

# Triage Ethics During a Pandemic

## Learning Objectives

1. Identify the differences between public health ethics and clinical ethics
2. Describe how hospital ethics committees and clinical ethics consultants can prepare for COVID-19
3. List resources for clinicians / administrators creating or revising policies affected by COVID-19



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Director, Center for Christian Bioethics  
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# Triage Ethics During a Pandemic

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**Webinar ID: 883 749 890**

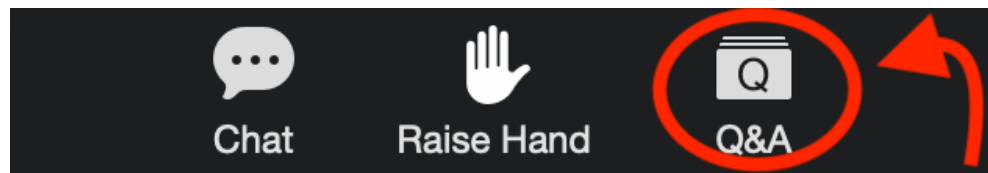
If we are not be able to address the issues immediately, we will work on ensuring they do not occur in the future.

Likewise, the webinar will be available for future viewing under "Webinars" within the "Resources" tab on the ABC Website.

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## Questions and Answers:

- To ask the panelists a question, click on the Q&A button located in the Zoom toolbar and type your question.



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# Historical Perspective

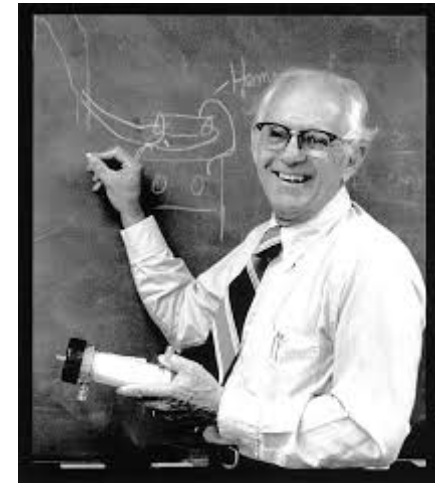
- “Triage” = French “to sort”
- Battlefield usage
- “Systematic allocation of medical care when patients’ needs exceed the available resources”
- Standard categories:
  - **Minor** = can care for themselves
  - **Delayed** = need help, but can wait
  - **Immediate** = will live only if helped now
  - **Expectant** = unlikely to live even with help



WWI Triage Station

# Triage in “Every Day” Medicine

- Early days of hemodialysis
- Allocation of solid organs for transplantation
- Emergency departments



**Dr. Belding Scribner**

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# Utility versus Equality?

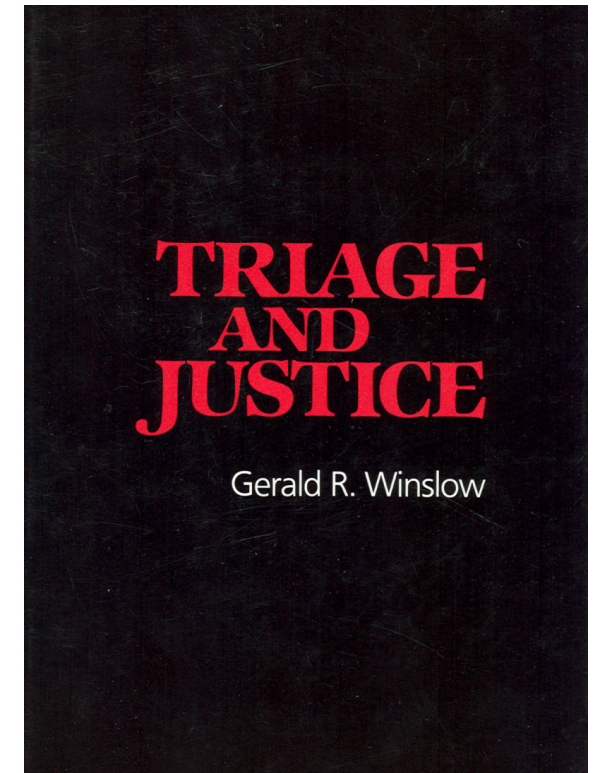
- **Utility = Do the most good for the most people**
  - Most lives saved?
  - Most years of life saved?
  - Best quality of life years saved?
- **Equality = Respect equal rights**
  - First come, first served?
  - Lottery or random selection?
  - Special attention to those who have already experienced social injustice?



