



Chinatopix via Associated Press

Triaged Out of Critical Care in the COVID-19 Pandemic: What Then?

Dr. Elysée Nouvet
Associate Professor
School of Health Studies
Western University
London, Canada

Dr. Patricia Strachan
Associate Professor
School of Nursing
McMaster University
Hamilton, Canada



humanitarian health ethics
reflecting on ethical practice

Triage & Covid-19

Global preparedness, socio-cultural considerations, and communication

Elysée Nouvet, PhD (study lead)

Lisa Schwartz, PhD

Pat Strachan, PhD, RN

Michela Luciani, PhD, RN

Alessio Conti, PhD, RN

Lydia Kipiriri, PhD, MD

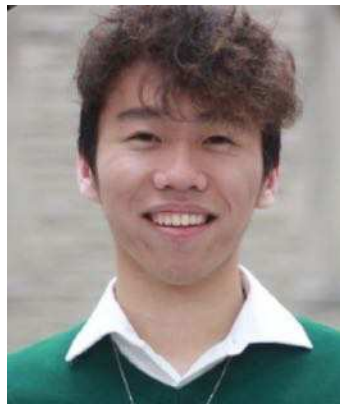
Sonya DeLaat, PhD



Funding: Western University (Health Sciences & Vice-President research), WHO SSWG



