Incorporating Ethics Lessons from the COVID-19 Pandemic into Postpandemic Curricula for Health Administration and Health Policy Students

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Abstract

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TThe COVID-19 pandemic has brought significant public attention to important ethical concepts: resource allocation of medical devices, therapeutics, vaccines, and labor; disparities and racial justice in the context of differences in infection, hospitalization, mortality, and vaccination; caregiver well-being; financial vulnerability of delivery organizations; and the balance between personal liberty and the common good. Moving forward, the ethical concerns raised through the pandemic provide a unique opportunity to incorporate ethical reasoning into postpandemic coursework on a more regular basis. Many of the underlying concepts made more prominent by the pandemic were already present but were either granted little attention in curricula or were not seen as relevant concerns by students. This essay offers strategies to assure that the ethical concerns made more visible since early 2020 do not disappear once the pandemic has subsided. It does so by describing some of the ethical dilemmas experienced during the pandemic, identifying the ethical concepts central to those dilemmas, and applying those concepts to dilemmas students will face in their professional lives apart from the pandemic.

Introduction

More than any event in recent memory, the COVID-19 pandemic has stressed the U.S. healthcare system and the people working in it. In addition to the clinical, operational, and financial challenges associated with a novel, infectious, and lethal virus, those charged with overseeing health policy and health administration have confronted many ethical challenges. How should limited resources, such as ventilators or monoclonal antibodies, be allocated in times of emergency (Emanuel et al., 2020; Piscitello et al., 2020)? What is the role of a health system in addressing racial inequities in COVID infection in its community (Peek et al., 2021; Yaya et al., 2020)? At what point are we asking too much of clinicians in terms of their own physical and mental health (Ripp et al., 2020)? The underlying ethical challenges behind questions such as these are not unique to the pandemic, but the pressing nature of COVID-19 has meant that ethical questions have become a regular part of public conversation and subjects of debate within healthcare organizations. Leaders in healthcare, including those in health administration and health policy, have been tasked with rapid adjudication of complex ethical questions in environments of significant uncertainty.

Like physicians (American Medical Association [AMA], 2016) and nurses (American Nurses Association, 2015), health administrators have a code of ethics that guides their actions (ACHE Board of Governors, 2022). Knowledge of this code as well as the competency of ethical decision-making should therefore be part of any educational program in health administration (Aroskar & Yoak, 1996; Bennett-Woods, 2005; Storch, 1988). Given the important role that ethical decision-making has played since early 2020, one critical question for health administration educators is "How well did programs in health administration and health policy prepare their graduates to respond to the ethical challenges of the pandemic?" This question could be answered in a number of ways, including inquiry among graduates who were responsible for organizational or public policy responses to ethical issues. While the answer to this question would be valuable in assessing strengths or gaps in our programs, we address a related, but prospective question: "How can we use the experience of the pandemic to better prepare students in health administration and health policy to address ethical questions that will emerge during their professional careers?"

We first describe some of the significant ethical questions that confronted health administrators during the pandemic. We then identify the underlying ethical concepts that are central to understanding those dilemmas. For example, discussion of the allocation of critical care nurses depends on fundamental theories of just resource allocation that existed well before the

pandemic (Persad et al., 2009). We then show how these same ethical concepts can and should be applied to ethical dilemmas that professionals in health administration will face after the pandemic has waned. The principles that were needed to effectively negotiate the allocation of critical care nurses, for example, are the same ones used to determine which patients in hospitals receive limited medication when supplies run low (Fox & McLaughlin, 2018; Rosoff, 2012). By leveraging the attention that ethics has received during the pandemic, programs in health administration and health policy will be able to better prepare students to negotiate the more routine, yet consequential, ethical questions they will face as professionals.

