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LETTER TO THE EDITOR

Considerations on ICU triage ethics during the COVID-19 pandemic☆

Algunas consideraciones sobre la ética del triaje en UCI durante la pandemia COVID-19

To the Editor,

We read we great interest the article ethical recommendations for a difficult decision-making in intensive care units due to the exceptional situation of crisis by the COVID-19 pandemic: a rapid review & consensus of experts.[1] Fully aware of how it will eventually impact the healthcare workers, we wish to expose some of our worries first.

There is abundant medical literature on the ethical problems regarding triage including principles, values, criteria, and methods of implementation. All this has not been presented to the reader and the reasons behind the problems discussed have not been given either (chapter c, General Recommendations).

During the current pandemic, the authors recommend the use of prioritization categories that are nothing but little changes made to the criteria that govern admissions to the Intensive Care Units (ICU) in the routine medical practice[2] and based on clinical judgement, not on the triage protocols suggested by other expert working groups.[3]

On table 1 of this article there is a clear contradiction with respect to the statements made on such article. Age is a criterion to weigh in differently depending on the triage model selected (and there are too many of them in the medical literature available), but is not an aprioristic criterion to rule out ICU admission as this table says. This ageism is hard to defend ethically. As a matter of fact, according to the Spanish Ministry of Health medical report on ethical criteria in situations of pandemic: SARS-CoV-2, it is something to actually run away from: «what is totally unacceptable whatsoever is to deny beforehand access to these resources to anybody who is over a certain age limit».

If this table is followed, the scales and specific weight of comorbidities can lead to decisions of this sort: 81-year-old patient with diabetes or connective tissue disorder or with a previous myocardial infarction (all of them with a Charlson Comorbidity Index >3) with all-cause pneumonia and respiratory failure would not be connected to a ventilator.

We should remember that, in this pandemic, we still do not know many things about the evolution of certain groups of patients. Under normal conditions, and yet despite the higher mortality rate reported, elderly patients benefit more from ICU admission (ELDICUS study) and even more if they suffer from pneumonia,[4] the main condition of patients with severe COVID-19. Also, triage proposals combining the different factors that should be taken into consideration are being published including what specific weight each factor should have and what the optimal clinical tools should be for a proper triage implementation. However, whether these triage proposals actually save lives or can make an informed decision on who should receive life-support therapies and, therefore, have higher or lower chances of living is still under discussion.

We believe that reviewing these issues would bring more validity to any recommendations made on triage practices in the current COVID-19 pandemic.[5,6]

Conflicts of interest

None reported.

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Reply to ''Considerations on ICU triage ethics during the COVID-19 pandemic''☆

Respuesta a «Algunas consideraciones sobre la ética del triaje en UCI durante la pandemia COVID-19»

To the Editor:

We read the comments made to the article: «Considerations on ICU triage ethics during the COVID-19 pandemic».[1]

We should mention the historic framework within which these recommendations were made, of great difficulty and without any similar historic precedents.

There are 2 basic premises surrounding emergency care or care provided during a crisis situation: in the first place, health authorities have a moral duty to reduce the morbidity and mortality of an emerging disaster and, secondly, ethical principles based on distributive justice and a criterion of proportionality should prevail.

Therefore, in case of mismatch between the clinical needs and the effective availability of resources, a triage system should be implemented for the sake of common good. Since triage is implemented by other specialists before ICU admission, we thought this was the proper triage system due to its practicality. Afterwards, other triage algorithms have come up like the one from Sprung et al. including aspects associated with the patients, the severity of the clinical process, and the prediction of survival.[2]

Our recommendations are not trying to cause any discriminations away from the intensivists' best clinical judgement, the patient's clinical situation or the expectations of survival as the Spanish Ministry of Health recommends.[3] Instead, we wish to encourage thinking among the healthcare workers by offering them objective criteria agreed by our scientific medical society. As a matter of fact, this is no different from what is normally done in our intensive care units where, upon admission, decisions are made on what supports are indicated, which will eventually be useless, and why their use is justified.[4]

Regarding age, it is well known that it is a factor associated with mortality in patients with ARDS due to COVID-19[5] and, although it is true that age should not be considered as the only factor, it has a high specific weight in the main prognostic indices. As a matter of fact, we should remember that an ICU admission is not synonymous of survival, an expectation that may have been triggered by the availability of more ventilators or their indiscriminate use without a reflection on the benefits, indications, and risks involved, which may lead to situations of therapeutic obstinacy.

Finally, we should state clear that these recommendations are flexible, adapted to the current pandemic situations, and should be reassessed on a dynamic basis and based on the epidemiological situation and availability of resources. Above all, the clinical criterion should always prevail as well as the patients' will and preferences to always observe attitudes of respect and dignity.

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