

# Understanding Community Considerations, Opinions, Values, Impacts, and Decisions for Scarce Resource Allocation (SRA) Policy in the setting of COVID-19: A Focus on Alignment of Community Values with Established SRA Protocols

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## Introduction

University of California Office of the President (UCOP) convened to urgently form an interim policy on the allocation of scarce critical care resources like mechanical ventilators should demand outpace supply.

This policy was published in May and revised in June 2020.

The interim UC Scarce Resource Allocation Policy (SRAP) takes into consideration the following:

- 1.Critical care indication**
  - Mechanical ventilation, vasoactive support, ECHO, etc.
- 2.Catastrophic medical conditions** with low likely hood of survival
  - Refractory cardiac arrest, hypoxemic brain injury, severe burns and trauma, etc.
- 3.Medical comorbidities** that limit short term survival
  - CHF, ESRD, cirrhosis, pulmonary HTN, chronic lung disease, neurodegenerative disease, etc.
- 4.Current clinical status and prognosis** for acute survival with SOFA and MSOFA scores
- 5.Special considerations** and exemptions for:
  - Critical workers
  - Pregnant person >24 weeks
  - Post-operative patients
  - Pre transplant patient with donor offer
  - Post-operative transplant patients

The UC-COVID study was developed in part to assess public response to elements contained within the UC SRAP.

## Methods

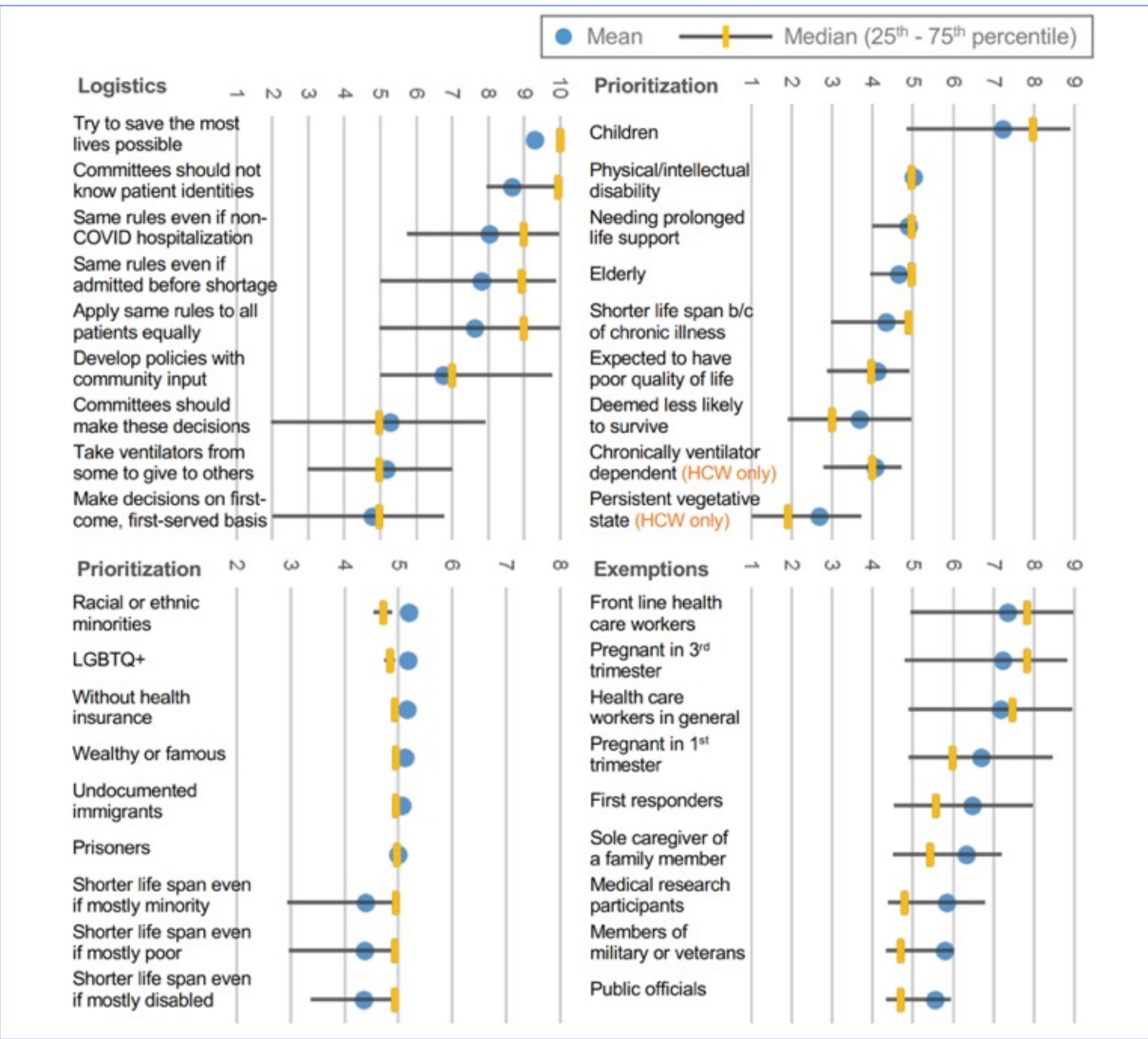
- UC-COVID enrolled participants using rapidly deployed community-based internet survey methodology
- This report covers an interim analysis of 1,639 respondents
- Questions were posed to ascertain the extent to which respondents agreed with the logistics, prioritization by health and social factors, and exemptions included in the UC SRA protocol
- Given this is an internet survey largely completed by Californians, we used marginal distributions of age, sex, race, ethnicity, and education for Californians in the 2018 BRFSS and a raking technique to generate weighted results representative of the population of California

## Results

### Highlighted Community Values as a Whole:

- Enrolled Participants varied in reported beliefs about logistics for implementing SRA protocols and what factors should determine priority for life support
- General agreement that race, sexual orientation, insurance status, immigration status, or incarceration should not influence priority
- Exemptions for healthcare workers and individuals carrying a 3<sup>rd</sup> trimester pregnancy were rated favorably
- Ratings modestly favored exemptions for sole caregivers of a family member but the current policy does not consider caregiver status

**Figure 1: Weighted Community Agreement of SRA Values**  
Values for logistics were rated from 1 (strongly disagree) to 10 (strongly agree) while values for prioritization/exemptions were rated from 1 (should be less likely to get life support) to 9 (should be more likely to get life support)



### Highlighted Values Comparing Subgroups by Demographic Characteristics:

- Health care workers were more likely than the public to agree that life support should be taken away from some patients to give to others who are more likely to survive (mean score: 6.2 vs 4.8, respectively)
- Men were more likely than women to agree that life support should be taken away from some patients to give to others who are more likely to survive (mean score: 5.9 vs 4.5)
- Hispanic and non-White respondents were more likely than white, non-Hispanic respondents to agree that life support decisions should be made on a first-come, first-served basis (mean score: 5.3 vs 4.0)

### Illustrative Quotes:

*"While I think things like celebrity, wealth/poverty and race shouldn't be a factor I feel they will be factors due to existing disparities in our healthcare system"*

*"Doctors and their patients and their families should be the decision makers, no one else"*

*"I wish there were a fair way to sort out the deniers. I'd give them last priority. But I know that can't be. Age seems one fair decider. The possible years left for a patient. But quality of life seems important in the decision making too. These decisions are impossible."*

- Qualitative survey responses largely mirrored numerical ratings and highlighted the importance of protecting vulnerable populations and saving the most lives

## Discussion

These findings demonstrate general acceptance of the principle of SRA policy and that the UCOP plan is generally aligned with community values



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