

North-east COVID-19 observatory: issue 2.

KYDD, A., TEODOROWSKI, P., PAPADATOU, Z., VELO HIGUERAS, M.,
MACLEAN, C. and OZA, R.

2020

This newsletter was originally published via e-mail and has been converted with minor formatting changes to PDF during deposit on OpenAIR.

North-East COVID-19

Observatory

Issue 2—1 June 2020



Welcome

Welcome to our second themed issue regarding COVID-19. The focus is on ethics in research and practice and we have scanned the many resources and upcoming funding calls which can be of help both for practitioners and researchers. The bulletin is available two-weekly and will have a dedicated theme and contain news, professional matters, and relevant professional and light reading. Each issue will have a guest contributor with a specialist interest in the chosen theme. We have a dedicated email address (a.kydd@rgu.ac.uk) for people who would like to request themes or to send in resources that others might find interesting. We also welcome feedback.

Fortnightly Theme: Ethics in Care and Research

Dr Rachel Hardie, Scientific Officer & Regional Manager at North of Scotland Research Ethics Service, shared her thoughts on implying ethical principles at time of COVID-19.



In this time of living and working in a global pandemic, application of ethical principles in our work practices and research is necessary now as at any other time – if not more so, given the pressures applied to decision-making and need to advance research at pace to address the COVID-19 challenge.

Many of these principles (maintaining trust, confidentiality and patient dignity) will be implicit in how we approach our work, but there is value in stepping back to refresh and consider other key principles applicable to practice and research.

- **Autonomy and Informed Consent** – ensuring the capacity of the patient or research subject to make an informed decision without coercion. Informed consent is a key focus of treatment and research; participants have to be armed with full knowledge of what they are being asked to do and the benefits and risks they may be exposed to.
- **Beneficence** – the principle of promoting good. Practices and research must be provided with the intent of doing good for the patients or subjects involved. Beneficence demands that practitioners develop and maintain skills and knowledge, continually update training, consider individual circumstances of all patients, and strive for net benefit.
- **Non-Maleficence** – the principle of avoiding harm to patients or research subjects involved, or others in society. Some practitioners may operate under the assumption that they are doing no harm, or are at least minimising harm by pursuing the greater good. However, the emotional state of the patient may

be impacted negatively. Research is about improving practice/treatment and acceptable risk. It is all in the balance. Just because you can do it, should you do it?

- **Justice** – the idea that the burdens and benefits of practices and research must be distributed equally. Areas to be considered when evaluating justice: fair distribution of resources, competing needs, rights and obligations, and potential conflicts with established legislation.

Often, the concept of ethics and obtaining ethical approval may seem like hurdles to overcome, but guidance and advice through this complex and sensitive area is available. Contact the North of Scotland Research Ethics Service (NoSRES) at nosres@nhs.net for further information.

Policies and Reports

We have reviewed and captured some key policies on COVID-19:

The UK government have issued the [Coronavirus Act 2020](#), which includes specific home countries different approaches. Similarly, the Scottish government issues the [Coronavirus \(Scotland\) Act 2020](#).

The rights of all citizens have to be considered and the UN secretary General has issued a [policy brief on the need to respect the rights and dignity of older people during the COVID-19 pandemic](#).

Age Platform EU have launched an updated version of their [report on human rights concerns around COVID 19 and older persons](#).

Professional Practice Updates

[Health Promotion Focus on COVID-19](#) — The European Public Health Health Association (EUPHA) have published an interesting paper on public health issues and COVID-19 . The paper highlights five discussion points.

[Charter for Bereavement](#) — Scotland launches its first human rights based charter for child and adult bereavement. It contains fifteen statements which describe what the best bereavement care and support should look like. It has been developed to support individuals and communities who struggle with the death of someone they know or someone in their community.

COVID-19 Library

Weekly Recommended Professional Reading

We have selected two papers and collection that you might find interesting and which are related to the theme.

This editorial commends the Scottish Government’s Coronavirus (COVID-19): ethical advice and support framework but seeks national guidance and support for professionals and patients during the crisis.

- [Huxtable, R., 2020. COVID-19: where is the national ethical guidance? BMC Med Ethics 21, 32.](#)

This article is a comprehensive review of healthcare dilemmas faced during the covid-19 crisis and describes the preparedness background to disaster planning for this and other pandemics.

- [Iserson, KV., 2020. Healthcare Ethics During a Pandemic. Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 21\(3\).](#)

The “Journal of Public Health” published a “Public Health Ethics Collection”, edited by Dr Farhang Tahzib. You can find the link [here](#).

Recommended Reading for Pleasure

We have selected an editorial that may be of interest from The International Journal of Qualitative Methods (IJQM):

- [Editorial: Methods in the Time of COVID-19: The Vital Role of Qualitative Inquiries by Michelle Teti, Enid Schatz, Linda Liebenberg](#)

The editors state that qualitative inquiries are the best method for capturing social responses to the COVID-19 pandemic and expand on five essential contributions of qualitative methods during epidemics:

1. People’s health behaviours do not always fit neatly into epidemiologic models. Many different complex psychological, cultural, and social factors limit compliance. These include mistrust in government and a history of use or perception of use of quarantine as a social control mechanism.
2. Vulnerable populations. Vulnerabilities to disease are not just biological but social.
3. Unexpected consequence or surprising outcomes. Qualitative methods are well suited to exploring the reasons that epidemic solutions and strategies work or fail.
4. Medical response experiences. In previous outbreaks similar in nature to COVID-19 (e.g., H1N1, SARS, EVD), qualitative approaches have been key accompaniments to traditional quantitative outbreak investigations in highlighting the needs of medical and other first responders and their interactions with affected communities.
5. Getting community buy-in. Public health solutions and tools are only effective if people use them.