Virginia Le



Keenen Qin



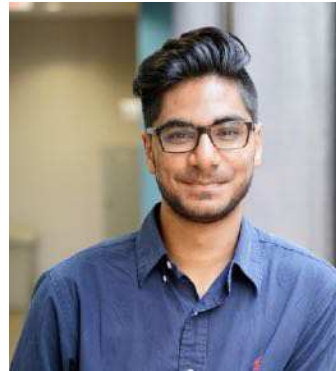
Omar Mahboob



Graham Caldwell



Zoha Salam



Ahsas Nagee



Erynn Monette



Aziza Mohamadhossen



Samara Bengall



Kainat Amir



Allyson Oliphant

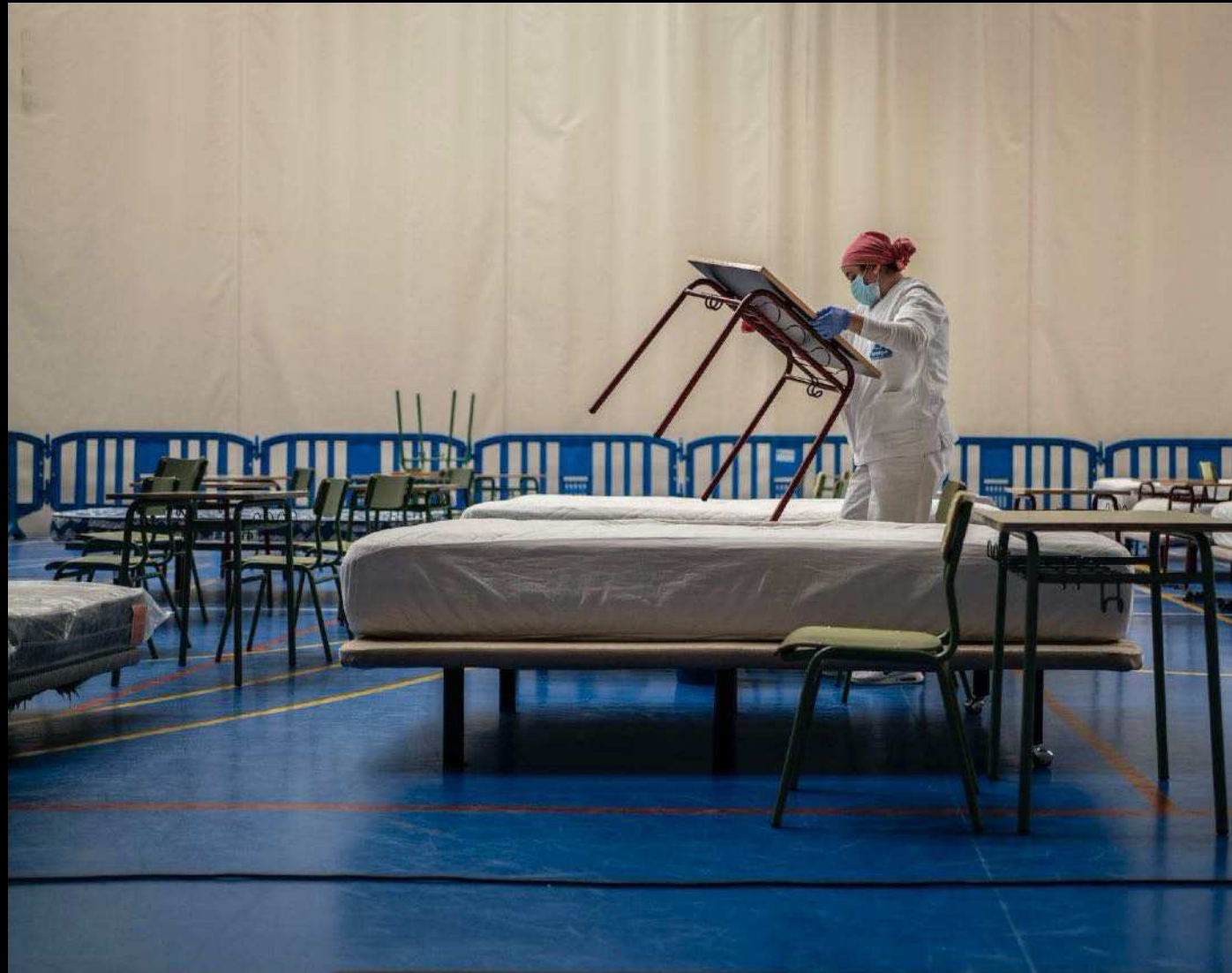
PLAN

1. Study overview

2. Findings :

- critical care triage guidance
- care to the seriously ill
- communication

3. Discussion / Q & A



The Atlantic

The Extraordinary Decisions Facing Italian Doctors

There are now simply too many patients for each one of them to receive adequate care.

MARCH 11, 2020



CLAUDIO FURLAN / LAPRESSE / AP



Manaus, Brazil

<https://www.voanews.com/covid-19-pandemic/global-worries-infections-spike-russia-brazil-india>



Home

COVID-19

Content

Auth

Analysis

Pandemic palliative care: k

Amit Arya, Sandy Buchman, Bruno Gagnon and
CMAJ April 14, 2020 192 (15) E400-E404; DOI: <https://doi.org/10.1503/cmaj.200400>



SARS

Ebola

MERS

Bird flu



The NEW ENGLAND
JOURNAL of MEDICINE

SOUNDING BOARD

Fair Allocation of Scarce Medical Resources in the Time of Covid

Ezekiel J. Emanuel, M.D., Ph.D., Govind Persad, J.D., Ph.D., Ross Upshur, M.D., Beatriz Thome, M.D., M.P.H., Ph.D., Michael Parker, Glickman, B.A., Cathy Zhang, B.A., Connor Boyle, B.A., Maxwell Smith, Ph.D., and James P. Phillips, M.D.



UGANDA

EPIDEMIC PREPAREDNESS AND RESPONSE

Communities at the heart of our work

Epidemics begin and end in communities. When communities are engaged and trained in epidemic preparedness and response, they can find and stop outbreaks which will ultimately save lives, restore services and help build resilience.

Early detection. early action at community level

Editorial | [Open Access](#) | [Published: 06 May 2020](#)

Ethics guidelines on COVID-19 triage—an emerging international consensus

[Susanne Joebges](#) & [Nikola Biller-Andorno](#) 

[Critical Care](#) **24**, Article number: 201 (2020) | [Cite this article](#)

2712 Accesses | **1** Citations | **6** Altmetric | [Metrics](#)

Introduction

COVID-19—classified as a pandemic by the WHO on March 11, 2020—is expected to put tremendous strain on many healthcare systems. Early epidemiological analyses show that

Fair and
transparent
decision-making;

Patient or legal
representative
involvement in
treatment choice;

Palliative care
provision to those
who do not
receive life-saving
intervention



Palliative care in public health emergencies



A photograph showing medical staff in full white protective suits and hoods working with a patient inside a hyperbaric oxygen chamber. The scene is dimly lit, with a blue overlay. A sign with 'COVID 2' and a cross symbol is visible in the background.

