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Ethical Dilemmas Faced by Nurses During Epidemic Crises

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Abstract

Epidemic crises, historically exemplified by events such as the Black Death, cholera outbreaks, and more recently, the HIV/AIDS epidemic, Ebola, and COVID-19, present complex ethical challenges for nurses. These crises often amplify ethical dilemmas inherent in nursing practice, demanding nuanced decision-making to balance the competing needs of individual patients, healthcare systems, and public health goals. Nurses have long been at the forefront of public health crises, acting as both caregivers and ethical decision-makers during epidemic outbreaks. This literature review explores the multifaceted dilemmas nurses face during such crises, including the conflict between duty of care and personal safety, resource allocation, patient autonomy versus public health mandates, confidentiality, and equity in care. These ethical tensions often result from systemic constraints, such as inadequate personal protective equipment (PPE) and unclear triage protocols, leading to moral distress and professional burnout. This review emphasizes the importance of institutional frameworks, professional ethical codes, and targeted training to support nurses in navigating these dilemmas. It also highlights the need for systemic reforms to ensure equitable healthcare delivery and reinforce ethical resilience among nursing professionals during epidemic crises. By synthesizing insights from historical and contemporary contexts, this review underscores the enduring relevance of ethical preparedness in enhancing the nursing response to global health emergencies.

Keywords

Nurses, Epidemic crises, Personal safety, Resource allocation, Patient autonomy, Nursing ethics, and Equity in healthcare

Introduction

Historically, epidemic crises such as the Black Death in the 14th century (Bauch &Schenk, 2019) and the cholera outbreaks of the 19th century (Tulchinsky, 2018) forced caregivers to confront moral questions about resource allocation and personal safety. Nurses, often seen as the last line of defense, grappled with whether to prioritize patient care over their own well-being, particularly during crises with high mortality rates. These early dilemmas mirrored societal expectations and religious obligations, as caregiving was often tied to moral virtue and self-sacrifice (Venkat et al., 2015). In the 20th century, the HIV/AIDS epidemic posed novel ethical challenges for nurses, particularly around stigmatization and the balance between public health and patient rights. Nurses had to navigate the precarious line between protecting themselves and advocating for the rights of a marginalized patient population. Ethical issues such as confidentiality, informed consent, and equitable care became central during this period (Herrick & Smith, 1989). The lessons learned

during the AIDS crisis informed later responses to epidemic outbreaks like Ebola and COVID-19. More recently, the COVID-19 pandemic has reignited discussions around the ethical dilemmas faced by nurses. During this crisis, nurses encountered severe shortages of personal protective equipment (PPE), leading to moral questions about their duty to care under unsafe conditions. These challenges were compounded by the need to allocate scarce medical resources equitably and navigate restrictions on patient autonomy due to isolation protocols (Alloubani et al., 2021). Ethical dilemmas during epidemics also extend beyond resource allocation and personal safety. Nurses must often mediate between institutional policies and individual patient care needs. For instance, during the Ebola outbreak, nurses were tasked with implementing strict infection control measures, which occasionally conflicted with their ethical obligation to provide compassionate care (Rasmussen & Dambrino, 2021).

Addressing these ethical dilemmas requires structured frameworks and support systems. The introduction of professional codes of ethics, such as the American Nurses Association (ANA) Code of Ethics, has provided guidance for navigating complex moral situations. These frameworks emphasize principles like justice, beneficence, and non-maleficence, enabling nurses to make decisions grounded in ethical theory (Haddad & Geiger, 2018). Moreover, education and training programs have been developed to better prepare nurses for the ethical challenges of epidemic crises. These programs focus on infection control, risk assessment, and ethical decision-making, ensuring that nurses are equipped with the knowledge and skills to navigate these dilemmas effectively (Goni-Fuste et al., 2020). The systematic review by Choi and Kim (2018) on ethical dilemmas during disease outbreaks suggests that training healthcare workers to manage stigmatization and ethical conflicts enhances their ability to address such dilemmas (Choi & Kim, 2018). Institutional support also plays a critical role in addressing ethical dilemmas. Hospitals and healthcare organizations must provide adequate resources, mental health support, and transparent policies to enable nurses to fulfill their roles without compromising their ethical principles. For instance, during the COVID-19 pandemic, organizational preparedness significantly influenced nurses' willingness to work under crisis conditions (Goniewicz et al., 2023).

