



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

The art of medicine

Dramatic interventions in the tragedy of the COVID-19 pandemic



Published Online
 July 23, 2020
[https://doi.org/10.1016/S0140-6736\(20\)31641-X](https://doi.org/10.1016/S0140-6736(20)31641-X)

The COVID-19 pandemic poses ethical challenges to clinicians on a daily basis. As incidence recedes in some locales and surges in others, and the supply of essential medical technologies remains precarious, medical providers struggle to balance obligations to their patients, families, and to themselves. As clinical services shifted focus in the COVID-19 response, some nurses and doctors found themselves redeployed to unfamiliar settings. Many have experienced feelings of betrayal, anger, and fear stemming from inadequate access to health-care resources, including personal protective equipment, or public flaunting of physical distancing measures. Hard decisions have to be made about who is more likely to benefit from the limited resources clinicians can provide, leaving a heavy moral residue.

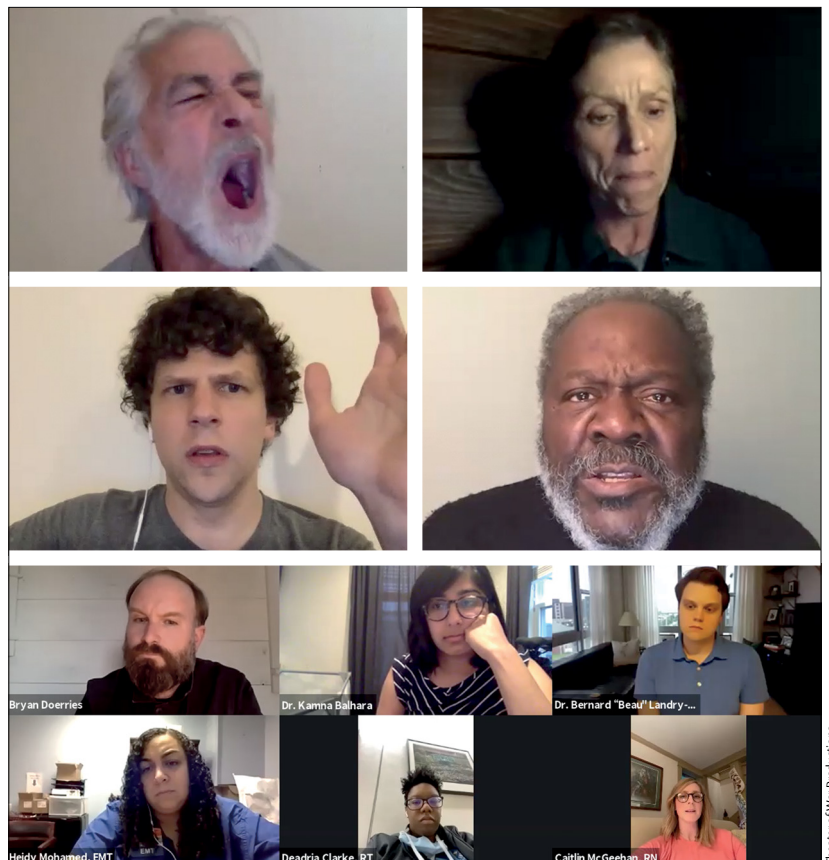
Along with physical, emotional, and spiritual exhaustion, some clinicians are experiencing moral distress or, in extreme cases, moral injury. Moral distress arises when clinicians are not able to translate their moral choices into action. They may know what they ought to do but are unable to do so because of constraints in their work environment. In the COVID-19 pandemic, such constraints are often beyond clinicians' control and outside the boundaries of their experience. Moral injury, a concept described in the military context, is a more extreme form of moral suffering that occurs in situations where personal integrity is violated. Moral injury is typically recognised retrospectively after an actual conscience violation has occurred, moral capability is impaired, or protective mechanisms become overwhelmed. Moral residue accompanies unresolved moral distress or moral injury; it produces shame, guilt, or regret, and a perception of moral deficiency. Moral distress contributes to burnout and erodes the health and wellbeing of clinicians. It can lead clinicians to leave their profession and, in extreme circumstances, can lead to post-traumatic stress along with other under-reported physical, emotional, and mental consequences.