# Imperfect Answers



**Seeking the best outcome fairly**



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# **Ethical Framework for Health Care Institutions Responding to Novel Coronavirus SARS-CoV-2 (COVID-19)**

**Guidelines for Institutional Ethics Services Responding to COVID-19**

***Managing Uncertainty, Safeguarding Communities, Guiding Practice***

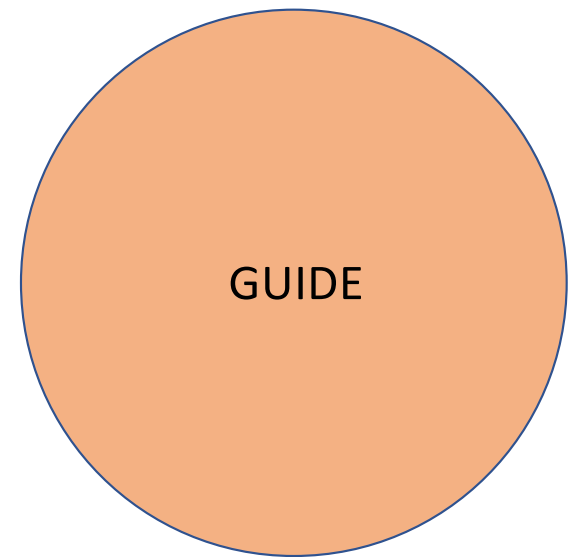
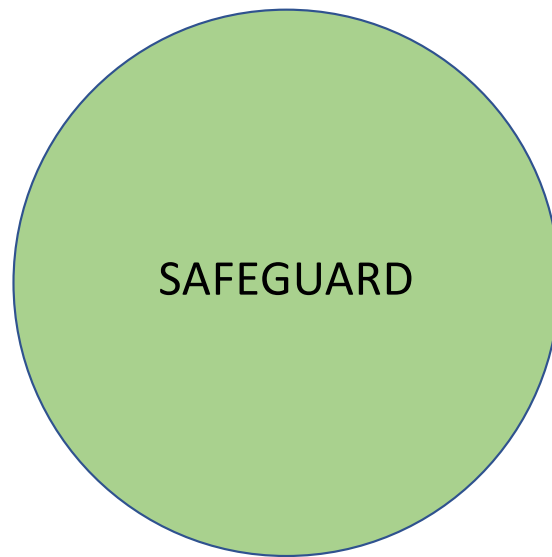
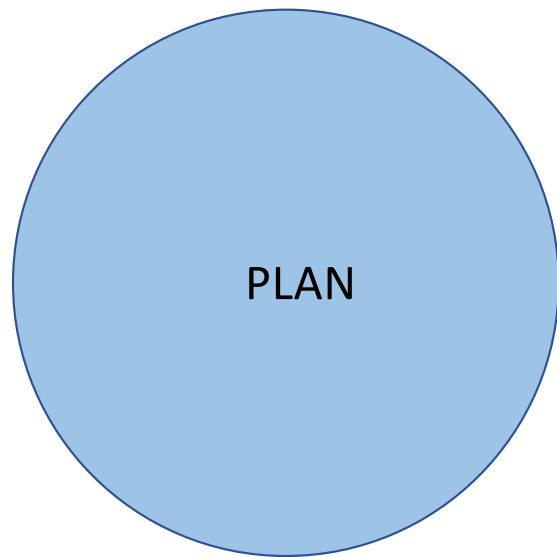
**Nancy Berlinger, PhD; Matthew Wynia, MD, MPH; Tia Powell, MD;  
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Oei, MD, HEC-C;  
Jean Abbott, MD, HEC-C; Nancy Piper Jenks, MS, CFNP, FAANP**