Addressing Ethical Issues of COVID

Ethical Theories

Regardless of discipline, courses in ethics tend to draw upon the same general set of ethical theories. In the biomedical sciences, principlism likely receives the most attention. This approach uses a framework of four basic ethical principles and applies them to ethical dilemmas, attempting to determine the action that best realizes those ideals. The core principles—autonomy, beneficence, nonmaleficence, and justice—are often in conflict and must therefore be weighed against one another (Beauchamp & Walters, 2003; United States, 1978). Although autonomy has been the dominant principle in clinical ethics, the development of public health ethics has brought greater attention to justice and has required scholars and practitioners to consider whether autonomy ought to override the others.

Among the justice principle's many dimensions, distributive justice is often central to ethical dilemmas in health. Concepts related to distributive justice help answer enduring questions of how to distribute limited resources in environments of nearly unlimited needs. Whether resources go to each equally or to those in most need or to those who can pay for it is at the heart of many ethical questions. Distributive justice gives us the concepts to adjudicate competing possibilities.

The many theories associated with consequentialism are also essential tools in applied ethics. This broad category of ethical frameworks suggests that the rightness of an action should be judged according to the consequences or results of that action. Cost-benefit analyses are derived from a consequentialist framework, assessing whether a medical intervention is justified based on whether the good results (such as improved health) justify the bad results (such as loss of financial resources). Challenges arise when some consequences are more difficult to quantify than others or when there is disagreement on what consequences matter or how much they should be valued.

Although less common in applied ethics than principlism and consequentialism, ethical theories such as virtue ethics, deontology, and communitarianism are helpful tools for students as they consider ethical dilemmas. For example, virtue ethics asks one to judge ethical rightness based, in part, on the motive or intention, which is irrelevant in many forms of consequentialism (Oakley, 2013). It is unlikely that a single ethical theory will be the right tool to solve all ethical dilemmas. Clinical ethics may rely more heavily on principlism, whereas organizational ethics may use consequentialism or virtue. In addition to principles and theories, faculty may consider using the Ethics Toolkit developed as a companion to the ACHE Code of Ethics (American College of Healthcare Executives, 2022) or models of discernment (Slosar, 2004) that provide students methodological support in navigating ethical dilemmas. In the end, students benefit from knowing the wide range of theories, which allows them to compare how different schools of thought may lead them to different conclusions about the most ethical course of action.

Clinical Ethics: The pandemic has raised ethical issues at every level of healthcare delivery. After the implementation of public health policies such as stay-at-home orders and travel restrictions, some of the first ethical dilemmas faced by health administrators and caregivers were matters of clinical ethics. Even with efforts to "flatten the curve" of infections in order to preserve as much hospital capacity as possible, material and human resources were quickly under severe constraint in many parts of the country. The lack of ventilators caught the public's attention and healthcare organizations had to develop or revise policies for the allocation of this limited resource. The same was true of therapeutic agents. Many of these allocation questions fell primarily to clinical staff, but implementation was often left to administrative teams. In addition, when they became a resource in greater demand than the supply allowed, health administrators were tasked with determining how to allocate clinicians themselves (Maves et al., 2020).

To successfully adjudicate these issues of resource allocation, professionals familiar with the ethical literature would likely have drawn upon well-established criteria for such moments (McCullough, 2020). These criteria include utilitarianism (e.g., most life-years saved), egalitarianism (e.g., allocation by lottery), prioritarianism (e.g., youngest first), and social usefulness (e.g., certain occupations over others) (Persad et al., 2009). Those less familiar with the literature may have found themselves struggling as the dilemma first presented itself.

Another ethical challenge associated with a surge of patients is the need for crisis standards of care, which include the priorities for allocating limited resources as well as the criteria for withdrawal of care, which is often a more challenging ethical question (Peterson et al., 2020). The process by which crisis standards of care are developed and revised also raises ethical questions. For example, some COVID-specific crisis standards of care were criticized for inappropriately devaluing those living with disabilities (Sabatello et al., 2020). Such criticism in turn raises the issue of procedural justice, including public participation and accountability for decisions. The evolution of standards of care notably affected the disability community during COVID, but such processes risk negatively affecting any number of communities that have a limited voice in public deliberations if not developed with explicit attention to ethical norms.