To combat the individual and collective suffering and loss of social cohesion that takes place in a pandemic, ancient Greek tragedy can offer a tool for communalisation and reflection, reducing stigma and opening up pathways to work through such difficult experiences. One theory is that Athenian tragedy arose to address the psychological needs of a militarised democracy that had endured decades of war, and a plague that killed nearly a third of the population between 430 and 427 BCE. Seen through this lens, the Theatre of Dionysus was a collective space where actors voiced the unspoken suffering of citizens.

One of the principal strategies of Greek tragedy was distance. Many plays were set in the mythological past, thereby creating a space in which members of the Athenian audience could reflect on their present struggles through

drama. Similarly, we have found that presenting scenes from ancient tragedies about complex ethical situations for front-line medical providers generates an open, non-threatening space in which health personnel can begin to process, interrogate, share, and bear witness to experiences of loss, betrayal, grief, and other forms of moral suffering during the COVID-19 pandemic.

Ancient tragedies provide a new entry point for clinicians to process moral suffering generated by the pandemic. While individual cognitive reframing can be helpful in the treatment of traumatic disorders, there is also a role for collective social interventions in responding to collective trauma. Ancient Greek plays about chronic and terminal illness, moral distress, the challenges of witnessing suffering, and end-of-life care can be used to forge a common vocabulary for openly engaging doctors, nurses, students, and other health-care professionals in creating constructive dialogue, fostering understanding, compassion, and a renewed sense of community.



Actors David Strathairn, Frances McDormand, Jesse Eisenberg, and Frankie Faison and participants during the first Theater of War for Frontline Medical Providers event

Theater of War for Frontline Medical Providers, a new collaboration between Theater of War Productions, the Johns Hopkins University Program in Arts, Humanities, and Health, and the Berman Institute of Bioethics, USA, presents dramatic readings by acclaimed actors of scenes from ancient Greek plays for audiences of medical providers. We created dynamic, online performances and discussions on Zoom's webinar platform, styled after Theater of War's live events. The goal of these performances is to present free, easily accessible opportunities for medical providers, who may be struggling in isolation, to name and communalise their experiences, connecting with others who share them.

Two of the Greek tragedies performed in this project—Sophocles' *Philoctetes* and *Women of Trachis*—portray characters who face complex ethical questions for which there may not be right answers or clear resolution. *Philoctetes* tells the story of a soldier who is left for dead by his own men on a desolate island after contracting a mysterious illness on the way to the Trojan War. Years later, the Greeks learn from an oracle that, in order to win the war, they must return for him and bring him to Troy. At the centre of the play is a scene of abject suffering in which a young, untested officer, who stands by helplessly as the wounded warrior is visited by an agonising fit, must make a complex ethical decision that will impact his career and change his life. *Women of Trachis* recounts the death of the hero Heracles after he is unintentionally poisoned by his wife when she sends him a robe that has been soaked in the blood of a centaur. Between waves of anguish and paroxysms of pain, Heracles calls his teenage son, Hyllus, to his side and demands that he cure his affliction by ending his life. Faced with a challenging decision, Hyllus attempts to comfort Heracles while protecting himself and acting in accordance with his own moral compass. It is in the ambiguity of these scenes that clinicians seem to find comfort in discovering that they are not alone in their own moral discomfort—not alone in their communities, not alone across the country and the world, and not alone across time.

