TRANSCRIPT

## *COVID Quandaries* Episode 1

## *Should Healthcare Workers Receive Priority for Treatment in Triage Protocols?*

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**Matt Wynia** [00:01:54] I'm Dr. Matt Wynia.

**Elisabeth Armstrong** [00:01:55] And I'm producer Elisabeth Armstrong.

**Matt Wynia** [00:01:57] From the University of Colorado's Center for Bioethics and Humanities and CU Boulder's Radio 1190 KVCU. This is "Hard Call: The COVID Quandaries Series."

**Elisabeth Armstrong** [00:02:09] It's upended everyone's lives. A global pandemic.

**Matt Wynia** [00:02:12] But America seems to have been especially unprepared for the severity of the novel coronavirus known as COVID-19.

**Elisabeth Armstrong** [00:02:20] And all the questions about ethics and health care, like who gets limited resources-such as organs or expensive new treatments-have taken on new meaning.

**Matt Wynia** [00:02:28] Because the size of the COVID-19 outbreak in the U.S. has us facing these tough decisions on a much larger scale and under a great deal of uncertainty, with less time for careful deliberation.

**CNN News Clip** [00:02:39] It's a critical tool that saves lives: the ventilator, better known as a breathing machine, and American hospitals are concerned this morning that there aren't enough around to help patients who get sick with the coronavirus.

**Elisabeth Armstrong** [00:02:53] But ventilators are not the only problem. Treatment, testing, PPE, staff, and beds are all in short supply, as hospitals treat waves of patients suffering from COVID-19.

**Matt Wynia** [00:03:03] When patients come into the hospital, medical teams are grappling with who gets priority.

**Elisabeth Armstrong** [00:03:10] How do you allocate scarce resources when life and death might be on the line?

**Matt Wynia** [00:03:15] These are the kinds of decisions we explore on "Hard Call," where values, culture, ethics and money often clash. Questions for which there may be no right answer, but where the stakes are high.

**Associated Press Journalist** [00:03:29] What are you dealing with everyday?

**Associated Press Respondent** [00:03:31] People who can't breathe. It's as simple as that. They can't breathe. It's not just this machine that they talk about on TV that we don't have enough of. It's very complex. And if you don't set it up right, that patient outcome is different. You need skilled people, who have lots of experience doing this, to have good outcomes with these patients.

**Elisabeth Armstrong** [00:03:56] So, Matt, this is probably the first pandemic many Americans have been aware of in their lifetimes. But, hasn't the medical community dealt with scarcity and disasters before?

**Matt Wynia** [00:04:07] You know, ideas about how to handle severe shortages of health care resources, like during emergencies, really grew from experiences in the military, on the battlefield. And with the notion of triage, which is a French word, it essentially means sorting something into categories, but ethically, the first thing to know about triage is that it is a forced choice. Some would even call it a Sophie's Choice. So we really do everything possible to avoid it. And if it comes, triage decisions are forced on you because you have a potentially lifesaving resource, but it's limited and not everyone who needs it is going to be able to get it, and you have to decide who gets it and who doesn't. So in this pandemic, ventilators have been used as sort of a paradigm case where we could run out. But as the news clips we just heard show, there are similar problems arising with medication shortages and shortages of beds or rooms, shortages of staff, and so on.

**Elisabeth Armstrong** [00:05:14] So how do you decide?

**Matt Wynia** [00:05:16] Well, so this is the second sort of key ethical thing to know about triage, is it tends to be pretty utilitarian. So "save the most lives" is almost always cited as the primary goal of triage. But I have to say, this is actually more controversial than it sounds. I've spoken to a lot of experts about this over the last few weeks, and not everyone even agrees with this basic thing, because after all, there are other values at stake, including things like maintaining social cohesion, and trust in the health care system, and our ability to come together and heal as communities in the wake of the disaster. So, if by saving the most lives during the disaster you destroy social trust, that would be a bad outcome. So there are other things that matter. And some of these play out in the debates that are happening right now around, you know, how should triage protocols address the needs of people with disabilities? Should age come into play? What about underlying inequities in the health care system, and so-on? So the second problem with this utilitarian goal of "saving the most lives" is it's really hard to know who will be most likely to benefit from a scarce resource. Our tools for making these judgments are OK, but they just aren't that accurate. So a lot of people end up being tied in terms of how likely we think they are to survive if, for example, they get on a ventilator.

