Health professionals and laypeople feel differently about allocating scarce lifesaving resources in a crisis: Survey

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The pandemic put a spotlight on the challenges that health systems face when deciding how to allocate scarce resources during a time of crisis.

To better understand differing opinions on this issue, researchers at the David Geffen School of Medicine at UCLA and UC Health conducted a survey of laypeople and health care professionals, and found that while both groups have similar priorities for allocating medical resources, they are less aligned on how these priorities should be achieved.

"We did this study in response to concerns in the pandemic that we could run out of critical resources, such as mechanical ventilators, and that health systems in California would have to make impossible decisions about who should get the limited equipment or medicine during a crisis," said Dr. Russell Buhr, a pulmonary and critical care physician at UCLA Health, a researcher at the David Geffen School of Medicine at UCLA and the UCLA Fielding School of Public Health, and the first author of an article in *JAMA Network Open*.

The study showed that saving the greatest number of lives possible was a top priority for both sets of respondents, but laypeople who may be subject to life-and-death decisions and care providers tasked with implementing the plans had different opinions on how the process should work.

Major findings include:

- Health care providers and laypeople said Scarce Resource Allocation (SRA) policy should aim to save the most lives possible; laypeople scored this point higher than health care providers.
- Health care providers were more likely to say life support should be taken from people less likely to survive so it could be used for people more likely to survive. Doctors in the health care provider group further deprioritized allocation of life support measures if a patient was expected to have a poor quality of life if they survived.

- Both groups agreed that the SRA rules should apply to everyone, regardless of whether hospitalization was related to the cause of the crisis and regardless of whether the patients were admitted before the crisis was declared.
- Both groups felt strongly that committees should be created to make these decisions, and the members should be blinded to the identities of patients for whom decisions are made.
- Neither group felt that disability status or age should significantly influence allocation decisions.
- Laypeople were more likely to agree with special exceptions to SRA policies.
- Compared with health care providers' responses, laypeople's responses were significantly more aligned with UC Health's SRA policy regarding health factors, social factors and exemptions, but "taken together, the values of the survey respondents were in agreement with UC Health policy."

The survey was prompted by the work of the University of California multicampus Critical Care Bioethics Working Group, convened in March 2020 to develop guidance on scarce resource allocation. The research team recruited 1,971 study participants, 1,545 of whom completed questions on a web-based survey related to "scarce resource allocation," or SRA. Average age of respondents was 49, 73% of respondents were female, and 30% were health care providers.

Researchers said they hope the information gained from the survey will help policymakers as they continue to evaluate existing guidelines to be best prepared for future health care emergencies.

"Because of how quickly the COVID-19 crisis worsened, decision-makers had to write policies very quickly," Buhr said. "By understanding what health care professionals and patients we care for value and feel is the 'right' way to do this, we can ensure that future policies reflect

everyone's voices and that the decisions are as fair and equitable as possible."

More information: Health Professional vs Layperson Values and Preferences on Scarce Resource Allocation, *JAMA Network Open* (2024). DOI: 10.1001/jamanetworkopen.2024.1958

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