

Medical triage principles in wartime and pandemic scarcity



A Catholic perspective

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Medical scarcity



Wartime

- Soldier victims (front, mainly men)
- Civilian casualties (e.g. after bombings)
- Surgical facilities

Pandemic

- Civilian casualties (ill humans)
 - Health care workers
 - Hospital / ICU facilities
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Approach without severe scarcity

- Treat everybody
 - No priority for people with very poor prognosis
 - Urgent cases first
 - Treatment of cases with intermediate or low urgency later
 - Transport to hospitals further away from the front
 - Transport to other hospitals
 - Maintaining army operation / hospital or other operations
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Scarcity: secular approach

Western societies

Justice - distributive justice

Also:

- Formal equity (Aristoteles)
- Solidarity



Principles of equity and solidarity

- Egalitarianism
 - All people equal
 - All people same opportunities for surviving
 - General principle in healthcare without scarcity
- Utilitarianism
 - Maximize utility
 - Save as much lives / life years as possible



Secular triage principles

Egalitarianism (treating people equally)

- Random selection – first in, first served - lottery
- Giving priority to the worst off
 - Priority to sickest / younger people (shorter lived lives; fair innings)
- Disease criterion (triage for all diseases)

Utilitarianism (maximizing the benefits produced by scarce resources)

- Most individual lives
- Most saved life-years (priority to younger individuals)
 - Medical selection / comorbidity
- Promoting and rewarding instrumental value
 - Priority to those who can save others
 - Priority to those who have saved others in the past

Catholic approach



Christian Humanity

elaborated in

Social Doctrine of the Church

Christian humanity



God - *Our* Father

Being with Him

Resemble Him (in e.g. goodness)

Virtues

Created to God's image

(not identical – Gregorius van Nissa 335-394)

Obligation – responsibility - stewardship

Limited autonomy



Human person (body and soul)

Dignity - free will - relationships



Social doctrine Catholic Church (1)



- Life
 - Gift of God, resulting in human dignity
 - Not an absolute value: (being with God is destination of life; CCC 2289)
 - Stewardship of creation (including other human persons)
- Goal
 - being with God

Social Doctrine Catholic Church (2)



- Human dignity
 - Inherent dignity – God-given, transcendent, immeasurable value of each person
 - Subsidiarity leading to participation
 - Common good -, equity, unity of all individuals
 - Solidarity
 - Preferential option for the poor and disabled
 - *Respecting human dignity ≠ saving lives in all circumstances*
- Stewardship
 - Omit not evidence based treatments
 - Universal destination of goods



Catholic Guidelines COVID-19 (1)

1. All patients should receive treatment / merciful care
 - Second best treatment
 - (Palliative) care
2. Special attention for poor and vulnerable persons
3. Prioritize patients who most likely benefit from treatment
 - Not based on: age, disability, quality of life, nationality, race ethnicity, criminal history, insurance
4. Common good directs prioritizing treatment for healthcare professionals

Catholic Guidelines COVID-19 (2)



5. In case of equal benefit: consider expected duration of benefit (survival weeks versus years)
6. Treatment can be withdrawn for the sake of another patient
7. Rationing by case-by-case basis (last option)
 - Lowest level (subsidiarity)
8. Prudence
9. Transparency



Conclusions

- Secular scarcity protocols tend to utilitarianism with a danger of discrimination (elderly / disabled)
 - Catholic perspective:
 - Each human life has equal human dignity
 - Humans are in relationship with others and have to pursue the common good
 - Saving life is not the ultimate goal of creation
 - Triage in scarcity is possible, but with respecting human dignity
 - All sick must receive treatment / care, even if it is second / third choice
 - Secular protocols sometimes make other choices than Social Doctrine of the Church
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Secular selection criteria

- Medical
 - Recovery prognosis
 - Comorbidity (cave discrimination)
- Fair innings
- Social utility – health care utility
- Disease criterion
 - Triage for all patients, not only war victims / pandemic victims
- Care-relationship criterion
- Procedural transparency