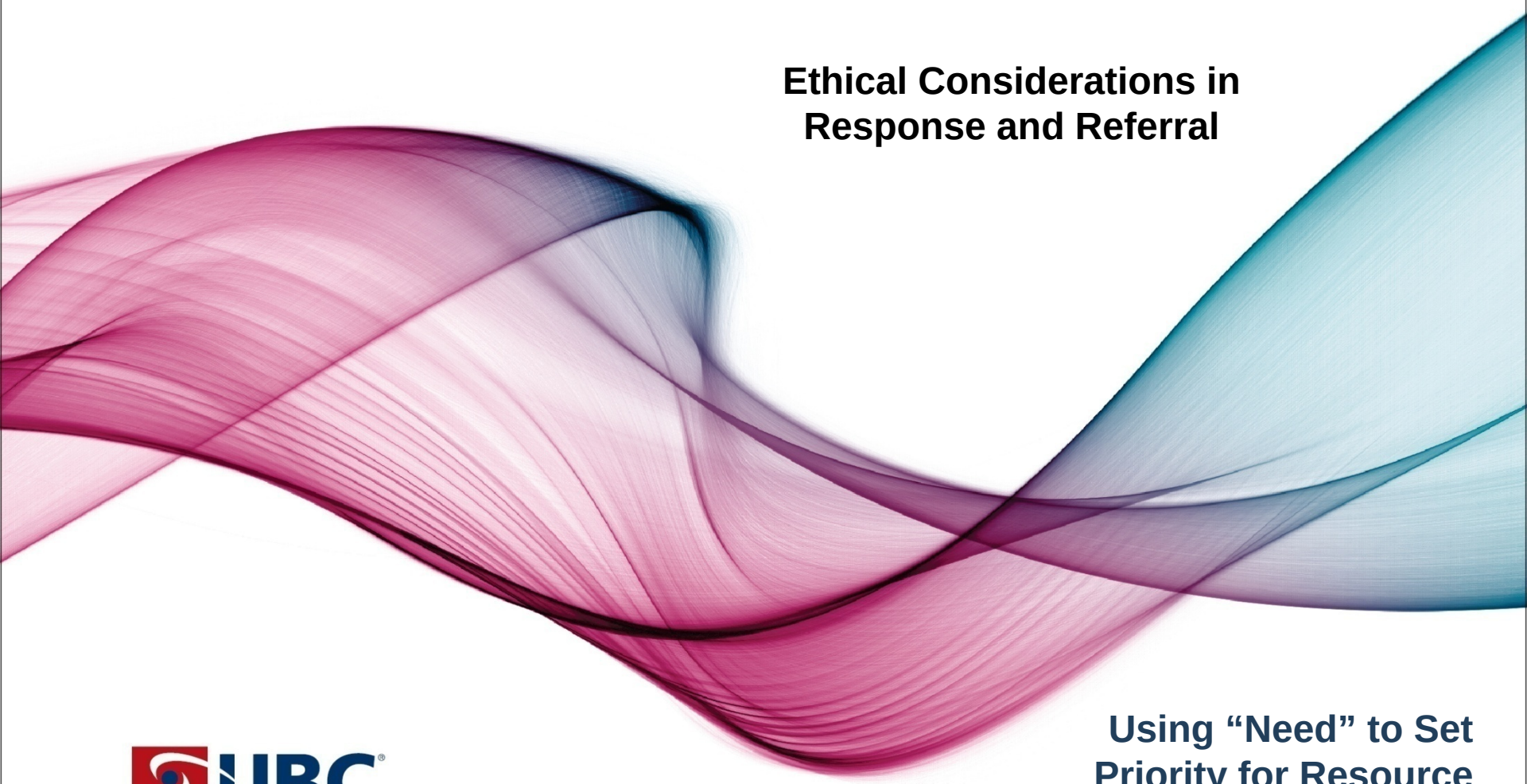
Ethical Considerations in Response and Referral



Using “Need” to Set Priority for Resource Allocation

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Fair Priority Setting

High Need trumps order of arrival

Priority by order of arrival

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Needs-Based Priority Setting

Can the Need be met?
(with what I have available)

