

# 중환자실 간호사의 윤리이슈

2020. 11. 21

박숙현

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# COVID-19 Situation Dashboard



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Covid-19 Response Fund

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## WHO Coronavirus Disease (COVID-19) Dashboard

Data last updated: 2020/10/31, 2:06pm CET

[Overview](#)

[Data Table](#)

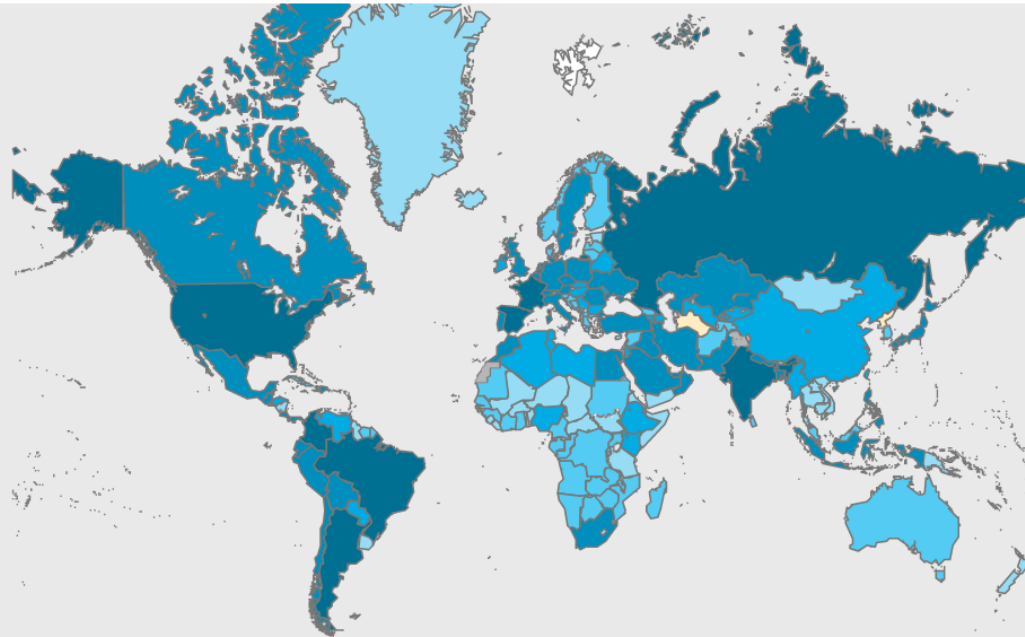
[Explore](#)

Total

**535,928**  
new cases

**45,428,731**  
confirmed cases

**1,185,721**  
deaths



Download Map Data

Source: World Health Organization

Globally, as of 2:06pm CET, 31 October 2020, there have been 45,428,731 confirmed cases of COVID-19, including 1,185,721 deaths, reported to WHO.



<https://covid19.who.int/>

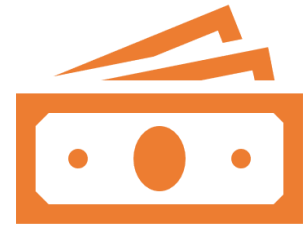
# 건강불평등



의료기관 이용의 제한



중환자실 인력 수급의 부족으로  
인한 중환자실 이용의 제한




정부- 국가지정병원- 민간  
병원간의 협조

# ANA Code of Ethics 2015

1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
3. The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
4. The nurse has authority, accountability and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to provide optimal patient care.
5. 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.

# 대한간호윤리강령

- 간호의 근본 이념은 인간 생명의 존엄성과 기본권을 존중하고 옹호하는 것이다.
- 간호사의 책무는 인간 생명의 시작으로부터 끝에 이르기까지 건강을 증진하고, 질병을 예방하며, 건강을 회복하고, 고통을 경감하도록 돕는 것이다.
- 간호사는 간호대상자의 자기결정권을 존중하고, 간호 대상자 스스로 건강을 증진하는 데 필요한 지식과 정보를 획득하여 최선의 선택을 할 수 있도록 돕는다.