**Elisabeth Armstrong** [00:06:48] So obviously we can't tackle all these questions and issues about triage at once. So what's the Hard Call for today?

**Matt Wynia** [00:06:54] Right, so today we're going to focus on one specific question that virtually every policy on triage has had to grapple with, and that is, what about health care workers and first responders? What about the people putting their lives on the line to save others? People who, if we could save them, they might get back in the fight and help save others. And by the way, people who, if we don't promise to make some extra effort to help them, might choose not to come to work. So that's, that's going to be our Hard Call today. If we were running short of critical care resources like ventilators, should health care workers get any type of priority in triage protocols?

**Elisabeth Armstrong** [00:07:37] OK, wait a minute. Even as you were asking the question, you actually made some arguments for giving health care workers priority. Have you made up your mind on this one?

**Matt Wynia** [00:07:45] No. For me, this is actually a legitimate Hard Call because I see good arguments on both sides. But you're right, there are three basic arguments in favor. There's first the idea that health care workers, if you save them first, they can get back in the fight and save others. And then second is the idea of reciprocity. People putting their lives on the line should get some special consideration. And finally, is the idea that if health care workers don't know that they'll be cared for, if they get sick, they might just decide to stay home from work.

**Elisabeth Armstrong** [00:08:22] So what's the strongest argument you've heard?

**Matt Wynia** [00:08:24] Well, let's start with this first reason that most people give when they talk about giving priority to health care workers. It goes by various names. Some people call it instrumental value or narrow social utility or the multiplier effect. But the basic idea here is if your main goal for triage is to save more lives, then you should give priority to people who are out there saving lives. So I like how Dr. Richard Demme, an ethicist at Strong Memorial Hospital in New York, put this, he calls this a "forward looking" consideration:

**Richard Demme** [00:09:02] Instrumental value that is forward looking, that says this person is a health care worker, they're going to save more lives. We want to put them on the ventilator, so when they come off, they can save more lives again.

**Matt Wynia** [00:09:18] That's the classic military strategy for triage, give preference to people who can get back in the fight.

**Elisabeth Armstrong** [00:09:26] So do you think this applies in the pandemic like it might on a battlefield?

**Matt Wynia** [00:09:30] You know, some people I talked to think it will and others think it won't. For example, I talked to Dr. Tia Powell of Montefiore Medical Center in the Bronx. Here's what she said:

**Tia Powell** [00:09:42] I think you could argue for enhanced access because you think if you give me access, I'll get back and I'll treat the troops. I don't think that's true. If you need a ventilator because of COVID-19, we're trying to save your life. The likelihood that you're going to be back at work during the time of crisis is extremely small. So it isn't really classic triage where we get the troops back out on the battlefields. We won't get you back on the battlefield during this COVID pandemic. Maybe we'll save your life.

**Matt Wynia** [00:10:10] And Dr. Armand Antommaria, a bioethicist at Cincinnati Children's Hospital. He remembered a study of health care workers infected with the SARS virus, back in 2003:

**Armand Antommaria** [00:10:22] So if you look at the data from SARS, among health care workers that were infected. One of the reports looked at a cohort of like 12 health care workers that were infected, who required hospitalization within a single institution. None of them required mechanical ventilation. Their average hospital stay was two weeks at an

additional three week follow-up, so five weeks total. They were still significantly symptomatic. And at some point in time, not specified after that, only one of them had returned to work part time.

