

THE INTERNATIONAL JOURNAL OF HUMANITIES & SOCIAL STUDIES

Ethical Dilemmas for Health Workers in the Period of Covid-19: Kenya's Experience

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Abstract:

Ethics is a system of moral principles. They affect how people make decisions and lead their lives. Adilemma situation in which a difficult choice has to be made between two different things. Health care workers have a duty to care for their patients as well as their colleagues, families and the community. This duo responsibility is faced with tough challenges which the health care workers have to make decisions about. These challenges range from their profession, the environment they are working in and the patients. In Kenya, the first person to test positive for COVID-19 was reported on 13th March 2020. COVID -19 is a highly infectious disease that is known to spread very fast than the capacity of the health care system in Kenya can absorb. These two major characteristics (highly infectious and fast spreading) poses ethical dilemmas for the health care workers who are on the frontline in its management. Tough decisions such as whether to treat of not for fear of infection, which patient should be given priority against others, whether to disclose patients' information and resources allocation have to be made. The health care workers have to strike a balance between their professional code of conduct and the Ministry of Health guidelines in the management of the pandemic. The objective of this paper was to discuss the ethical dilemmas facing health care workers in Kenya in the wake of Corona Virus Pandemic. While there are many ethical issues in health care service delivery, this study focused on four areas: professional responsibility, prioritizing of screening and testing, confidentiality and allocation of resources. The study employed a desktop approach where secondary information was searched from books, journals articles and online sources. The study established that health care workers in Kenya are guided by codes of conduct for the different ranks in the health care delivery system. While it is the duty of the healthcare workers to manage the patients under their care, the study stabled that with COVID-19 and its nature, there are certain conditions to be fulfilled such as availability of appropriate personal protective equipment. The study also established that the status of persons testing positive for COVID-19 was disclosed due to public interest. The study also notes that there exists a criterion for prioritizing screening and testing for COVID- 19. Availability of resources, both soft and hard resources was noted to be a great challenge. Kenya health care system lacks critical care equipment such as ICU beds, oxygen and ventilators. In conclusion the many challenging ethical, social, economic and legal issues around the management of COVID-19 Pandemic in Kenya invites decision and policy makers and the entire society to re-examine the fundamental assumptions and foundation in the country's current health care system. This is because COVID-19 Pandemic has caused a 'new normal' and to fit in this new dispensation Kenya needs to re-engineer and intervene in her health care system.

Keywords: COVID-19, health care workers, ethical dilemma, pandemic, corona virus

1. Introduction

Health care workers (HCWs) have equal obligations to both self and to patients. The obligations can conflict during pandemics since the health care workers must continually care for critically ill infectious patients, often under circumstances including insufficient or inadequate resources and uncontained contagion. At such times HCWs must decide how much care they can provide to others while also taking care of themselves and their loved ones. There may be times when they must make a choice based on moral grounds in order to maintain professional integrity. They must be supported in these heart- wrenching decisions by the systems in which they provide care and by society. This care is challenged when the nature of work puts the health care workers at increased risk due to scarce resources where supplies of such items as personal protective equipment may be inadequate. This paper envisages an in-depth discussion of these ethical dilemmas that health workers are faced with in the management of Covid pandemic.

According to Centre for Control of Diseases (2020), COVID-19, the global pandemic is extremely infectious and easily contagious. From droplet and contact it spreads. This pandemic has a number of ethical issues. The incubation period of Covid-19 is 2-14 days.

Adams & Walls (2020) opined a three tier best practices: First, hand hygiene, surface decontamination; social distancing of 2m or 6 feet, secondly, use of face masks for patient's separation of patients in well-ventilated space with 6 ft distance until isolation room available; and three: recommendations for healthcare workers in contact with infected individuals (Adams et. al 2020).