High

- Extremely high risk of

Mid

- Risk of majo anent dysfunction
- Major symp condition

Low

- Minor symp condition
- Factors ind sk of future problems
- Cosmetic

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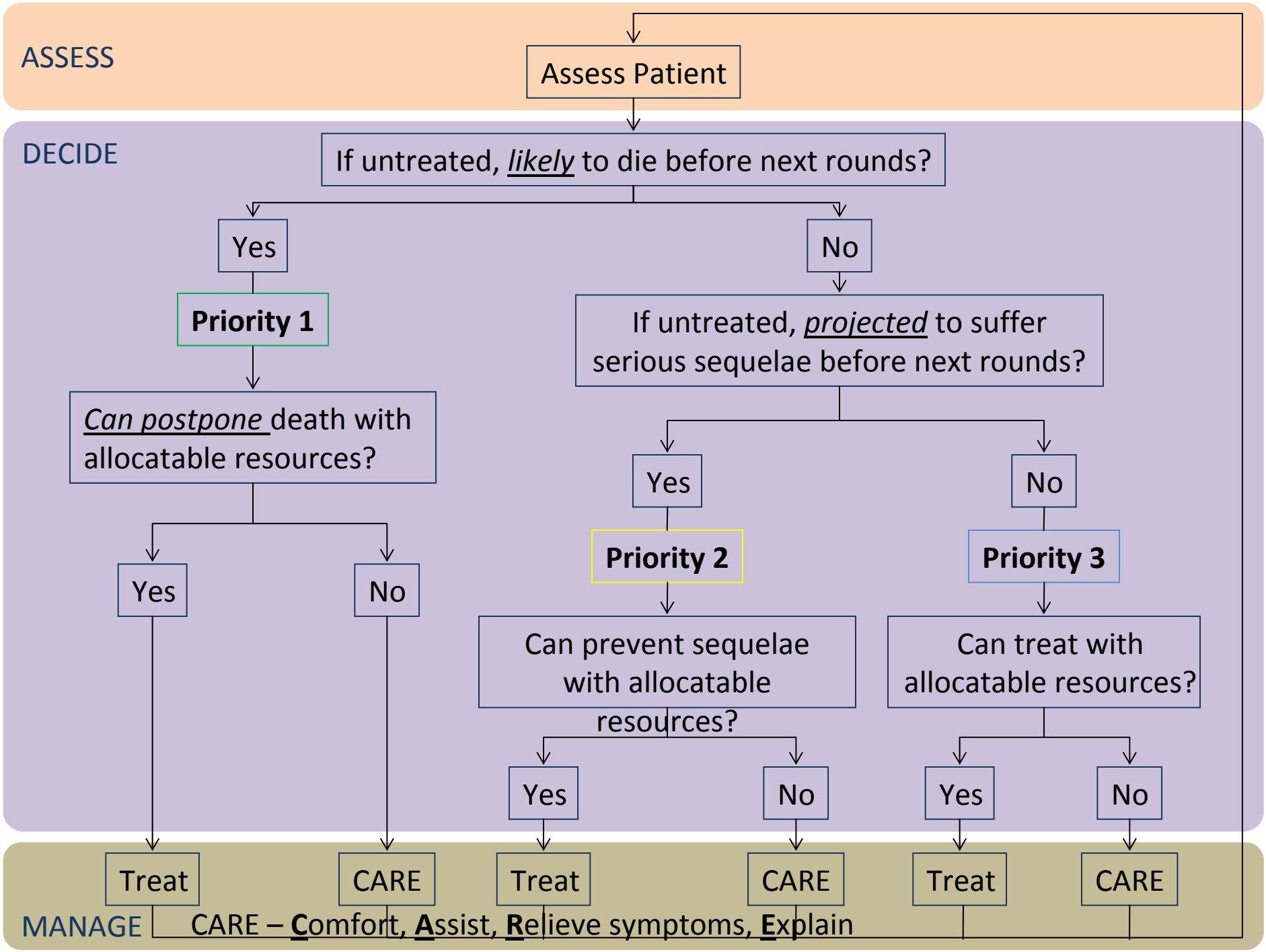
ASSESS
Assess Patient
DECIDE
If untreated, likely to die before next rounds?
Yes
No
Priority 1
If untreated, projected to suffer serious sequelae before next rounds?
Can postpone death with allocatable resources?
Yes
No
Yes
No
Priority 2
Priority 3
Can prevent sequelae with allocatable resources?
Can treat with allocatable resources?
Yes
No
Yes
No
Yes
No
Treat
CARE
Treat
CARE
Treat
CARE
MANAGE
CARE – Comfort, Assist, Relieve symptoms, Explain

Extreme Scarcity Following an IND Explosion Affects:

- Scarcity
  - Critical: can't address all patients with highest needs
  - Severe: can address all Priority 1 but not all Priority 2
  - Moderate: can address all Priority 1 and 2, but not all 3
- The level at which risk of death is considered to accord highest priority (i.e., the definition of *likely* to die)
- The threshold of expected efficacy for judging an intervention to be unwarranted (i.e., the meaning of *can postpone*)
- The amount of resources that can be allocated to any one patient.
- The degree to which the potential for serious sequelae accords second highest priority (i.e., the meaning of *projected*)
- The threshold for assessing effectiveness of intervention in preventing sequelae.

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Modifiers

- Patient characteristics not affecting ✗
  - Need
  - Effectiveness
- Prior state ✗
- Expected resulting state ✗
- Efficiency ?
- Uncertainty.

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