Organizational Ethics: Early in the pandemic, one of the most challenging ethical issues was allocation of personal protective equipment (PPE), particularly in clinical settings (Burris et al., 2020). Pictures of clinical staff wearing garbage bags and reusing single-use masks because of PPE shortages eventually led to policies intended to maximize patient and staff safety with the resources available. One effect of PPE shortages was a free-for-all competition among facilities and states for the limited supplies available. Stories abounded of midnight exchanges in parking lots and international side deals, even for material that fell short of safety standards (Subramanian, 2020). Price escalation created disparities between affluent purchasers and their under-resourced neighbors. Among other issues, these situations raise questions about whether the distribution of emergency supplies should be insulated from commercial pressures and which entities should be empowered to make and enforce ethically sound policy.

Another source of confusion was the initial guidance that discouraged use of effective masks outside of healthcare settings. When masks became more readily available and their use was encouraged by the same officials, the policy change was criticized as a sign of indecision or inadequate science (Gollust et al., 2020). Ethical communication requires transparency and candor, but when exigent circumstances force government officials to make proclamations that are subsequently reversed, the broader implications for public trust are manifest. Such communication is made all the more difficult when many in the public do not have an adequate understanding of probability and other concepts central to the scientific process. These examples illustrate ethical dilemmas in communication and strategies for community leaders who need to share complex and evolving information with the public.

A second issue of organizational ethics addresses the challenge of balancing safety and autonomy, especially for vulnerable populations. Residents and staff in long-term care (LTC) settings made up a large proportion of hospitalizations and deaths, particularly before vaccinations were available (Lau-Ng et al., 2020). To reduce the likelihood of transmission, LTC facilities went into lockdown, banning family visitation and community excursions for their residents. The toll of social isolation has been extensively documented (Abbasi, 2020). While social distancing has been found to reduce COVID-related morbidity and mortality (Courtemanche et al., 2020), some have argued that visitation bans were motivated as much by litigation risk aversion on the part of LTC facility managers as by genuine concern for resident and staff well-being (Rowland, 2021). Meanwhile, LTC staff continued to come and go not only in their communities but also among LTC facilities, increasing the risk of contagion among residents and community alike.

This same challenge, whether in LTC or in hospitals, could either be viewed as a balance of autonomy and safety or as an effort to maximize beneficence and nonmaleficence. Acute care facilities were faced with the need to protect patients, but also to fulfill the need for social connection at important times of people's lives, such as the birth of a child or the death of a loved one. The ethical concepts in these situations illustrate decision-making in environments of uncertainty and what criteria should govern the decisions to tighten or loosen such restrictions over the course of time.

Yet another organizational issue is the financial toll that the pandemic brought upon healthcare providers, which has been mitigated only in part by supplementary federal funding (American Hospital Association, 2022). The financial shortfalls are traceable to several factors, including cancellation of elective procedures, patients' reluctance to risk exposure in healthcare settings, staffing shortages that reduced the number of beds that could be filled, and increased costs for personnel (notably traveling nurses) and equipment (Kaufman, Hall & Associates, 2022). The need to maintain fiscal viability has led hospital administrators to confront ethical challenges. For example, given the critical importance of elective procedures to hospitals' revenue streams, deciding to suspend them meant that the hospital's finances would be negatively affected immediately. Moreover, "elective" procedures are not discretionary; their characterization simply means that the patients in question are not experiencing health emergencies. Delaying procedures has bioethical implications for some of these patients because their underlying condition would be exacerbated by delays in care.

