



RESOLUTION: 42(20)

SUBMITTED BY: Florida College of Emergency Physicians  
Ohio Chapter  
Pennsylvania College of Emergency Physicians

SUBJECT: Addressing Ethical Challenges of the COVID-19 Pandemic for Emergency Physicians

PURPOSE: Develop policy statements addressing ethical, safety, and financial challenges faced by emergency physicians during the COVID-19 pandemic and in future medical crises.

FISCAL IMPACT: Budgeted committee and staff resources.

1 WHEREAS, COVID-19 is a global pandemic caused by a virus with easy respiratory droplet transmission and  
2 significant morbidity and mortality; and

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4 WHEREAS, Emergency physicians are on the frontline of responding to the pandemic; and

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6 WHEREAS, There have been many reports of inadequate personal protective equipment (PPE) for emergency  
7 physicians and other emergency department and emergency medical services personnel; and

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9 WHEREAS, There have been emergency physicians and other emergency department and emergency medical  
10 services personnel who have suffered from COVID-19, some of whom have been critically ill or died as a result; and

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12 WHEREAS, Emergency physicians and other emergency department and emergency medical services  
13 personnel are at risk of transmitting COVID-19 to family members and others in close proximity to where they live or  
14 work; and

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16 WHEREAS, Some emergency physicians have had inadequate resources, specifically as relates to critical  
17 care, relative to the patients they encountered during the pandemic; and

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19 WHEREAS, There have been multiple reports of hospitals and other practice entities making disproportionate  
20 and potentially permanent reductions in compensation or benefits beyond the demands of the current emergency and  
21 recovery of the institution; and

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23 WHEREAS, ACEP has put forward policy statements on personal protective equipment as relates to the  
24 COVID-19 pandemic, but has not to date considered whether related policies more broadly applicable in future  
25 pandemics or related events are needed; and

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27 WHEREAS, Future pandemics may cause similar ethical concerns; therefore be it

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29 RESOLVED, That ACEP develop policy statements to address:

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31 1) the implications for emergency physicians of inadequate personal protective equipment;  
32 2) conflicts with hospitals and practice organizations on the use of self-purchased personal protective  
33 equipment;  
34 3) crisis treatment standards; and  
35 4) the proportionality of responses by hospitals and practice organizations toward emergency physicians'  
36 compensation or benefits during times of pandemic illness or other similar events.

## Background

This resolution calls for the College to develop policy statements addressing ethical, safety and financial challenges faced by emergency physicians during the COVID-19 pandemic and in future medical crises.

The novel coronavirus disease (COVID-19) is a global pandemic and continues to spread nationally and internationally. In carrying out their duty to provide medical treatment to patients affected by this dangerous virus, emergency physicians and other emergency medicine personnel have struggled to obtain adequate personal protective equipment (PPE) and other needed resources, specifically as they relate to patient critical care. These inadequate resources have endangered the lives of ACEP members and other medical professionals, their families and the community at large.

Further, as a result of reduced revenue caused by the cancellation of elective procedures in many states and a nationwide decline in emergency department visits, among other factors, hospitals and other practice management groups have reduced pay and benefits for many emergency physicians. [CBS News April 2020](#)

The Board of Directors approved several new policy statements related to the COVID-19 pandemic. ACEP also developed [a number of resources; including topic discussions, webinars, press releases, social media content, and a highly informative resource page](#) to assist emergency physicians with patient care:

- [“Stop the Spread: A Patient Guide to the Novel Coronavirus \(COVID-19\)”](#)
- Recognizing the importance of hospitals in defining roles and determining the level of resources needed to reduce the impact of the virus, the [“National Strategic Plan for Emergency Department Management of Outbreaks of COVID-19”](#) was developed and informs health care personnel, public health, and government officials at all levels about the necessary requirements for successful emergency department management.
- ACEP’s [“Field Guide to COVID-19 Care in the ED”](#) (Field Guide) was created to assist in the pandemic crisis. The Field Guide is a living document that will be updated as new information, guidance, and best practices evolve.
- During this COVID-19 public health crisis, concern of the critical shortage or lack of personal protective equipment (PPE) and other essential medical equipment continued to increase, as it had already endangered the lives of many, including the risk to health care providers. ACEP’s new policy statement [“COVID-19 Personal Protective Equipment \(PPE\) During the Pandemic”](#) addresses the CDC’s recommendation that healthcare personnel in the emergency department (ED) and emergency medical services (EMS) should consider wearing a face mask or surgical mask during an entire shift.
- It is imperative that health care providers receive the necessary resources and equipment critically needed to protect themselves, the health and welfare of their families, and the patients to whom they are providing lifesaving care. ACEP’s policy statement [“COVID-19: Use of Donated or Self-Purchased Personal Protective Equipment \(PPE\)”](#) urges hospitals and other health care facilities to allow physicians to use their donated or self-purchased PPE.
- A joint policy statement [“Care of Patients with Behavioral Health Emergencies and Suspected of Confirmed COVID-19”](#) for care of the behavioral health patient with suspected or confirmed COVID-19 was developed by the American Association for Emergency Psychiatry, ACEP, American Psychiatric Association, Coalition on Psychiatric Emergencies, Crisis Residential Association, and the Emergency Nurses Association.
- To stand up for the emergency physicians and healthcare professionals serving on the frontlines of the COVID-19 pandemic having their livelihoods threatened, ACEP issued a statement [“Now is Not the Time to Reduce Support for Health Care Heroes.”](#)

