Should Healthcare Workers Treat COVID-19 Patients Despite the Inadequate Personal Protective Equipment?

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INTRODUCTION

The COVID-19 pandemic caused by the novel coronavirus (SARS-CoV-2) has negatively impacted the lives of billions of people around the world. In the United States alone, as of July 6, 2020, there have been 113,303 COVID-19 related deaths[1]. Globally, approximately 600 deaths have been frontline healthcare workers[2]. Healthcare providers are directly exposed to this disease while treating patients. The coronavirus is spread via person-to-person when they are in close contact, primarily through respiratory droplets[3]. In the case of the COVID-19 pandemic, there has been a global shortage of personal protective equipment (PPE). Without the proper PPE, healthcare workers are at a significantly greater risk of contracting the virus while treating patients[4]. Should healthcare workers treat COVID-19 patients despite the inadequate personal protective equipment?

BACKGROUND

Despite the global shortage of personal protective equipment (PPE), healthcare providers are continuing to treat patients. Some scholars argue that when physicians enter the career field, they are obligated to fulfill their duties as caretakers during a pandemic even when the risk of infection to the provider is high, because it is in the nature of the profession[5]. The AMA Code of Ethics was recently updated in April 2020, and it currently states that the ability of a physician to ethically decline to provide care if PPE is not available depends on several considerations, particularly the anticipated level of risk to the provider[6]. What exactly constitutes a direct threat to the provider is not explicitly outlined by the AMA Code of Ethics. There is currently minimal, if any, legal literature detailing the right of a healthcare provider to refuse to treat COVID-19 patients if not provided with the adequate PPE.

Many occurrences across the country have demonstrated the severity of the PPE shortage. In one case in Southern California, healthcare workers did not show up for work at a nursing home for two consecutive days, where six residents had died of coronavirus, and another three dozen were infected[7]. Similar occurrences have been reported throughout the country, and in some cases, healthcare workers were even terminated for speaking up about the lack of PPE at their place of work. In one example, in Bellingham, Washington, an emergency medicine physician of 17 years was fired after complaining to his hospital administration about incorporating stricter protocols for COVID-19 protection[8].

When their lives are put in danger because they are not provided with adequate protection, should healthcare providers still feel obligated to treat patients? Should they be held liable for abandoning COVID-19 patients if they are not protected? This study aims to provide the opinions of providers on the frontlines of the COVID-19 pandemic.

MATERIALS/METHODS

For the purpose of this study, a survey was created containing questions relating to the topics of PPE and provider safety during the COVID-19 pandemic. The survey was sent out via email to healthcare providers in various fields that have an affiliation with Touro University Nevada. The survey was conducted through a software called Qualtrics, that ensured participant anonymity while maintaining response accuracy. The frequency of respondents was computed, and a Fischer's exact test was used to determine if treating COVID-19 patients or previous experience with insufficient PPE influenced responses in R software.

RESULTS

Q1: Do you feel it is justified to refuse to see COVID-19 patients without adequate personal protective equipment (PPE) as a healthcare provider?

Q2: Should a healthcare provider be held liable for abandoning a COVID-19 patient because of inadequate PPE?

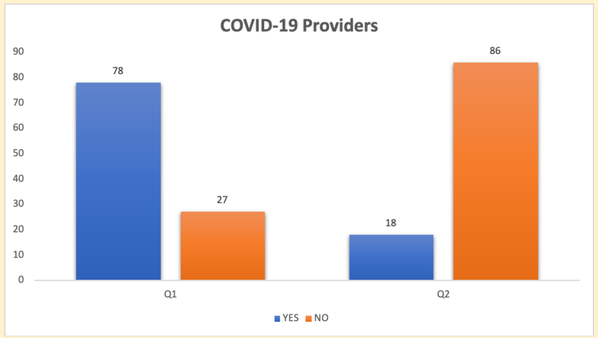

Figure 1: Responses from providers who treated COVID-19 patients (N=111).

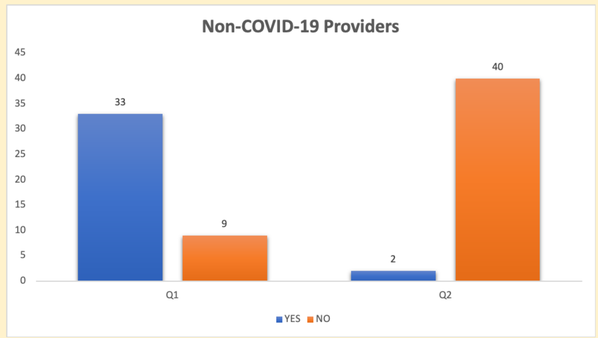

Figure 2: Responses from providers who have not treated COVID-19 patients (N=42).

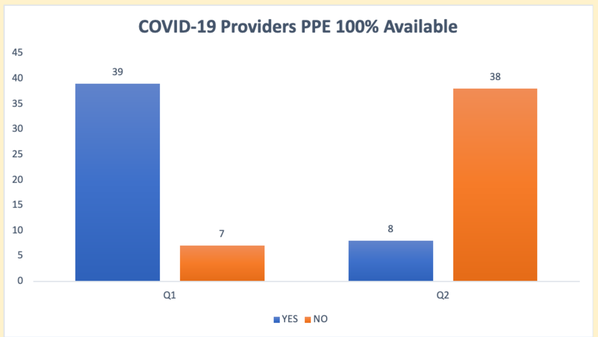

Figure 3: Responses from providers who treated COVID-19 patients with PPE 100% available (N=46).