Resources

[COVID-19 Guidance: Ethical Advice and Support Framework](#) - The Scottish Government provides clear decision-making guidance to assess individual cases, and advise on appropriate management and escalation that can help clinicians make difficult clinical decisions. This guidance covers both clinical and moral grounds.

In Germany, a competence network “[Public Health Covid 19](#)” was founded. The ethics working group has published the first of a [series of policy briefs](#).

Funding Calls

Do you have a good idea or innovation related to COVID-19? Many funding bodies introduced specific funding calls to support researchers. Here are a couple of suggestions:

- [Scottish Health Innovations Ltd](#)

A project should improve patient care during the time of COVID-19. Ideas could include a medical device, a piece of technology, software or service offering.

Funding: £25k

Deadline: Open call

- [NHS Grampian and University of Aberdeen Pump Priming Grant](#)

NHS Grampian in partnership with the University of Aberdeen aims to increase local healthcare research. Current clinical research, with exception of exemption studies, is currently targeted at Covid19 research.

We recognise that we will be moving into a period of recovery and resumption of widening scope of healthcare research. Large scale clinical trials need to be supported by secondary research/pilot/feasibility work. To support our healthcare researchers, prepare for external funding post-Covid19, we are offering to pump prime a project which will be in the position to submit a full proposal to external funding bodies within the next 18 months. These must be eligible funding bodies as defined by CSO. Post-Covid19, we anticipate phased changes to current restrictions in the delivery of healthcare and anticipate use of telemedicine and other technologies to support remote delivery of care. Proposals need to demonstrate understanding of such anticipated changes and consider these in recruitment and delivery of the study.

Funding: £12.5k

Deadline: 5pm 15th June

- [UK Research and Innovation](#)

Open for projects of up to 18 months to address the health, social, economic and environmental impacts of the COVID-19. UKRI will support excellent proposals which meet at least one of the following:

- ◆ New research or innovation with a clear impact pathway that has the potential (within the period of the award) to deliver a significant contribution to the understanding of, and response to, the COVID-19 pandemic and its impacts.
- ◆ Supports the manufacture and/or wide scale adoption of an intervention with significant potential.
- ◆ Gathers critical data and resources quickly for future research use.

Funding: Unspecified

Deadline: Open call

- [Medical Research Council](#)

Up to 12 months proposals are sought. All proposals will need to be able to show how progress within the period of award could make a significant contribution to the understanding, prevention and/or management of the COVID-19 outbreak.

Funding: Unspecified

Deadline: Open call

Resuming Research Studies

Professor Maggie Cruikshank, Research and Development Director at NHSG, issued a letter concerning a return to research studies and applying for current research projects

NHS Research Scotland is in discussion with UK colleagues to enable a return to research activity, consistent with the for decision making. There are pre-conditions (safety, capacity and readiness) that must be in place before studies can receive R&D approval to restart.

The underlying principles are that:

1. Research should only restart/start when safe to do so and safety of research participants and personnel is of paramount importance.
2. Government guidance on social distancing, travel and PPE requirements above standard of care needs to be considered.
3. Pace of restart and the commencement of new studies should be commensurate with capacity and readiness within NHS Grampian services.
4. Delivery of research will be dependent on relevant health and care services being 'open for business'.

These are reflected within the local NHS Grampian study exemption request form, sent out on 23rd May and available on the website, which must be completed prior to any study recommencing recruitment. At this time, NHSG R&D are only reviewing requests for exemptions in the following settings:

1. Essential critical care activities where the research takes place at the same time as the clinical care activity or provides an essential treatment not otherwise available. Any follow up visits would need to be done as part of the clinical care visits or virtually.
2. If non-essential services resume and patients are attending for face to face or virtual (Near-me or telephone) clinic appointments. Studies that can recruit/ consent at the clinic visit with all follow up research activity being done as part of clinical care visits or virtually (with appropriate amendment to allow for virtual clinical contact).

In order to facilitate the process of re-opening studies, please send any requests along with the exemption form and your sponsor confirmation to NHS Grampian R&D grampian.randd@nhs.net.

The Editorial Team

We are a small team from the School of Nursing and Midwifery at Robert Gordon University (RGU). Angela Kydd, Clinical Professor in Nursing RGU / NHSG (editor); Piotr Teodorowski, Research Assistant (deputy editor); Dr Zoi Papadatrou, lecturer adult nursing; Maria Velo Higuera, lecturer midwifery; Colin MacLean, librarian; Rahul Oza, Online Learning Developer.

For further information, please contact:

Prof Angela Kydd
a.kydd@rgu.ac.uk

RGU School of Nursing & Midwifery

Ishbel Gordon Building
Robert Gordon University, Garthdee RD,
Aberdeen AB10 7QE