

Ethical Framework for Decision-Making for Midwives during the COVID-19 Pandemic

Introduction

The COVID-19 pandemic has resulted in many challenging situations where complex decisions may feel like unresolvable moral dilemmas. Some examples of complex decision-making during a pandemic that midwives may face involve:

- Allocation of scarce resources (e.g. personal protective equipment or the availability of midwives)
- Restricting individual client choices (e.g. limiting in-person client contact as a means of social distancing or to allow for midwives to care for a greater number of people)
- Putting themselves or others at risk of infection.

Midwives in some of these situations may feel like they know what the “right” decision to make is, however circumstances may make it difficult or impossible to enact that decision, resulting in moral distress¹. This document was created specifically to help midwives navigate complex ethical decision-making and alleviate moral distress.

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Clinical ethics principles

[Ethics](#) is about making “right” or “good” choices and the reasons that we give for our choices and actions. It addresses the question “What **should** we do and why?” [Principlism](#) is a practical approach to working through ethical dilemmas that is widely taught in health care. This approach

¹ Moral distress is the stress that “[occurs when one \[believes one\] knows the right thing to do, but institutional or other constraints make it difficult to pursue the desired course of action](#)”(1).

is not aligned with any one ethical theory and is based on clinical ethics principles that are widely accepted within western society.

These **clinical ethics principles** are:

Beneficence	Do good, act for the benefit of others.
Non-maleficence	Avoid causing unnecessary harm.
Autonomy	Respect the rights of persons to make the best decision for themselves within informed choice (assuming capacity).
Justice	Respect the rights of persons to make the best decision for themselves within informed choice (assuming capacity).

Adapted from (2)

The application of these and other ethical principles take place within the context of caring relationships where midwives are focused on the needs of their individual clients while balancing their own self-care.

However, during a pandemic, midwives must expand their considerations in decision-making beyond balancing the needs of their clients and their own needs to include the greater community. Clinical decision-making is often be done quickly and frequently without complete evidence-based information and amidst rapidly changing circumstances. Ethically correct decisions for care may become suddenly impractical or impossible, and health care providers may be faced with determining the least objectionable decision.

This presents a difficult paradigm shift for many health care providers. It is to be expected that mistakes will be made and decisions will need to be reexamined and revised. Decision-making in these circumstances requires both generosity and forgiveness while moving forward in dealing with the crisis. In pandemic conditions, a broader set of values should be explicitly included in decision-making.

Values and principles to consider in **pandemic**

Beneficence	Maintain highest quality of safe and effective care within resource constraints by: <ul style="list-style-type: none"> • Providing regular care whenever possible. • Minimizing pain and suffering of individuals. • Using risk mitigation strategies.
Stewardship	Use available resources (e.g. personnel, personal protective equipment, medications) carefully and responsibly by: <ul style="list-style-type: none"> • Following best available evidence. • Prioritizing use based on urgency and severity of risk and need. • Monitoring use of resources and correct distribution based on changing evidence and increase/decrease of resources. • Postponing non-urgent use of resources or use alternative means of service.

Solidarity	<p>Recognize and acknowledge our shared goals of survival, safety and security, our interdependency, shared vulnerability and our relationship to one another by:</p> <ul style="list-style-type: none"> • Building, preserving and strengthening relationships between midwives, between practices, with other HCPs, institutions and larger community. • Embracing a shared commitment to maximizing well-being of all. • Establishing, encouraging and enabling open lines of communication and coordination among MWs, other HCPs, institutions and our community.
Trust	<p>Foster and maintain confidence amongst midwives, practice group, clients, other HCPs and institution by:</p> <ul style="list-style-type: none"> • Communicating in a clear and timely fashion. • Evaluating processes, responses, and adjusting appropriately to changing evidence.
Duty to Care	<p>Innate to all health care providers' work is the duty to care and relieve suffering.</p> <p>Health care providers have a social contract to provide care, a positive obligation because:</p> <ul style="list-style-type: none"> • They have skills and abilities that the general public do not have and have freely chosen to become health care providers knowing that there are risks in their chosen profession. <p>Midwives will have to weigh demands of their professional role and their personal values against other competing obligations to their own health, and to their family and friends.</p> <p>All health care providers will face significant challenges related to resource allocation, scope of practice, professional liability, and workplace conditions.</p>
Reciprocity	<p>Recognition that midwives are in relationships with other midwives, with clients and with other care providers and that respect, care and protection is owed to all.</p> <p>From a societal perspective: health care providers (and their families), the vulnerable and the historically marginalized bear a disproportionate burden in protecting the public good. Society should take steps to minimize these burdens (e.g. personal protective equipment, access to vaccines and treatments) as much as possible.</p>
Equity	<p>Distribute the burdens and benefits justly by:</p> <ul style="list-style-type: none"> • Ensuring burdens are not borne disproportionately by individual midwives, clients, practices, institutions or those who are vulnerable or historically marginalized. • Using allocation processes for distribution of benefits that do not arbitrarily disadvantage anyone in particular. • Not discriminating between persons based on factors not relevant to the situation (e.g. special treatment for the famous). • Considering risk level of individuals and communities when making decisions (e.g. people of colour, vulnerable populations and those with co-morbidities are at higher risk of harm).