COVID has also threatened hospitals' fiscal viability by increasing the cost of labor and supplies (American Hospital Association, 2019). Burned-out

clinical staff have left frontline positions for less taxing work environments or even changed professions. Nurses have found more lucrative opportunities with agencies that fill staffing shortages with traveling nurses, often at wage rates double those of the hospital's employed nurses. Early in the pandemic, competition for PPE raised costs several-fold. Ethical decisions in the context of staffing shortages have also garnered significant media attention in early 2022, as public health temporary guidance has allowed administrators to ask staff who test positive for COVID but are asymptomatic to report to work (State of California - Health and Human Services Agency, 2022). If potential patients are alarmed by the prospect of exposure, they may seek care elsewhere. Conversely, given extensive evidence that the risk of transmission is low and the cost of understaffing is high, calling in recovered but test-positive staff may be the only option to maintain patient care capacity. Concepts such as appropriate care for employee well-being and transparency are essential to navigating these ethical issues successfully.

Social Ethics: The COVID pandemic has brought several issues of social ethics to the fore. Among the most troubling, in part due to the concurrent concerns of policing and race in the United States, were the consistent disparities in infection rates, hospitalizations, and mortality due to COVID between Black, Latino, and Native American populations and White and Asian American populations (Mackey et al., 2021; Muñoz-Price et al., 2020). The disparities in health outcomes arose in large part from long-standing structural racism in communities across the country (Anyane-Yeboa et al., 2020). While healthcare delivery organizations could effectively address some of the root causes, such as the biases of healthcare professionals, leaders realized the deep-seated nature of differences in housing, employment, education, and more could not be resolved during the pandemic itself, raised pointed questions about how healthcare providers could effectively confront the differences in health outcomes they were seeing on a daily basis.

Ethical concerns regarding the quality and equity of social support also arose because a key mitigation measure was to require quarantine for individuals who were exposed to COVID-19 for 14 days and isolation for those who were infected with the virus until several days after their symptoms resolve. This strategy quickly exposed the difference that social class and its associated characteristics—size of home, ability to miss work or work remotely, access to child care, ability to have food delivered, and more—make in the ability to mitigate the spread of an infectious disease (Smith & Judd, 2020). The need for quarantine or isolation also revealed how little reciprocity is present in U.S. social programs. Reciprocity would indicate that when someone is required to

take an action to protect others from harm, they should be given the necessary resources to do so (Singer et al., 2003). For example, workers who stay home to protect their coworkers from infection should not bear the entire cost of lost wages themselves. Instead, their social contribution should be associated with some reciprocal reward. In contrast with other nations, U.S. isolation and quarantine policy was not implemented to include these elements.

The pandemic also raised the question of how best to balance personal liberty with the common good. While this tension can be identified in isolation and quarantine, it also arises in the context of wearing masks and receiving a COVID vaccine (Baylis & Kofler, 2021; Gostin et al., 2020). Some claim that mask mandates or vaccine mandates/passports are violations of their freedom, while others claim that such policies are appropriate to protect the health of others. This dilemma exhibits one of the core tasks of ethics—that of weighing competing but exclusive values. In public health policy, those goods are often individual liberties and public health goals, but there were other situations in the pandemic where this weighing was critical, such as when some suggested that stay-at-home orders, designed to reduce infections, were not worth the reduced economic activity the orders produced or when a moratorium on evictions was creating too much risk for landlords compared to the public health good the moratorium might achieve. Ultimately, these and similar situations come down to naming and weighing two or more competing goods.

Legal Ethics: Ethical dilemmas in the realm of public health law address the appropriate balance of individual and collective rights and duties: as in other ethical domains, what do we as a society owe those in need, and how must we, as members of society, act or refrain from acting to support the well-being of others (Gostin & Wiley, 2016). The pandemic has given rise to many poignant examples of the tension between these perspectives that will be familiar to students in health administration and public health courses. While the media have typically framed debates over these issues as political, students should readily appreciate their ethical dimensions and the extent to which ethical vocabulary is used to advance political agendas. Students engaged with ethical issues in health law thus have the opportunity to apply critical thinking skills as they decode public statements.

