

General public and healthcare professionals’ different attitudes towards life-support triage based on prognosis, life-expectancy, and life-stage

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Introduction

- COVID-19 has led to discussion about how to ethically allocate scarce medical resources, such as mechanical ventilators.
- Understanding community values is ethically and practically important for developing a scarce resource allocation framework acceptable to the community.
- Healthcare professionals and the general public’s different experiences may influence triage beliefs.
- These differences may impact development of triage protocols and public engagement efforts.

Objectives

- To compare healthcare professionals and the public’s views on patients’ likelihood of receiving life-support based on 4 different health factors.
- To assess associated sociodemographic factors.

Methods

- Secondary analysis of UC-COVID study data.
- Recruited via community organizations and direct and social media messaging.
- Online volunteer sample of 1,971 adults; 1,148 completed responses were analyzed.
- Assessed factors associated with responses to each health factor in 4 multinomial logistic regression models that adjusted for sociodemographic factors.

Results

Table 1. Respondent Characteristics

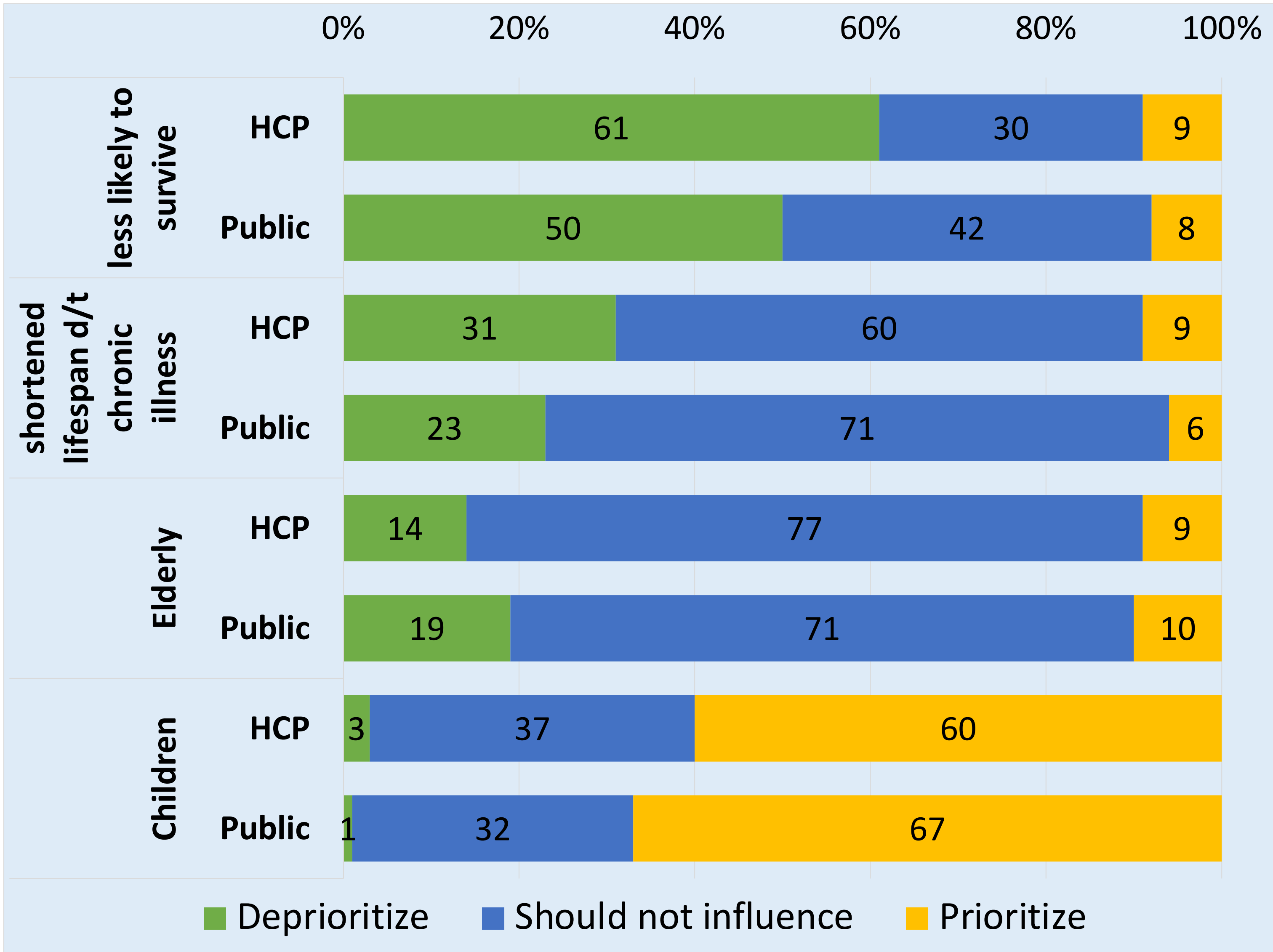
Characteristic	% of Respondents# N=1,148
Healthcare provider	31
Gender	
Female	74
Male	25
Other/PFNA	1
Race	
Hispanic	9
Black, non-His	3
Asian/Pacific Islander, non-His	11
AIAN/Other race, non-His	5
White, non-His	73
Education	
Some college or less	9
Associate’s or Bachelor’s degree	39
Master’s degree or more	53
Politics	
Pretty/more conservative	15
In the middle	15
Pretty/more liberal	66
Not political	4
Household Income ≥ 65,000	78
Religion	
Christian	44
Some other religion	20
None, atheist, agnostic	35
Experienced bias in past year	11
#percent may not add to 100% due to rounding	
AIAN – American Indian/Alaska Native	

Table 2. Healthcare professionals relative risk of deprioritizing patients based on various health factors compared to the general public

Health factor	Relative risk Ratio	95% Confidence Interval
Deemed less likely to survive	2.09*	1.45-3.00
Have shorter expected lifespans due to chronic illness	2.03*	1.39-2.97
Patients who are elderly	0.59*	0.38-0.92
Patients who are children	2.23	0.67-7.43
* P<0.05 in multinomial logistic regression model		

Figure 1. General public and healthcare professionals’(HCP) adjusted attitudes towards triage based on different health factors

Multinomial logistic regression model for each health factor adjusted for respondent characteristics listed in Table 1, responses to four institutional trust questions, and responses to the three other health factor questions.



Discussion

- Healthcare professionals’ and the general public views differed significantly for all criteria except for patients who are children.
- Healthcare professionals were more likely to deprioritize patients with low likelihood of survival and shortened life span due to chronic illness, but were less likely to deprioritize older patients.
- Future work should explore reasons underlying differences between healthcare professionals and the general public.

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