The aim of this literature review is to explore and analyze the ethical dilemmas faced by nurses during epidemic crises. It seeks to identify the key challenges, including conflicts between professional duty and personal safety, resource allocation, patient autonomy, confidentiality, and equity in care. By synthesizing historical and contemporary perspectives, the review aims to provide insights into the systemic, institutional, and individual factors that influence nurses' ethical decision-making during health emergencies.

1. Duty of Care versus Personal Risk

The duty to care is a cornerstone of nursing ethics, but pandemics intensify the risk and moral conflicts involved. Nurses often work without adequate personal protective equipment (PPE), forcing them to decide whether to continue caring for patients despite personal danger. Studies during the COVID-19 pandemic highlight that this lack of PPE created significant ethical stress for nurses, who feared endangering their families and colleagues while fulfilling professional obligations (McDougall et al., 2021; Rasmussen & Dambrino, 2021). These circumstances underscore the need for robust institutional support to safeguard nurses' safety while maintaining care standards. Emotional and psychological distress also emerge as significant consequences of this ethical challenge. Nurses experience high levels of anxiety about contracting and transmitting diseases to their families. For example, a qualitative study revealed that nurses feared unknowingly spreading COVID-19 to their loved ones, which contributed to emotional strain and moral distress (Moore et al., 2022). The cumulative burden of these ethical conflicts often leads to burnout,

compassion fatigue, and even post-traumatic stress disorder, as highlighted by studies on previous outbreaks like SARS and Ebola (Purabdollah & Ghasempour, 2020).

Similarly, the Ebola outbreak in West Africa (2014-2016) presented nurses with profound ethical challenges, particularly regarding the limits of their professional duty. Ebola is a highly contagious and often fatal disease, with a mortality rate of up to 90% in some cases, which placed healthcare workers, especially nurses, at exceptional risk of infection (Kadanali et al., 2015). As the largest group of frontline caregivers, nurses were required to provide close and continuous care to severely ill patients, often in resource-limited settings with inadequate personal protective equipment (PPE). This raised ethical questions about the extent to which nurses were obligated to expose themselves to such life-threatening risks while fulfilling their professional roles (Doshi et al., 2022). During the outbreak, many nurses experienced moral distress as they weighed their duty to care against the potential consequences for their own health and that of their families. The infection and death of numerous healthcare workers—including nurses—underscored the severity of the risks involved. Studies indicate that nearly 50% of Ebola deaths among healthcare workers occurred in resource-constrained environments where protective protocols were insufficient (Rushton, 2015). This situation intensified the ethical debate around whether the obligation to care for patients supersedes the right to self-preservation (Raven et al., 2018). The ethical tension was exacerbated by the lack of adequate institutional support and global preparedness. Nurses were often tasked with working in settings where infection control measures were minimal or ineffective, creating a sense of abandonment by their organizations and governments. The perception of being placed in harm's way without sufficient resources led some nurses to question the fairness of their professional obligations, further complicating the ethical landscape (Dubov et al., 2016). Despite the risks, many nurses displayed remarkable resilience and altruism, driven by a deep sense of moral and professional duty. Cultural factors also played a role; in some contexts, nurses saw their work as a form of communal responsibility, reflecting broader societal values of mutual care. However, others argued that such expectations placed an unreasonable moral burden on healthcare workers, as the absence of sufficient protective measures shifted disproportionate responsibility onto individuals (Chan, 2020).

