Ethics and Ventilator Messaging

If patient demand exceeds available resources, how does IU Health make decisions about ventilator utilization?

The COVID-19 pandemic will require us to care for many Hoosiers, some of whom may be critically ill.

Like most hospitals and health systems, Indiana University Health has an ethics committee made up of medical professionals, social workers, ethicists, pastors and patient advocates. Long before the COVID-19 pandemic began, IU health worked with the Indiana State Department of Health to create guidelines for prioritizing care under emergency or crisis circumstances when demand for resources outweighs available resources.

IU Health leaders have also spoken with colleagues around the country and in other nations who have experienced ventilator shortages and developed principles based on what those clinicians experienced and practiced.

“Decisions on who gets a ventilator and who does not are agonizing. It’s a scenario I pray we never get to,” says Kevin Armstrong, executive vice president of mission and values at IU Health. “No written document or policy will solve every case. In these worst-case scenarios, we allow our values to guide us and work to save as many lives as possible. That’s our guiding principle.”

The guidelines consider a combination of factors, including years of life, life expectancy, how severe a patient's illness is, how likely treatment is to help. Personal details like ethnicity, gender, income in no way factored into these decisions.

The principles established by this committee help triage teams at each hospital make decisions regarding utilization of ventilators only in the event a transfer to another institution is not available and there is no other way to provide needed respiratory support for a patient.