간호사와  
대상자

전문가로서의  
간호사 의무

간호사와  
협력자

# Current Practice Realities

Today, we are grappling with many challenging ethical issues, including;

- Providing needed care for very ill patients, increasingly under condition where demand exceeds capacity
- Dealing with the scarcity of PPE, and staff, beds, ventilators, etc
- Caring for colleagues or friends who become ill
- Working with distressed patients, families, staff
- Worrying about one's own safety and overall well-being
- Concern about the marginalized
- And others

# 메르스를 통해 본 간호윤리



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Crisisonomy

## Ethical Awareness and Decision-making of Healthcare Providers in Response to Pandemic Influenza

- Focused on Middle East Respiratory Symptom Coronavirus -

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감염이 의심되는 환자에 대한 강제 격리와 치료,  
환자의 비밀유지,  
위기상황에서의 자원분배,  
적정한 치료의 질 보장

# Providing ethical care in a public health emergency

- Clinicians, such as physicians and nurses, are trained to care for individuals.
- Public health emergencies require clinicians to change their practice to respond to the care needs of populations.
- In a public health emergency, the fair allocation of scarce resources requires clinicians to prioritize the community.
- The shift from patient-centered practice to patient care guided by public health duties creates great tension for clinicians, including clinical ethics consultants.



# Pandemic Dynamics and Standards of Care

- “During a crisis, it is vitally important to adhere to core ethical principles: fairness, duty to care, duty to steward resources, transparency in decision-making, consistency, proportionality, and accountability.”

NASEM Rapid Expert Consultation on Crisis Standards of Care for the COVID-19 Pandemic(2020)

# What Ethical Principles Guide Us in This Public Health Crisis?

Guidance for establishing Crisis Standards of Care for Use in Disaster Situation:

- Fairness
- Duty to care
- Duty to Steward resources
- Transparency
- Consistency
- Proportionality
- Accountability

# Continuum of Care for Crisis standards of Care

- Conventional Care– everyday healthcare services
- Contingency care– when demand for staff, equipment, or pharmaceuticals begin to exceed supply. Contingency care seeks functionally equivalent care, recognizing that some adjustments to usual care are needed.
- Crisis care– when resources are so depleted that functionally equivalent care is no longer possible

# Ethical Priorities

## ❖ Usual Standards of Care

- Respect for patient autonomy
- Maximize benefit to each of your patients
- Fidelity/allegiance to each patient
- Not all who could benefit receive treatment (due to lack of access/insurance)

## ❖ Public Health Crisis/ Crisis Standards of Care

- Respect for common good, not individual autonomy
- Less autonomy for practitioners
- Maximize benefit to the greatest number of people
- Allocate scarce resources responsibly
- Not all who could benefit receive treatment (due to scarcity)

# Triage

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## **The Toughest Triage — Allocating Ventilators in a Pandemic**

Robert D. Truog, M.D., Christine Mitchell, R.N., and George Q. Daley, M.D., Ph.D.

N ENGL J MED 382:21 MAY21, 2020

Recommended that treating clinicians should not be asked to make allocation decisions for their patients. That responsibility should fall to Triage Teams.

COMMENTARY

Open Access

# Should we deny ICU admission to the elderly? Ethical considerations in times of COVID-19



Lenneke E. M. Haas<sup>1\*</sup>, Dylan W. de Lange<sup>2</sup>, Diederik van Dijk<sup>3</sup> and Johannes J. M. van Delden<sup>4</sup>

It cannot be justified to withhold ICU admission for all patients above a certain age.



