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Our Next Pandemic Ethics Challenge? – Allocating “Normal” Health Care Services.

*Jeremy R. Garrett, Leslie Ann McNolty, Ian D. Wolfe, and John D. Lantos. *Hastings Center Report*, 2020.¹*

Short summary

In this article Garrett et al. discuss, in a US context, criteria for allocation of limited health care resources in transitioning back to ‘normal care’ in hospitals after the ‘peak’ of the pandemic. The authors argue that the unprecedented challenges that the health care system has been faced with during the pandemic provide an opportunity to rethink what ‘normal’ hospital care is and/or should be. To promote justice in health care, Garrett et al. propose four changes to the current US hospital care delivery system.

Introduction

Much of the discussion around resource allocation during the acute phase of the COVID-19 pandemic has focused on triaging of limited health care resources for patients in intensive care units. As the pandemic crisis has peaked, and hospitals start planning to return to ‘normal care’, clinicians and administrators are faced with the challenge of determining who should have access to care first, and who should continue to wait.

Key arguments:

Garrett et al. argue that rationing of limited health care resources during this transitioning time differs from resource allocation decisions during times of plenty: The need for rationing of resources is more obvious, and the decisions are therefore more explicit and deliberative. The authors see this as an opportunity to rethink resource allocation in health care and argue that the ethical values that guide crisis standard of care should continue to inform allocation of limited health care resources in hospitals going forward.

The ethics principles of the crisis of standard of care are: fairness, duty to care, duty to steward resources, and justice. On basis of these principles, four changes to the current hospital delivery system are proposed:

¹ Garret, J. R., L.A. McNolty, I.D. Wolfe, and J.D. Lantos. (2020). Our Next Pandemic Challenge? Allocating “Normal” Health Care Services. *Hastings Center Report*, 50:79-80.
DOI:10.1002/hast.1145

- 1) To promote fairness in access and treatment, adoption of a ‘safety-net’ mentality by providing access to treatment to all, irrespective of their ability to pay, is proposed. Cuts in services due to financial shortfalls should be avoided, and hospitals should instead be advocating for more resources.
- 2) Expansion of telemedicine is proposed to steward limited resources. Special attention should be paid to avoid disadvantaging patients who lack access to technological resources and populations who may need face-to-face access.
- 3) Efforts to strengthen community-based care should be made. Garrett et al. argue that good stewardship of resources and the duty to care call for efforts to minimize logistical burdens for patients.
- 4) Access for all must be improved by expanding hospital operating hours.

Conclusion

Justice should be reflected in all standards of care. In order to promote justice in health care, the transition from the pandemic crisis to the ‘new normal’ in health care should be guided by the ethical principles of the crisis standard of care.