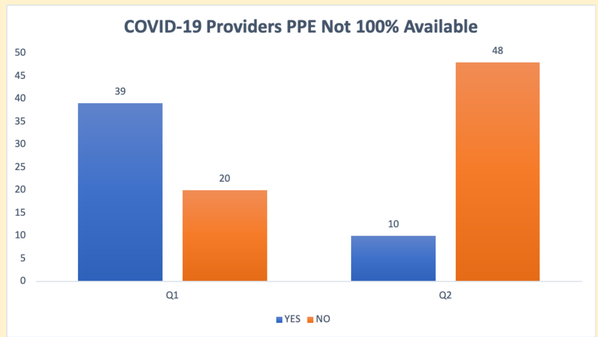

Figure 4: Responses from providers who treated COVID-19 patients with PPE not 100% available (N=65).

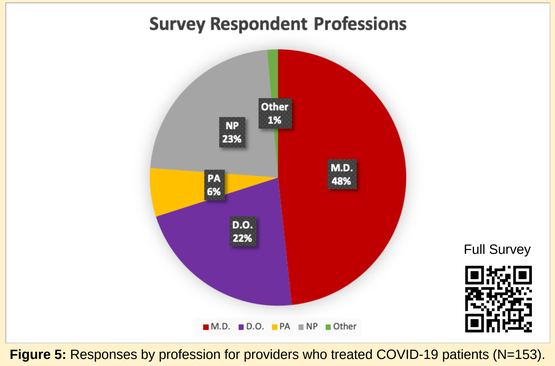

Figure 5: Responses by profession for providers who treated COVID-19 patients (N=153).

A majority (73%) of the 153 respondents had treated COVID-19 patients (**Figure 1**). Treating COVID-19 patients did not influence the response to question 1, but those who had treated COVID-19 patients tended to answer 'yes' more than those who had not (although the trend was not statistically significant). A majority (59%) of respondents indicated that they had experienced a lack of PPE (**Figure 4**). Respondents who had experienced a lack of PPE were less likely to answer 'yes' to question 1 but had no influence in responses to question 2.

COVID-19 Providers	Q1	Q2
Yes	74%	17%
No	26%	83%
Non-COVID-19 Providers		
Yes	79%	5%
No	21%	95%
COVID-19 Providers PPE 100% Available		
Yes	85%	17%
No	15%	83%
COVID-19 Providers PPE Not 100% Available		
Yes	66%	17%
No	34%	83%

Figure 6: Percentage values of provider responses from Figures 1-4.

CONCLUSION

The substantial increase in COVID-19 positive cases since the start of 2020 has contributed to the decrease in PPE availability to healthcare providers and consequently, their abilities to effectively treat patients as a result. PPE is imperative in assuring both patient and provider safety, and its critical shortages have left healthcare providers pleading for external sources to supply the demand. The PPE shortage and COVID-19 surge have led to various instances of both healthcare providers refusing to see patients due to their lack of protection, as well as falling ill to the virus itself. Providers constitute between 1-2% of all coronavirus cases in the U.S., and although they are committed to their jobs, many are concerned about their excessive exposure[10].

The continued prevalence of coronavirus cases and its impact on provider safety is evident from the results of this study. Many providers in Nevada report having been exposed to the virus in their workplace. These providers have experienced varying degrees of PPE availability and COVID-19 exposure, however, regardless of the variability, a majority agree that providers should reserve the right to refuse seeing patients if not provided adequate PPE. Furthermore, regardless of exposure, a majority agree that providers should not be held liable for COVID-19 patient abandonment due to inadequate PPE (see **Figure 6**).

These results pose numerous questions on the legality and ethics of providers being subjected to a direct threat of infection in order to care for patients. According to the Equal Employment Opportunity Commission (EEOC), a direct threat is defined as "a significant risk of substantial harm to the health or safety of the individual or others that cannot be eliminated or reduced by reasonable accommodation[11]." These guidelines are designed for employees with pre-existing health conditions and detail how their employers may not discriminate against them and should act in their best interest and safety. This leaves room for interpretation on how the law should be applied when the direct threat is being posed as a result of doing the job itself due to unsafe work environments because PPE is not provided. While it holds true that providers agreed to help patients as part of their job description, they did not agree to do so under these unsafe conditions.

It is this work's goal to initiate conversation on the legal and ethical constructs that currently exist in guiding healthcare providers during a pandemic when PPE is lacking. The current guidelines raise ambiguity that must be addressed. Potential legislation could be proposed to mandate workplace administration to provide the necessary PPE. Further research should be conducted on this topic as information is extremely scarce. The survey used in this study could be modified to include suggestions from providers on how to properly address the current PPE shortage. Additionally, the survey should be cast outside Nevada and across the U.S. to provide a larger sample size for more accurate representation of the nationwide issue.

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