COVID 2

Triage & COVID-19: Global preparedness, socio-cultural considerations, and communication

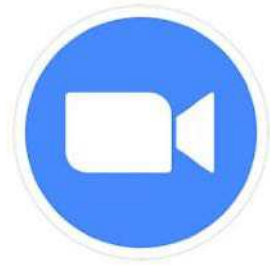
A RAPID INTERNATIONAL QUALITATIVE STUDY

Study objectives

- To build evidence to support realistic and socially, culturally sensitive COVID-19 triage and triage communication strategies
- To clarify what individuals positioned to be on the front lines of healthcare delivery regard as ethically crucial to the care and treatment of seriously ill patients not prioritized for critical care
- To contribute to debate and discussion on critical care triage planning, delivery, and communication

Data collection

In depth, semi-structured interviews were conducted and online surveys were collected from frontline COVID-19 healthcare workers from all **6 WHO Regions**.



Interviews were conducted in English, French, or Italian



67 Participants

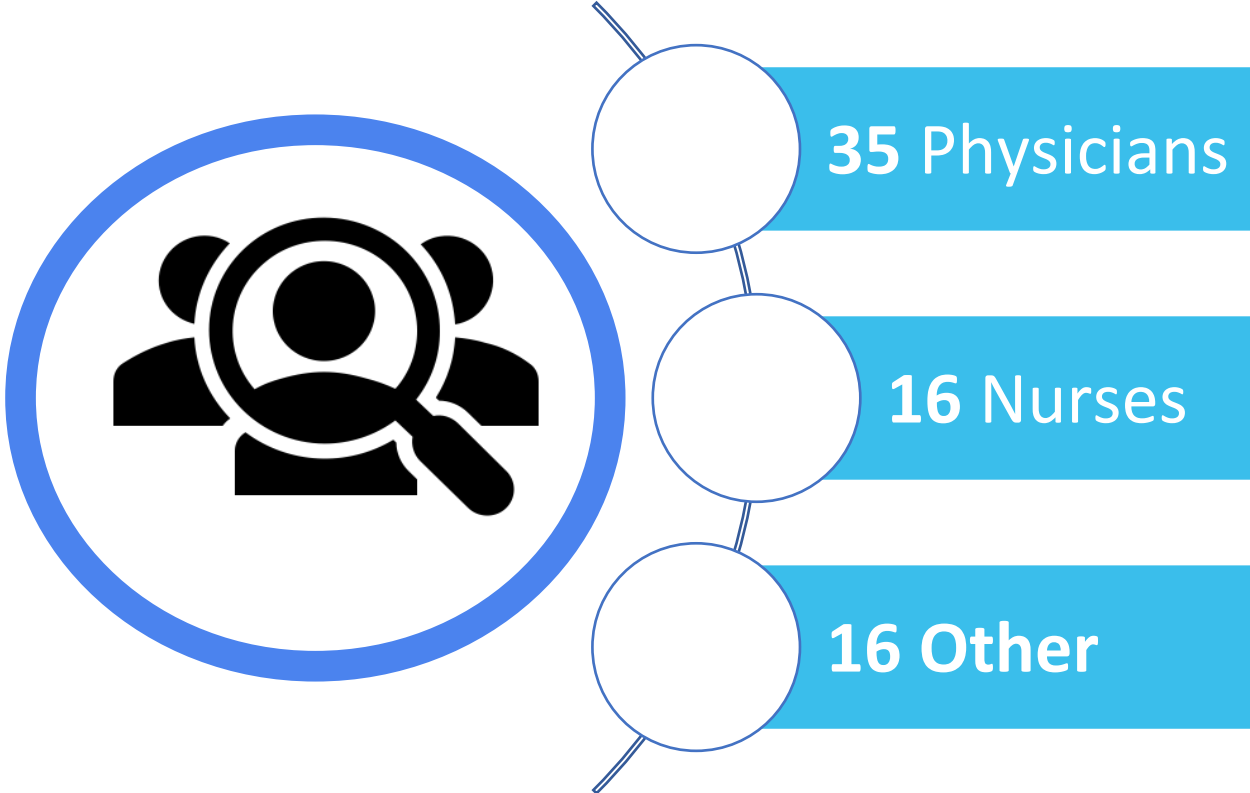


Is there a pandemic-specific plan for the allocation of critical care?

