

Covid-19: Nursing and Health Ethics

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Abstract

Ethics is important in health care and so it is as well in care administered. Public health, medical, and nursing services' care for the ill, such as those exposed to viruses, and to contagious diseases. Multiple agencies are part of the determinations to implement services. These agencies make recommendations using protocols and control practices for the best effect on health outcomes. This Covid-19 pandemic virus dilemma is a virus that has affected communities with harm to populations. In this scenario vaccines became available for treatment of the Covid-19 pandemic. Health agencies advised vaccines to be available to control Covid-19 occurrences. Thus, steps went forward with pharmaceuticals companies to proceed with vaccination options and to treat and control episodes of the virus. According to the pharmaceutical agencies protocols and applications of vaccinations were challenged to meet the roll out goals. These vaccination programs were implemented for the good of all, based on goals to protect and control risk.

Vaccinations like medications requires approval from the Food and Drug Administration (FDA). Yet, the high risk of demise due to the Covid-19 pandemic and its rapid occurrences, and with illnesses escalating, government and agencies reviewed options for vaccine recommendations. These agencies were aware of the high numbers of episodes for contacting the virus. FDA guidelines were initially unable to study or complete protocols to approve. Experimental and clinical research began, and agencies needed time to test the product according to procedures. This was weighted and vaccinations began even without evidence of protocols with findings. The goal was to provide protection of the populations; thus was an ethical dilemma. Once agencies presented concerns and issues were noted regarding risk, actions began to contain Covid-19 with vaccines. This paper provides general ethics information to apply retrospective ethical issues in this pandemic.

Keywords: Covid-19; Health Ethics; Food and Drug Administration (FDA)

Ethics, who are using these concepts today? Right from wrong, do no harm, these examples are our nursing gold post and offer applications that assist us in healthcare decision-making. For example, what approaches, based on choices, are we applying in patient care. And are we sure our judgements and applications are fair to all patients, or are we adding restrictions and demands placed on the whole, without considering other smaller or vulnerable groups. Must we comply to larger societal demands – even if all interests or approaches are not considered. The practice of ethics and its results affect the multitude of those receiving choice outcomes. The guidance of ethical concepts is important to apply to all situations, particularly to those dilemmas in life such as healthcare decisions.

When well-being is the aim of those whom we serve, we must apply actions based on a framework, of which ethics provides. The use of consistent approaches that identify human needs, decisions, and tactics must be equal to all. Therefore, in life's challenges, the questions and answers related to choices, behaviors, and effects on life outcomes require ethical considerations. Outcomes, such as having a surgery,

going to the store, walking versus driving, and staying safe is largely based on decisions we make. And who resolves its challenges, in such instances as the Covid-19 pandemic, can significantly change lives.

Those carrying important titles, such as healthcare entities, and governmental groups all too often demand patient care behaviors, resulting in, choices affecting our health, and our family's health. Do ethical considerations enter these demands, particularly when others are overlooked or not considered in the development of healthcare policies? How are we sure what to do for safety concerns? The Covid-19 pandemic is impacting the well-being and mental health of many in larger society, in vulnerable populations and among health care workers. Do we look at numbers, risk factors, Federal Food and Drug Administration (FDA) vaccine approvals, and thus become realistic partners in comparison to facts, and decisions? As we have been taught ethics should be unchanging in practice. Yet, Covid -19 does raise ethical questions.

The topic of this paper is to address Covid-19 restrictions that have placed upon all in our society resulting in potential unethical outcomes. We hope to open the ethics conversation by presenting the thoughts of some authors on the topic. This article reviews ethics in a summary of the literature that mentions or raises issues involved in the provision of healthcare in the era of Covid-19.

Ethics

As we look back over the past and current year of Covid-19 and gaze forward, we are challenged to evaluate our application of ethical positions in response to the Covid-19 pandemic. Groups receiving vaccination were started in 2020 and are continuing currently in 2021. The administration agencies such as the Centers for Disease Control and Prevention (CDC) have formed their policies on the vaccine, administrations based largely on age groups at risk. First, with an approach starting with 65-year-olds, and greater (those deemed at higher risk), was followed by policies to make decisions based upon vaccines availabilities. The FDA had not approved the Covid-19 vaccines until after its widespread administration to groups within the United States (U.S.). Vaccines undergoing review and approval were the are reviewing Pfizer and Maderno safety products. Drug companies are now seeking distribution to adolescents with at-risk conditions. Other international agencies are testing vaccines while administrating the vaccines to its population. It is best to consider choice as an ethical component as well, since all age groups have challenges, health possible risk, and beliefs that effect their choices to receive vaccines. Many individuals have comorbidities that challenge recovery even after receiving a vaccination and therefore the realm of ethics is necessary to recommend vaccinations. In review ethics authors we can base application and recommendations. According to the Rich (2018) ethics are a systematic approach in doing what is good, bad, or admiral, and we must determine how to achieve safety, using the guidance of ethic theories [1].

Ethical behaviors are a necessary critique of our leadership and is essential to learn how we met the criteria from ethics. Are we doing the right approach as we progress? To begin this assessment, we start with a review of ethical theories and concepts. Our hope is to add to the canvas of decisions that have rocked the U.S.A. population in response and behaviors related to Covid-19. The first step is to peel the theory definitions and approaches that are available in literature. Ethical theories have been viewed by ancient civilizations and current theorist. Thus, the outcomes can be evaluated based on philosophy, decision-making in judicial law approaches, and as reflected in review of literature [2,3]. The ethical theories are 1) Consequentialism, 2) Deontologist. 3) Rights ethics, and 4) Intuitionism. The terms used by physicians, nurses, lawyers, and other professionals in ethical decisions and in practice include: 1) Autonomy, 2) Nonmaleficence, 3) Beneficence, 4) Justice (a) formal or (b) material 5)-Informed consent, 6) Paternalism and 7) Rights [2,3].