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<https://www.thehastingscenter.org/ethicalframeworkcovid19/>

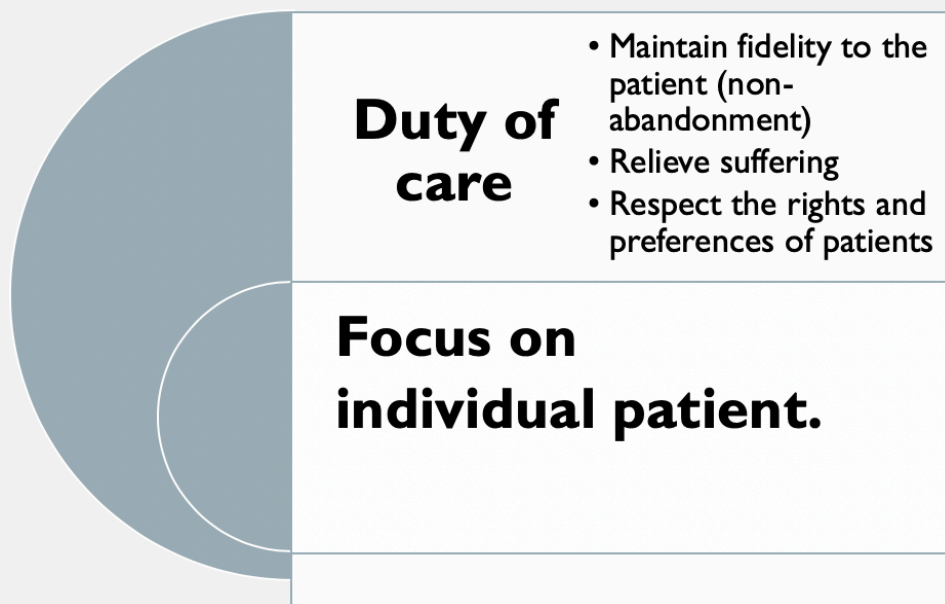
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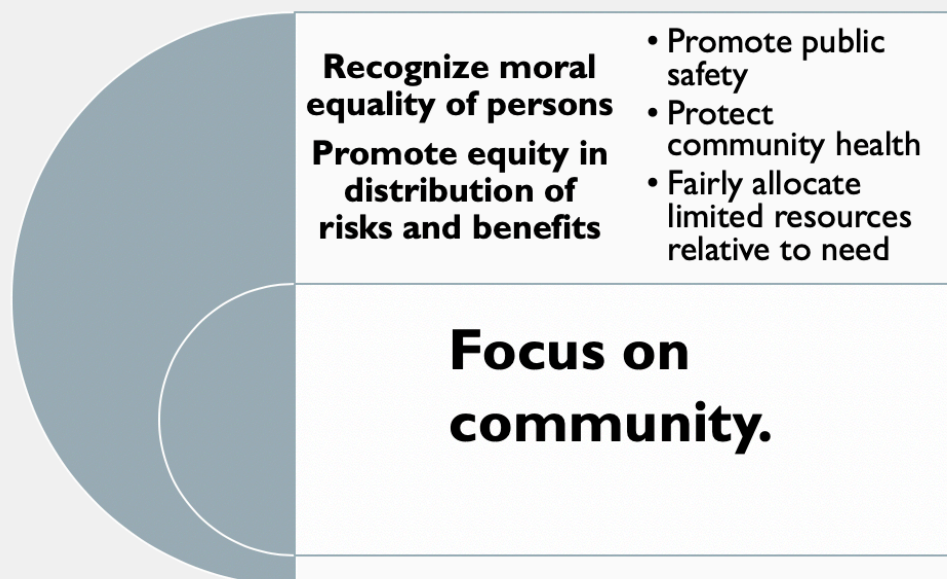


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## Duties of Clinical Ethics