Who should make critical care triage decisions?

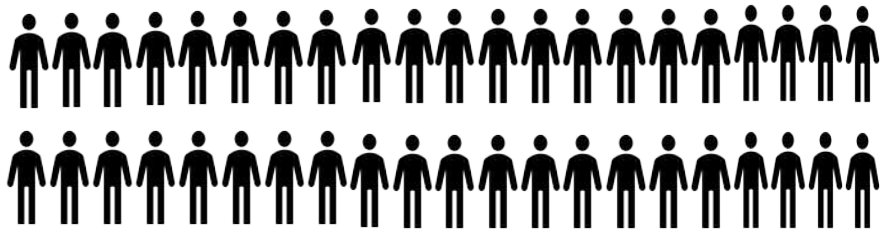
What care was currently and should be provided to patients triaged out of critical care?

Should triage criteria and plans be shared transparently with patients, families, and the general population?

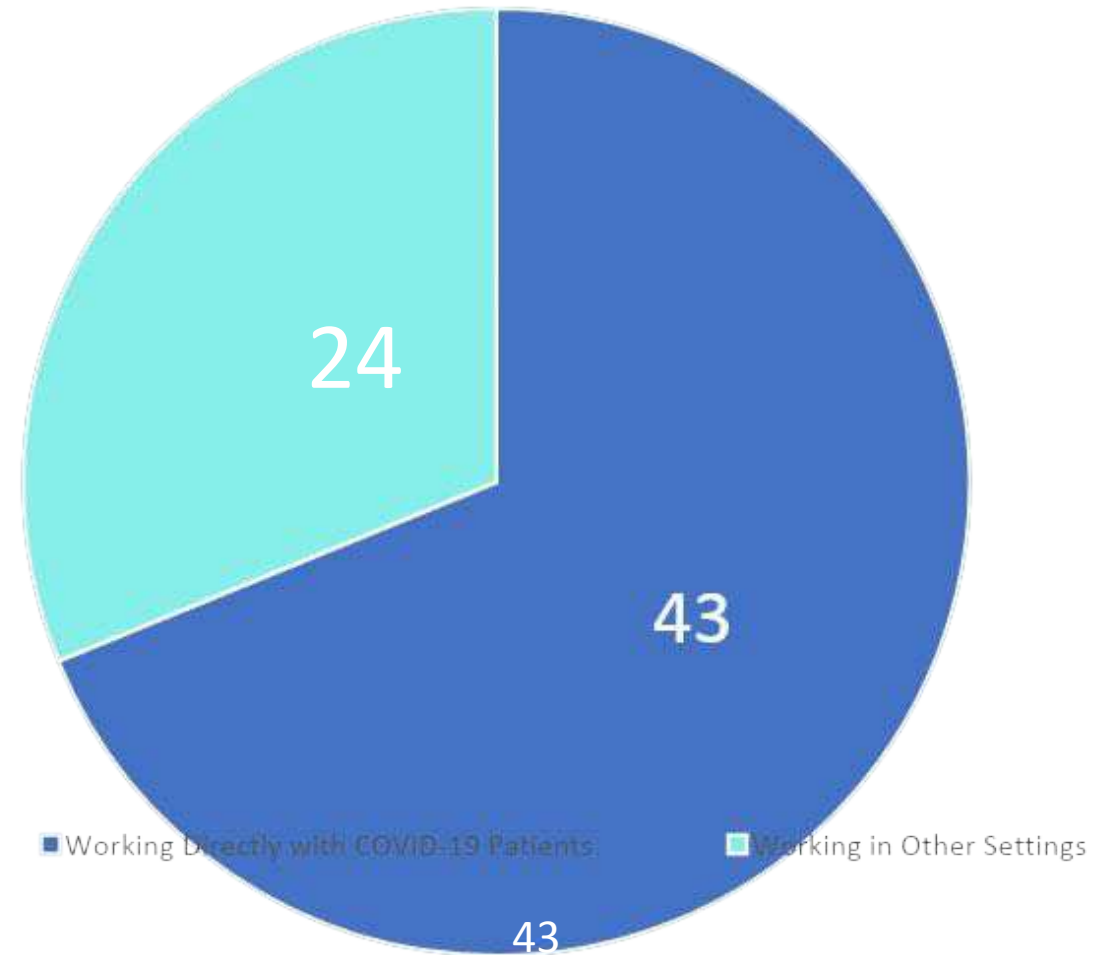




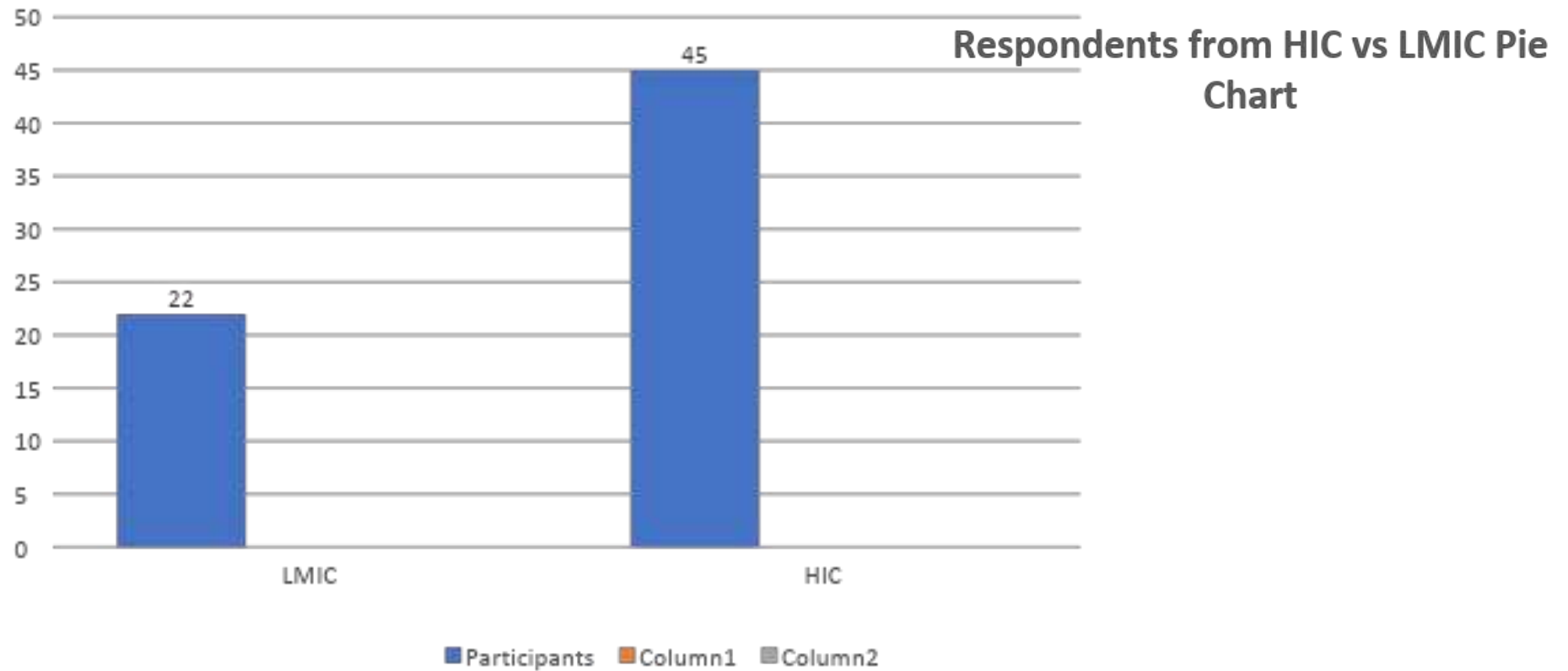
25 Female Participants



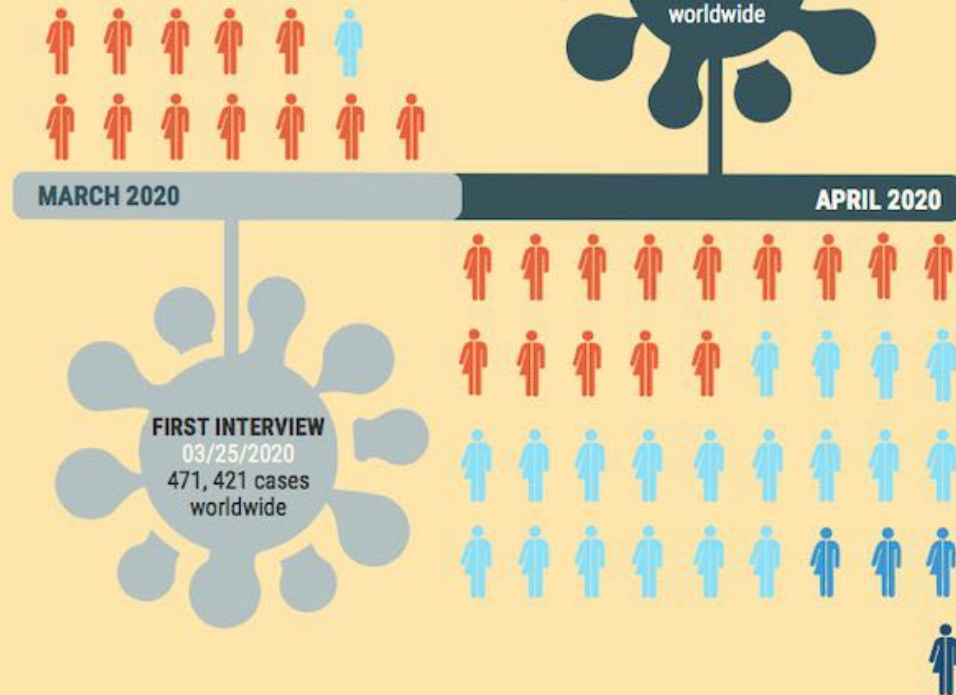
42 Male Participants



Respondents from High-Income vs. Low and Middle-Income Countries



