RATIONING SCARCE MEDICAL RESOURCES DURING A PANDEMIC FLU

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Kidney Dialysis
“if not all could be saved, then the cancer researcher or the church-going mother of four should receive ongoing dialysis rather than the bachelor street sweeper with a drinking problem.”

Source: John Arras, Rationing Vaccine During an Avian Flu Pandemic; Why it won’t be Easy, 78 Yale Journal of Biology & Medicine 283 (2005)
No Chiron Influenza Vaccine Available This Season
[Updated Oct. 6, 2004]
Kate Traynor
BETHESDA, MD, 05 October 2004—Chiron Corp. announced Tuesday that it will be unable to supply any influenza virus vaccine to the U.S. market for the 2004–05 influenza season, creating an instant and severe vaccine shortage just as the flu season begins.
The announcement was made after regulators in the United Kingdom (U.K.) suspended the license of Chiron's vaccine manufacturing facility in Liverpool, England, the only Chiron facility that produces influenza vaccine for the United States. Vaccine produced at the Liverpool facility was used for the first time in the United States during the 2003–04 influenza season, and the company had been expected to produce about half of the U.S. influenza vaccine for the current flu season
CDC Guidelines
2004-2005 flu season

- adults 65 years of age or older,
- children 6 to 23 months of age,
- individuals with certain chronic illnesses,
- pregnant women,
- residents of nursing homes and
- children on chronic aspirin therapy.
THE DEADLY CHOICES AT MEMORIAL

The floodwaters from Katrina had inundated the power. Doctors and nurses were overwhelmed and exhausted. Patients were dying and the administration of much of the hospital seemed impossible. Injections were being missed. It was known that some members of the medical staff decided to, in effect, try to control those patients — or hasten their deaths.

BY SHERI FINK
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Priority for Evacuation

1. those who were in fairly good health and could sit up or walk

2. those who would need more assistance

3. those deemed very ill and/or with DNR orders
Allocation Theories

- Libertarian
- Utilitarian
- Egalitarian
- Communitarian
Libertarian Theories

Allocation is thought to be best left to the marketplace.
Egalitarian Approach

1. everyone gets the same
2. everyone gets the amount necessary to get to the same outcome
3. everyone gets same opportunity to access the benefit
Equal Opportunity

Lottery

First Come, First Served
Equal Opportunity

“Fair Innings” THEORY
Utilitarian Theories

Distribution that will achieve the best outcomes or greatest benefit for the greater number
Medical Benefit Priorities

- Those who will probably live only with treatment
- Those who will probably live without treatment
- Those who will probably die with treatment
Communitarian Approach

Consensus on the part of members of the community as to what goals and values they wish to achieve and uphold.
“TRIAGE (WHICH MEANS “CHOICE” OR “SELECTION”) IS REQUIRED WHEN MANY PATIENTS SIMULTANEOUSLY NEED MEDICAL ATTENTION AND MEDICAL PERSONNEL CANNOT ATTEND TO ALL AT THE SAME TIME.”
References:

• WHO, ADDRESSING ETHICAL ISSUES IN PANDEMIC INFLUENZA PLANNING (DISCUSSION PAPERS) (2008)

• IOM, GUIDANCE FOR ESTABLISHING CRISIS STANDARDS OF CARE FOR USE IN DISASTER SITUATIONS (SEPT. 24, 2009)

• NYS WORKGROUP ON VENTILATOR ALLOCATION IN AN INFLUENZA PANDEMIC, PLANNING DOCUMENT, Draft for Public Comment (March 15, 2007)

• MINNESOTA PANDEMIC ETHICS PROJECT, FOR THE GOOD OF US ALL: ETHICALLY RATIONING HEALTH RESOURCES IN MINNESOTA IN A SEVERE INFLUENZA PANDEMIC (JAN. 30, 2009)
“SOFA uses clinical and some simple laboratory variables (PaO2, bilirubin, creatinine) to predict outcome by assessing degree of organ system dysfunction and is one of the least complex and most predictive available metrics for prognosis prediction in critical care.”
WHAT OTHER FACTORS CAN BE CONSIDERED?

- LIFE YEARS SAVED OR QALYS
- AGE
- HEALTH CARE WORKERS
- A LOTTERY OR FIRST IN LINE
“THE EXPERIENCE OF WITHDRAWING VENTILATION AND OBSERVING THE SUBSEQUENT DEMISE OF PATIENTS WILL BE TRAUMATIC FOR ALL CONCERNED, INCLUDING CLINICIANS. DOCTORS AND NURSES FORCED TO EXTUBATE PATIENTS, EVEN TO SAVE OTHER PATIENTS, MAY NOT RECOVER FULL PROFESSIONAL CONFIDENCE UNTIL LONG AFTER THE PANDEMIC IS RESOLVED.”

SOURCE: NYS WORKGROUP ON VENTILATOR ALLOCATION IN AN INFLUENZA PANDEMIC, PLANNING DOCUMENT, Draft for Public Comment (March 15, 2007)
SUMMARY:

1. MEDICAL BENEFIT (BASED ON UTILITARIAN THEORY OF SAVING THE MOST LIVES)
   a. MAY INCLUDE WITHDRAWING VENTILATORY SUPPORT

2. IF INSUFFICIENTLY RESTRICTIVE, OTHER CRITERIA:
   a. INDIRECT BENEFITS/SOCIAL VALUE – GENERALLY REJECTED
   b. ECONOMIC BENEFITS – REJECTED
   c. FAIRNESS
      i. AGE – FAIR INNINGS???
      ii. CHANCE
         1. LOTTERY
         2. FIRST COME FIRST SERVED
WHAT IS, OR SHOULD BE, THE ROLE OF ETHICS COMMITTEES IN ALL OF THIS?

PROCESS AND RESULTING GUIDELINES SHOULD HAVE THE FOLLOWING CHARACTERISTICS:

• BE VIEWED AS FAIR BY THE AFFECTED COMMUNITY
• ALLOW FOR TRANSPARENCY FOR OTHERS TO SEE HOW THE DECISION WAS MADE
• BE FLEXIBLE AND ABLE TO ADJUST GUIDELINES AS NEW FACTS COME TO LIGHT
• REFLECT THE INTERESTS OF THE INSTITUTION AND BROADER COMMUNITY NOT JUST THE INTERESTS OF A FEW