One such topic is vaccination mandates, which arose at the foundation of U.S. public health law in the 1908 Supreme Court case *Jacobson v. Massachusetts* (197 U.S. 11). This ruling identified legitimate limits to individual liberty when important public health objectives could be fulfilled. *Jacobson* held that states had the legal authority to enforce vaccine mandates and that the state's exercise of police power to limit individual rights for the safety of the public

was legally sound. By extension, other public health mandates could rely on over a century of jurisprudence to survive legal challenge. The *Jacobson* court's ethical approach might be characterized as utilitarian, valuing the greater good arising from mass vaccination over the individual harm associated with an unpleasant vaccination experience. Despite its age, the *Jacobson* opinion is a fruitful resource for discussion of ethical issues in healthcare and public health. Several COVID-related judicial decisions have raised concerns that Jacobson's principles are eroding under pressure from courts that view government action as inherently suspicious, particularly when religious rights are at issue (Mello & Parmet, 2021). Instructors may find this trend suitable for exercises identifying competing ethical principles, debating the increasingly disparate perspectives supporting and challenging Jacobson's authority, and again identifying the mobilization of ostensibly ethical arguments to advance political positions.

A second topic of legal ethics is COVID-related liability. Tort reform and related initiatives limiting liability under state law embody a persistent theme in U.S. politics that pits the interests of the business community against those of less powerful groups and individual workers. COVID-19 has presented a compelling case for limiting exposure to liability for healthcare practitioners and facilities as they address a novel disease with inadequate supplies and equipment. Employers of designated "essential workers" who required employees' physical presence also sought to limit their own liability for workplace exposure to the virus. In addition to pandemic-specific ethics questions, these patterns present opportunities for students to explore the ethical ramifications of the U.S. tort system, which notoriously fails to match awards with either negligence or harm in health-related cases (Mello et al., 2020). Specific questions include: What is the relationship between legally enforceable rights and ethical obligations? What ethical principles are at issue in the tort system? How should these principles be applied when modifying liability regimes in response to crises? What are the ethical responsibilities of employers to employees? Of health care practitioners and health systems to patients? How (if at all) are these obligations modified in a public health crisis?

Applying Experience from COVID to Enduring Ethical Concerns
Insights from Health Care Organizations

To respond to the ethical issues described in the previous section, healthcare organizations devoted time and expertise to finding the best ways forward. Many accounts have emerged how ethics teams within hospitals, in particular, navigated the many novel questions that emerged at different phases of the

pandemic (Dudzinski et al., 2020; Elson et al., 2021; Huberman et al., 2020). Many organizations drew upon existing expertise within their organizations while others relied on guidelines published by others to guide their decisions. These articles suggest that traditional ethical concepts such as proportionality, autonomy, fairness in prioritization, and others were more often used in decision-making than any professional code of ethics, although code of ethics tend to incorporate many of these concepts. If there are examples of healthcare administrators relying on the ACHE Code of Ethics to negotiate ethical dilemmas during COVID, it would be helpful to share those accounts more widely. Nevertheless, the accounts that we do have clearly show the value that class ethical concepts gave to those charged with quickly responding to ethical dilemmas often with less information than is desirable.

Leveraging the attention given to ethical dilemmas over the past 2 years requires instructors to go beyond cases studies from the pandemic era. If the ethical examples provided in class are only situated in the context of COVID-19, students will be given the impression that the ethical concerns experienced during those years were unique to that crisis. This would be a significant missed opportunity. Instead, instructors can take the interest in ethics generated by pandemic and show the enduring nature of ethical concerns and the ongoing application of ethical concepts (see Table 1). Below, we provide several topic areas where programs can connect what we experienced during COVID to dilemmas that students may need to face in a postpandemic world.

