

### **Why consider a Framework for Rationing?**

- Reduce avoidable moral distress during anticipated COVID19 resource rationing
- Prepare in advance to avoid biased or arbitrary decision making at time of crisis
- Ensure you consciously consider only ethically relevant factors and intentionally ignore ethically irrelevant factors in your clinical decision making
- ↑public trust through transparency and fair resource allocation
- Abide by principles of Respect, Minimizing Harm, Fairness, Working Together, Reciprocity, Keeping things in proportion, Flexibility, Good Decision Making (including openness and transparency, inclusiveness, accountability and reasonableness) ([BC Pandemic Influenza Ethical Framework](#))

### **Allocation Frameworks: (\*review your local Health Authority policy\*)**

Hover and ctrl+click over the links below to go to source sites:

[US: A Model Hospital Policy for Allocating Scarce Critical Care Resources \(University of Pittsburgh Critical Care Medicine\)](#)

[UK: NICE \(National Institute for Health and Care Excellence\) guideline update Mar 25](#)

[White et al Ann Int Med 2009: Who should receive life support in a Public Health Emergency?](#) Multi-principle allocation strategy that prioritizes based on combo of:

- Most lives saved
- Most years of life saved
- Life cycle principle

-unclear how to weight each item, but potentially more fair than single criteria "most lives saved" strategy;

### **Ethical Concepts:**

ref: [White et al](#)

#### [Ann Int Med 2009](#)

During "usual times" focus is on respect for patient Autonomy

During Public Health Emergency, focus shifts to public health ethics

- Priority becomes promoting common good over individual autonomy
- Allocation (rationing) decisions are responsibility of public health, implemented by Health Authorities, hospitals, clinicians

### **USEFUL:**

**Utilitarianism:** greatest good for greatest number (save those who can be saved) determine prioritization using

### **Resources to talk with patients and families:**

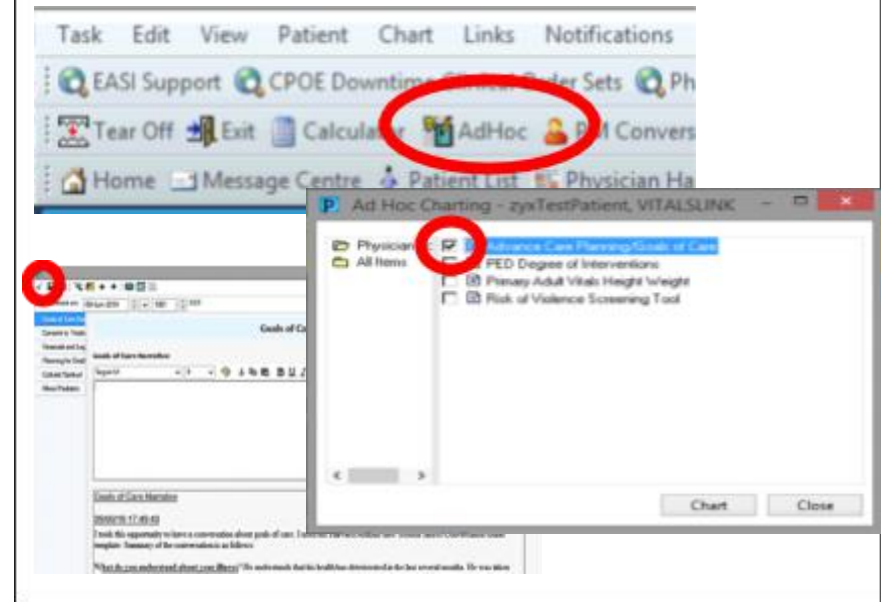
• [Serious Illness Conversation Guide \(Ariadne Labs\)](#) (see over for [COVID19 Adaptation from Providence Health, Vancouver](#))

• [VitalTalk COVID19 communication skills](#) at [www.vitaltalk.org](#)

Adapted Guide for Serious Illness Conversations with Hospitalized high-risk COVID-19 Patients	
CONVERSATION FLOW	SUGGESTED LANGUAGE
1. SET UP THE CONVERSATION	“I’d like to talk about what may be ahead for you with this illness and do some planning about what is important to you so that I can make sure we provide you with the best possible care, <b>is this okay?</b> ”
2. ASSESS UNDERSTANDING AND PREFERENCES	“ <b>What is your understanding</b> of how COVID-19 is affecting people like you? [eg people who are older and/or frail, people with significant comorbidities] “ <b>What information about what is ahead would you like from me?</b> ”
3. SHARE INFORMATION & PROGNOSIS: *Allow silence & explore emotion	*Frame as a “ <b>wish...worry</b> ” or “ <b>hope...worry</b> ” statement  EG “COVID - 19 is a viral illness that spreads like the flu. We know it is particularly serious in patients like you. <b>I wish</b> we were not in this situation, <b>but I’m worried</b> that you could get much sicker very quickly. If that happens you are at risk of dying in a short period of time.”
4. EXPLORE KEY TOPICS: a. Goals b. Fears c. Sources of strength d. Family e. Notify	“If things get worse, <b>what would be most important to you?</b> ” “ <b>What are you most afraid</b> of right now?” “ <b>What gives you strength</b> as you think about what may be ahead with this illness?” “ <b>How much does your family know</b> about what’s important to you?” “ <b>Is there anyone you would like me to contact?</b> ”
5. CLOSE THE CONVERSATION	“ <b>I’ve heard you say</b> that ____ is important you right now. Keeping this in mind, and what we know about this illness, I recommend that ____.” “ <b>How does this plan seem to you?</b> ” “ <b>We will do everything we can</b> to help you through this. EG: “I’ve heard you say that not suffering if you become more short of breath is important to you. Keeping in mind what we know about this illness, and what you’ve shared with me, I recommend that we admit you to hospital and treat you with oxygen and medicine to help with your shortness of breath. If things worsen, we will not send you to the intensive care unit as that will only prolong your suffering. But we will continue to aggressively treat your symptoms so you remain comfortable. How does this sound?”
6. DOCUMENT & COMMUNICATE KEY CLINICIANS	1. <b>DOCUMENT</b> in Health Record 2. Ensure the Resuscitation Status order (MOST, POLST, Code Status) 3. Personally inform provider(s) who should know

**Documentation example in Cerner for Vancouver Island Health Authority (Canada):**

Document your conversation in the universally accessible, Encounter-INdependent Advance Care Planning Form: 3 clicks to open it.



To review documentation, click on MOST/ACP tab in **“Results Review”** (2 clicks from home screen)

