

ethikos Volume 34, Number 5. May 01, 2020 Who gets treated? The ethics of a health crisis

By Sascha Matuszak

Doctors around the world are facing choices that no one wants to make.^[1] As healthcare facilities run out of beds, supplies, ventilators, and drugs, doctors must “triage”—a term coined during the Napoleonic era that describes the process of separating patients and allocating treatment to them according to criteria such as seriousness of the injury and even life expectancy if they were to survive.

Hospitals are considering protocols specific to COVID-19, a virus which seems to be most deadly for people over 65 and those with underlying health problems like diabetes, asthma, or severe obesity. The decisions don’t just include patients who may have contracted COVID-19, however.

The American College of Surgeons released a series of guidelines designed to help surgeons decide which surgeries are elective and which are necessary, saying: “A common issue with which many are confronted is identifying which procedures should be curtailed. To this end, we are including guidelines from various specialties, facilities, and thought leaders to help inform the decision making occurring at the local level.”^[2]

¹ Molly Walker, “COVID-19 Triage: Who Lives, Who Dies, Who Decides?” *Medpage Today*, March 23, 2020, <https://bit.ly/2UNURP8>.

² American College of Surgeons, “COVID-19: Elective Case Triage Guidelines for Surgical Care,” March 24, 2020, <https://bit.ly/3aVZnkk>.

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