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Letter to the Editor: Role of Morality in Critical Care in COVID-19 Times

The entire world has suffered the devastating action of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)/coronavirus disease 2019 (COVID-19) pandemic. This pandemic confronted us with a large number of critically ill patients with a new disease for which no one had immunity, and science is still searching for a cure. Although we are in a moment of the situation in which it is possible to live with a certain calm, the storm will persist if what has been learned is not applied. It is the perfect time, not only to react and to ask ourselves what has happened and how we have acted in intensive care units (ICU), but also to reflect on the future and how we should act in this environment in the future.[1]

From each historical moment, we have learned, and COVID-19 has not been the exception. One of the many lessons taught, and that it is necessary to keep in mind in these times, is the role of morality in critical care. Morality is defined as the set of rules that are generated individually or in groups and applied to the daily life acts of citizens. These norms guide each individual, orienting their actions and judgments on what is moral or immoral, right or wrong, good or bad.[2] The medical profession has always been practiced in accordance with ethical codes and moral principles, which have been present throughout the history of humanity.[3] In other words, medicine is an essentially moral enterprise, which has been performed in accordance with a defined set of beliefs about what is right and wrong medical behavior.[4] However, the complexity of contemporary medical health care driven by the advent of new electronic and digital equipment, the heterogeneity of values, individual rights, and the number of options according to individual values can be obstacles to good decision-making. Thus, a need already existed to set moral standards and adjust them in accordance with the new demands of the times and, at present, with the changes required for the management and control of the spread of SARS-CoV-2, especially in the ICU, because the latter is generally the most common location for ethical conflicts and moral dilemmas.[5]

As SARS-CoV-2 spread throughout the world, the critical care community prepared to face the challenges related to the pandemic, including streamlining workflow for diagnosis and isolation, providing rapid, clinical management, and ensuring infection prevention, not only to patients with COVID-19, but also to healthcare workers and other patients at risk of nosocomial transmission. The correct therapeutic approach to severe acute respiratory failure and hemodynamic status were also key elements in this process. Similarly, ICU professionals, hospital administrators, governments, and policymakers prepared for a substantial increase in critically ill patients with COVID-19 and, thus, also for an increase in the demand and capacity for ICU beds, with a focus, not only on infrastructure and supplies, but also personnel management. ICU triage and the prioritization of the care became necessary independently by each center, without using the common criteria, to allow for the rationing of the scarce resources of the ICU. Critical care physicians and researchers were required to address unanswered questions, such as the role of repurposed and experimental therapies for patients and families, with their entry into the unit restricted and assertive communication hampered.[6] No doubt exists that all these changes were made with an invaluable burden of goodwill and attempts to make the situation as good as possible. However, the decisions were made in accordance with local criteria, which, in turn, were unequal among the different centers. In many cases, it is possible that experts in bioethics were not available, which resulted in a minimal lack of uniformity in the ethical and moral criteria used. This could have resulted in unacceptable differences in the decisions among different centers and, thus, generated serious ethical conflicts and moral dilemmas.[1]

Despite the significant technological advances in the provision of intensive care and the efforts to adapt ICUs to the current COVID-19 situation, the mortality in ICUs has remained high.[7] Therefore, the incidence of ethical conflicts and moral dilemmas among stakeholders has remained higher in ICUs than for general care rooms. If these conflicts and dilemmas are not managed properly, they can negatively affect healthcare workers, patients, and families, reducing the quality of intensive care in these times. The main sources of conflict have included behavioral problems, such as mistrust, verbal abuse, and poor communication between physicians and nurses; problems related to care of the critical patient, such as imprecise or unknown prognostic information, lack of psychological support, lack of support for healthcare decision-making, and a lack of respect for the patient's autonomy; and the equity of the policies implemented to contain the pandemic and care for those with COVID-19.[5]

In addition to the ethical environment of one's unit, the ethical conflicts and moral dilemmas cause moral anguish in ICU professionals. These are believed to be closely associated with job strain and burnout syndrome and, as a result, can threaten the quality of critical care. ICU professionals work in a stressful environment, with the stress increased by the number of critically ill patients with COVID-19, the extension of on-call hours, limited availability of logistic support, and biosecurity measures to avoid infection, among others. Taken together, these issues can accelerate the genesis of burnout syndrome. Burnout is a psychological syndrome that occurs in response to chronic interpersonal and emotional stressors at work. It can lead to emotional instability, difficulty committing, a feeling of failure, and the need to stop working. Furthermore, it does not allow for correct decision-making or hinder correct decision-making. Physician burnout tends to manifest itself as a provider who cares less for their patients, with an increase in the number of medical errors.[5,8] Thus, the conflicts and the consequences that derive from them must be resolved on a fundamentally moral basis.

Often, ignorance or the lack of education in health ethics is a common cause of the moral dilemmas that occur in the ICU. This manifests itself when the ICU professional does not see a situation as an ethical or moral problem and submits to making hasty decisions. Problems arising from knowledge deficits could be significantly diminished if professionals received education and

training to recognize associated moral problems and how to be competent in moral standards of care. Therefore, education in bioethics is important for all healthcare providers.[5]

Thus, COVID-19 has provided the opportunity to consolidate and reevaluate these important concepts and apply them in daily practice. The values of patients and physicians will sometimes differ, and although medical decision-making is complex, it must be approached using the moral principles that govern medical practice. Thus, critical care physicians must be competent in these aspects for correct decision-making, following the moral canons of their profession. The heads of ICUs and dedicated professionals have the responsibility to find and resolve the barriers that cause conflicts in these times and that lead to a decrease in the quality of care in their units. Training in ethical decision-making for those working in ICUs is essential, because this would improve the care of patients and ensure that the values of healthcare professionals are consistent with the fundamental values of our society, thus improving the provision of critical care services. We still have a lot to learn and could benefit from an urgent international conversation on these ethics and moral topics. An effort must be made to unify moral principles and their concrete implementation, even if it involves great sacrifice.[1,5] Morality plays an important role in critical care in these times of COVID-19.

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