


# Treating the Unvaccinated COVID-19 Patient with Compassion

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## Abstract

Delivering high-quality care services is essential in the support and treatment of the unvaccinated coronavirus disease (COVID-19) patient. The need to show compassion to the patient has been preserved within the codes of conduct for health and social care professionals and a fundamental value in the National Health Service (NHS) constitution. This article highlights the place and necessity of compassion when health and social care workers are caring for the unvaccinated COVID-19 patient.

## Keywords

patient experience, COVID 19, compassion, vaccination, care

## Introduction

The coronavirus disease (COVID-19) is caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (1). It first appeared in Wuhan, China in 2019 with the World Health Organization officially declaring it a global pandemic in 2020 (2). Unfortunately, it has led to a colossal loss of lives. It has accounted for the death of about 4,846,981 people in the world (3). In the UK, COVID-19 has been reported as responsible for the death of about 150,000 people (4). Although there is a significant decrease in the number of people currently dying from COVID-19, there are still cases of infections and hospitalizations (5).

While many people may have been vaccinated, others are unvaccinated for one reason or the other. One of the factors accounting for lack of vaccination is vaccine hesitancy (6,7). The reasons for vaccine hesitancy include religious and cultural concerns and conspiracy theories (8–10). Other reasons for vaccine hesitancy are concerns about safety; doubts about the efficiency of the vaccine; belief to be already immunized; and doubt about the provenience of vaccine and general lack of trust (11,12).

The news media has been naming and shaming the COVID-19 patient with known vaccine hesitancy. The intention to name and shame people might be to persuade them to take the vaccine. Unfortunately, this act goes against the right of the patient to confidentiality, dignity, and holding a belief as contained in GDPR 2018 and the Human Rights Act 1998 (13,14).

and treat patients safely and promptly (17). Professional competence alone is insufficient to effectively care for the patient (18). The fact is that in addition to medical, communication, care, and other useful skills, the health and social care worker is required to possess compassion toward the patient (19). A health and social care worker must possess compassion to be suitable for care practice (18). In the 21st century, it is needed more than ever to humanize the ever-increasing cold and impersonal technology used within health and social care practice (20). Compassion is required for health and social workers to be present for patients both emotionally and physically and to focus on alleviating suffering and pain through empathic concern (21). Compassion has seven known dimensions: attentiveness, listening, confronting, involvement, helping, presence, and understanding (22). All of these aspects are important and must be engaged in caring for the patient.

The Nursing and Midwifery Council (NMC) is the regulatory body for all nurses, midwives, and nursing associates in the UK. A nursing student and all nurses are required to work within the NMC's Code – Standards of Conduct, Performance and Ethics for Nurses and Midwives. This is

## Compassion and Code of Practice

Health and social care workers must act to protect lives (15,16). They are required to safeguard vulnerable adults

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described as “a shared set of values” and is applicable to all aspects of professional nursing practice (23). The Code focuses on behaviors, requiring that nurses treat people kindly and considerately, respect their dignity, respond to concerns and preferences, gain consent, and involve people in decisions about their care. The generic standard for the NMC’s professional values domain is as follows:

*“All nurses must act first and foremost to care for and safeguard the public. They must practise autonomously and be responsible and accountable for safe, compassionate, person-centred, evidence-based nursing that respects and maintains dignity and human rights. They must show professionalism and integrity and work within recognised professional, ethical and legal frameworks. They must work in partnership with other health and social care professionals and agencies, service users, their carers and families in all settings, including the community, ensuring that decisions about care are shared.” (24).*

As seen above, there is a duty of care and safeguarding by all those who provide nursing support to the patient in NMC practice code. Thus, the care practice must be carried out in a compassionate and person-centered way. Compassion is not allowed to be jettisoned while caring for the COVID-19 patient regardless of their beliefs. Health and social care workers usually carry out their tasks within a multidisciplinary team. Allied health professionals and medical staff are registered with other professional bodies and must work within their professional codes. The Francis report (2013) (25) highlighted that different health professions having discipline-specific codes could lead to a “separation of cultural identity between different groups” and that NHS staff must remember that they are part of one great team with one objective: the proper care and treatment of their patients (p. 1401). Thankfully, there are many shared values expressed in the different regulatory bodies’ codes of practice or ethics. Therefore, working seamlessly together in a patient-centered approach is tenable.

In 2012, the NMC and the General Medical Council (GMC) released a joint statement on values to “remind registrants of their professional values” (18). The statement emphasized that health professionals need to demonstrate compassion and kindness, as well as knowledge and skills. They maintained that these professionals have a duty to put patients first at all times, and to raise concerns as soon as they believe patients are at risk.

### **Compassion and Nonjudgmental Support for Unvaccinated COVID-19 Patients**

Compassion has been defined as “the feeling that arises in witnessing another’s suffering and that motivates a subsequent desire to help” (26). When a health and social care worker possesses compassion toward a patient, they are not likely to be judgemental in their approach to the patient. A

nonjudgemental disposition is necessary to offer effective health care support services (27). This would mean that the health and social care worker will refrain themselves from ideological war with the patient. The patient needs to be treated with love and dignity. The right to hold a belief and to be treated with dignity is part of their fundamental human rights (28,29). They should therefore not be made to feel miserable for holding a belief.

A person-centered care necessitates putting the patient and his or her interest at the heart of the care services (30). The best interest of the patient must be considered in their care plan. This patient right is protected in the Mental Capacity Act 2005 (31). It stipulates that “someone taking decisions on behalf of the person lacking capacity must act in the best interests of the person concerned and choose the options least restrictive of his or her rights and freedoms” (p. 94). The best interest of a patient is not what a health and social care worker thinks is best for them. On the contrary, it is what is best for the patient from the patient’s own perspective (32). The views, beliefs, and wishes of the patient with COVID-19 are meant to be respected in the provision of health and care services to them (33). The health and social worker might hold a different opinion to the patient. But he or she is not meant to discriminate against the beliefs of the patient (34). To deliver holistic care, health and social workers need to consider the whole person and their physical, psychological, sociological, and spiritual dimensions (35). It is pertinent to note that in 2009, the Department of Health first published an NHS Constitution, which sets out rights and responsibilities for patients and NHS staff. The NHS Constitution’s core values are respect and dignity, quality of care, compassion, improving lives, working together for patients, everyone counts (36). Health and social care workers must therefore embrace compassion as a necessary virtue that is legally required to care for the COVID-19 patient.

### **Conclusion**


Health and social care workers must engage in acts of compassion toward the unvaccinated COVID-19 patient at all times. This is an essential value within their professional code of practice. When a health and social care worker possesses compassion toward the COVID-19 patient, they are not likely to be judgemental in their approach to the patient. A nonjudgemental disposition guarantees effective health care support service. The patient’s views must be respected, and their best interest must drive their care plan. This is a matter of legislation and must be upheld by the health and social care worker.

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