2. Code of Ethics for Health Workers

The word ethics is derived from the Greek term *ethos* which means customs, habitual usage, conduct, and character. Basic ethical concepts that are relevant for HCWs include rights, autonomy, beneficence, non-maleficence, justice and fidelity. These form the basic principles of health care ethics when evaluating the merits and difficulties of medical procedures. Autonomy requires that the patient have autonomy of thought, intention, and action when making decisions regarding health care procedures. Therefore, the decision-making process must be free of coercion or coaxing. In order for a patient to make a fully informed decision, she/he must understand all risks and benefits of the procedure and the likelihood of success. Justice requires that procedures uphold the spirit of existing laws and are fair to all players involved. The health care provider must consider four main areas when evaluating justice: fair distribution of scarce resources, competing needs, rights and obligations, and potential conflicts with established legislation. Beneficence on the other hand requires that the procedure be provided with the intent of doing good for the patient involved. It demands that health care providers develop and maintain skills and knowledge, continually update training, consider individual circumstances of all patients, and strive for net benefit. Non-maleficence requires that a procedure does not harm the patient involved or others in society (Ruderman et. al 2006). On the basis of social contract, HCWs are legitimized by society (Ruderman et. al 2006).

In Kenya healthcare practice is regulated by various bodies. For example, the Standards of nursing practice are regulated by National council of Nursing in Kenya which was established under Chapter 257 of the Laws of Kenya. In addition, there are professional codes of ethics that are derived from the International Council of Nurses principles. The code of ethics stipulates the obligation of the nurse to the patient, colleagues and community (International Council for Nurses 2012). However, according to Ruderman et. al (2006), the guidelines as observed together with other professional codes of ethics are not specific on the nurses' obligation to themselves in disaster or infectious disease pandemic

3. COVID-19 pandemic and Ethics

COVID-19 is an infectious disease pandemic that is spreading more rapidly than healthcare resources can handle. The ethical issues of the pandemic, therefore, represent an intersection of the ethical problems of a contagious and highly morbid disease with the ethical concepts widely used in directing allocation of scarce resources (Bernat 2008). This virus can live on plastic & metal for up to 72 hours. For elder people and people with co-morbidities, the risk is high. It is an ethical duty to all health care workers to provide symptom management to all (Downar&Seccareccia, 2010). Simon & Abdool (2006) highlighted the medical, social, and legal challenges.

4. Analysis of Ethical Dilemmas

The number of COVID-19 cases are increasing day by day. While HCWs around the world are trying to save patients, where this number is greater than the medical care available. This raises important ethical questions. Such questions include; who should get treated first; distribution of inadequate health resources to realize distributive justice. These ethical dilemmas are making decision makers, to re-examine the essential assumptions and foundations of our current healthcare system. (Rosenbaum 2020).

5. Professional Responsibilities of Healthcare Workers

Due to highly infectious nature, the healthcare workers are faced with a dilemma while taking care for the patients. The right on the part of the HCW to reject to treat a COVID-19 positive patient, and the professional duty to treat the patient, creates conflicts (Angoff 1991). Tegtmeier (1990) who opines that physicians should not be expected to expose themselves to risk that approaches suicide. According to Centers for Disease Control (2020) there is some degree of inherent risk when providing care to any patient. By entering the learned profession of medicine, the ethical obligations of all its members (Kramer, Brown and Kopar 2020) should be taken care of. In Kenya HCWs are on the frontline in the management of COVID-19 Pandemic. Speaking to Health Business, the President of the National Nurses Association of Kenya, Mr. Obengo indicated that the increasing deaths and cases due to coronavirus was weakening the working capacity of nurses, with recognition that the healthcare workers were working in shifts and others in isolation (Health Business 2020). Mr. Obengo called on the national and county governments to move with speed and ensure that health care workers welfare was addressed urgently. This he noted should be done through urgent provision of adequate quality personal protective equipment, proper training on managing COVID-19, adequate psychosocial support and the employment of additional healthcare workers in all the 47 counties. This comes in the wake when WHO (2020) warned that the threat posed by COVID -19 to health workers across Africa saying that more than 10,000 healthcare workers in 40 countries had been infected by end of July 2020. This means that, while health care workers in Kenya acknowledge their duty to treat COVID -19 patients, this can only be done when appropriate environment is created for them in order to protect them, their workmates and their family members.

6. Patients' Confidentiality

Being a highly infectious and fast spreading, COVID -19 Pandemic has challenged prioritizing of patient confidentiality. The question of how to report COVID-19 positive cases to the public and to hospital members therefore arises. According to Gostin (2006) Health Care workers have an ethical duty to maintain patient confidentiality. Kramer, Brown and Kopar (2020) inspire hospitals to advise its workers of the COVID-19 positive status of patients to protect the already challenged staff.

