APA’s Ethics Committee invites members to seek advice on ethical dilemmas they face in practice. The Ethics Committee continues to receive questions related to ethical practice during the COVID-19 pandemic. Below are responses to questions we have recently received. If you have an ethics question, please submit your question to apaethics@psych.org and the APA Ethics Committee will answer it. Please do not submit questions related to the facts of any actual or pending ethics complaints.

QUESTION 1:
When we use unfamiliar technologies (e.g. telehealth technologies) to provide treatment during COVID-19, what considerations should psychiatrist be aware of to ensure disruptions of care are minimized?

ANSWER:
The availability of technology is incredibly helpful during this public health crisis as it allows psychiatrists and patients to continue treatment while apart because of physical distancing. While using these technologies, psychiatrists have an ongoing ethical responsibility to maintain patient confidentiality and proper therapeutic boundaries. Psychiatrists should inform patients that there may be limits to confidentiality given the risks inherent to the use of internet that would not necessarily exist for an in-person session and establish the expectations of the changed treatment relationship by informing patients that telehealth sessions are treatment sessions in the course of care and will be billed as such.

If a psychiatrist encounters a patient who expresses a preference to be seen in person even when physical distancing recommendations are in place, the psychiatrist may try to work with the patient to make them more comfortable with the use of technology, including by informing the patient that it is in his/her/their best interest to avoid environments (such as the psychiatrist’s office building) that could increase one’s chances of contracting or disseminating the infectious disease. All psychiatrists have a duty to think about the greater good given the present circumstances of the COVID-19 global pandemic. It is worth noting that reliance on technology to provide remote treatment at this time is not a matter of convenience or personal preference on the part of the psychiatrist, but instead is motivated by the responsibility to care for individual patients while also contributing to life-saving physical distancing measures to flatten the curve and minimize contagion. In these circumstances, the individual preference of the patient cannot alone justify departure from the public health responsibilities of the psychiatrist. However, where an urgent or emergent clinical situation exists, psychiatrists should, similarly, be aware that exigency may require in-person assessment and/ or treatment and that principles of competent care and ethics both require that the psychiatrist provide or arrange for this care notwithstanding public health concerns, with adequate personal protections in place to decrease the risk of contracting or disseminating infection during the encounter.
QUESTION 2:
How much personal risk are psychiatrists expected to take while attending to the treatment of patients during the COVID-19 crisis and what extra duties might psychiatrists have in this environment?

ANSWER:
Historically during times of epidemic, there has been an expectation that physicians, because they are specially trained and equipped, have obligations to serve the public good, even beyond the expectations of other professions. Such obligations, however, fall along a spectrum depending upon one’s skill, position, and the protections afforded the individual physician. While an individual may opt to or need to limit their actions to minimize their own personal risk and/or to protect their family, an organization (such as a healthcare facility or state health department) has an obligation to provide physicians to step in and take those risks to ensure that adequate care will be provided and to provide the personal protective equipment to the staff so that care can be safely given.

Ethical dilemmas arise when there are multiple ethical responsibilities that stand in tension with each other. During this pandemic, treating psychiatrists have competing obligations to their patients, to themselves and their families, and to the public good. Similarly, physicians have responsibility for public health efforts, but at the same time must acknowledge that the health systems in which they are asked to serve are held accountable while making decisions under conditions of uncertainty. This is why contingency plans may be required when equipment is in short supply. Organizations and governments that call upon physicians to serve in times of public health emergencies for the care of patients and promotion of public health have a reciprocal responsibility to provide protection (including Personal Protective Equipment) for physicians to allow them to provide care as safely as possible. In other words, this accountability on the part of governments and health systems for adequate safety measures is a necessary condition.

That being said, as during the current COVID-19 pandemic, actual conditions and protections may deviate from the ideal during times of public health emergencies. These are very difficult issues being faced at a very difficult time for humanity. When determining the appropriate resolution of professional ethical dilemmas, it is important to maintain humility – while psychiatrists can and should think through how to balance competing responsibilities in any individual case, they also must recognize that often the answer is not clear and it will always depend on the circumstances of each individual case. Psychiatrists should be aware of the both the risks of service and of recusal from service in light of medicine’s responsibilities to the public good as a healing profession. There are no simple answers and psychiatrists are encouraged to seek consultation with colleagues and ethics resources to navigate these challenging times. Please see response to Question 4 regarding practice outside of your normal area of expertise.

QUESTION 3:
I work at a state inpatient hospital where patients are 4 per room and all are elderly. The hospital has adopted an isolation policy for incoming patients due to COVID-19 but has otherwise not implemented physical distancing measures (for example there is still communal dining). I have complained to
management, but I remain concerned that if one patient infected with COVID-19 comes into the facility it will wipe out the entire unit. What are my ethical obligations?