In 2014, ACEP created and distributed materials addressing the [Ebola virus disease \(EVD\)](#); however, COVID-19 and potential future pandemics will create similar ethical and medical practice concerns requiring policies with a more expansive application.

The Ethics Committee will work on two specific objectives for the 2020-21 committee year regarding COVID-19:

- Identify and develop educational opportunities and materials on ethics issues, including at least three articles for ACEP publications including:
  - Ethical review of the US healthcare system's response to the COVID-19 pandemic and ethical considerations for future pandemics.
- Develop a policy statement on the ethics of national pandemic disaster response.

Fifteen other ACEP committees also have objectives for the 2020-21 committee year to address COVID-19 and future pandemics.

### **ACEP Strategic Plan Reference**

Goal 1 – Improve the Delivery System for Acute Care

Objective C – Promote the value of emergency medicine and emergency physicians as essential components of the health care system.

Objective H – Position ACEP as a leader in emergency preparedness and response.

### **Fiscal Impact**

Budgeted committee and staff resources.

### **Prior Council Action**

None

### **Prior Board Action**

April 2020, approved the policy statement “[Care of Patients with Behavioral Health Emergencies and Suspected or Confirmed COVID-19.](#)”

April 2020, approved the policy statement “[Staffing Models and the Role of the Emergency Department Medical Director.](#)”

March 2020, approved the policy statement “[COVID-19 Personal Protective Equipment \(PPE\) During the Pandemic.](#)”

March 2020, approved the policy statement “[COVID-19: Use of Donated or Self-Purchased Personal Protective Equipment \(PPE\).](#)”

July 2018, reviewed the Policy Resource and Education Paper (PREP) “[Emergency Physician Contractual Relationships.](#)” The PREP is an adjunct to the policy statement “[Emergency Physician Contractual Relationships.](#)”

June 2018, approved the revised policy statement “[Emergency Physician Contractual Relationships;](#)” revised October 2012, January 2006, March 1999, and August 1993 with the current title; originally approved October 1984 titled “Contractual Relationships between Emergency Physicians and Hospitals.” As an adjunct to this policy statement, ACEP has prepared a policy resource education paper (PREP) titled, “[Emergency Physician Contractual Relationships.](#)”

June 2018, reaffirmed the policy statement “[Emergency Medicine Training, Competency, and Professional Practice Principles;](#)” reaffirmed April 2012; revised January 2006; originally approved November 2001.

July 2017, reviewed the Policy Resource and Education Paper (PREP) “[Circadian Rhythms and Shift Work.](#)” The PREP is an adjunct to the policy statement “[Emergency Physician Shift Work.](#)”

June 2017, approved the revised policy statement “[Emergency Physician Shift Work;](#)” revised June 2010 and September 2003; reaffirmed October 1998; originally approved September 1994. As an adjunct to this policy

statement, ACEP has prepared a policy resource education paper (PREP) titled, "[Circadian Rhythms and Shift Work.](#)"

June 2016, approved the revised policy statement "[Personal Protective Equipment Guidelines for Health Care Facility Staff.](#)" reaffirmed October 2009; originally approved August 2003.

April 2016 approved the revised policy statement "[Fair Payment for Emergency Department Services.](#)" originally approved April 2009.

October 2015, approved the revised policy statement "[Emergency Physician Rights and Responsibilities.](#)" revised April 2008 and July 2001; originally approved September 2000.

April 2015, approved the revised policy statement "[Compensation Arrangements for Emergency Physicians.](#)" revised April 2002 and June 1997; reaffirmed October 2008 and April 1992; originally approved June 1988.

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