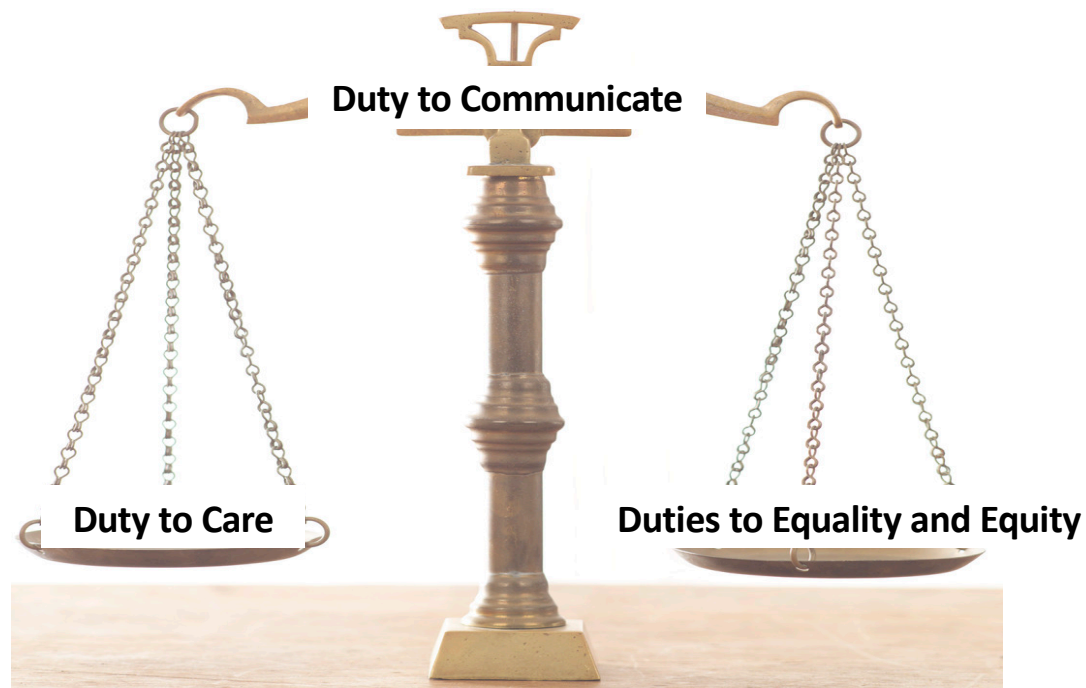
## Duties of Public Health Ethics



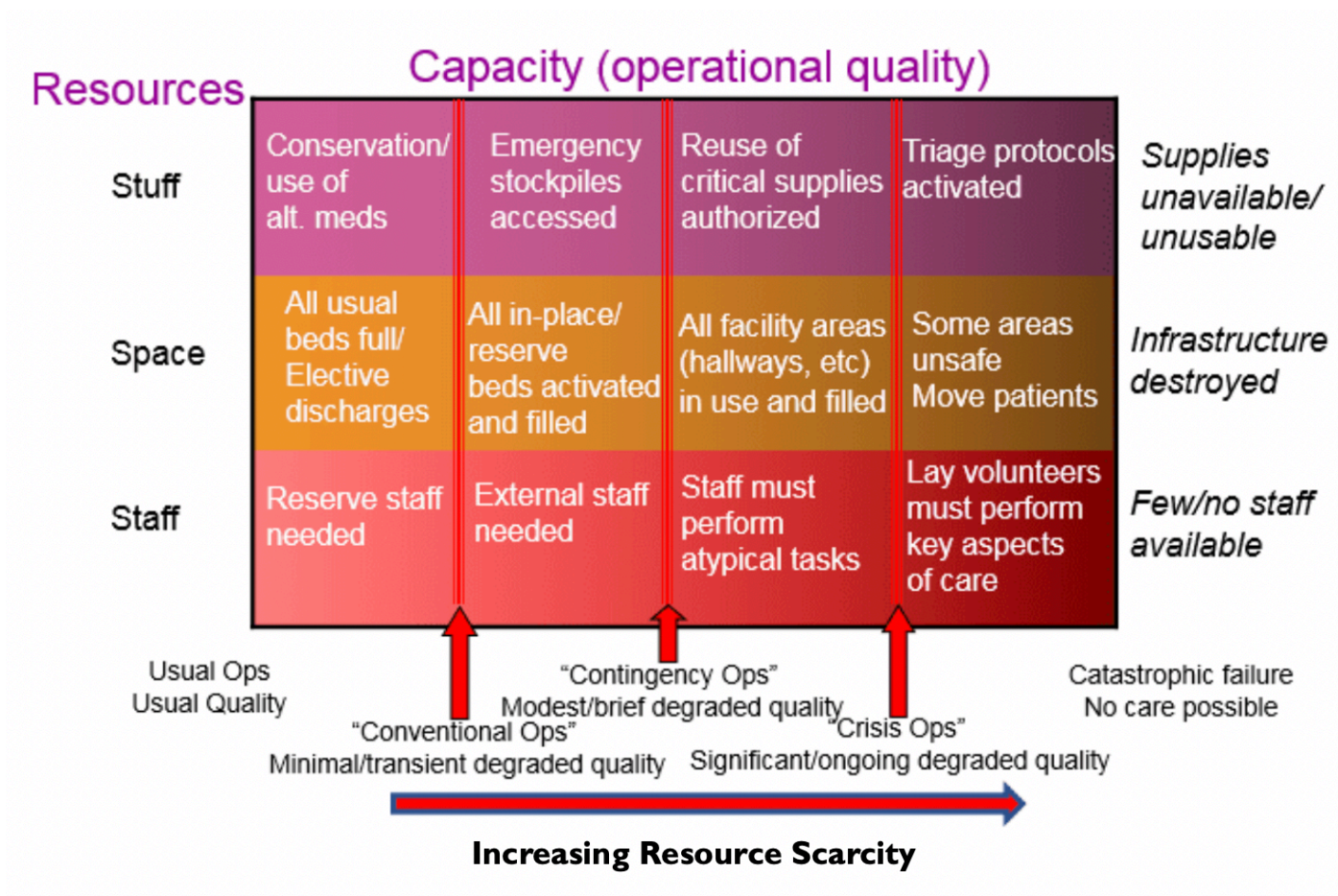
Source: Ethical Framework COVID 19, The Hastings Center

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# Guidance for Turbulent Times



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Source: Ethical Framework COVID 19, The Hastings Center

# Rationing

- Rationing is the process in which a decision to provide a certain treatment is made by someone else for the patient who would benefit from the treatment
- Explicit rationing – decisions made by an administrative body to specify allocation of treatments or services
- Implicit rationing – decisions to limit treatment in an ad-hoc fashion

**In crisis, we should seek to limit implicit rationing  
in favor of explicit rationing**