2. Resource Allocation and Triage Decisions

In addition to emotional strain, resource scarcity compounds the ethical burden. Nurses have reported feeling helpless when forced to make decisions about resource allocation, such as prioritizing patients for limited ventilators or ICU beds. These scenarios present ethical dilemmas that test their professional values and moral integrity. The COVID-19 pandemic, in particular, brought these issues into sharp focus, revealing the complexity of resource allocation decisions and the profound impact on both patients and caregivers (Supady et al., 2021). The allocation of scarce medical resources often forces nurses to make triage decisions that prioritize some patients over others, challenging their ethical commitment to equitable care. For instance, during the COVID-19 pandemic, nurses frequently confronted the ethical question of who should receive life-saving treatments like ventilators when resources were insufficient. A review of nursing challenges noted that such decisions raised profound concerns about fairness and equity, as nurses sought to balance clinical urgency with ethical considerations (Gupta et al., 2024). Similarly, triage protocols based on utilitarian principles, such as maximizing survival, often conflicted with nurses' moral inclinations to provide care to all patients without discrimination (Fiest et al., 2020).

Nurses also grapple with the emotional toll of implementing resource allocation decisions. The act of denying care or choosing between patients can lead to moral distress, particularly when nurses feel unsupported by clear ethical guidelines. In one study, nurses reported significant

psychological strain from triage decisions during the pandemic, with many expressing a sense of helplessness when unable to provide optimal care to every patient (Palacios-Ceña et al., 2022). This distress is compounded in environments where resource limitations are stark and institutional policies are inadequate or inconsistently applied. The ethical challenges of resource allocation are not new but have been exacerbated by the global scale and intensity of recent pandemics. Historical contexts, such as wartime nursing, highlight similar dilemmas where nurses have had to allocate limited resources under extreme conditions. Studies have found that nurses in such settings often navigate these challenges by relying on ethical principles of justice and fairness while experiencing significant moral conflict (Agazio & Goodman, 2017). These experiences underscore the timeless nature of resource allocation dilemmas in crisis settings.

To address these challenges, healthcare systems must develop and implement transparent and consistent triage protocols that incorporate ethical principles. Studies emphasize the need for frameworks that support decision-making while reducing the emotional burden on nurses. Ethical decision-making models that prioritize transparency and inclusivity can foster trust and alleviate the moral weight of resource allocation (Younes & Irandoost, 2024). Additionally, providing mental health resources and ethical training can help nurses cope with the pressures of triage decisions and reduce the long-term impact on their well-being. According to a study by White and Lo (2020), the lack of clear guidelines during the early stages of the COVID-19 pandemic exacerbated the moral distress experienced by nurses tasked with triage decisions. Historical accounts from the 1918 influenza pandemic also highlight similar dilemmas, as nurses were compelled to prioritize care based on patients' likelihood of survival (Rothstein, 2010).

3. Autonomy vs. Public Health Mandates

Informed consent is a cornerstone of ethical healthcare practice, ensuring that patients understand and agree to medical interventions (Nijhawan et al., 2013). However, during crises like the COVID-19 pandemic, the rapid progression of disease and the necessity of isolation often obstruct the informed consent process. Nurses are integral to maintaining ethical standards in healthcare, but their role becomes more complex when patients' autonomy is compromised (Digby et al., 2023). Studies have shown that nurses encounter significant barriers in obtaining consent, particularly when patients are isolated from their families and unable to consult with trusted decision-makers. Where isolation measures to prevent the spread of infection often limit patients' ability to make autonomous decisions about their care. . Axson et al. (2019) found that nurses play critical roles as communicators and advocates but are often sidelined in institutional protocols, complicating their ability to uphold patient autonomy (Axson et al., 2019).Studies during the SARS epidemic revealed ethical tensions as nurses navigated between enforcing public health measures and respecting individual rights (Tzeng, 2004). These challenges are further complicated in resource-limited settings, where patients may not fully understand the implications of their treatment options. Isolation measures to prevent disease transmission during epidemics further complicate informed consent. Patients often lack access to external support systems, such as family or legal representatives, leading to feelings of disempowerment. Hagopian (2023) proposed shifting from traditional "informed consent" to "empowered consent," which emphasizes human dignity and relational decision-making as a counterbalance to the limitations imposed by isolation protocols (Hagopian, 2023). This approach suggests that nurses' relational expertise can play a critical role in mitigating the ethical challenges associated with autonomy under restrictive circumstances.