**Matt Wynia** [00:11:08] We'll put the citation for this study on the website so you can see the details. But I have to say, not everyone thinks SARS is a good comparison for COVID, even though they're both coronaviruses. But I mean, for one thing, the mortality rate for SARS was almost 10 percent. And for COVID, it's probably well under one percent. And I spoke with Dr. Anuj Mehta, he's an ICU specialist. He helped Colorado develop its state protocol, which does give a priority to health care workers and first responders. And he said the COVID pandemic is not the same as SARS because in the end, SARS came and went within a few months:

**Anuj Mehta** [00:11:48] We think that this is going to be with us for a while. So we've already seen, in multiple areas, health care workers that have been sick, recovered and returned to the health care field. And in some cases that's actually been patients that have been on ventilators have already returned to the health care workforce. And their experiences are really valuable and they go on to save other lives.

**Matt Wynia** [00:12:10] So to some extent, we won't really know how useful it is to direct critical care resources to health care workers, for this pandemic, until we know how long this pandemic is going to play out.

**Elisabeth Armstrong** [00:12:23] But are you talking just about benefits for this pandemic? I mean, does it matter if the person being saved goes on to save lives only in this pandemic? Like, what if they get better eventually and then save lives in some other way, maybe years from now? Shouldn't that count, too?

**Matt Wynia** [00:12:38] Man, so I mean, you're right, Dr. Mehta raised this as well. But I'd have to say it quickly gets complicated because it's hard to say who should get this benefit. If you start saying, well, what about people who might save lives later or in some other way? For example, I mean, what about hospital administrators? They keep the hospital running so they help save lives that way. Should they get priority? Or what about other types of doctors, hand surgeons, orthopedic surgeons, palliative care doctors? They aren't so much saving lives right now, but maybe some or all of them should get priority too as health care workers because of, you know, the good they do in general. But now you're getting awfully close to making judgments about general social value and you're getting away from the idea of narrow social utility or this, you know, the immediate multiplier effect.

**Elisabeth Armstrong** [00:13:37] I see. So we're kind of walking a fine line here of assessing how someone can help during a pandemic with making judgments about their worth to society. And that could translate into all sorts of areas we just don't want to go. Like, do you save the single mom or the CEO who employs thousands? Or the person with a criminal background? It could end up being a little bit messy. Does the second reason, you called it reciprocity, shed any light on how we might, kind of keep this moving forward?

**Matt Wynia** [00:14:05] You know, actually, before we go straight to reciprocity, I want to say one other issue came up in talking about this multiplier effect idea. And this is a pretty controversial question to ask, but it comes up in these discussions. So let's say we all agree, everyone working in a hospital say, is involved in saving lives. Surgeons, housekeepers, food service workers, respiratory therapists, everyone. They all help save

lives, so maybe they all get priority. But if you're going to really be utilitarian about this, you have to admit some of these people would be easier to replace as workers, not as human beings, but as workers, they're easier to replace as other than others. So, I mean, it takes more time and resources to train a new critical care nurse than it would to train a new cafeteria worker. And the question is, should that matter?

**Elisabeth Armstrong** [00:15:06] I mean, if we take the idea seriously that every human being has equal moral worth, then no, it shouldn't matter. If they're putting their lives on the line by coming to work and they're helping to save lives, then they should be treated the same.

**Matt Wynia** [00:15:20] OK, so now we are getting into the second argument for this, which is reciprocity. And if, as Dr. Demme put it, the multiplier effect is a forward looking reason, reciprocity is a backward looking reason. Basically, you did something good and now you get rewarded for that. So people who put their lives on the line by caring for patients with COVID, they should get a leg up in the triage protocol.

**Elisabeth Armstrong** [00:15:48] So I can only imagine, if it's hard to decide who might help save lives if they get better, it must be really hard to decide who has put their life on the line during this pandemic. In some ways, it feels like almost all of us are doing that.