According to The Kenya National Patients' Rights Charter (2013), patients' rights to confidentiality shall be upheld except where consent has been expressly given or disclosure is allowed by law in the public interest. This confidentiality shall be maintained even after a patient's death. This principle has been applied where the status of persons suffering from COVID -19 has been disclosed in public interest. This has been made easier because even patients themselves have come out to declare their positive status. Declaration of such acts as a warning to prevent further spread of the disease. The Ministry of health in Kenya releases, on a daily basis the status of COVID-19 infection, deaths and recoveries and their distribution across the country. This puts the population on a daily alert on the need to observe the laid down protocols of containing the disease. For example, the Press Statement for 15th November 2020 by the National Emergency Response Committee on Corona Virus indicated that 972 people tested positive for the virus from a sample size of 6,648. Further 352 patients recovered and 20 patients succumbed to the disease. Such updates give the government an opportunity to review the existing containment measures. In the Press Statement, the Chairman of the committee indicates the need to review among other issues the rise in positive cases, the existing containment measures and issues affecting the health care workers country wide (National Emergency Response Committee on Corona Virus November 15, 2020).

7. Prioritizing Screening and Testing for COVID-19

According to Wynia (2006) triage is the action of prioritizing medical treatment and management of patients, based on a rapid diagnosis and prognosis for each patient, taking into account available resources, medical needs, and capabilities. Triage can pose an ethical dilemma because there may be limited resources in relation to a large number of persons in need of treatment. Some may even question whether triage is ethical. Screening and testing represent an ethical dilemma as long as the number of tests is limited. The dilemma here is who should be screened and, of those screened, who should be screened first.

Management of COVID -19 is complex because there is no full understanding of how it spreads, the number of available test kits is limited and that in order to obtain reliable results each person has to be tested multiple times. According to Wynia (2006) Patients who can be saved and whose lives are in immediate danger should be treated first. Kramer et. al (2020) recommend that patients who cannot be saved are not treated. According to the Ministry of Health (2020), in Kenya Lab testing for COVID-19 is critical to tracking the virus, understanding its epidemiology, informing case management and breaking the chain of transmission. The Ministry acknowledge that the number of individuals testing positive continues to increase and the existing capacities are unable to match the demand for testing. The demand for a balanced cost-effective testing strategy necessitates employment of a well targeted structure escalation of testing that generates information to be used for evidence-based response activities. Testing should focus on the early identification of transmission chain in order to contain the pandemic and in order to initiate appropriate mitigation measure to reduce mortality and protect vulnerable populations. Testing priorities should therefore focus on people who pose a public health risk. The Ministry therefore focuses on testing symptomatic individuals, their close contacts and groups posing highest risk of infection spread.

Testing criteria is aimed at informing specific public health interventions; ensuring optimal care for hospitalized patients and reducing risk of health care-associated infection; ensuring those at a higher risk for severe disease are rapidly identified and triaged; and identifying individuals in communities experiencing high numbers of COVID-19 hospitalization to decrease community spread and ensure the health of critical infrastructure workers. In order to facilitate such measures, including case investigation, contact tracing, hospitalization, home-based care and focused or localized social distancing, the Ministry of Health in Kenya has identified various people who have been targeted and prioritized for testing. These include; all individuals meeting the Ministry of Health case definition (suspect, probable, confirmed or contact) a definitive diagnosis will be required for purpose of focused management; all individuals presenting to a health facility with symptoms of upper or lower respiratory tract infection; all health care workers who meet case definition or who present with symptoms of respiratory infection; all health care workers who have been in contact with a COVID-19 patient without appropriate personal protective equipment; all close household contacts of confirmed cases; all trans-border and long distant truck drivers due to their movement across geographical locations; all prison inmates; and in settings with community transmission, contacts who are at risk of developing severe diseases and vulnerable populations who will require hospitalization and advanced care for COVID-19 (Ministry of Health 2020).

Further, mass testing is conducted as part of public health response. This includes requests from interested groups, travelers, or as part of targeted mass testing campaign in hot spots basing on epidemiological analysis. For example, as a precondition for the re-opening of the economy, the Government of Kenya placed COVID-19 testing as a conditionality for re-opening of restaurants and eateries (Ministry of Health 2020).

