



Additional Resources for Hard Call: Should Health Care Workers (HCWs) Receive Priority Treatment for COVID-19 If They Get Sick?

Episode One

For Health Care Worker Support:

[Physician Support Line: 1 \(888\) 409-0141](#); this is a national, free, and confidential support line service of 600+ volunteer psychiatrists providing peer support for physicians during COVID-19. No appointment is necessary and the line is open 7 days a week from 8am-3am EST.

[Johns Hopkins Bloomberg School of Public Health, Public Health On Call Podcast](#): Dr. Josh Sharfstein speaks with Dr. Albert Wu, co-director of RISE (Resilience In Stressful Events, an emotional peer support structure at Johns Hopkins Hospital) on the need to support hospital staff and how to approach anxiety and stress amidst Covid-19.

[American Medical Association, Caring for Our Caregivers during Covid-19](#): The AMA has provided a list of practical strategies and resources for health system leadership to utilize in support of their HCWs during the pandemic.

For A Historical Analysis of Pandemics and Health Care:

[Learning from Pandemics Past](#): For a historical review on key outbreaks of infectious disease over the last thirty years, read this in-depth NCBI publication by David Heymann, Executive Director for Communicable Disease at the WHO. Heymann examines the responsibilities of HCWs in a pandemic and how ethical issues impact international public health law.

To Delve Deeper into Whether to Prioritize Health Care Workers:

[The Hastings Center Bioethics Forum](#): This Hastings Center bioethics forum argues that when it comes to Covid-19, society's obligation to reasonably mitigate risk to health care workers is lacking. The high transmission rate of Covid-19 and shortage of personal protective equipment make HCWs vulnerable. By giving HCWs priority, this paper argues that morale will improve, fear will lessen, and attrition will be prevented.

[The Atlantic: What Happens If Health-Care Workers Stop Showing Up?](#) Dr. Thomas Kirsch, emergency physician in Washington D.C. raises the question, "how much risk do health care workers have to take?" Kirsch articulates that while systems, space, and supplies are replaceable, health care workers are not. For this reason, the fairness principle must be applied: that society and employers keep HCW safe and ensure they are fairly treated. For a similar perspective, read [this](#) New York Times Opinion article by cardiologist Sandeep Jauhar.

[The New England Journal of Medicine: Fair Allocation of Scarce Medical Resources in the Time of Covid-19](#): The question, "how can medical resources be allocated fairly?" is posed in this NEJM article. The article reviews modeling, health system capacity, and ethical decision-making when it comes to rationing.

[Kaiser Health News, Surging Health Care Worker Quarantines Raise Concerns As Coronavirus Spreads](#): This article describes ways in which hospitals must adapt to Covid-19 circumstances. Dr. Jennifer Nuzzo, senior scholar at Johns Hopkins Center for Health Security, argues that HCWs who have been exposed but are asymptomatic should not necessarily be excluded from work, as this would lead to a shortage of HCWs.

[In Allocating Scarce Health Care Resources During Covid-19, Don't Forget Health Justice](#): This Health Affairs blog by Elizabeth Tobin-Tyler addresses the importance of utilizing a health justice mindset when making crucial Covid-19 treatment decisions.

[Undark, Experts Race to Set Rules for Deciding Who Lives and Who Dies](#): This article sheds light on crisis care standards, health care discrimination, a comparison of HCW shortages across several countries, and the difficulty for triage teams to decide who receives priority Covid-19 treatment.

[Should Health Care Providers Get Treatment Priority in an Influenza Pandemic?](#) To delve deeper and draw parallels through the consideration of an influenza pandemic, read this NCBI article arguing that health care providers should not get priority and that determining treatment priority should solely be based on medical utility. Distributive justice is at the core of this thesis.

[The Experiences of Health Care Providers during the Covid-19 Crisis in China, a Qualitative Study](#): This NCBI qualitative study recruited nurses and physicians from Covid-19-designated hospitals in Hubei to describe their experiences in the early stages of the outbreak.

How would triage-based Covid-19 care impact those with disabilities? Read [this](#) blog from Harvard Law School's Bill of Health, arguing that triage is better for people with disabilities.

