# Non-Discrimination in the Stewardship and Allocation of Resources During Health System Catastrophes Including COVID-19

**Approved by the Executive Committee of the Board of Regents on behalf of the Board of Regents on March 26, 2020**

Large-scale health catastrophes, including from infectious causes, can overwhelm health care systems, stressing the norms of health care delivery and the patient–physician relationship. Triage is often needed; stewardship and allocation of resources becomes even more necessary in overwhelmingly high demand circumstances. While the physician's responsibility remains with the health and welfare of individual patients under the physician's care, the well-being of the community as a whole must also be considered at a systems level including in institutional policies and other guidelines. This requires prioritization of resources. But prioritization must not be discrimination. Fairness and other professional responsibilities of physicians require that clinicians, their institutions and health care systems not discriminate against a class or category of patients (e.g., based on age, race, ethnicity, disability, sex, gender identity, social status or other personal characteristics). Treatment decisions must not be based on unjust and prejudicial criteria.

Many clinicians and institutions are going above and beyond the call of duty in these difficult times and we applaud them. Along with the traditional duty to care, fairness and equality must be promoted and guide health care delivery during health system catastrophes such as pandemic coronavirus. When, as in times of health system catastrophe, routine "first come, first served" or "sickest first" approaches are no longer appropriate, resource allocation decisions should be made based on **patient need, prognosis** (determined by objective scientific measures and informed clinical judgment) and **effectiveness** (i.e., the likelihood that the therapy will help the patient recover). Allocation of treatments must maximize **the number of patients who will recover**, not the number of "life-years," which is inherently biased against the elderly and the disabled.

Physicians should also participate in the development of guidelines for the delivery of health care in times of catastrophe with attention to health disparities that may affect populations or regions. Fair process requires transparency, consistency, proportionality and accountability. We must always act and speak as individual clinicians, but also consider our role within the profession of medicine, and within society, in a manner that demonstrates our compassionate commitment to all patients, with equality and fairness.