8. Allocation of Scarce Resources

A proper planning should be there to allocate scarce resources (Kramer et. al, 2020). Nonfinite scarce resources can be resupplied (Angell 1983). Many allocation strategies like first come first served format, maximizing total benefits are helpful (Scheunemann and White 2011). There is extreme demand arising for ICU beds, ventilators, and access to testing. (Emanuel, Persad, Upshur, et al. 2020). Many countries in Africa have fewer than 30 critical care beds to cover the entire population (Murthy, Leligdowicz and Adhikari 2015). This is in agreement with Tsai, Jacobson and Jha (2020) who argue that epidemics present a challenge to health systems because they cause an acute increase in the demand for health services. A critical aspect of a country response to an epidemic, according to Cavallo, Donoho & Forman (2020) is the health system surge capacity. This the capacity to absorb and accommodate the acute increase in the demand of health care services. Health system surge capacity for COVID-19 entails both hard and soft elements. Hard elements include

infrastructure, health workforce and health care commodities. On the other hand, soft elements include response coordination, logistics for needed supplies, protocols and guidelines for prevention, mitigation, and containment, effective communication

Mahase (2020) asserts that there are major PPE shortages in high-income countries and it is likely that limited supplies will be allocated to less resourced countries. These scarce PPE resources need to be appropriately used and distributed equitably across the globe—yet hoarding, misuse, intense competition between and within countries, price gouging, and export blocks are threatening to become the norm. Without international support, any reserves of PPE in hospitals are likely to be rapidly depleted in African countries and new supplies will be very difficult to secure (Hopman, Allegranzi, Mehtar 2020).

Kramer et.al (2020) recommend that treatment decisions will be based on resource allocation. Following already established standards of care should conserve resources. Secondly, the adopted protocol should be followed systematically. Thirdly, the protocols be regularly reviewed.

A report on 'Covid-19 Pandemic: Kenya's Experience' shows that one of the challenges in the Management of Covid-19 Pandemic is shortage of Commodities and Supplies which include shortage of PPE in the local and international markets, and shortage of diagnostic reagents locally and internationally. To overcome this, Dr. Mwangangi opines that sustained investment in epidemic preparedness is crucial for the seamless response to any outbreak and that Community engagement and involvement during both preparedness and response phases is paramount in the control of the outbreak.

According to Yatch 2020, if large numbers of Kenya were to get very sick and start flooding into hospital and health care facilities, the Kenya's health care facilities will undergo a severe stress test. The health system could be overrun in a very short period of time. Yatch alleges that surge capacity management is one of the country's biggest weakness, particularly at a time when their shortages of health workers and weak supply chain management system. To her, the national and county governments have spent very little on health care, choosing to focus on capital expenditure where there is something for them 'to eat'. She exclaims that even in the course of the pandemic, HCWs are being appreciated by word of mouth but are not protected, risking spreading this to patients, co-workers, families as well as the public. According to Barasa, Ouma and Okiro (2020) the capacity of Kenyan hospitals to absorb increase in caseload due to COVID-19 is constrained by the unavailability of oxygen, with only 58% of hospital beds with oxygen supply. They also note that there is a substantial variation in hospital bed surge capacity across the 47 counties. For example, only 22 out of 47 counties have at least 1 ICU unit.

9. Conclusion

Health Care workers' duty in the context of delivery of quality health care services is complex with varying dynamics, environment and expectations. COVID-19 Pandemic poses major challenges to health care workers not just in Kenya but in the whole world. The rate of spread of COVID-19 is alarming and this calls for collective efforts between the government, healthcare workers and communities to contain the diseases. No known cure for COVID-19 currently exists. Continuous research, improvement of health care capacities in terms of training and increased infrastructure, together with strict observance of the laid down protocols of infection prevention are the avenues through which a country will survive the pandemic. The many challenging ethical, social, economic and legal issues around the management of COVID-19 Pandemic in Kenya invites decision and policy makers and the entire society to re-examine the fundamental assumptions and foundation in the country's current health care system. COVID-19 Pandemic has caused a 'new normal' and to fit in this new dispensation Kenya needs to re-engineer and intervene in her health care system.

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