

Broad Statewide Coalition Calls On Department of Public Health to Immediately Issue Statewide Guidance to Hospitals to Prevent Discriminatory Rationing of COVID-19 Care

11 PROTECTIONS AGAINST DISCRIMINATION

January 26, 2021

A DPH statewide guidance document issued to all Connecticut hospitals, must, at a minimum:

- 1) Prohibit consideration of disability, age or race/ethnicity independent of its impact on immediate survivability of acute COVID-19 infection as a factor in triage scoring protocols, including prohibiting age as a tie-breaker in considering allocation decisions.
- 2) Prohibit consideration of likely survival post discharge from the hospital for one year, five years or any other period, with consideration only allowed regarding imminence of mortality in the hospital following treatment for the immediate COVID crisis.
- 3) Include an explicit assurance that all individuals are qualified for, and eligible to receive, lifesaving care, regardless of pre-existing medical conditions, disabilities or co-morbidities which do not bear on immediate survivability.
- 4) Remove criteria that erect extra burdens on the ability of people with disabilities to receive care, on the basis of their diagnosis or need for assistance with activities of daily living;
- 5) Prohibit consideration of “quality of life” or “worth” of people with disabilities.
- 6) Ensure that all triage decisions based on a Sequential Organ Failure Assessment (SOFA) or other standards must result from individualized assessments based on available objective medical evidence.
- 7) Require that the SOFA include reasonable accommodations/modifications of the triage protocol for people with disabilities in order to ensure that people with disabilities are evaluated based on their actual mortality risk, not disability-related characteristics unrelated to their likelihood of survival
- 8) Make clear that resource-intensity and duration of need on the basis of age or disability should not be used as criteria for the allocation or re-allocation of scarce medical resources, thereby protecting patients who require additional treatment resources due to their age or disability from automatically being given a lower priority to receive life-saving care;
- 9) Prohibit a hospital from taking medical equipment belonging to the patient for reallocation to another patient.
- 10) Prohibit steering patients into agreeing to the withdrawal or withholding of life-sustaining treatment through pressure or coercion, or as a condition of receiving services from a facility; require information for patients on the full scope of available alternatives; and direct that hospitals may not impose blanket “Do Not Resuscitate Policies” for reasons of resource constraints.
- 11) Require a well-publicized appeals process for any patient or their representative in disagreement with the results of a rationing determination.