## The role of palliative medicine in ICU bed allocation in COVID-19: a joint position statement of the Singapore Hospice Council and the Chapter of Palliative Medicine Physicians

Lalit Kumar Radha Krishna<sup>1,2,3,4,5,6,7,8,9</sup> • Han Yee Neo<sup>1,2,10</sup> •  
Elisha Wan Ying Chia<sup>3,4</sup> • Kuang Teck Tay<sup>3,4</sup> • Noreen Chan<sup>1,2,11</sup> •  
Patricia Soek Hui Neo<sup>1,2,3</sup> • Cynthia Goh<sup>1,2,3</sup> • Tan Ying Peh<sup>1,2,3,12,13</sup> •  
Min Chiam<sup>8</sup> • James Alvin Yiew Hock Low<sup>1,2,14</sup>

## ❖ Guiding Ethical Principles

- Equity and Fairness
- Respect for Autonomy
- Balanced Distribution of Resources
- Transparent and Rational Decision-making
- Minimize Harm Regardless of Age, Ethnicity, Creed
- Shared Responsibility and Collaboration
- Proportionality
- Flexibility

**EDITORIAL**

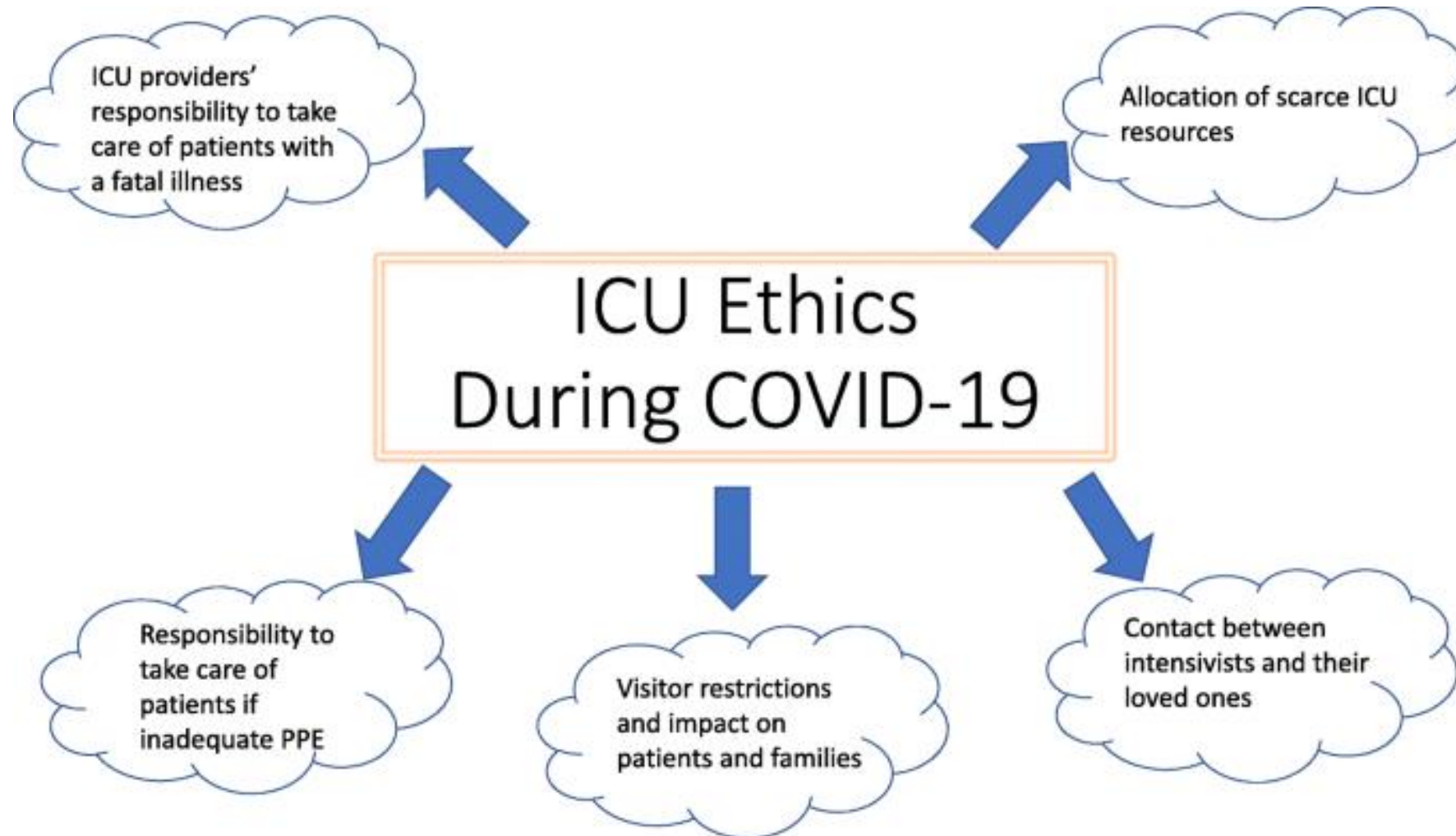
**Open Access**

# COVID-19 and ethics in the ICU

Sarah E. Nelson







Medical ethics issues encountered by intensivists during the COVID-19 pandemic (Nelson, 2020)

# Causes

In ordinary times, some common sources of moral distress include:

- Performing care perceived as futile
- Implementing unnecessary treatments
- Witnessing needless patient suffering
- Providing end-of-life care
- Inadequate staffing
- Lack of communication

- Strictly limited hospital visitation policies that prevent nurses from involving families in care decisions
- Isolation measures that may result in patients dying without family physically present
- Dire situations where patients may be denied potentially lifesaving therapies due to shortages and triaged care

# Symptoms

Moral distress symptoms vary and may include:

- Emotional – Frustration, anger, anxiety, guilt, sadness, powerlessness and loss of self-worth
- Physical – Diarrhea, headaches, heart palpitations, neck pain, muscle aches and vomiting
- Psychological – Withdrawal, emotional exhaustion and depersonalization of patients