Table 1:   Connection between Pandemic and Ongoing Ethics for Health Administration / Health Policy

Realm of Ethics	Ethical Concepts	Pandemic Examples	Postpandemic Examples
Clinical / Interpersonal			
	Criteria for resource allocation, including utilitarianism, first-come, social contribution, and more	Allocation of ventilators, COVID therapeutics, critical care nurses	Ongoing allocation of limited resources such as pharmaceuticals, organs for transplant
	Concepts for triage, including stewardship of resources, withdrawal of treatment, and transparency	Creating crisis standards of care for COVID and non-COVID patients	Developing and updating standards of care for emergencies such as natural disasters or social unrest

Table 1, *cont.*

Organizational		
Appropriate use of power, particularly for essential resources during an emergency	Price gouging (supplier) / competing (consumer) for limited supply of personal protection equipment	Contract negotiations with physician groups; communicating with patients about cost of care
Weighing autonomy, beneficence, and non-maleficence; balancing physical safety and mental well-being	Imposing visitor restrictions to prevent the spread of COVID; addressing moral distress among staff	Engaging patients, clinicians, and the public in Right to Try conversations about unproven treatments
Role of profit and financial stability in healthcare	Canceling financially beneficial procedures to divert resources to pandemic care	Considering strategies that care for communities of need when those efforts are not financially sustainable
Social		
Disparities in health outcomes rooted in interpersonal and/or structural discrimination	Disparities in hospitalization, mortality, and vaccination along racial/ethnic lines	Disparities in receiving standard of clinical care and in exposure to negative social determinants of health, such as environmental pollution or unsafe neighborhoods
Balancing personal liberty with contribution to the common good	Policy debates on mask mandates and vaccination/testing requirements	Policy debates on requirement for everyone to buy health insurance
Reciprocity, or providing necessary resources for those who make sacrifices for the good of others	Provision of adequate support for those expected to quarantine or isolate during to COVID exposure or infection	Ensuring those whose freedom is limited due to mental health issues have access to appropriate mental healthcare services
Legal		
Use of police power to achieve public health goals	Enforcement of mask mandates and vaccination/testing requirements	Policies that require tracing and enforcement of a duty to warn for HIV
Extent of liability protection for businesses and protection of health for workers	Policies that either protect businesses or allow workers to hold business liable for exposure to COVID	Accountability for environmental exposures for workers and communities

Resource Allocation: As described, the COVID pandemic raised poignant questions about the need to allocate resources in an ethically appropriate manner. Health administration students, like the general public, may not fully appreciate that resource-allocation decision-making is a constant in U.S.

healthcare. It is often done implicitly, for example as the locations of healthcare facilities create disparities in access to care. The allocation process can also be explicit, as when states decide which populations and services will be covered by Medicaid. In order to draw students' attention to the ongoing allocation issues in healthcare, faculty can begin by discussing resource allocation during COVID: ventilators, monoclonal antibodies, intensive care nurses, PPE, and vaccines. Once the fundamental concepts of resource allocation have been established, students can then consider dilemmas that take place in a nonpandemic environment, such as adequate access to mental health professionals on college campuses, medication shortages in rural hospitals, and eligibility for the social safety net. By connecting these two contexts—pandemic and ongoing—students can more clearly see that their professional responsibilities require them to know how to incorporate ethics into decision-making in any environment.

Although concerns about limited resources will not be as prevalent in the media as they were during the pandemic, such circumstances and the ethical concerns they raise are not unique to the pandemic era. One way that insights into resource-allocation issues in healthcare can be sharpened is by forced choice exercises such as the Rethink Health dynamics model (https://rethinkhealth.org/our-work/dynamics-model/) and the activities offered by IHI (http://www.ihi.org/education/IHIOpenSchool/resources/Pages/Tools/default.aspx), which are readily available for classroom use. These activities help students appreciate the ongoing nature of ethical questions and give them opportunities to grow more confident in their ability to consider them.

Social Justice/Racial Justice: Leaders in health administration and health policy are being called upon to address issues of social justice, particularly situations of racial justice, both internal and external to their organizations. Internally, leaders must create organizational environments that are more inclusive of a broader range of backgrounds. Externally, they must address the pervasive disparities in health outcomes within the populations they serve. Both of these challenges require recognizing and responding to the structural bias that is built into organizations and communities over time. Although the notion of structural racism, ableism, and sexism is controversial in some segments of the population, the empirical data for their existence is substantial (Groos et al., 2018; Tan et al., 2021).

