

Moral Medical Decision-Making: Colliding Sacred Values in Response to COVID-19 Pandemic

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In responding to the 2019 novel coronavirus (COVID-19), health-care workers have been exposed to a range of traumatic experiences, including the management of ventilators; provision of treatment; and issues with access to and the use of personal protective equipment. In this commentary, we use recent research on military decision-making to outline the damaging psychological effects of experiences that violate deeply held values.

Keywords: moral injury, COVID-19, medical decision-making, morally injurious experiences, health care

The size and spread of the 2019 novel coronavirus (COVID-19) has placed an unprecedented burden on health-care systems across the world. These unique circumstances have created an environment in which doctors may have to choose who among their patients lives and who dies. Other equally traumatic experiences include the management of visitation and communication with family members when patients are deemed to be at the end of life. In addition, they may experience a lack of access to personal protective equipment.

Doctors in Italy have already been forced to make such moral choices (Mounk, 2020). In a *New York Times* article published in April 2020, six doctors at five of the major city hospitals said they were worried they would soon have to make painful decisions regarding who should come off life-saving ventilators (Goldstein, Rothfeld, & Weiser, 2020). The Italian College of Anesthesia, Analgesia, Resuscitation, and Intensive Care published guidelines for the criteria that doctors and nurses should follow in terms of deciding who gets life-saving treatment (Vergano et al., 2020). The guidance from the British Medical Association (BMA) on supporting doctors' ethical decision-making during the COVID-19 pandemic warns that the resulting clinical demands likely to be posed will inevitably require doctors to *make extremely difficult choices* about how they provide care to patients (BMA, 2020).

The BMA specifically states, "Although doctors would likely find these decisions difficult, if there is radically reduced capacity,

to meet all serious health needs, it is both lawful and ethical for a doctor, following appropriate prioritisation policies, to refuse someone potentially life-saving treatment where someone else has a higher priority for the available treatment. These are grave decisions" (BMA, 2020, p. 7). Furthermore, the BMA acknowledges that "health professionals would find decision-making in these circumstances ethically challenging. Such extreme situations bring about a transformation of doctors' everyday moral intuitions" (p. 7).

These transgressions of doctors' moral intuitions have the potential to serve as a morally injurious event for members of health-care services. Morally injurious events are a separate category of trauma from posttraumatic stress (i.e., being in a firefight, being shot at, or being involved in an improvised explosive device event) and involve witnessing or engaging in acts that transgress one's own morals or beliefs. Moral injury is the lasting emotional, psychological, social, behavioral, and spiritual impact of actions that violate a servicemember's core moral values and behavioral expectations of self or others (Litz et al., 2009). Researchers and therapists studying soldiers are increasing their focus on the psychological harm caused by experiences that deal blows to soldiers' moral foundation, damage their sense of right and wrong, and leave them with traumatic grief (e.g., Nash & Litz, 2013; Shay, 2014).

The consensus is that although moral injuries aren't always evident, nor do they have visible scars, they are painful and enduring (Drescher, Nieuwsma, & Swales, 2013). Exposure to morally injurious events is linked to a range of cognitive and emotional consequences, including social withdrawal, alienation, self-sabotaging behaviors (e.g., substance use, criminal behavior), intrusions of thought, avoidance, demoralization, and spiritual distress (Litz et al., 2009; Wortmann et al., 2017). Emerging empirical research has found that exposure to morally injurious events among servicemembers was linked to increased suicidal ideation, posttraumatic stress disorder (PTSD) symptoms, anger and aggression, depression, hopelessness, guilt, self-blame, and alcohol misuse (see, e.g., Bryan, Bryan, Ray-Sannerud, Etienne, & Morrow, 2014; Bryan et al., 2016; Dennis et al., 2017; Dohren-

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wend, Yager, Wall, & Adams, 2013; Kline, Weiner, Interian, Shcherbakov, & St. Hill, 2016; Litz, Lebowitz, Gray, & Nash, 2017; Nash & Litz, 2013; Wilk, Quartana, Clarke-Walper, Kok, & Riviere, 2015; Wisco et al., 2017). Other negative outcomes also include impairments in occupational and social or relationship functioning and spiritual or existential conflicts or deficits (see Yeterian et al., 2019 for a review).

A central aspect of moral injury is the witnessing or engaging in actions that transgress deeply held values. Those who study decision-making in high-uncertainty environments have drawn a strong link between difficult decisions and the value systems of the decision-maker (Shortland & Alison, 2020). Specifically, decisions that involve trade-offs against values that are held as “sacred” (i.e., protected and “infinitely more important than others” Baron & Spranca, 1997, p. 2) are immensely difficult for the decision-maker. Neuroscience research has even shown that forcing people to make decisions that violate sacred values causes activation in areas of the brain associated with the *vividness* of a felt experience and that sacred value violations activated limbic regions associated with a strong emotional focus (Duc, Hanselmann, Boesiger, & Tanner, 2013). Those who study decision-making in soldiers have specifically drawn an association between making decisions that involve a violation of sacred values and the likelihood of experiencing moral injury (Shortland, Alison, & Moran, 2019). Thus, by presenting doctors with decisions that require them to sacrifice on a sacred value (“do no harm”), the experiences faced in response to COVID-19 represent a clear value transgression and thus manifest a morally injurious event.

Moral injury is a new construct, and despite requiring further theoretical development (Frankfurt & Frazier, 2016), it has been helpful in explaining the presence of life-threatening psychological distress in veterans. As the “war” against COVID-19 continues, those on the frontlines could be forced to make life-altering moral decisions that require them to violate values that are held as sacred in the medical profession. It is imperative that psychologists are aware of the significant trauma that decisions and experiences that violate deeply held moral beliefs about an individual’s role in this world can have on the person and that what is, and has, been learned about moral injury in military psychology is used proactively to assist in the recovery and reintegration of health-care staff following the COVID-19 pandemic.

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