# Solutions

The “[ANA Code of Ethics for Nurses](#)” states that nurses’ primary commitment is to our patients. However, it also asserts that we have an obligation to care for ourselves. It is important for us to identify moral distress and embrace strategies to lessen its effects. Here are some tips and resources that might help:

- Include a [moment of gratitude](#) at the beginning of each shift.
- Remember what went well.
- Consider implementing critical incident stress debriefings as a way to recognize what worked and what could be improved.
- Consider enacting The Medical Pause to honor the life of a patient who dies and the efforts of the care team.
- Practice self-care by paying attention to your body’s signals and by taking breaks, eating healthy food, exercising and getting quality sleep. See the [National Academy of Medicine’s resources on well-being](#) for more ideas.
- Recognize that resilience is not a trait we have, but a skill we cultivate. [Moral resilience](#) can be developed. The first step is acknowledging that you did your best.
- Take advantage of available organizational resources, such as your hospital’s employee assistance program, ethics committee and chaplains.



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Department Editors

## Applying E-PAUSE to Ethical Challenges in a Pandemic

Cynda Hylton Rushton, PhD, MSN, RN  
Nancy Reller, BS  
Sandra M. Swoboda, MS, RN

### Table: E-PAUSE<sup>a</sup>

Pause, notice, and reflect to empower ethical competence and resilience.

**E** - Ethical context

**P** - Perspective taking

**A** - Ask questions

**U** - Utilize resources

**S** - Stand up and speak up

**E** - Empower my ethical practice

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<sup>a</sup>Used with permission by Johns Hopkins University.

# E-PAUSE

- “E”: Ethical Context—Name the Ethical Challenge or Issue
- “P”: Perspective Taking—Who Is Involved and What Are Their Perspectives, Biases, and Assumptions?
- “A”: Ask Questions—What Is Unknown or Unclear in This Situation?
- “U”: Utilize Resources
- “S”: Stand Up and Speak Up

**경청해 주셔서 감사합니다**