The ethical principle of autonomy becomes critically strained when patients are too ill to provide meaningful consent, especially in high-stakes situations requiring urgent decisions. In such cases,

the ability of healthcare providers to uphold autonomy is limited, and the responsibility often falls on nurses to advocate for patients while ensuring ethical practices. In a Turkish study highlighted how nurses act as intermediaries in navigating consent for "difficult patients," including those with cognitive impairments or severe illnesses. They underscored that the pressure to make time-sensitive decisions can overshadow comprehensive ethical deliberations, necessitating structured frameworks to balance urgency with respect for patients' rights (Dimitrova et al., 2019). In addition to this, Axson et al. (2019) found that while nurses play a crucial role as communicators and advocates in informed consent processes, institutional barriers often hinder their ability to fulfill this role. Their study revealed that patients' comprehension of the consent process is linked directly to the quality of nursing involvement. However, a lack of clearly defined roles for nurses within institutional protocols sometimes prevents them from fully supporting patient autonomy (Axson et al., 2019). This further demonstrates the need for institutional strategies that better integrate nurses into the consent process, particularly during emergencies. Moreover, Jørgensen and Kollerup (2021) explored how ethical dilemmas arise in scenarios where nurses must balance respecting autonomy with preventing harm. For instance, when patients lack the capacity to make informed decisions due to severe illness, nurses often find themselves navigating tensions between respecting patients' wishes and ensuring that medical actions align with their best interests. The authors emphasized that professional responsibility and collaborative decision-making frameworks are essential to resolving these dilemmas ethically (Jørgensen & Kollerup, 2022). Finally, Milligan and Jones (2016) provided a critical examination of autonomy, arguing that traditional models often overlook the relational and contextual factors influencing patient decision-making. They contended that a more holistic understanding of autonomy, which incorporates interdependence and trust, could lead to more ethically sensitive healthcare practices. Their study supports the view that nurses, as frontline caregivers, are uniquely positioned to mediate these complex dynamics and ensure that patients' voices are heard, even in crisis scenarios (Milligan & Jones, 2016). To address these dilemmas, institutions must prioritize transparent communication and involve nurses more directly in the informed consent process. Cook (2016) argued that nurses' proximity to patients and their role as advocates uniquely position them to safeguard autonomy and mediate ethical tensions (Cook, 2016). Providing nurses with additional training in ethics and decision-making during epidemics can strengthen their ability to navigate these challenges effectively, ensuring that patients' rights remain protected even in crisis conditions.

4. Confidentiality vs. Public Safety

Confidentiality is a cornerstone of medical ethics, fostering trust between patients and healthcare providers. However, in scenarios involving infectious diseases, such as Ebola, HIV, or COVID-19, the imperative to protect public health may necessitate breaching this confidentiality. This tension places nurses in difficult positions where they must weigh the potential risks of disclosure against the ethical duty to uphold patient privacy. A study by Gaertner et al. (2011) discusses the ethical conflicts healthcare workers face when a patient's condition poses a direct threat to others. The research highlights how the obligation to prioritize public safety may legally compel disclosure in certain jurisdictions. For example, reporting infectious diseases to authorities is often mandated by law, as public health agencies rely on this data to track outbreaks and implement interventions (Gaertner et al., 2011). Similarly, during the Ebola outbreak, the ethical framework adopted by emergency departments in the U.S. underscored the need for transparency to prevent disease spread, even at the cost of patient confidentiality (Venkat et al., 2015). The COVID-19 pandemic further illustrated the critical balance between confidentiality and public safety. Nurses faced moral distress in deciding whether to disclose patient information in contexts like contact

tracing. Fernandez et al. (2020) emphasize that while nurses play a key role in mitigating pandemics, they also bear the psychological burden of ethical decision-making when patient privacy conflicts with community health needs (Fernandez et al., 2020). Similarly, Alloubani et al. (2021) highlight the ethical conflicts nurses face in caring for infectious patients while adhering to both public health mandates and patient rights (Alloubani et al., 2021).