PARTICIPANTS FROM ALL **6** WHO REGIONS





Preparedness Stage

- Participant has not experienced an alarming number of cases, nor have they developed a triage plan.



Responses Stages


- This stage contains three sub-categories:
 -  Early Surge Capacity
 -  Peak Capacity
 -  Post-Peak Capacity



Nongo infectious disease treatment centre Conakry, Guinea



COVID-19 Hospital Ward in USA (HIC)


A photograph showing healthcare workers in full personal protective equipment (PPE), including white gowns, hoods, and respirators, attending to a patient in a clinical setting. The scene is dimly lit, with a bright light source visible on the right side of the frame. The workers are focused on the patient, who is lying down. The overall atmosphere is serious and professional.

1. Providers' views on plans and guidance for critical care triage in their context of practice

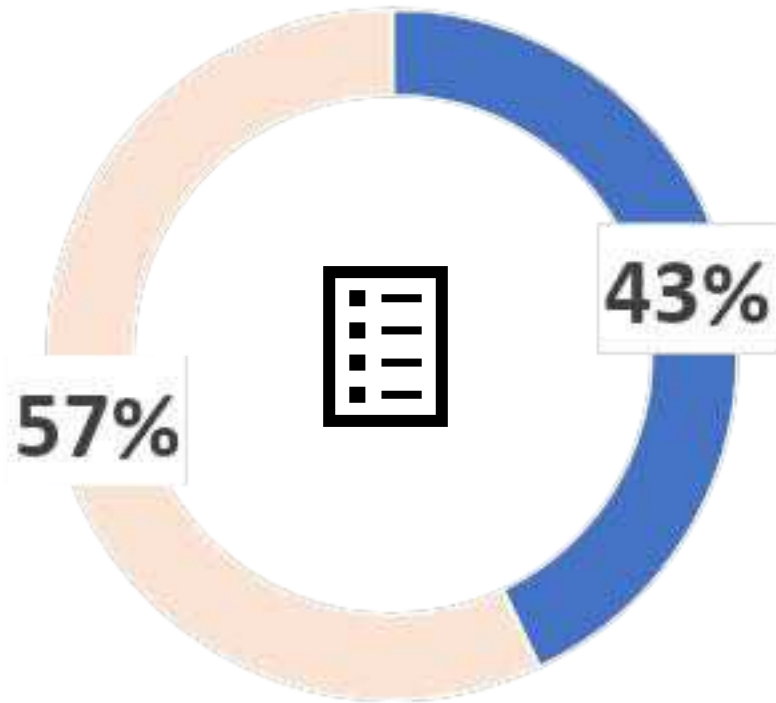
Many participants valued triage committees + guidance