ANSWER:
This question starkly illustrates that providing necessary medical care in conditions of crisis and scarcity is an incredible challenge. The options available to the individual psychiatrist in the circumstances presented are limited. Certainly, within a system of care, the individual has an ongoing responsibility to advocate for change and ensure adequate care for patients. See, e.g. APA Commentary on Ethics in Practice, Topic 3.4.1 (“In increasingly complex systems of care, treating psychiatrists will encounter situations in which the primacy of individual patient care competes with other compelling interests and obligations. Psychiatrists in any system of care, whether or not they are providing clinical care to individual patients, maintain responsibility to patient interests and commitment to promoting organizational ethics supportive of individual patient care and care of patients more generally”). The psychiatrist, therefore, should continue to advocate to management and those with the ability to change procedures to make appropriate changes in accordance with public health directives for the COVID-19 pandemic. In addition, when the psychiatrist can implement steps that would increase physical distancing or otherwise follow the recommendations of public health officials, he/she/they should do so. At the same time, the option of refusing to provide care at this facility or pursuing the closure of this type of unit at a state hospital is not a result that would likely lead to improvement of the psychiatric care of individual patients (as no alternative exists) or the public health overall. Given this extreme scenario, the individual psychiatrist must determine what steps can realistically be taken that improve compliance with public health guidance while maintaining the availability of needed medical care.

In addition to strongly advocating for patients, the psychiatrist should also engage in creative measures to protect patients however possible. For example, in situations where physical distancing is not feasible, the psychiatrist may be able to implement other available measures that contribute to primary prevention of infection and early detection of cases such as: (i) quarantining new arrivals to the unit for 14 days; (ii) providing masks for all patients in community areas; (iii) monitoring vital signs (including temperature and respiratory symptoms) for all patients; (iv) testing of all new admittees to the unit when possible; and/or promptly quarantining patients with symptoms and isolating confirmed contacts. Also, there should be strict screening of staff using both a questionnaire and temperature check to prevent staff from introducing infection to the unit.

Psychiatrists may experience personal moral injury in response to acts that violate their personal moral code and/or professional norms. While it may be useful to think about the larger context of the public mission and the very stark context humanity finds itself in now that is so different from our normal way of life, psychiatrists should also be aware of resources for self-care, emotional, and spiritual support.

QUESTION 4:
In a public health emergency like COVID-19, is it ethical to practice outside my normal area of competence?
ANSWER:
Several competing interests are brought up by this question: (1) the responsibility of physicians as a profession to serve the public good and community at large during a public health crisis; (2) the responsibility to practice competently and not unnecessarily expose patients to risk; and (3) the possibility of personal liability if a physician practices outside his/her/their usual scope or environment when harms as well as benefits may occur.

Each individual psychiatrist, when confronted with the possibility of practicing outside of their usual practice area, must think first about what he/she/they are sufficiently competent to do and whether he/she/they can become competent to do more with supervision and training.

Psychiatrists are trained as physicians. One’s competence to step into a general medical unit may depend upon the time elapsed since medical school and internship, the degree to which the physician has kept current in general medicine through education and practice experience, the ability to be part of a team with other physicians and to hone skills that have not been recently used, and the training and supervision available to enable you to step in in a manner that will be helpful outside of your area of expertise. Ultimately, individual physicians remain responsible to resist if they are asked to practice medicine in a manner for which they lack competence, have no ability to become competent quickly, and therefore could not provide adequate care. The physician principle to avoid harm always applies. Individual psychiatrists must not allow themselves to be pressed into actions that, because of the physician’s lack of competence, are reasonably likely to cause harm to patients. Appropriate training, supervision, and provision of appropriate Personal Protective Equipment by health systems and governments are important aspects of expecting and allowing psychiatrists and other physicians to competently practice outside of their usual areas of practice.

Psychiatrists who do not believe they can competently assist outside of psychiatry (e.g. staffing medical respiratory clinics or operating ventilators) may nonetheless contribute to the pandemic response in other ways. For example, psychiatrists may provide telepsychiatry to front-line workers and take on some of the patient load of psychiatrists who have stepped into other medical roles. They may also contribute as citizens (for example, by making donations of blood, or donating food to hospital workers or communities particularly impacted by the virus).

States have approached the issue of potential personal medical liability differently. APA is advocating for the passage or expansion of Good Samaritan laws and liability exceptions during the COVID-19 crisis for physicians who in good faith provide care during the epidemic that is outside their established competence or normal area of practice.

APA’s statements and guidance on the deployment of psychiatrists during this epidemic addresses many of these issues and is consistent with these ethical guidelines.