what is a priority in nursing, care is such a large and diffuse concept that cannot be separated or detached from the different perspectives consisting the human person and the human needs. In conditions of scarcity, nurses often face difficulties on fulfilling their role and balancing the needs of patients, their personal values and the ethics of their profession. As Scott and all (2019) write about the issue:

"*The discussion of rationing in nursing care does not usually address the explicit exclusion of patients from receiving specific healthcare services. To the contrary, even in the face of staff reductions or increased demands by the institution, the individual nurses' role is still understood to include the provision of the full range of nursing care activities, but simply becomes less realizable with increasing demands on the individual nurse"*

The COVID-19 pandemic is a challenge to all health care professionals who are striving to make decisions about who is more likely to benefit from the limited resources they can provide, leaving a heavy moral residue. Some authors support that along with the physical, emotional, and spiritual exhaustion, clinicians are experiencing moral distress or in extreme cases moral injury because of the constraints in their work environment that were beyond their control and their experience (Rushton et al, 2020). Many care rationing decisions were based on broad criteria such as age, violating human dignity of the care receivers as well as the dignity of health care teams because these explicit and broad criteria may have violated the discretion of professionals to decide according to their clinical competence and this can lead to moral distress and excess burden (Kirchhoffer 2020). In a synthesis of qualitative studies exploring the ethical dimensions of nursing care rationing (Vryonides et al., 2014) it was found that within scarcity of resources (e.g. staff) nurses face moral challenges when they are forced to make decisions that there are not according to their professional values leading to role conflict, feelings of guilt, distress and difficulty in fulfilling a morally acceptable role. Although this review was published long before the pandemic, it would be interesting to repeat it now and explore the professional burden placed on nurses. This burden needs to be explored deeply and beyond the hundreds of health care workers who lost their lives battling the coronavirus, with nurses representing 15 % of those deaths (Washington post June 2020). Policy makers and those at a higher decision

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making levels need to realize that to ensure safe and quality care and safeguard fairness of the health care systems to all the people, they also need to consider all the dimensions of care and the professionals who have the closest patient contact as well as the associated risks because no one feels safe working as a nurse (Jackson 2020).

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