Utility	Maximize the greatest possible good for the greatest possible number of individuals by considering impact of individual and practice decisions.
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Adapted from (3-7)

Goals of an ethical framework

- Provides a clear process for informed decision-making.
- Increases accountability to stakeholders.
- Increases openness and transparency.
- Is responsive to changes in information, feedback and circumstances.

Using an ethical framework allows for a structured approach to working through a problem by evaluating relevant considerations, identifying who will be impacted and identifying values and feelings in potential solutions. Ultimately, ethical frameworks are helpful for making complex decisions in practice.

Ethical decision-making framework for midwives

This framework has been adapted from the IDEA framework for ethical decision-making developed by Trillium Health Partner, with inspiration from the Markkula centre for applied ethics framework, McDonald's ethics Shareware (8-10) and other scholarly work from the field of feminist bioethics.

1. Identify the problem and potential solutions

What is the situation or the problem? [Describe problem]

What is the ethical issue? What part of this situation or problem is causing moral distress?
[Identify ethical issue]

What are potential solutions to the problem? [List possible options/solutions]

2. For every proposed solution, work through the table below.

OPTION 1: [insert possible solution here]

Stakeholders	Who does the decision impact and how? (e.g. individual midwives, practice group, hospital, clients, larger community) [insert stakeholders]
Values that support this solution	[insert <u>values</u> to support solution]
Values against this solution	[insert <u>values</u> that are against this solution]
Expected benefits	[list expected benefits]
Expected harm	[list expected harms]
Harm mitigation that may be implemented	[list harm mitigation solutions for possible solution]
Evidence for	[list what evidence is available to support this solution]
Evidence against	[list what evidence is available that does not support this solution]
Emotions this solution elicits²	[list emotions that arise]
Other issues to consider	[list what else ought to be considered with this solution]

Questions to ask about this solution:

Does this maximize overall benefit? Does it minimize harm? Is it equitable? What if everyone did this? Can we live with this decision? Is this our best option?

[Add notes from reflective questions about solution]

² Ethical decision-making requires identification and acknowledgement of our emotions, including fear. Being aware of emotions permits a more rational, critical analysis of the issues at hand and may also give us insight on the values that are most important (to us personally) regarding the issue at hand.

3. Review analysis for all proposed solutions, make a decision

Make a decision, apply it, and learn from it, then re-evaluate based on new evidence and feedback from those involved.

When making difficult decisions, all midwives in a midwifery practice group (as well as other stakeholders, as applicable and feasible) should be involved in decision-making so that individual midwives are not obliged to make difficult decisions on a case by case basis. In fast moving or crisis situations, there may not be time to consult all involved stakeholders.. Ideally decisions will be reviewed following a period of implementation and revised as needed. However, it may be that individual midwives need to make on the spot decisions and thinking through with this framework can be helpful. During pandemic times a decision that “feels good” may not ultimately be possible. Midwives should attempt to accept the difficulty of the current conditions and make the “best” possible decision under these circumstances.

Even in the event that all midwives are not able to reach consensus about the “best” possible solution, working through the issues with the help of a framework can make explicit which aspect of the decision-making resulted in disagreement. The practice can commit to reviewing the decision following a trial period or upon the emergence of new evidence that might impact the decision made. If further support is needed in working through a practice conflict, midwives may access [AOM On-Call](#).

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