

Feature

US ventilator crisis brings patients and doctors face-to-face with life-or-death choices

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Dear Editor

Ethical challenges in the allocation of scarce resources during COVID-19 pandemic: Islamic View

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The ethical implications of scarce resources allocation are very drastic in the current COVID-19 pandemic. The demand for critical care in several areas of the world like the northern region of Italy and New York were exceeding its supply. Intensive care doctors were facing overwhelming decisions about who should be provided with a ventilator, knowing the fact that those who are not admitted to the intensive care units will very likely die. Physicians have to consider the prioritization of patients who are most likely to survive over those with remote chances. This practice has triggered an immense debate about the right of everybody to access the healthcare. Many people found themselves personally affected by these implications and all of a sudden realized that the principle of “equals should be treated equally” may no longer be applicable. [1] Utilitarian principles should be the basis for such decision. The difficulty, however, arises when it is impossible to triage patients based solely on utilitarian considerations. [2]

On 20 March 2020, in response to the COVID-19 pandemic, the National Institute for Health and Care Excellence in the UK published the Guideline with clinical decision-making. The basis of the Guideline is to maximize patient safety and appropriate use of resources. Admission to an intensive care unit is based on some assessment of frailty, comorbidities and likeliness to recover from the intensive treatment.[2.3] The Washington University in St Louis, the University of Pittsburgh, and the State of New York have all developed models for assigning scores to patients based on age and comorbidities which direct the allocation of these scarce resources to individual patients. [4]

The Islamic view

During the COVID-19 pandemic, three Fatwas (decrees) were issued by major Islamic Fiqh authorities. The European Council for Fatwa and Research (ECFR) issued a fatwa in Arabic on managing scarce resources during this pandemic. It states: “ Muslim physicians have a commitment to the medical systems and regulations in the hospitals they work in. If the matter is assigned to the physicians, they must utilize medical, ethical and humanitarian standards. Withdrawal of life-saving equipment in order to treat a patient arriving later is not permitted. If the physician has no choice but to choose between two patients, then the former is offered the ventilator, unless he is deemed futile; the one in need of urgent medical treatment over the one whose condition allows delay, and the patient whose successful treatment is more likely.” [5]

The second fatwa was issued by the Assembly of Muslim Jurists of America which stated that what is to be considered in prioritizing patients over others is the degree of need; so the one in greater need should be prioritized. If they have the same need the one with a greater likelihood of recovery, based on evidence-based clinical tools, should be given precedence. If such likelihood is equal, then those with the longer life expectancy should be given precedence. This is all consistent with the principle of “procuring the greater good by forsaking the lesser.” When applicable, service should be provided on a first come, first served basis. If all previous considerations do not give precedence to some over the others, resorting to lottery is a principle that is endorsed by the Islam. [6]

The International Islamic Fiqh Academy held a symposium on 16th April 2020 discussing the ethical and religious implications of COVID-19 and issued its recommendations stating that “Doctors must adhere to medical and ethical standards. In the case of too many patients and lack of adequate devices, it is left to the discretion of the physician who prioritizes the one who deserves prioritization, and when they are equal, he resorts to lottery between patients”. [7]

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