

## EDITORIAL

# COVID-19, the year of the nurse and the ethics of witnessing

Much has been said and written about the Year of the Nurse and the Midwife and the 200th anniversary of Florence Nightingale's birth being celebrated amidst the COVID-19 pandemic.

One consequence of the pandemic, as some commenters have noted, is that it has provided the nursing community the opportunity to demonstrate, in Nightingale's own words, "what nursing is and what it is not." (Nightingale, 2017). Admittedly, the temptation to illuminate the value of nursing at this time is strong. However, it may seem ill-advised or insensitive as the human cost of the pandemic has been catastrophic with much illness, many deaths (including of many nurses) and much suffering of patients, families and communities. It may even be considered offensive for individuals, families, health professionals and communities who have suffered loss and deprivation to draw attention to the coincidence of the COVID-19 pandemic with this special year for nursing (Eurohealthnet, 2020).

Notwithstanding such reservations, 2020 is the Year of the Nurse and Midwife, in the same way as it is—and will be remembered—as the year when the pandemic spread of COVID-19 took hold. Therefore, this begs the question: What can we best do with this coincidence?

Unsurprisingly, there are well-known aspects of Florence Nightingale's (1820–1910) work that suggest startling analogies (Council of Europe, 2020; Sherifali, 2020): Given the threat of a cholera and typhoid epidemic, she organized nursing care in the military hospital of Scutari during the Crimean War, which she initially found in a desolate state, disorganized and with a high mortality of soldiers (McDonald, 2020). She introduced, supervised and evaluated these measures and reported their effectiveness. She was able to prove a significant reduction of soldier mortality and revolutionized ways to graphically display statistical data (Bradshaw, 2017). Her work heralded a vision of professional nursing that was both informed by evidence and driven by human kindness towards those in need.

What could be a stronger message for the value of nursing in response to the actual pandemic? However, despite similarities, caution is needed in order to do justice both to the past and to the present and prevent misuse of history (Fowler, 2020; Holme, 2015). If used uncritically, analogies might not "produce understanding, but merely the illusion of understanding" (Simanek, 2020). But even if a historical analysis should prove an analogy between Nightingale's nurses "fighting" the epidemic and today's nurses' "fighting" the pandemic to be illusive, this analogy can still be important. Maybe not by pretending to present validly and align properly historical facts, but by helping to reflect on people's lived experiences and give words for the otherwise unspeakable. It is our experience, as in Alan Bennett's *History Boys* (Bennett, 2004), that looking back at previous

scholarship to better appreciate the present and inform the future is immeasurably helpful. In *The History Boys*, Bennett writes:

The best moments in reading are when you come across something – a thought, a feeling, a way of looking at things – which you had thought special and particular to you. Now here it is, set down by someone else, a person you have never met, someone even who is long dead. And it is as if a hand has come out and taken yours

(Bennett, 2004, p.56)

Right now, and for the near future, there is much to reflect on, with the global spread of images, news and research explaining the dynamics of the COVID-19 pandemic and its impact on social lives, intergenerational relationships, liberties, health care, science, education, etc. Like mosaic stones of a still incomplete bigger picture, these pieces of information tell stories about solidarity, moral courage, community resilience, but also cowardice, political gimmickry and failure to protect the most vulnerable or to trust early evidence about COVID-19. Among the images that necessitate reflection are those that show nurses: applauded by the public from the balconies, appearing exhausted after extra-long shifts, showing abrasions from wearing protective masks, giving relatives bad news about the death of a loved one by telephone and affirming that he/she had died peacefully, but also trying to hide from angry relatives at the entrance of nursing homes who were worried about residents suffering from a harsh politics of confinement. Letting each of these images talk overcomes the danger of oversimplification. Depicting and hailing nurses as *heroes* in the actual pandemic is just one example of this oversimplification, which can easily trigger excessive expectations, exert undue pressure or foster burnout (Gennaro, 2020; Schwartz, 2020). It is all too easy to label nurses as heroes and as people who continuously adapt to exceptional circumstances. This may distract from their role in changing those circumstances that are preventable such as, for example, the supply of personal protective equipment for healthcare workers, patients, residents or relatives. But nurses are also not fainthearted or powerless after witnessing malpractice or injustice, because they might fear to lose their job as they can, and do, raise and escalate concerns.

What reflection on these images shows, is that nurses are first and foremost witnesses: Not only are they witnessing the whole range of adverse effects the present public health crisis has on individuals, families and on local and global communities. Nurses also witness their own vulnerability, increased exposure to risk and need for protection (CDC COVID-19 Response Team, 2020; Xtelligent

Healthcare Media, 2020). It is this shared vulnerability to risk that unites both patients, nurses and doctors into a community of witnesses of what it means to give care and to receive care under the circumstances of this pandemic crisis. In the Year of the Nurse and Midwife, an interesting analogy for this shared vulnerability can be found in the experience of risk exposure and subsequent debilitating illness of Florence Nightingale herself, leaving a picture not of a hero, but of a wounded healer (Barbara, 2010). An ethics of witnessing what it means to be vulnerable and how to respond to the experience of vulnerability is comparably modest, but equally profound. Such an ethics of witnessing is not a new idea. It has been proposed as a way to understand, work through, publicly accuse and eventually trying to cope with people's experience of political atrocities and concomitant existential threat, social disruption, oppression, violence and deprivation of dignity (Brenner, 2014; Givoni, 2014; McCormack, 2014). Although these contexts might not be comparable with the actual global pandemic emergency, an ethics of witnessing can offer important directions when reflecting on the role of the nurse within the actual pandemic, circumventing both the dangers of moral heroism, exceptionalism and surrender.

Hopefully, this year will not only be remembered as the year the pandemic spread of COVID-19 absorbed the world, but also as the Year of the Nurse and the Midwife, with a strong message from the nursing community to those who give care and receive care under exceptional circumstances: Flatten the curve, but raise your concerns. This is not only the core of Nightingale's vision of nursing. This is the core of ethics.

#### CONFLICT OF INTEREST

None.

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