



PREVENTING INFECTION BUT UNSETTLING LIVES

Team:

Dr Lucy Frith (PI) and Dr Caroline Redhead (The University of Manchester)
Dr Anna Chiumento (University of Liverpool)
Professor Heather Draper and Dr Paul B Baines (University of Warwick)
Professor Sara Fovargue (Lancaster University)

Project title: When pandemic and everyday ethics collide: NHS Reset Ethics

Summary of the research

We have explored with **healthcare decision-makers** how **ethical considerations** informed the initial 'reset' of healthcare services. We have spoken to **patients** who received care during the pandemic about their experiences of accessing, navigating, and receiving healthcare, and we have spoken to **healthcare professionals** about how working practices mandated by infection prevention measures have caused (and continue to catalyse) **moral distress and injury**.

Imagine, for example, having to deny a new mother access to her sick newborn because the rules around self-isolation are inflexible, even where she has tested negative for COVID-19. Imagine relaxing the rules to permit her access *only when her baby is dying*. Situations such as these are arising across the health service, causing significant distress for healthcare providers, patients, and families.

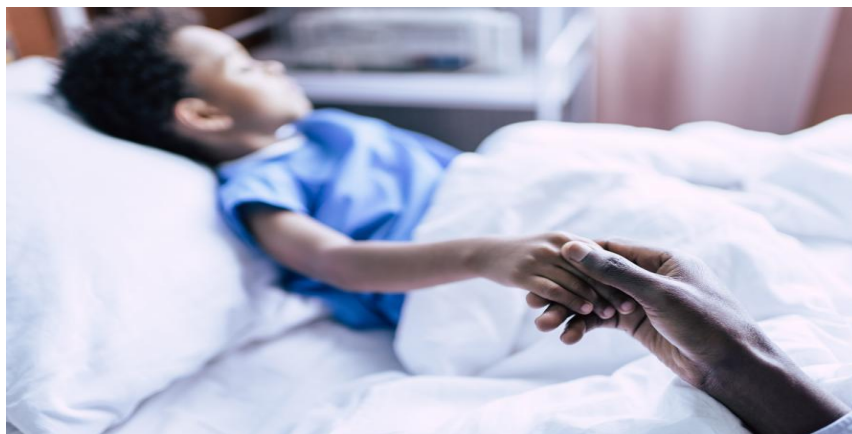
We urgently need to 'reset' infection prevention measures to allow for **care** – for families but, crucially, for health**carers**, who will otherwise not survive the pandemic.

Policy recommendations

- **Healthcare staff require an ethical framework tailored to the unique 'reset' period to balance usual healthcare alongside pandemic management.** This is not an abstract, academic 'nice to have', but an essential means of supporting staff with difficult day-to-day decision-making. Such a framework must allow for the prioritisation of relational, values-based care over infection prevention measures. To facilitate this, healthcare policy, and hospital leadership teams, must set a context that describes, permits, and supports the exercise of *professional authority* where a 'resetting' of the rules is required
- **Transparency as to what, and how, values underpin decision-making** is essential to support healthcare decision-makers, healthcare professionals, patients, and patients' families during a pandemic.
- **Managing public awareness of the continuing crisis Covid-19 is causing for routine healthcare is crucial.** Mandating mask wearing in public spaces again would be a simple first step, along with clarity as to the extent of the challenges the NHS faces. 'Good enough' care is likely to be all that is currently achievable, and even that may be beyond the best efforts of healthcare professionals. The benchmark cannot be 'usual' care, or healthcare professionals will be set up for daily demoralisation and distress.

Key findings

- Healthcare professionals have lacked structured ethical support in managing the unique public health/clinical ethics tensions characterising the reset phase. Refusing to allow exceptions to strict infection prevention measures risks moral damage to healthcare professionals as well as trauma to patients and their families.
- Treatment delivered in accordance with infection prevention measures can largely attain ‘functional equivalence’, but these measures make it difficult for healthcare professionals to offer treatment that feels *caring*. This goes against their deeply held personal and professional values, and opens the door to moral distress and moral injury.
- The usual mental health, wellbeing and ‘moral distress’ support and coping mechanisms are not helping healthcare professionals manage.
- The vaccination roll-out has not been the anticipated light at the end of the Covid-19 tunnel.
- There is a damaging disconnect between the ongoing crisis in the NHS and the lifting of restrictions across society.



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Further information

Reset Ethics website: <https://www.liverpool.ac.uk/law/research/research-projects/reset-ethics/>

Contact details

Dr Lucy Frith (PI): lucy.frith@manchester.ac.uk

Dr Caroline Redhead: c.a.b.redhead@liverpool.ac.uk