During the COVID pandemic, any attempt to reduce disparities in COVID-related health outcomes would fail without simultaneous attempts to reduce the structural biases that cause them. For example, those charged with increasing vaccination rates among African Americans must address the

well-founded mistrust this population has of the U.S. healthcare system (Bogart et al., 2021). Organizations focused on reducing infection rates among Latinos must consider social factors, such as employment without sick leave, that help drive infection rates. Appreciation for the influence of biased social structures is essential for leaders addressing ongoing ethical issues such as disparities in infant and maternal mortality or the lack of a diverse and representative workforce in healthcare.

Employee Well-Being and Moral Distress: The well-being of the healthcare workforce was a growing concern before the pandemic (Hall et al., 2016), but the stress these workers have endured for over 2 years has become its own crisis within a crisis. Within this expansive topic area, one particular area of ethical concern is the moral distress experienced by clinicians. Moral distress arises when one knows the right action to take but is constrained from taking it (Jameton, 1984). Moral distress is distinct from moral injury, which is a cognitive or emotional response following events that violate one's moral code (Williamson et al., 2021). Addressing the concept of moral injury is always important, but the specific features of the pandemic response have also created many situations of moral distress. For example, when a unit is understaffed and the remaining workers know they are unable to provide the appropriate level of care to their patients, this scenario often leads to moral distress. Similarly, moral distress can arise when hospital visitor policies designed to prevent the spread of the virus require a staff member to keep a loved one away from a family member even as they are dying. When the supply of ventilators, monoclonal antibodies, or some other life-saving resource is inadequate, staff can experience the moral distress of knowing that patient deaths will result from lack of supplies and not patient health status alone.

Healthcare administrators and policymakers are normally fairly insulated from the realities of moral distress, but the pandemic has brought this ethical concern to their attention. Policymakers themselves, for example, may have experienced moral distress when the limited number of vaccines required them to deny access to some groups. Political pressures may have required them to support policies related to masking or vaccinations that they knew were not in the best interest of the public. Healthcare administrators were intimately involved in the creation and implementation of many ethically challenging policies addressing topics such as resource allocation, visitor policies, staffing shortages, and the consequences of employee vaccine requirements. The coupling of staffing issues with employee vaccine mandates has highlighted the term "reasonable accommodations." Knowing what should be done and being unable to do it is not a new phenomenon in healthcare and health policy,

but the pandemic has undoubtedly raised the salience of moral distress for the foreseeable future.

Curricular Placement and Pedagogical Notes: The Association of University Programs of Health Administration is currently revising its body of knowledge for students at all levels. One of the domains is ethics, a good starting point for programs interested in determining what ethics-related knowledge and skills their graduates should have. A comprehensive study of where ethics appears in undergraduate and graduate curricula would be a helpful addition to the literature, as the most recent study the authors are aware of is now over two decades old (Aroskar & Yoak, 1996). The authors' personal experiences suggest that many programs address ethics in combination with a course on the legal aspects of health administration and health policy. Although much less common, some programs have a stand-alone ethics course. Ethics may also be paired with programs related to professionalism. In an ideal world, one might consider incorporating ethics across the curriculum so that students explore ethical questions related to human resources, marketing, finance, and health technology in courses devoted to those subjects. However, students still need initial exposure to core ethical theories before that approach could be successful. Moreover, faculty who may not be competent to facilitate such conversations could be reluctant to take responsibility for assessing competency in an area that is not their own.

Explorations of ethical issues in the context of pandemic response provide opportunities for student engagement but require a high level of instructor sensitivity. Students in health administration and public health disciplines often serve as healthcare navigators for their family and friends. In these roles, they are likely to have been exposed to the suffering and death of far more individuals than their colleagues in other nonclinical degree programs. These experiences offer unique opportunities for personal and professional growth, but they also take a toll on students' psychological well-being, even if they remain healthy themselves. Many students have undergone isolation and quarantine, and the rate of actual infection in young adults continues to rise as of this writing. Some will volunteer their personal experience to illustrate ethical issues, but instructors engaged in active solicitation of individual perspectives should proceed cautiously and compassionately.

