Identifying Prioritization Criteria to Supplement Critical Care Triage Protocols for the Allocation of Ventilators during a Pandemic Influenza

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TABLE 5.
Evaluation of supplementary triage criteria

Criterion	Strengths	Weaknesses
First come, first served	Contributes to overall objective Can be practically implemented Promotes equitable access Avoids discrimination May promote trust Strikes a balance between individual liberty and community interests Distinguishes between broad and narrow social utility Applicable to pediatric population	May not reflect widely held intuitions that there are morally relevant differences between patients May unfairly disadvantage those who cannot access hospitals quickly
Random selection	Contributes to overall objective Can be practically implemented Promotes equitable access Avoids discrimination May promote trust Strikes a balance between individual liberty and community interests Distinguishes between broad and narrow social utility Applicable to pediatric population	May not reflect widely held intuitions that there are morally relevant differences between patients Some find triage based on "luck" morally repugnant
General need	Contributes to overall objective Promotes conception of equity that disadvantaged groups deserve priority Strikes a balance between individual and community interests Distinguishes between broad and narrow social utility Applicable to pediatric population	More applicable to preventive interventions (e.g., vaccine) Promotes conception of equity that may not be widely shared Difficult to implement because of need to define disadvantaged groups
Population-based mortalitvy risk	Contributes to overall objective Distinguishes between broad and narrow social utility Applicable to pediatric population	More applicable to preventive interventions Inappropriate application of a public health criterion to individual treatment decisions Data may not be available during the early stages of a pandemic when most needed Results in resources being directed to patients less likely to benefit due to higher mortality rates Neglects community interests due to above bullet point
Multiplier effect	Maximizes benefit of available resources	More applicable to preventive interventions Will not achieve intended goal if vented patients do not get back to work quickly Difficult to implement because of need to distinguish between "multipliers" Could be interpreted as social worth criterion Conflicts with value of equitable access May harm public trust Promotes community interest at expense of individual interests Not applicable to pediatric population
Workplace exposure	Consistent with value of reciprocity May help maintain systemic capacity by providing essential service workers with incentive to report to work Fosters solidarity May be consistent with public opinion Consistent with other pandemic prioritization schemes (e.g., vaccine)	Reciprocity could be fulfilled through other mechanisms Difficult to implement practically because of need to define who is "essential" Impossible to prove that a worker contracted pandemic flu in the line of duty With limited vents available, community members would be at a significant disadvantage if essential workers are given priority
		Could be interpreted as social worth criterion
		Prioritizes individual interests of essential workers over community interests
		Not applicable to pediatric population
Heroism	Contributes to overall objective Consistent with value of reciprocity	Difficult to define how "heroic" a patient has been Objectionable that people are rewarded for abandoning their dependents Inconsistent with equitable access Not applicable to pediatric population Could be interpreted as social worth criterion Prioritizes interests of "heroes" over community interests
Caregivers	Contributes to overall objective Maximizes benefit of available resources and minimizes harm Consistent with widely held intuitions in certain cases (e.g., prioritizing pregnant women)	Difficult to implement because of need to collect and verify dependent info Difficult to implement because of need to distinguish between different types of caregivers Inconsistent with equitable access
		Could be interpreted as social worth criterion
		Not applicable to pediatric population
Social/moral worth		Discriminatory Inconsistent with equitable access
		Requires assessments that are entirely subjective
		Prioritizes interests of "worthy" patients over community interests for irrelevant reasons
		May damage public trust
		Not applicable to pediatric population
Fair innings	Contributes to overall objective Can be practically implemented Consistent with widely held intuitions that the young deserve priority over the elderly, but only at extremes of age Strikes a balance between individual and community interests Applicable to pediatric population	Conflicts with cultural values that prioritize age over youth Inconsistent with equitable access Prioritizes quantity of life over quality of life Could be interpreted as social worth criterion if patients are distinguished based on years of productivity