In the context of forensic nursing, several studies explore situations where public safety concerns may override confidentiality. For example, in cases involving sexual assault, nurses may identify risks that necessitate notifying authorities to prevent harm to others. Ethical case models are recommended to guide decisions in these complex scenarios, balancing the patient's rights with community safety needs. Similarly, dilemmas frequently arise in mother-to-child HIV prevention programs, where nurses must decide whether to disclose a mother's HIV status to protect an infant's health, as outlined by Våga et al. (2016). These findings underline the importance of culturally sensitive approaches when dealing with confidentiality-related dilemmas in specific populations. A related study discusses the legal and ethical responsibilities of nurses in ophthalmology, which also has implications for forensic nursing.

Nurses must be familiar with local, national, and institutional laws regarding mandatory reporting. Infectious diseases like tuberculosis or COVID-19 often require reporting to public health authorities to prevent outbreaks. In this situation, the laws of public safety priority require nurses to breach confidentiality, such as in cases of highly contagious diseases or threats of harm to others (Fill et al., 2017). In their study, Gaertner et al. (2011) emphasize that in situations where public safety is endangered, healthcare providers may be legally obligated to disclose information while taking steps to minimize the harm caused by breaching confidentiality (Gaertner et al., 2011). During ethical decision-making, tools like the Four Principles of Biomedical Ethics (autonomy, beneficence, nonmaleficence, and justice) can help evaluate the dilemma (Akdeniz et al., 2021). When unsure, healthcare professionals can seek guidance from institutional ethics boards to review specific cases (Baker et al., 2020). Finally, for minimize harm and protect patient dignity, share Information responsibly. Only disclose the minimum necessary information required to protect public safety. For instance, report an infectious disease without sharing unrelated personal details (Olejarczyk & Young, 2024).

5. Vaccination and Experimental Treatments

Epidemics confront healthcare professionals with unique ethical dilemmas, especially when navigating the use of unproven vaccines or treatments. These situations are fraught with uncertainty about the efficacy, side effects, and societal impacts of untested interventions (Jalilian et al., 2023). Nurses, as frontline caregivers, often grapple with the dual responsibilities of addressing patient concerns and advocating for public health. The decision to use experimental options becomes particularly challenging when patients express skepticism or when resources are scarce, necessitating a balance between individual autonomy and societal benefit. Monrad (2020) highlights the moral challenges of testing new vaccines in epidemic contexts. The study emphasizes the need for balancing public health benefits with the ethical imperative to avoid harm, particularly in vulnerable populations where trial outcomes may disproportionately affect community trust and individual well-being (Monrad, 2020). Similarly, during the Ebola crisis, the WHO endorsed the ethical use of unproven treatments under the "compassionate use" framework. However, this approach raised questions about informed consent and fairness, as noted by Hantel and Olopade (2015), who underscored the need for robust monitoring and equitable distribution of experimental drugs (Hantel & Olopade, 2015). Moreover, administering experimental vaccines often conflicts with the ethical principle of nonmaleficence. Asundi and Bhadelia (2020) argue

that while withholding potentially lifesaving interventions may be unethical in high-mortality outbreaks, offering unproven treatments without adequate safety data poses significant risks. They advocate for stronger preclinical data collection and clear communication with patients to mitigate ethical dilemmas (Asundi & Bhadelia, 2020). These perspectives highlight the importance of preparing ethical frameworks in advance, ensuring that interventions during crises adhere to both scientific rigor and ethical responsibility.