These events begin with a live reading of scenes from ancient Greek plays, carefully curated to address themes and issues that medical providers may be facing during the pandemic, such as personal risk, abandonment, deferred grief, deviation from standards of care, helplessness, and complicity in creating suffering. After the performance, the actors are replaced by four panellists—a diverse group of front-line medical providers—who respond to what they heard in the plays that resonated with their own experiences of caring for patients during the pandemic. After the panellists' remarks, a skilled facilitator prompts the audience to join the discussion with a series of questions encouraging reflection and dialogue about themes raised by the plays.

Our first event was attended by more than 400 health-care workers, suggesting the potential for these events to communalise the moral suffering of diverse groups

on the front lines. During this first event, we witnessed the dissolving of hierarchy, expertise, and separation as nurses, respiratory therapists, EMT professionals, and other hospital staff who work in close proximity to patients with COVID-19 took centre stage to share their perspectives, stories, and suffering. Through the medium of dramatic readings, the panel of clinicians and participants were able to talk about their experiences, challenges, and sorrows. The event offered a place of at least temporary respite from the isolation of the days behind them. In the shared discomfort of watching ancient scenes of moral suffering, participants reported feeling a sense of belonging, community, joy, and relief. These interventions aim to generate a sense of connection and comradery among medical providers while creating solidarity in purpose, irrespective of role. At the performances, we encourage participants to seek support and we provide available resources they can access, such as mental health and resilience-building resources. In the coming months, we will present ten performances of the project in New York City under the Arts in Health Initiative of the Laurie M Tisch Illumination Fund.

As the pandemic continues to swell around us, many clinicians are being asked to make decisions regarding their patients with limited clinical information and therapeutic resources. Others are anguished because of reduced or absent relational interactions with patients, patients' families, and colleagues. Masked and gloved, with their bodies covered with layers of robes and shields, clinicians' ability to communicate is relegated to a diminished repertoire of means—their eyes, words, or electronic devices. Especially difficult is the lack of access relatives and friends have to patients who are anxious, scared, and lonely. It can be devastating when patients die alone without the presence of their loved ones. These forms of moral suffering are compounded by isolation. Yet collective action is one way to help resolve such suffering. The medium of theatre invites participants to step back and interrogate the roles they are playing, process and channel their emotions, and experience solidarity of collective purpose and constructive action. Theater of War for Frontline Medical Providers offers clinicians the opportunity to join the "Chorus", which, in the Theatre of Dionysus, spoke and sang in unison as the moral voice of the people.

*Cynda H Rushton, Bryan Doerries, Jeremy Greene, Gail Geller
Johns Hopkins Berman Institute of Bioethics, Johns Hopkins University, Baltimore, MD 21205, USA (CHR, GG); Johns Hopkins University School of Nursing (CHR) and Johns Hopkins University School of Medicine (CHR, GG), Johns Hopkins University, Baltimore, MD, USA; Theater of War Productions, New York, NY, USA (BD); and Center for Medical Humanities and Social Medicine, Johns Hopkins University School of Medicine, Baltimore, MD, USA (JG) crushto1@jhu.edu

The next event by Theater of War for Frontline Medical Providers will be held on July 30, 2020, at 1900 h EDT (New York); to register for this free event, go to www.towems.com or eventbrite.com

Further reading

Bacon HH. The Chorus in Greek life and drama. *Arion: A Journal of Humanities and the Classics* 1994; 3: 6–24

Doerries B. *The theater of war: what ancient tragedies can teach us today*. New York, NY: Knopf Doubleday Publishing Group, 2016

Musto L, Rodney P. What we know about moral distress.

In: Ulrich CM, Grady C, eds. *Moral distress in the health professions*. Springer International: Cham, Switzerland, 2018: 9–20

National Academy of Medicine. *Taking action against clinician burnout: a systems approach to professional well-being*. Washington, DC: National Academies Press, 2019: 63–80

Rushton CH. Mapping the path of moral adversity. In: Rushton CH, ed. *Moral resilience: transforming moral suffering in healthcare*. Oxford: Oxford University Press, 2018: 52–76

Shay J. Moral injury. *Psychoanalytic Psychol* 2014; 31: 182–91