- To support the fair and consistent practices across covid centres or hospitals and regions;
- To support responsible use of limited resources
- To alleviate the burden of resource allocation decision-making on HCPs



- 
-
- *“If we leave it to them without guidelines, there will be a psychological, actually, **catastrophic** psychological impact on them in the long-run. **I don’t know how it can be compared.**”* (P20, LIC)

GUIDELINES“DEVELOPED BY WHO KNOWS WHO, WHO KNOWS WHERE”



■ Guidelines in Place ■ No Guidelines in Place

Several participants...

- Uncertain if there were guidelines
- Uncertain who had developed
- Unclear on details
- Some questioned their logic

“We are officially given PPEs only if we are certain that we have a patient with suspect [COVID] symptoms. You understand that if I arrive at the patient’s house and observe there the symptoms, I don’t have the PPE.” (P17, HIC)





- *“Nobody will tell me to, to put an 80-year old in good shape to a regular floor with morphine, because he is not in the observations of that government, or algorithm that should be followed. I am going to put a tube in his throat and try to save him even though he is not in the algorithm.” (P31, HIC)*

Most participants in HICs expected some application of utilitarian reasoning but....


- Paper-based decision-making clinically unsound
- Risk of ageism, or other discrimination
- Inequalities would persist





“Nobody will choose the man, it will just happen somehow. Somehow, it’ll happen, even the woman will probably say, ‘I don’t need it I’m doing fine’.”

(P4, MIC)

A photograph of two Nigerian doctors in a clinical setting. The doctor on the left, wearing a blue surgical cap and a white face mask, is assisting the doctor on the right. The doctor on the right is also wearing a blue surgical cap and a light blue face mask, and is in the process of donning a blue surgical gown. The background is a blurred clinical environment.

“I am a soldier. I am going to do anything for my country.” (P14, LIC)

Nigerian Doctors Donning



Abandoned Hospital

IN SOME CONTEXTS, ELDERLY MAY BE PRIORITIZED FOR LIFE-SAVING INTERVENTIONS



“if there is the son and dad, both are sick, [it] is very much possible that son will give the respirator to the dad, it is possible.” (P4, MIC)

Implications for practice

Interrupt

Assumptions that there can be universally resonant , culturally acceptable logics for resource allocation, even in 'war'

Increase transparency

Guidelines and committees supported if inclusive of bedside expertise, not overly rigid, and understood

Ensure

Adequate PPE, as it is the key determinant of patient care

Recognize

if fairness is a goal and expectation, plans need to take into account pre-existing inequities

2. What care for patients triaged out of critical care?



Implications for practice

Troubleshoot

provision of psychosocial care in contexts of isolation

Further
document

Realities of pandemic palliative care – towards supporting provision beyond symptom management

Recognize


Limits to patient care in isolation and provider mental health

Develop

Health provider communication skills



3. Communicating critical care triage plans



“Transparency is just as important as confidentiality, especially when it means life or death” (P10, HIC)

“My gut instinct is that we should be trying to be as honest as we can but maybe there some consequences that I haven't thought through yet about ...My fear is that it would also leave some people very fearful because it spells out the starkness potentially of triage decisions if we were to get to that point.”

