



RESOURCE ALLOCATION

ETHICS ISSUE QUICK REFERENCE GUIDE

Updated May 2019

The Issue

For a time during the 2009 H1N1 pandemic, there were not enough doses of vaccine for everyone. Decisions were made about who should get priority for the scarce resource. Pregnant women, older people and health care providers were vaccinated before healthy young adults. These decisions went without controversy until it was revealed that the Calgary Flames hockey team, a group of exceptionally healthy young men, along with their staff and families, had privately received doses of the scarce vaccine, in the midst of a critical shortage. Public outrage resulted in the firing of two Alberta Health Services employees over the preferential treatment. The decision to prioritize the hockey team compromised public trust in the system.

Whenever there is not enough of something to go around, it means difficult decisions must be made about how best to use what little there is. Resource allocation, or decisions about how best to use something that is insufficient to meet a need, is a highly ethical endeavour. Considerations of justice, equity and equality can be contentious, when there are many different views of what is fair.

The fury over the Calgary Flames private vaccine clinic demonstrates this. People who waited in line felt it was unfair that some who had a lower risk of problems from H1N1 jumped to the front, and took doses away from others who might benefit more. Resource allocation decisions are complex and value-laden. An ethically acceptable decision will depend on a number of important factors.

Meeting Needs

Needs in health care are infinite. Resources are finite. This is a fact of life. Tough decisions are made daily about different kinds of resources.

- **Money:** Budgets are tight. We may need to decide between new beds and new IV pumps, or between an electronic medical record and more nurses. Whenever we make budget decisions, we are making choices about how to best spend the money we are allocated.
- **Time:** There are 24 hours in a day. When one client is very sick and needs the attention of a nurse, it takes time away from other clients. Choices are made about who can wait, and who can't.
- **People:** Forty residents on a unit, and four health care aides. What is the best way to assign staffing? Each aide does all the tasks for ten residents each? Divide the work by tasks, so one aide is assigned to meals, one is assigned to baths, etc.? These are choices about what is most efficient or effective.
- **Equipment/supplies:** There are more people who need hospital beds, kidneys and ventilators than are available. Triage sorts people seeking care based on how sick they are. These are decisions that look at who needs care most urgently.

Quick summary

There is always more work to do, more patients to treat, and more demands on the budget than there is time, people or money to get the job done.

Resource allocation involves making ethical decisions about how best to use what we do have.



For more information, see the reference list on page 4.



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Examples of Resource Allocation Decisions

- Policies requiring a Request for Proposals and preventing sole-source contracting
- Wait lists for procedures like hip replacement or CT scans
- First-Come-First-Served practices at walk-in clinics
- Capital planning processes to determine which project is most important
- Requirement of approval for overtime

How do we decide what is fair? What will result in the most good and the least harm?

Fairness

There will always need to be trade-offs in allocating scarce resources. Sometimes it's about what will result in the greatest good. Will we save more lives with new hospital beds, or new IV pumps? Will there be a greater benefit if we vaccinate children, who have long and potentially productive lives ahead of them, or health care workers, who have the skills to care for the sick? One problem is that it can be difficult to predict how things will work out. Another challenge is that some individuals will lose out in order to achieve the greatest benefit for society.

The main test for how best to allocate scarce or insufficient resources is fairness. The decision is often seen to be ethical if it is just or fair. In other words, if the decision does not give anyone an unfair advantage, it seems more acceptable.

The problem is that there are many different ways of thinking about fairness.

What is fair?

- An equal share, where everyone gets the same amount
- Depending on contribution or effort
- What you merit or deserve
- How much you can afford
- According to need, where those who need more get more

In health care, allocation according to need is the most common. This is the basis of triage and of most of the decisions around assigning the H1N1 vaccines. But as the Calgary Flames decision showed, there can be differences of opinion on what constitutes "need". And not everyone needs the same amount of health services. Not everyone can pay. Not everyone makes the same kind of contribution, and there is something implicitly disrespectful in deciding who deserves service when it comes at another person's expense.



For more information, see the reference list on page 4.

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Frameworks

The bottom line is that some needs will be satisfied while others are unmet. What is important is to ensure that choices are made as fairly as possible, with the intent of achieving the most benefit and causing the least harm.

In order to be, and be perceived as fair, resource allocation decisions must be made in ways that do not unfairly advantage any group or individual, and preserves public trust. One method, called Accountability for Reasonableness (Daniels and Sabin, 2008) suggests the following ethical considerations:

1. **Relevance:** the criteria or reasons for a decision must be relevant to the issue, not arbitrary or based on unrelated factors.
2. **Publicity:** the process for deciding, including any criteria, must be transparent and available.
3. **Revisable:** There must be an appeal or review process, so that new evidence or arguments can be presented and considered.
4. **Enforcement:** There must be a mechanism for ensuring these criteria are met, such as a binding policy or law.

Another framework that is helpful in some kinds of resource allocation decisions is by Michael McDonald in BC (McDonald, n.d.). This framework leads the user through a five-step process of

- ensuring good input from stakeholders,
- clarifying issues and concerns,
- examining the implications of the decision,
- checking ethical considerations, and
- making and implementing the decision.

Questions and Considerations

Especially for decisions that will need to be made in the heat of crisis, such as during a pandemic or natural disaster, fair and objective criteria and processes are essential to prevent inappropriate advantages and broken trust.

Questions to ask

As you consider the resource allocation decision you are facing, discuss the following questions and considerations:

1. Who might be affected by this decision? How can you be sure you have identified all stakeholders and assessed their needs? Does the process account for people who may not be able to advocate for themselves?
2. Is your process fair and transparent? Are your decision criteria relevant? Is there an appeals process, if new evidence should arise?
3. Does your process and resulting decision maintain the public trust? Does it facilitate the greatest good and the least harm?
4. Does everyone know the process? Are there rules in place to ensure it is followed? What are the consequences for failing to follow the rules?

References and Other Reading

Sheri Fink has written extensively on triage and difficult resource decisions, including an excellent case study on decisions made at Memorial Hospital in New Orleans after Hurricane Katrina, called *Five Days at Memorial* (https://www.amazon.ca/dp/B00C4BA3GO/ref=dp-kindle-redirect?_encoding=UTF8&btkr=1). She has also recently written an essay for the New York Times on a process undertaken in Maryland to gather public input into how best to allocate scarce medical resources in a pandemic situation (http://www.nytimes.com/2016/08/22/us/whose-lives-should-be-saved-to-help-shape-policy-researchers-in-maryland-ask-the-public.html?_r=0) and discussed a number of cases during a podcast for Radiolab (<http://www.radiolab.org/story/playing-god/>).



For more information on any of the points in this document, please contact us, or talk with your library about the resources on this list.

References used in this document:

Daniels & Sabin (2008) *Setting Limits Fairly: Can We Learn to Share Medical Resources?* Oxford University Press.

McDonald, M. (n.d.) *An Ethical Framework for Making Meso-Level Health Care Allocation Policy Decisions*. http://www.viha.ca/NR/rdonlyres/3C26E0F3-9CE7-4C10-B97A-9FF0581E25FE/0/macdonald_resource_allocation.pdf.

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