



POSITION STATEMENT

Physician Shielding During A Pandemic

The purpose of this statement is to address ethical considerations and advocate for strategies around 'workplace shielding' for clinically vulnerable anesthesiologists and healthcare teams providing clinical care during a pandemic. The coronavirus disease (COVID-19) pandemic has presented us with many challenges including putting frontline health care workers (HCWs) in harm's way as they provide care. [Shielding](#) refers to the extra level of precaution that can be followed by persons deemed "[extremely clinically vulnerable](#)" to infection from severe acute respiratory syndrome coronavirus (SARS-CoV-2), with protective measures applying to at-risk individuals and to those living with them. 'Shielding by proxy' HCWs are those shielding to protect another adult or child within their own household. 'Extremely clinically vulnerable' HCWs are those who have a specific set of [conditions](#) that elevate their risk for severe illness or death if they develop COVID-19.

While current attention is focused on the direct care of those with COVID-19, there are other co-existing healthcare system needs including resumption of routine surgical care that exist outside of this pandemic. We need to be prudent with all our healthcare resources, including our HCWs to ensure regular health care needs can be met. Recognizing our collective duty to the public good, we must take care to minimize risks to our healthcare teams. There is never a time when a sustainable health system is not required to support our society.

All these measures should be balanced against the safety and protection of those HCWs in lower risk categories, such that protection of all staff is equitable, non-discriminatory and does not interfere with the safe delivery of patient care. Shielding may increase the work burden of colleagues and HCPs in lower risk categories who continue to provide care. It needs to be recognized and acknowledged.

Supporting these recommendations, the [Canadian Anesthesiologists' Society](#) (CAS) recognizes that anesthesiologists have an ethical duty to strive to stay healthy. The [Canadian Medical Association's Code of Ethics](#) states that a physician has "responsibilities to oneself" namely *to promote and maintain one's own health and wellbeing*. The American Society of Anesthesiologists' Guidelines for the [Ethical Practice of Anesthesiology](#) state that *"Anesthesiologists have ethical responsibilities to themselves and that the practice of quality anesthesia care requires that anesthesiologists maintain their physical and mental health and special sensory capabilities"*.

CAS suggests the following ethical framework for strategies and recommendations to support and identify anesthesiologists and HCWs who may require or request shielding:

Recommendations at an Individual Level:

- Anesthesiologists should be aware of the specific health issues that may impact their professional life, health, and wellbeing.
- Anesthesiologists should seek appropriate help if concerned about their own physical, mental, emotional, or special sensory health, and be particularly aware of their risk; this help should be addressed through the individual's department and institution.
- Anesthesiologists should feel supported and avoid commitment to certain kinds of clinical work that places them at increased risk of infection or severe disease.



- Anesthesiologists should limit or modify their professional practice if being placed at risk until significant personal healthcare issues are resolved.
- Anesthesiologists should maintain adequate disability insurance (i.e. own occupation riders) so that they may attend to personal health or wellbeing without major financial penalty incumbent with changes in practice patterns and/or restrictions in scope of practice required to address the increased infectious risk temporarily or permanently.

Responsibilities of Health Care Systems or the Institution¹

- Institutions should have a formal policy and approach to promoting wellness of physicians that considers the special needs of different practitioners, including anesthesiologists.
- Institutions should be supportive of any anesthesiologist or HCWs who seeks help with health or wellness issues (physical, mental, or emotional) accentuated due to their increased risk of infection or serious disease.
- Anesthesiologists seeking support or help from the institution should be treated in a confidential manner.
- Anesthesiologists who can function safely and effectively within a defined scope of practice should be supported by the institution.
- Institutions should provide equitable and prioritized access to [COVID19 vaccination](#) that confers immunity against COVID-19, to at risk anesthesiologists and HCWs with potential impact on reduction of risk and options to return to work.
- Institutions should support anesthesiologists 'shielding by proxy', due to their roles as caregivers for vulnerable family or loved ones, who may not have the ability to avoid contact with HCWs who get exposed. There also may not be options for caregiving if the HCW gets ill and cannot provide care.
- A healthy work environment for anesthesiologists and all HCWs should be supported by institutional policies – e.g., by the provision of equitable access to virtual care, non-risk work such as providing anesthesia care to patients with a confirmed negative screening test, caring for patients for non-infectious conditions, or engagement in pandemic related administrative, academic or research activities.
- Institutions should have a protocol in place to support anesthesiologists, and other physicians, and HCWs, who are involved in the care of patients who die or experience some other catastrophic event in the operating room or related areas due to the infectious risk.
- Institutions should provide a flexible working schedule for anesthesiologists that considers their physical and mental health stresses resulting from work modification and in certain circumstances, moral injury, resulting from feeling of guilt or emotional stress from not being able to provide frontline care for patients with confirmed infections.

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¹The term "Institution" refers to the Health Authority, Hospital, Faculty and/or Departmental Administration that has jurisdiction over the provision of anesthesia and the practice of anesthesiologists.