**Matt Wynia** [00:16:00] Exactly, and this is the major objection to the idea of reciprocity is operationalizing it. Almost everyone likes the idea of honoring those who've made a sacrifice. But who exactly should get this benefit? Only doctors and nurses? What about E.M.S. workers? What about housekeeping staff? Or for that matter, what about people in meat processing plants who we know are also at high risk of catching this, but they're going to work anyway and helping all of us? And what about bus drivers and grocery store workers? And pretty soon you're looking at a very large group of people. And if the group that gets this special priority is that large, then it's not really a special consideration anymore.

**Elisabeth Armstrong** [00:16:48] I also wonder if the idea is to give this benefit to people who took a risk in going to work and got sick as a result. How would you know that someone caught COVID at work and maybe not while they were at the grocery store or out at a bar?

**Matt Wynia** [00:17:01] Right, that's another way in which it's hard to operationalize the idea of reciprocity. How do you apply it? Only where it's, what shall we say, deserved. And I heard several other reasons, both for and against this idea of reciprocity.

**Elisabeth Armstrong** [00:17:18] Such as?

**Matt Wynia** [00:17:18] Well, for example, I heard a really interesting angle on this from Tyler Gibb. He's a bioethicist at Western Michigan University. He's worried that giving workers any special priority in terms of triage could actually undermine the altruism that is foundational to health care ethics. Basically, he says, if you start treating this like a transaction, it could undermine professional morale.

**Elisabeth Armstrong** [00:17:44] That feels a little bit abstract, really.

**Matt Wynia** [00:17:47] Yeah, well, so there is some research from behavioral economics on this that suggests using explicit, tangible incentives to get someone to do something

can sometimes undermine the implicit and less tangible incentives that are already causing them to do that thing, like their notion of honor or altruism or virtue. So Dr. Gibb is saying basically, rather than giving people a leg up in triage protocols, we should honor health care workers in other ways, like with expressions of public gratitude, as we hear people doing each night in many cities now.

**Elisabeth Armstrong** [00:18:25] OK, making noise at 8:00 p.m. is really nice. I've been doing it, too. But I have to say it's not the same as having your life saved if you get COVID-19.

**Matt Wynia** [00:18:35] Well, I heard a related idea, which is, wouldn't it be better if instead of honoring these people, even by giving them priority and triage, wouldn't it be better if we honor them by giving them better protective equipment so they wouldn't be taking such a risk in the first place?

**Elisabeth Armstrong** [00:18:52] It sounds great, but we seem to have these chronic PPE shortages. Isn't it a little late for that?

**Matt Wynia** [00:18:59] Exactly, and I talked to John Carney at the Center for Practical Bioethics. He's in favor of giving some special status to health care workers, and he turned this argument back on me:

**John Carney** [00:19:10] I think we make a pledge to the people that will protect them. And we didn't keep that pledge from the get go.

**Matt Wynia** [00:19:16] So he said, yes, we should have provided adequate PPE to health care workers, and the fact that we didn't, is the reason to give them priority if they get sick, sort of as compensation.

**Elisabeth Armstrong** [00:19:28] OK, but if that's the case, then we probably owe this special attention to lots of people outside of health care, who also didn't get the protection they deserved. Which is back to the problem of how do we operationalize this?

**Matt Wynia** [00:19:40] Right. So another idea for how to honor people who are taking on extra risk, rather than promising extra points in the triage protocol, how about paying people hazard pay, giving them a good death benefit to their family if they get sick and die - after all, death benefits and hazard pay, those are the traditional ways of getting people to take on dangerous jobs. But when I brought this up, not everyone thinks it would work. I talked to Tia Powell, who is a psychiatrist, and she said for people with COVID:

**Tia Powell** [00:20:16] They are trying not to die. The death benefit, cold comfort. So I think, you know, as with the issues around motivation and deterrence, those are empirical questions you can ask people. Would you be comforted? Would you be more likely to come in if we said we'd take care of your survivors? I think it's, as a psychiatrist, I find it unlikely.

