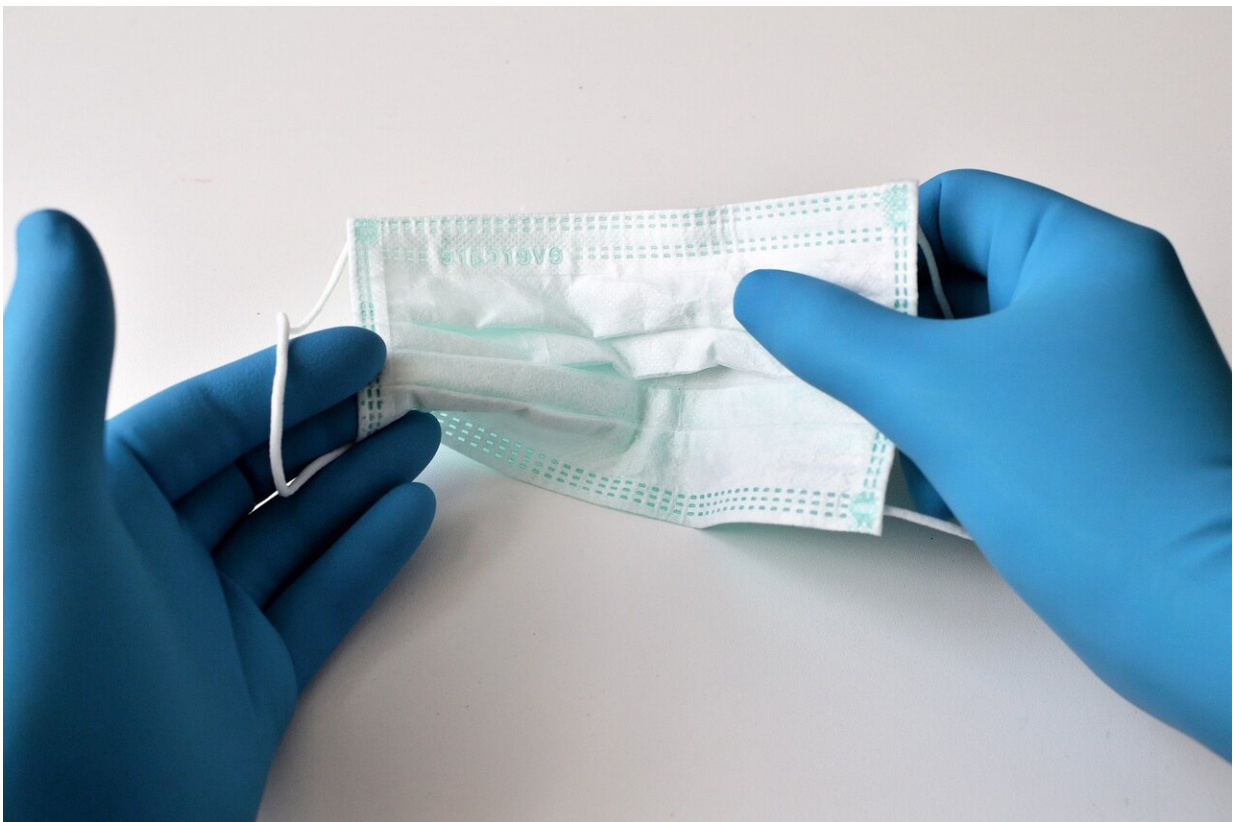


COVID-19 triage decisions should 'ignore life-years saved,' writes bioethicist in Medical Care

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How do we decide which patients with COVID-19 should get priority for lifesaving ventilators and ICU beds? Writing in the July issue of

Medical Care, a prominent bioethicist argues that COVID-19 triage strategies should focus on saving lives, rather than prioritizing life-years saved.

"Justice supports triage [priority](#) for those with better initial survival prognosis, but opposes considering subsequent life-years saved," according to a special editorial by John R. Stone, MD, Ph.D., Professor of Bioethics and Co-Founder and Co-Executive Director of the Center for Promoting Health and Health Equity at Creighton University, Omaha. He adds: "Groups experiencing historical and current inequities must have significant voices in determining triage [policy](#)."

'Justice-Respect-Worth' Framework Calls for Rethinking COVID-19 Triage

Recent articles have proposed frameworks for making the "terrible choices" posed by COVID-19—focused on maximizing the benefits of treatment based on life-years saved. In one approach, patients with lower "prognosis scores" get lower priority for critical care.

But the focus on counting life-years violates "the foundational moral framework of social justice, respect for persons, and people's equal and substantial moral worth," Dr. Stone writes. In particular, prioritizing treatment for patients with a better prognosis will give lower priority, on average, "to individuals for whom social/structural inequities are significant causes of worse health"—with racial/ethnic minorities being a key example.

"Historical and present inequities have reduced expected life-years in populations experiencing chronic disadvantage," according to the author. "Justice requires avoiding policies that further increase inequities...greater priority for more predicted life-years saved will

exacerbate those inequities."

A more just approach would be to consider the individual's likelihood of initial survival, while ignoring subsequent life-years saved. "Triage policies can reasonably give priority to people more likely to survive hospitalization and a brief time after," Dr. Stone writes.

By this approach, a younger and older patient would have similar priority for lifesaving care- as long as they had a similar chance of surviving for more than a few months after leaving the hospital. (Dr. Stone adds that bias against the elderly is another reason not to prioritize life-years gained.)

While guidance for triage decisions tries to ensure objectivity, assessments may still be affected by implicit and unconscious negative bias. For that reason, specific diversity on [triage](#) teams is essential. Policy decision-makers must include representatives of "populations historically oppressed and disadvantaged," according to the author.

Dr. Stone highlights the importance of the "justice-worth-respect" framework in making difficult decisions about which patients should be prioritized for scarce healthcare resources. He concludes: "Triage policies focused on life-years saved will perpetuate social injustice and generally should be rejected."

More information: John R. Stone. Social Justice, Triage, and COVID-19, *Medical Care* (2020). [DOI: 10.1097/MLR.0000000000001355](#)

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