In-class exercises can be crafted around questions such as those set out in the preceding sections. Activities that address ethical challenges, but do not directly place them in the context of COVID, may have the advantage of reorienting the discussion to contexts that are less fraught with personal trauma. For example, case studies provide an opportunity to take a longer

view of response to healthcare crises. Taking an example from Table 1, one might design a class that explores the ethical tension between personal liberty and the common good. Students are now very familiar with the debates on masking and vaccination, so the class may begin by exploring the core concepts through the lens of COVID policies that placed individualism in conflict with collectivism. Many concepts such as protection of the vulnerable, burden assessment, and restrictions on personal liberty would surface. Having used a topic with which the students are familiar to identify and define key concepts and how they relate to one another, the class could be presented with a case study of state legislatures debating the individual mandate for health insurance or of hospital administrators considering mandates for the annual flu vaccine. Students would be asked to use the concepts discussed in the first part of class to determine the possible courses of action with the new dilemmas and justify their decision using those concepts or others from class. This effort could be realized in the form of a structured debate between groups in class or a facilitated conversation with the entire class.

Such activities could be enhanced by including a guest speaker who was directly involved in the COVID-related ethical dilemma. Having these administrators and policymakers speak of their experiences and connect them to ongoing ethical dilemmas reinforces for students that ethical issues are not isolated to acute crises such as pandemics. Practitioners have borne extraordinary burdens in both acute and LTC settings, and presentations addressing their ethical decision-making processes will enrich ethics pedagogy for years to come. Balancing isolation requirements with the human need for personal connection has taken a profound toll on facility administrators. Clinicians have experienced moral injury when they are unable to provide essential care to all their patients. Long and grueling hours of patient care put clinicians at great risk of burnout, with its well-known negative implications for both provider and patient. Ethical norms may not stand up under these pressures, eroding corporate culture and morale. The practical lessons to be learned from colleagues and alumni will be memorialized in the coming months, and their near-term accounts are an invaluable classroom resource.

Discussion

The COVID pandemic has brought renewed attention to the disciplines of public health, health administration, and health policy. In particular, it has raised the public's awareness of the many ethical concerns that are part of responding to any health crisis. However, matters of ethics have always been and will always be vital to improving the health of populations and delivery of medical care. The pandemic has given educators in these fields a rare win-

dow of opportunity to raise the profile of ethics within their curriculum and to better prepare students to negotiate the ethical questions they will face as professionals.

We have not exhausted the connections that can be made between ethical dilemmas that arose during the pandemic and those professionals will face in the years to come. An entire section could also be written on issue of global health ethics. Questions of global vaccine distribution during the pandemic could be used as a way for students to consider whether hospitals in high-resource settings should recruit healthcare professionals from low-income countries as aggressively as they do. Students could also explore the way the pandemic shows the connectedness of health as well as the way climate change may be traceable to some parts of the globe while its most serious effects on human health occur elsewhere. Finally, the relationship between racial differences in mortality and differences in incarceration rates could be used to discuss ongoing ethical concerns related to health and incarceration (Nowotny et al., 2021).

Ethical training can be incorporated in any number of ways. Very few programs have an entire class devoted exclusively to ethics. It is often combined with health law or included as a module within several classes in the curriculum, such as finance, human resources, or marketing. Some programs may have co-curricular events, such as guest speakers or online trainings. Regardless of how a program chooses to expose its students to ethical questions, it should not be an optional exercise or one assessed with less rigor than other competencies. The COVID pandemic has demonstrated that ethics is fundamental to the work of health administration and health policy. Students receiving professional training and the profession itself will be better served if they take the lessons from these years and become more prepared to face future ethical questions.

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