

# COMMUNITY VALUES REGARDING THE ALLOCATION OF SCARCE MEDICAL RESOURCES

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## BACKGROUND

The scarcity of medical resources is one of the biggest challenges that healthcare providers face during emergency situations. In a pandemic flu situation (Figure 1), for example, there may only be a handful of ventilators available to treat the dozens of people who need this life-saving device. In these situations, healthcare providers are faced with making decisions about who receives the resources (and likely lives) and who does not (and consequently likely dies).

In this project we assessed community values about whether it was appropriate—and if so under what circumstances—for healthcare providers to remove a ventilator from a patient and give it to someone else. The ultimate purpose of this research is to provide healthcare providers and policy makers with insights into community values in order to help them make these important decisions.

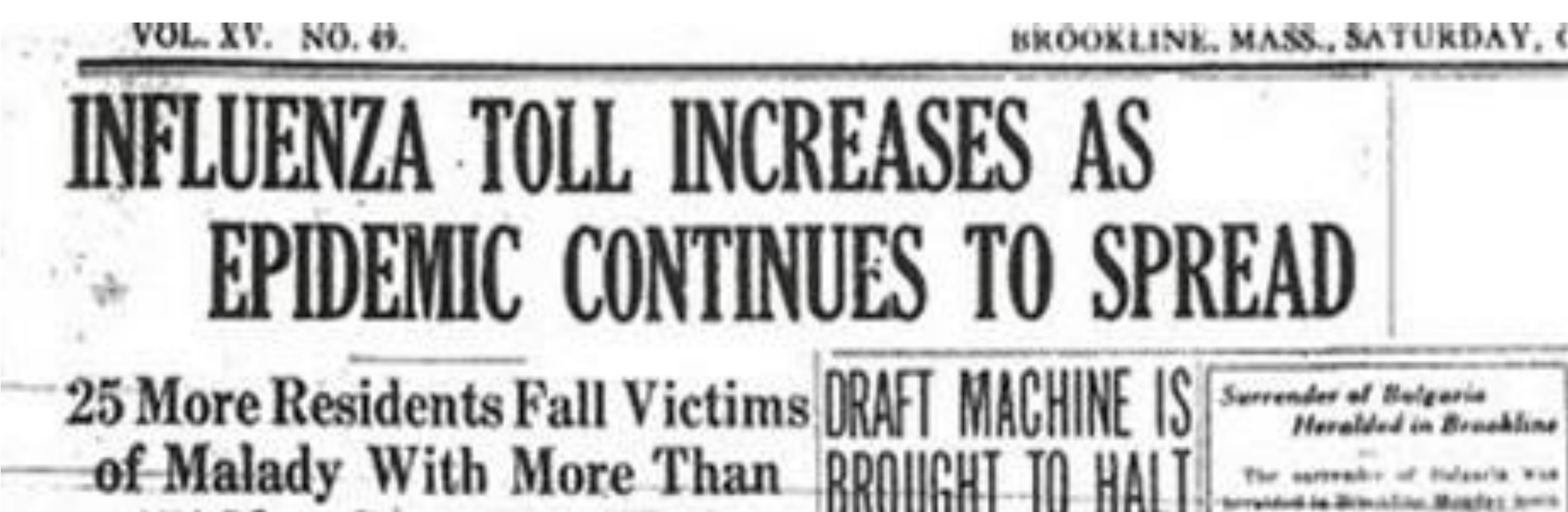


Figure 1: Newspaper heading from 1918 flu pandemic.

## METHODS

Community representatives were recruited from two areas in central Texas:

- Colorado County (rural)
- the greater San Antonio metropolitan area (semi-urban and urban)

English and Spanish speakers over the age of 18 were recruited through a variety of methods including: flyers posted in libraries, coffee shops, grocery stores, and other public locations; newspaper and radio ads; and social media postings. To ensure a diverse sample, members of underrepresented ethnic, racial, and socioeconomic communities were over-recruited.

Data were collected using deliberative democracy (Figure 2). Deliberative democracy is a qualitative method that provides a structured process through which community members can share and explore their own views, and those of their peers, in an extended, moderated forum. This project applied deliberative democracy through the following steps:

1. An expert gave a presentation about a flu pandemic scenario, scarce medical resources, and project terminology.
2. Forums consisting of 4-8 community members discussed ethical principles that healthcare workers could implement in a pandemic.
3. A delegated member of each forum asked a panel of healthcare professionals questions the group had developed in their discussions.
4. Forums convened for a second discussion.



Figure 2: Deliberative democracy discussion conducted in San Antonio (with permission from participants).

## METHODS, CONTINUED

This poster specifically presents the findings of the second discussion. In this discussion, participants were asked to consider whether it is ever acceptable to remove a ventilator (Figure 3) from someone, who needs it to survive, and give it to someone else, who also needs it to survive. Each discussion was led by a moderator and recorded by 1-2 note takers as well as digital audio recorders. Thematic analysis was used to synthesize the resulting data.



Figure 3: Photo of an actor portraying ventilator use.

## RESULTS

One forum was conducted in Colorado County and 5 forums were conducted in San Antonio. Three primary themes emerged from the analysis:

### Survivability

Overall participants were conflicted by the idea of removing a patient from a ventilator. They were generally opposed to this option, but felt that under certain circumstances—relating to the likely survival of the person on the ventilator—this might be acceptable. Specifically, participants felt removing a ventilator was not ethical if it continued to aid in a patient's recovery. If the patient was not improving or getting worse, however, they felt it might be acceptable to remove that patient from the ventilator and give it to someone else who was more likely to survive. To determine survivability, participants felt that the patient's progress should be continually reevaluated.

## RESULTS, CONTINUED

### Collaboration

Forum participants recognized that this reevaluation, and the other, related decisions in this scenario, would ultimately be made by healthcare providers. At the same time, they expressed a strong desire for collaboration between physicians and local community members around 1) the criteria/policies that would be initially used to provide and later remove ventilators and 2) the actual decision-making processes when they occurred. In relation to the first, participants felt that the public's opinions should be considered when criteria were initially developed, and that communities should be educated on these policies before such a pandemic occurred. In relation to the second, members of the forums emphasized the role of family in central Texas and argued that families must be included in the actual decision-making processes.

### Consistency and Transparency

In order for all of this to work, participants felt that it was essential that the entire process was both consistent and transparent. Forum participants felt that consistency could be maintained by dependably using pre-existing criteria among all patients throughout the entire pandemic. Transparency was discussed in two contexts. First, participants felt that patients and their families would need to be informed of the circumstances under which they could be removed from the ventilator before they were put on this equipment. Second, participants agreed that if changes needed to be made to existing criteria during the pandemic, then the details of the changes and why they were necessary should be made clear to the public.

## CONCLUSION

Policy makers and healthcare providers are ultimately responsible for deciding how scarce medical resources are allocated during emergencies. Being familiar with community values can help these individuals make decisions that are not only medically sound but socially acceptable. The results of the central Texas (Figure 4) forums suggest that in this area policy makers and healthcare providers need to consider how they can collaborate with local communities and families and how they can best achieve consistency and transparency during emergency situations.



Figure 4: Visual representation of Texas with Bexar and Colorado Counties highlighted.