(P32, HIC)

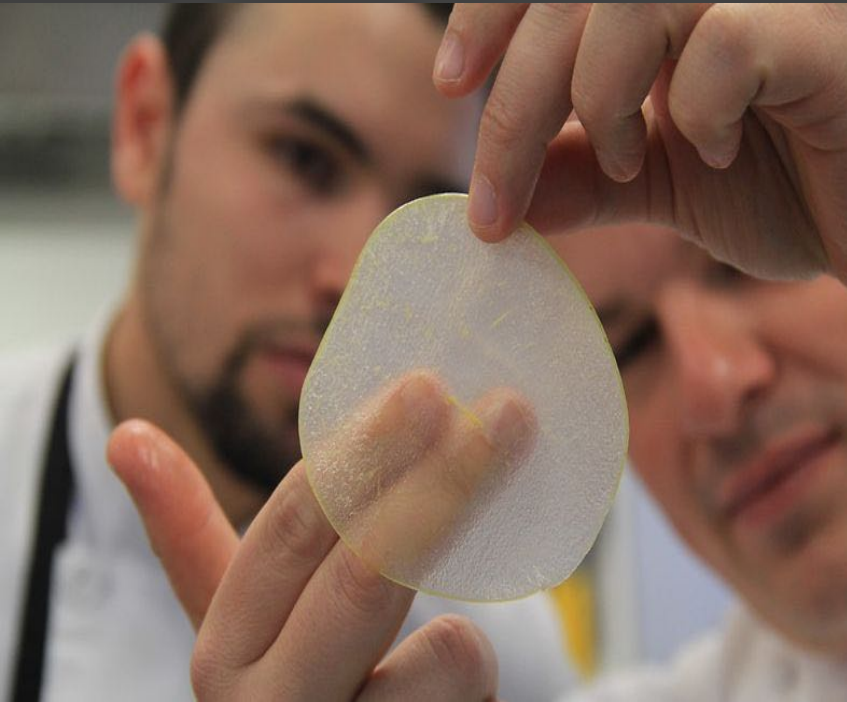


“What is the best way to communicate the triage criteria, need for Advance Care Planning conversations and planning? Booklets in ICU or Emergency Room? They won’t get read. Message updates on the web? I mean, I don’t even get to read them. People seem to be getting most information from live media sources.” (P40, HIC)

“Families and patients understand that those who were > 85 years of age with some advanced disease like Cardiac, Heart failure, COPD, Dementia, Cancer, would not go to ICU, but to another floor where symptom care [e.g. for breathlessness] and palliative care would be provided.”

(P41, MIC)

Transparency: pros and cons



On one hand.....


- Incites fear and chaos
- Exposes inequities
- Uncertainty about “how to “
best practice

On the other hand...

- Promotes equity
- May promote tolerance of
imposed triage decisions
- Discourages rumors

- *“Social media is the main source of information for people and the government. They believe everything they see on Facebook and the news on TV. There is no reflection about it. COVID is just ICU and dead people because that is what they see on social media. I don’t know who has credibility. All they believe what they see on social media. It is difficult to change their minds” (P39, LIC)*





We are all in
this
together.....

“it’s better we share all truth with the people. [...] It’s a hard time for the medical personnel because it’s hard to say to a family that in your case we need the ventilator and we don’t have it; but, you know in the all around the world they have the same situation.”

(P28, MIC)



Implications for practice

Avoid

All people should understand how and where to access care: avoid self-triage out of care

Develop
and
deliver

messages with trusted community partners

Consider

(health) literacy: aim for understanding

Develop

health provider communication skills



Elysée Nouvet
enouvet@uwo.ca

TRIAGE & COVID-19:

GLOBAL PREPAREDNESS, SOCIO-CULTURAL CONSIDERATIONS,
AND COMMUNICATION



Elysée Nouvet, PhD | Patricia H. Strachan, PhD, RN | Michela Luciani, PhD, RN |
Sonya DeLaat, PhD | Alessio Conti, PhD, RN | Allyson Ollphant, PhD (a.b.d.) | Erynn
Monette (BSc) | Lydia Kapiriri, PhD, MD | Lisa Schwartz (PhD)



Patricia Strachan
strachan@mcmaster.ca

Thank you !

(Reach out if you would like a copy of the report)