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Pandemic Ethics

Ethical Considerations for Resource Allocation during COVID-19

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Topics



- Public Health Ethics
- Resource Allocation
- Triage in a Pandemic
- Access to Care and Exclusion Criteria

Public Health Ethics Values



- Respect
- The Harm Principle
- Fairness
- Consistency
- Least Coercive and Restrictive Means
- Working Together
- Reciprocity
- Proportionality
- Flexibility
- Procedural Justice

Balancing Ethical Priorities



- We must weigh the respecting of individual rights and freedoms (*Traditional Clinical Ethics*) while attempting to satisfy the needs of and protecting the broader public (*Public Health Ethics*).

Resource Allocation



- Allocation responses will aim to maximize effective use of scarce resources (e.g. Critical Care Resources, PPEs, HR, etc.)
- Allocation under a pattern of distribution that allows the **most healthy life-years** for as many patients as possible to be preserved.
- The needs of the community may outweigh the needs of individuals in such crisis, leading to the provision of care below usual standards.

Pandemic/Emergency Triage



- The system functions at , or greater than maximum surge capacity.
- The demand for critical care resources will have increased to where the available resources do not meet the clinical demand volumes despite all mitigating and extraordinary measures.

Pandemic/Emergency Triage



- Informed, participatory, systems-focused, reasonable, objective, and transparent.
- Collaborative Decision (MRP, Allocation & Triage Team)

Pandemic/Emergency Triage



Blue (Expectant) Priority	Patients with very <u>poor expected outcomes even if life-saving resources are used.</u>
Red (High) Priority	Patients who require life-saving resources and are <u>most likely to recover</u> by receiving those resources.
Yellow (Medium) Priority	Patients who require life-saving resources and <u>are less likely than patients in the Red category to recover</u> by receiving these resources. Their clinical status is tracked on a 24-hour basis to best determine those that are improving (hence given prioritization) or clinically worsening (hence given lower prioritization) for clinical change.
Green (Low) Priority	Patients who <u>do not require life-saving resources to recover.</u>

Exclusion Criteria



- **Clinical judgment should supplement exclusion criteria.**
- Exclusion criteria have traditionally fallen under 2 categories:
 - Criteria that indicate a low probability of surviving an acute illness, and
 - Criteria that indicate a low probability of surviving more than a few months regardless of the acute episode of critical illness.

Exclusion Criteria



- **Surge Levels (Aim % of Exclusion)**
 - Minor (Exclude >~80% predicted mortality)
 - Moderate (Exclude >~50% predicted mortality)
 - Major (Exclude >~30% predicted mortality)
 - Pandemic/Emergency Triage

Example of Exclusion Criteria



- Severe burns with any 2 of:
 - Age >60
 - >40% total body surface area affected
 - Inhalation injury

Indefensible Criteria



- Age, Stage of Life, Mental Ability, Physical Ability and/or Disability per se **should not be used in isolation** as allocation criteria.
- The moral worth, value and dignity of all persons are equal regardless of these criteria. However, these criteria may be considered within the decision-making process when other **objective clinical features** such as **associated comorbidities** are likely to impact an individual's ability to survive their acute illness (see exclusion criteria).



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THANK YOU.