# New York Ventilator Allocation Guidelines

- Goal: saving the most lives
- Separate triage committee from the frontline physician
- Allocation protocol based on clinical factors only
- Separate triage algorithms for neonate, pediatrics, adult
- Oversight
- Transparency with the option of appealing decisions

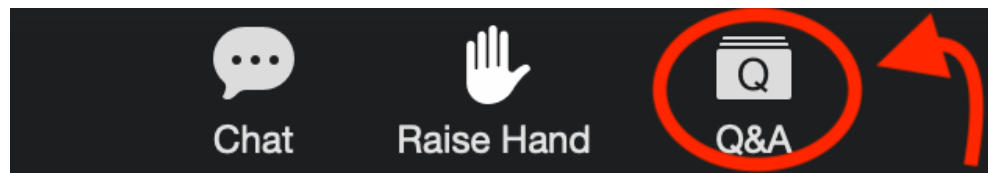
# Resources

- [www.thehastingscenter.org](http://www.thehastingscenter.org)
- <https://drive.google.com/drive/folders/1B9Ub9Si-JHOHe9ElVy4ZTI81IGfK0EB-> (Pandemic literature)
- Adventistbioethics.org
  - Unrepresented patients
  - Conscientious objection
  - Unilateral DNAR or withdrawal of support
  - Integration of Palliative Care
  - Duty to homeless patients



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