**Elisabeth Armstrong** [00:20:37] So that's an open question also.

**Matt Wynia** [00:20:40] Yeah. So here's another idea I heard in favor of giving health care workers priority. It's basically, what's the alternative? I mean, if you can't give some group priority, how do you make decisions when a lot of people all need something equally, but only a few can get it? And the traditional answer to this type of problem in ethics, at least,

is to use a lottery. So it's random allocation. But many of the people I spoke with are pretty convinced people really hate the idea of a lottery.

**Elisabeth Armstrong** [00:21:13] Yeah, random chance to decide who lives and then who dies.

**Matt Wynia** [00:21:17] Right, right. And I mean, I hate to say this, but even a lottery could end up becoming biased. Dr. Richard Demme told me he's been studying shipwrecks as examples of when people in real life have had to make really heart-wrenching triage decisions:

**Richard Demme** [00:21:33] Who was going to get eaten, right? There was a common thing that used to happen when we didn't have power engines and we required wind to blow you somewhere if the winds didn't blow for a month. You sat in the South Pacific and ran out of food and there actually a number of interesting shipwrecks where soldiers had to decide who they were going to eat. And typically they would draw lots. But of the stories that I've read, the majority of the stories, it appeared that there was fudging of the lottery that, that, oh, gosh. It always seemed to be the black man who got eaten first or the youngest who couldn't fight and couldn't resist that got eaten first.

**Matt Wynia** [00:22:17] So it's interesting because Demme is against giving health care workers any special status. But this idea, that even a lottery could end up being biased, was also raised by people arguing in favor. So, for example, Anuj Mehta said he thought health workers might get priority no matter what, because it would be so traumatic for people in an ICU to not give critical care to one of their colleagues. He told me about a friend of his that illustrates this:

**Anuj Mehta** [00:22:48] She's a nurse practitioner who works in a very big intensive care unit and in, in New Jersey. Obviously, one of the most hardest hit states. And she had two colleagues that were on ventilators at one point. And she said, she, when this was over, she did not want to necessarily go back to practicing medicine. And it was kind of really sad for me to hear because I think she's really good at what she does. She's very passionate. She is one of those people that you hope takes care of your family member if they ever got sick. And, I think she you know, that was early on in the pandemic. I think she's kind of swung the other way now. She's, you know, I don't think she wants to leave. She's obviously still very committed. But I think if she was faced with this idea of not being able to give her colleagues, who were in the working in the ICU, some preference if they died because they didn't get a resource that was potentially available and was triaged to somebody else, I think we'll lose health care workers and potentially more lives will be lost in the future.

**Elisabeth Armstrong** [00:23:52] So he's basically tying the issue of reciprocity back to the issue of social utility, saying that if we fail to give some preference to health care workers, they would leave the field.

**Matt Wynia** [00:24:02] Yeah, and this gets us to the third major argument, in favor of giving priority to health workers, which is that if you don't, they might not show up for work. And this is really interesting because it's related to human psychology and disasters. And there's just a lot of hypothesizing and not much real data on this.

**Elisabeth Armstrong** [00:24:23] It does seem like all I hear about right now in the news are doctors and nurses being so heroic and showing up for work in the face of this tremendous risk.

**Matt Wynia** [00:24:32] True, true. But, there are also some stories of doctors and nurses choosing to stay home or to flee the area when prior plagues have hit. That was true, certainly, for the great plagues of the Middle Ages. It was also true for SARS. And I expect we will hear some of these stories again for COVID. And the bottom line is we just don't know whether telling health care workers they'll get special access to care, if they get sick, whether that would make any difference. For example, I heard a completely opposing view to this from Dr. Nneka Sederstrom, from Children's Hospital in Minneapolis.

