



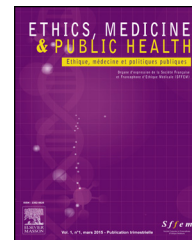
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LETTER TO THE EDITOR

Reducing moral distress associated with rationing of healthcare resources



Dear editor,

We read with interest Srinivas et al.'s review of ethical rationing of healthcare resources during COVID-19 [1]. In considering the ethical challenges of "bedside rationing", the authors state, "any decision on rationing... is going to put the physician under severe moral distress". We believe a discussion of moral distress attributable to bedside rationing should make note of specific strategies to reduce the potential for this harm to develop.

Deliberate planning can reduce the moral distress that health care professionals might experience when shifting from the usual standards of care to crisis standards of care in which critically ill individual who would normally receive any reasonable therapy may receive limited treatment or non-traditional provision of care [2]. Triage teams provide a command structure that can oversee operations during a crisis period characterized by a need for rapid and ethically challenging decision-making and provide a structure for addressing the inevitable tensions that arise between clinicians' professional commitment to individual patients and the simultaneous goal of maximizing the survivability of the greatest numbers of persons [3]. The triage team, not the bedside physician, assumes responsibility for implementation of a triage protocol and, in turn, the equitable allocation of available resources. Triage teams, which function in coordination with, but independently of, the treating physician have an important role in mitigating moral distress and ethical conflict. The intervention of triage teams utilizing a scarce resource allocation protocol takes some of the most difficult decision-making during crisis standards of care away from the "bedside physician" and provides a structured approach to rationing during a health care crisis that can be fair, equitable, transparent, and efficient.

Human and animal rights

The authors declare that the work described has not involved experimentation on humans or animals.

Informed consent and patient details

The authors declare that the work described does not involve patients or volunteers.

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Disclosure of interest

The authors declare that they have no competing interest.

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