

VHA National Center for Ethics in Health Care  
Ebola Ethics Planning and Response  
**Guidance Document EVDEthics 2**  
November 13, 2014

*The VHA National Center for Ethics in Health Care (NCEHC) has developed the following guidance to assist VA medical facilities in Ebola Virus Disease (EVD) ethics planning and response. The NCEHC is available to address specific questions or concerns about ethical issues related to EVD. Please contact us at [vhaethics@va.gov](mailto:vhaethics@va.gov).*

**QUESTION 2. Do VA health care providers and staff have a duty to provide care for patients with EBV even at some risk to themselves? If so:**

- **What are the justifiable exceptions to this duty?**
- **What are the reciprocal obligations of VA to health care providers and staff to enable them fulfill this duty?**

**KEY POINTS – See detailed guidance following these key points**

1. The codes of ethics of all health care professionals include a duty to provide care to patients even at some risk to themselves. In VHA, staff who are not clinicians also have a duty as VA employees to contribute to the mission of VHA in supporting the delivery of health care services.
2. The duty to provide or support the provision of care is strong, but is not absolute and has certain justifiable exceptions. Those exceptions become relevant in circumstances when caring for patients imposes a disproportionate risk on the health care providers and staff providing that care.
3. As a health care organization, VA has ethical obligations toward its employees, known as the duty of reciprocity.
4. Excluding any group of health care providers from reasonable duties in support of EVD response should be made on the basis of a fair and consistent decision-making process to specify the limits or exceptions to employees' duty to provide care.
5. Facilities should update their facility work force plan to delineate:
  - The values and ethical principles governing VHA personnel, including the duty to provide care to Veterans and the institution's reciprocal obligation to support and care for the employee during an EVD outbreak.
  - The process for securing volunteers to provide care to patients with EVD.
  - The expectations of employees' responsibilities during an EVD outbreak.
  - A fair and consistent decision-making process that will be used to specify the limits or exceptions to an employee's duty to provide care. (Who may be excused from service, why, and how?)
6. In deciding whether to volunteer to care for patients with Ebola, clinicians and staff should consider their professional role-based obligations as well as other obligations to their own health, to colleagues, friends, and family.

## Detailed Guidance

### **QUESTION 2. Do VA health care providers and staff have a duty to provide care for patients with EBV even at some risk to themselves? If so:**

- **What are the justifiable exceptions to this duty?**
- **What are the reciprocal obligations of VA to health care providers and staff to enable them fulfill this duty?**

The codes of ethics of all health care professionals include a duty to provide care to patients even at some risk to themselves. In VHA, staff who are not clinicians also have a duty as VA employees to contribute to the mission of VHA in supporting the delivery of health care services. The duty to provide or support the provision of care is strong, but is not absolute and has certain justifiable exceptions. Those exceptions become relevant in circumstances when caring for patients imposes a disproportionate risk on the health care providers and staff providing that care.

The experience in West Africa and elsewhere indicates that caring for patients with EVD may involve personal risk to health care providers and others, including the risk of infection or death, burden to their families, and possible quarantine or isolation, if exposed. Caring for patients with EVD may also involve a risk to an entire health care system if first-line providers become ill or die, leaving the health care system without vital resources to treat EVD as well as other illnesses. Caring for patients with EVD may also involve a risk to other patients if providers become infected and then serve as vectors for transmission. To date, the experience in the U.S. has demonstrated that health care providers' exposure can be mitigated by the proper use of personal protective equipment (PPE), that actions can be taken to ensure that an exposed or infected health care provider will not transmit the virus to others, and that an infected health care provider has a good chance of clearing the virus.

In its [Framework for Ebola Preparedness and Response \(October 16, 2014\)](#), VA leadership is initially asking health care providers and staff to indicate their willingness to volunteer for Ebola Response Teams at Tier 1 VAMCs. VA has also issued guidance on the [Use of Telework or Authorized Absence in Cases of Suspected Exposure to Ebola](#), and is committed to providing PPE and training for its proper use. Those health care professionals and staff who volunteer out of a sense of altruism, compassion, or duty personify the highest values of the VA and their professions. In deciding whether to volunteer to care for patients with Ebola, clinicians and staff should consider their professional role-based obligations as well as other obligations to their own health, to colleagues, friends, and family.

As a health care organization, VA has ethical obligations toward its employees, known as the duty of reciprocity. VA is committed to supporting employees who would bear a larger burden of risk in caring for patients with EVD by reducing the risk of exposure as much as possible through PPE and training in its proper use, maintaining as physically safe and secure a work environment as possible, organizing and delivering care consistent with the best evidence available, and allowing flexibilities such as telework and authorized absence for any employee who is asked to be isolated or quarantined.

Should the public health situation evolve to a point where there are not adequate volunteers to care for patients with EVD, VA is committed to ensuring that principles of solidarity and a transparent, fair process will be utilized to assign appropriately trained and qualified employees to work with patients with EVD. Excluding any group of health care providers from reasonable duties in support of EVD response should be made on the basis of a fair and consistent decision-making process to specify the limits or exceptions to employees' duty to provide care.

## **Recommendations:**

1. Facilities should update their facility work force plan to delineate:
  - The values and ethical principles governing VHA personnel, including the duty to provide care to Veterans and the institution's reciprocal obligation to support and care for the employee during an EVD outbreak.
  - The process for securing volunteers to provide care to patients with EVD.
  - The expectations of employees' responsibilities during an EVD outbreak.
  - The ways in which the facility will:
    - Safeguard employees (e.g., security, building and infrastructure safety).
    - Mitigate occupational risk (e.g., protective equipment and vaccines).
    - Clarify for stricken staff and their families available institutional care and support for those who become ill with EVD.
    - Assist employees in meeting competing obligations (e.g., family care).
    - Support potentially exposed staff who are asked to be isolated or quarantined (e.g., telework and authorized absence)
  - A fair and consistent decision-making process that will be used to specify the limits or exceptions to an employee's duty to provide care. (Who may be excused from service, why, and how?) Exceptions might include, but are not limited to:
    - An employee with a health status (pregnancy or immunosuppression) that may put them at additional risk if they contracted EVD.
    - An employee who is a parent and whose spouse/partner is also required to work during a public health disaster.
    - An employee who is the sole provider for care of elderly, disabled or chronically ill persons.
    - An employee who is a single parent of young children.
    - An employee who has not yet received appropriate training in the use of PPE

- An employee who has not yet received appropriate training to perform the assigned duties required.

2. In deciding whether to volunteer to care for patients with Ebola, clinicians and staff should consider their professional role-based obligations as well as other obligations to their own health, to colleagues, friends, and family. Practical questions to ask are:

- What do I need to have in place to commit to working extra hours, if needed?
- Do I have the physical and psychological fitness to wear full PPE for long periods of time?
- Do I have back up at home to care for dependents, pets, etc. if I was exposed and needed to be under quarantine or in isolation?



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