**Nneka Sederstrom** [00:25:12] Every clinician that I've talked to has replied that the idea of being put ahead of some other patient for resources gives them the heebie jeebies, right? Like there's this character logic requirement to go into this field that I think people just innately have that makes them uncomfortable with the idea of their job as clinicians, providing some benefit to get more care than the people that they signed up to take care of. Or some just ickiness around taking away a resource from a patient for myself, that just doesn't seem to survive with people who chose this profession. And I think there's something to that. I mean every, including older clinicians that have retired have felt, they've said things like, if it's if I have to get on the vent, I don't do it because I want you to take care of that patient. Like, why would I, as the doctor, get the vent? No, no, no, no, no my job is to care for people. My job is not to take it, like a treatment or some sort of care plan away from people. I am the servant of the people. That's what I chose to do. As someone who fully believes that this is my calling, I feel extremely uncomfortable at the idea of me being prioritized over someone else just because I chose to go into this profession.

**Matt Wynia** [00:26:40] I also heard a lot of worry, from both supporters and opponents, about the conflict of interest, inherent in health care workers, putting together a triage protocol that gives some preference to health care workers, and that doing this could undermine public trust. But, I have to say the bottom line is we don't know much about how health care workers think about this, and it's possible Drs. Sederstrom and Mehta are both right. It could be people are honestly divided on this or they just aren't sure. I did some research on this question earlier in my career around SARS, and our findings were actually mixed. A lot of people said they would show up for work, even if there were a pandemic. But, the more dangerous we made the pandemic in the survey, fewer and fewer people said they would be willing to show up and keep working.

**Elisabeth Armstrong** [00:27:34] So what does the public think about giving health care workers priority in triage? Did you find any public polling on this question?

**Matt Wynia** [00:27:42] Very little. We really don't know much about how the public thinks about giving priority to health care workers. And I heard sharply diverging views on this from experts. Some think it's obvious the public supports it. Others say it's obvious the public doesn't. We'll put some resources about the work that's been done on public opinion about triage on the website. But the bottom line is, it's pretty uncertain.

**Elisabeth Armstrong** [00:28:08] I would think that getting some clarity on this could be really important: if a main purpose of having a triage protocol is to maintain public trust. If we ever do have to do the triage, then it's pretty important to have a system that the public agrees upon.

**Matt Wynia** [00:28:21] Yeah, and one thing to say about that is this is probably one of those types of issues where you can't get really good results by just asking people about it out of the blue, in a regular survey. The issue is just too complicated. People need some time to really think it over before they vote, which, by the way, is what makes it such a terrific question for "Hard Call." So, let me just repeat the Hard Call question, now that you've heard some arguments for and against. If you were developing a triage protocol for your state or for your hospital, what would you do? Should health care workers get any type of priority in triage protocols if we were running short of critical care resources, like ventilators?

**Elisabeth Armstrong** [00:29:10] Please go onto the website and vote, or you can follow us on Twitter @HardCallShow, and you can vote there as well. And of course, you can always tell us why you chose to vote as you did.

**Matt Wynia** [00:29:20] Today's "Hard Call" Show was produced by Jared Browsh, with reporting by Meleah Himber, Elisabeth Armstrong, and me, Matt Wynia. Thanks to all of the bioethicists we interviewed and apologies, we didn't get to use a quote in the show from everyone we spoke with.

**Elisabeth Armstrong** [00:29:36] OK, before we go, if you've enjoyed this episode of "Hard Call," I'd like to ask you a favor.

**Matt Wynia** [00:29:41] What, one? Can we make that three favors? I have three favors.

**Elisabeth Armstrong** [00:29:44] OK I know favor number one: please subscribe to "Hard Call" on Apple Podcast or wherever you get your podcasts. Having more subscribers moves us up in the list of recommended podcasts. OK what's the favorite you want to ask, Matt?

**Matt Wynia** [00:29:55] OK, so favor number two. Please tell a friend to listen. Better yet, tell a whole bunch of friends to listen, because the number one way people are discovering "Hard Call" is by hearing about it from someone they know.

**Elisabeth Armstrong** [00:30:08] OK, I bet I know what favor number three is. Please leave us a review?

**Matt Wynia** [00:30:13] Right, having more reviews, just like having more subscribers, actually makes a huge difference in how "Hard Call" Show shows up on the various services. On the next episode of "COVID Quandaries" from "Hard Call"...