Addressing patient skepticism about experimental treatments requires transparent communication and cultural sensitivity. Rid and Miller (2016) emphasize the ethical challenges in gaining patient trust during outbreaks, especially when offering experimental interventions such as ring vaccination strategies during the Ebola epidemic. Their study illustrates how skepticism can undermine public health efforts and highlights the need for ethically grounded, community-informed approaches to trial design (Rid & Miller, 2016). Effective communication, coupled with involving local stakeholders in decision-making, can help alleviate patient concerns and foster acceptance of experimental treatments. Lastly, prioritization of limited resources, including experimental vaccines, is a recurring ethical dilemma during epidemics. Satalkar et al. (2015) argue that healthcare workers should be prioritized for experimental interventions, as their protection ensures continuity of care and public health response. This approach, however, raises broader questions about equity and justice in resource allocation, necessitating transparent criteria to avoid perceptions of favoritism (Satalkar et al., 2015).

6. Equity in Care

Epidemic crises amplify existing disparities in healthcare systems, creating significant ethical challenges for nurses tasked with providing equitable care. Equity in healthcare is about ensuring fair access to medical services, regardless of socioeconomic background, race, or other vulnerabilities (Williams et al., 2016). During resource-constrained scenarios such as pandemics, prioritizing care while avoiding unconscious biases becomes critical. Nurses play a vital role in identifying and addressing inequities, but this requires balancing limited resources, ethical principles, and systemic barriers (Alanazi et al., 2024). Unconscious bias often influences clinical decision-making, exacerbating disparities during crises. Castillo-Page et al. (2018) explain that unconscious biases, though subtle, can negatively affect provider-patient interactions, perpetuating inequities in treatment outcomes. They advocate for bias mitigation strategies, such as bias-awareness training, to ensure equitable care delivery during high-stress scenarios like pandemics (Castillo-Page et al., 2018). Similarly, Rauf et al. (2022) document how the COVID-19 pandemic exacerbated pre-existing disparities, particularly for older adults, rural populations, and uninsured individuals. The study highlights the need for systemic reforms to address the root causes of inequity (Rauf et al., 2022).

Effective resource allocation during epidemics requires balancing fairness and efficiency. Yin and Büyüktahtakin (2021) propose a multi-stage stochastic programming approach to optimize the equitable distribution of healthcare resources during outbreaks. Their study, focused on the Ebola crisis, demonstrates how allocation models can incorporate equity metrics to minimize disparities, ensuring marginalized populations receive adequate care (Yin & Büyüktahtakin, 2021). Lane et al. (2017) emphasize the importance of defining equity in healthcare policies to guide resource allocation decisions, noting that inconsistent definitions of equity can hinder implementation and exacerbate disparities (Lane et al., 2017). Systemic inequities often intersect with healthcare crises, disproportionately affecting vulnerable groups. Roadevin and Hill (2021) highlight how ethnic minorities in England, already burdened by health disparities, were among the hardest hit during the COVID-19 pandemic due to structural injustices. The authors advocate for integrating equity

into resource allocation frameworks to prevent further marginalization during crises (Roadevin & Hill, 2021). Similarly, Yin and Büyüktahtakin (2021) stress that allocating resources proportionally to population size without considering need is suboptimal and can worsen health inequities (Yin & Büyüktahtakin, 2021).

Conclusion

Despite efforts to address the ethical challenges faced by nurses, significant unresolved issues persist. The tension between personal safety and professional duty remains a contentious topic, especially in resource-limited situations. The ethical dilemmas encountered by nurses during epidemic crises underscore the critical need for continued dialogue, comprehensive policy development, and ongoing research to ensure that nurses are adequately supported in their dual roles as caregivers and moral agents. Institutions should also prioritize the availability of adequate personal protective equipment (PPE), mental health resources, and equitable triage protocols to reduce moral distress and ensure nurses can perform their duties without compromising their safety or ethical integrity. Transparent communication and inclusion of nurses in policy decision-making processes are essential to fostering trust and mitigating ethical conflicts. Additionally, empowering nurses to act as patient advocates in challenging scenarios—such as balancing autonomy with public health mandates or addressing confidentiality concerns—requires defined roles and consistent institutional support.

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