Theories related to ethics must be defined and understood to prepare services with understanding of those we serve. Ethics is defined as the following terms to assist in the thoughts and decision processes needed to serve our communities [2,3].

Consequentialism: Consequentialism is a theory based that we ask ourselves We address consequential results based on choices to "act or not;" Evaluates the advantages or disadvantages which brings the greater good "What should I do?" Decision is based on applying these questions.

Deontologist: Has to do with duty, reviewing our duty and obligations and responsibilities.

Rights: Evaluate rights and morals and a person's rights, "moral claims centrality and individual's rights".

Intuitivism: Respect a person intuitive decision and "know what is right or wrong".

Autonomy: individual right to decide have liberty that is personal (two elements important is ability to capacity to deliberate an action, and ability to look at alternatives and choices with an action plan).

Nonmaleficence: A responsibility to do no harm, long standing – this is long time medical ethic not to harm based on obligation.

Beneficence: Indicates we have a "duty" to help others, without hurting the individual or ourselves.

Justice: Allocation of resources based on just standards, two principles are formal and material e.g. allocations, looks at efforts and attempts.

Informed consent: A person must understand and value implications with acknowledgement and the person must be competent agree with the service related to the inform consent. Thus, the healthcare representative is to ensure the person truly understands the consent to maintain and ethical standard.

Dilemma on choice and education of population

Over the past year the U. S. has been challenged with ethical positions ranging from choices for vaccination to management of Covid-19. Such aspects of ethics as intuitivism, rights, nonmaleficence, and autonomy in decisions is related to choices such as work, or not work, wearing mask, or not, or staying home and survive with unemployment versus employment. These challenges have spurred challenges in decisions, self-care management, and dilemmas in citizens in the U.S. and around the world. For example, people are less comfort to go to work, shop, or speak to others in person for fear of making a wrong decision. The questions that we must consider are have we lost the option to decide for choices or have we lost this option? Are we now controlled, or was this a temporary for the greater good? Will we able resolve this confrontation with policies or are they here to stay? Primary decisions in states and communities have taken away many choices, thus, resulting in changes in options we have for decisions. Responsibilities of the (CDC), National Institute of Health (NIH), and private agencies seem to have had differences in creating policies of healthcare decisions during this Covid-19 era. Therefore, this outcome has led to children not in school and adults seeking work -related questions. What opinions on approaches are deemed a choice in practice? According to Persad and Emanuel [4] countries Chile, Germany, and the United Kingdom (UK) have issued certifications to individuals to track receipt of the Covid-19 vaccines. This method of tracking allows individuals to participate in viable employment since immunity can be confirmed. The U.S. also has provided forms to recipients who have received vaccinations useful for tracking and for work-related situations. These records can be shown to employers, physicians who care for a patient, and for people to achieve confirmation that workers can be assigned work. According to the authors immunity-based forms can provide liberty to choose to return and to activities and work.

Conclusion

Currently, articles that address the approaches for vaccinations point to the support of national agencies and the reporting of vaccination given to date. . APHA has identified variances between selected vaccines given to higher income individuals rather than the poor, lower income or less fluent. The availability of vaccines and vaccine distribution services has influenced the distribution of the vaccines. However, while mainstream notices have discrepancies on vaccine availability (AHPH), the distribution of the vaccine is not parallel to the availability [5].

Ethicists have offered opinions on distribution and raised quota comparisons between populations.

Specific information on availability and distribution is still being evaluated. Many journals are addressing the variances related to vaccination and confirming the Advisory Committees on Immunization Practices (ACIP) (references). As evidence is sought on safety and recommendations for Covid-19 vaccinations, we must aim to accomplish fairness using these ethical principles to ensure availability of vaccine and transparency as a measure. Shannon [3] addressed to determine practice requires actions that protect and do no harm.

The rationale to move forward with vaccinations on all age groups is possible yet the questions and ethics must be considered. For example, is it essential? Will it do harm? The current data has shown effectiveness of vaccines in adults, yet testing should comply with risk and identify those that are vulnerable. According to a Gallup survey, a total of 4735 individuals participated, 2730 (1474 men [54.1%]; mean [SD] age, 59.2 [14.5] year and the results reported differences on availability to receive vaccinations [6]. Education related to Covid-19 across populations educators and health organizations need to use risk and benefit explanations. And if feasible and individuals understand the risk then thus information should be and continued to be provided to all people. Considerations based on beliefs, needs, and risk considered must be part of the equation [7]. We must continue to seek fairness in distribution and assistance to all levels of our populations in relationship to educate on need for or not need for vaccines or wearing of mask (CDC 2021). However, we must assist persons based on ethical behaviors and protection of self and others [3].

Moving forward we need to ensure the Covid-19 vaccines are appropriate based on age groups, respect individuals' choices, and provide education. Those who have received the vaccines still require more support with education. The vaccine rationale is essential "to do what is right" and we must promote individual's knowledge on the vaccine rationale. Concerns or fears must be respected and understand the variances of choices. Education must reflect understanding in differences in groups and clearly explain the risk with or without receiving the vaccine. Public health and all health workers must be sensitive and provide teaching regarding the various groups' needs and maintain ethical responsibilities. For example: ensuring service, education, and methods to monitor vaccines outcomes. As healthcare agents we must respect individuals' choices, age, language, and cultures sensitivities. Finally, when recommending and applying vaccinations we must consider ethics and beliefs, amongst the diversified groups, as well as populations served.

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