

Small group discussion prompt:

Most of the ethics and policy research addressing the allocation of ventilators and other life-saving interventions during a pandemic –most of which was conducted before Covid—emphasizes providing interventions to patients most likely to survive if they receive them, based on a list of criteria. Yet evidence with COVID-19 showed that pre-existing conditions that could lower a patient’s likelihood of survival—and thus would put them at lower priority for an intervention—also are correlated with socioeconomic status and other social determinants of health. That is, social determinants of health often make people less healthy and thus might systematically put people at lower priority. These were not taken into account by previously validated approaches to predicting survival. And yet with ventilators and other interventions being scarce, some clinicians continue to believe that how well a patient will do resulting from an intervention is important. **How should social determinants of health be taken into account for the allocation of lifesaving resources like ventilators during a pandemic?**