Let hospitals decide how to triage care during latest COVID-19 surge

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FULL TEXT

The omicron surge is pushing our nation's health care system to the brink. As omicron infections surge, the number of people seeking care in emergency rooms and hospitals is skyrocketing. Though omicron may prove to be less virulent than delta and other variants, the volume of infections is placing unprecedented demand on hospitals and their resources.

Some hospital systems are delaying elective surgeries to make room for COVID-19 patients. They are focusing on what is immediately urgent versus what is important and critical to avoid the need for emergency care.

Our nation is facing the most challenging period of the pandemic as medical facilities are forced to triage care. However, they alone should make such calls, rather than politicians. The New York governor used her legal authority to issue an executive order postponing elective surgeries. Illinois Gov. J.B. Pritzker was less legalistic, asking hospitals here to delay elective surgeries to save hospital beds and resources for COVID-19 patients.

Recall that 2020 was the deadliest year in our nation's history. However, one-quarter of the excess deaths were not directly due to COVID-19. This begs the ethical question: Will preventing some deaths that are avoidable with vaccination result in even more vaccinated people dying of other causes? When politicians advise hospitals on how to manage their patient care, even if the politicians have the legal right to do so, they are overstepping their reach.

The term "elective surgeries" is a misnomer. The word typically describes any surgery that can be scheduled in advance, rather than requiring immediate attention. This does not reduce the importance of these surgeries for the well-being of patients.

Some cancer surgeries are classified as elective since the person is not in immediate danger. However, any delays in such surgeries may place the patient at increased risk of metastases and poor outcomes. This includes some cases of early-stage breast cancer, in which surgical delays could move the disease to a higher stage, thereby increasing the risk of not catching it early enough to be cured and lowering the survival rate.

Hernia surgery, kidney stone removal and some heart surgeries also fall within the realm of elective surgeries. Such procedures are of great importance and are necessary to avoid future emergency procedures.

With the unvaccinated at least six times more likely to require hospitalization with COVID-19 than the vaccinated, hospital resources are being unnecessarily strained by the unvaccinated, particularly in areas with low vaccination rates.

Should people who choose to remain unvaccinated, and expose themselves to avoidable risks, be given higher priority over people who require care for other conditions that are classified as "nonemergency" but are still vitally important? Delays in such nonemergency care may lead to disease progression, transforming their situation into one requiring emergency care, which is often riskier for the patient and more costly.

The strain on hospitals' resources is not only in hospital bed space but also in their work force. Omicron's contagiousness is making it difficult to keep health care facilities fully staffed. The recent change in Centers for Disease Control and Prevention policy reducing quarantine for asymptomatic cases to five days will help alleviate some such pressures. It may also increase the risk of transmission at such facilities if a physician or nurse remains contagious on their sixth day or beyond.

Over 35 million adults in the country remain unvaccinated, most by personal choice. If just 1 in 500 of them require hospital care over the next two months, then 70,000 such people represent the future demand that will be placed on the nation's health care system.

What is most baffling is that some hospitalized unvaccinated people deny that they have COVID-19. They may even defy the advice offered by the medical staff, asking for unproven treatments. If such people are unwilling to heed the advice of medical personnel and be vaccinated, this begs the question: Why do they come to them for assistance when their health has deteriorated due to COVID-19?

Sadly, some health care workers remain unvaccinated. Perhaps such people should staff new units to specifically treat COVID-19 patients, effectively relieving pressure on health care resources while simultaneously protecting those who are vaccinated and require care for non-COVID-19 conditions.

The best outcome from this health care resource crisis is that omicron is likely to leave as quickly as it arrived and restore the health care system's stability and availability. Hopefully, the delayed elective surgeries will result in minimal negative consequences. However, the risk of such outcomes is not zero.

The next month will be a time for many to hunker down by choice and work to remain infection-free. They should do it not only for themselves, but also to help our nation's health care system avoid making difficult decisions that could affect our friends or loved ones. When resources are strained, rationing care is inevitable. Under these extreme conditions, let the medical community make such decisions.

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CAPTION: Photo: Registered nurse Akiko Gordon, left, and respiratory therapist Janssen Redonado work inside the ICU with a COVID-19-positive patient at Martin Luther King Jr. Community Hospital on Dec. 31, 2021, in Los Angeles. FRANCINE ORR/TNS

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