

Crisis Standards of Care Brief: Public Messaging

March 2024

What is crisis care?

- Crisis care occurs when the demand for resources has significantly exceeded our supply, leading to resource shortages and a change in the way we deliver services.
- Disasters and epidemics can stretch many health care systems to the point of restricting services and having to ration the care provided.
- This does not mean patients will not receive care; usually crisis care is a matter of stretching staff to care for more patients, or providing patients less of a resource, or delaying certain types of patient care.
- During strain conditions, many hospitals will postpone surgeries, discharge patients they normally would hospitalize, and use staff in areas of the hospital where they may not normally work.
- Crisis care carries real risks and is not undertaken unless the alternatives – like getting more supplies or moving patients to areas that are not as impacted – are not possible.
- Pandemics affect so many areas of our nation at once that we simply do not have the resources to provide to all the hospitals and patients in need. In natural disasters or terrorist events, it may not be possible to get help into an area fast enough to prevent some rationing and triage decisions from needing to occur. Drug and supply shortages can also impact patient outcomes and require a systematic response (e.g., cancer chemotherapy drug shortages)
- Hospitals consider all the patients that need care, and not just the individual patient, when making crisis medical and health care allocation decisions.
- The overall goal of crisis care is to provide the best care possible to the largest number of people with the resources available while ensuring equal access to services for all.

What are some resources that may be in shortage?

- Supplies, such as medications, N95 masks, dialysis equipment, oxygen, ventilators, beds, and patient monitoring equipment.
- Staff, particularly those with specialized training like critical care or pediatrics.
- Space may be a problem if there are too many patients for the hospital to accommodate.
- Some of these resource shortfalls can be addressed through changing our practices, others may require rationing decisions to be made.

How are fair decisions made in crisis care situations?

A lot of work has been done to describe the principles of providing care in crisis situations:

- Fairness – evaluate and treat each patient in an equitable manner
- Duty to care – for each patient, without bias, to the best of your ability
- Duty to steward resources – do the greatest good for the greatest number
- Transparency – to have shared assumptions, processes, and documentation

- Consistency –provide a consistent level of care within a facility and region
- Proportionality – to only restrict care to the degree that we have to and no more
- Accountability – to engage experts as needed and document our decisions and process

Each hospital and health care system must make sure that the care providers understand their role, and how to request assistance with making challenging decisions. National specialty groups (e.g., those that specialize in critical care) publish and update guidelines that provide the best evidence possible to guide our ability to provide care and determine prognosis (i.e., predict a patient’s outcome).

What can I expect?

- Health care facilities will do whatever they can to avoid rationing decisions.
- As hospitals become more overwhelmed, patients are more likely to have poor outcomes or die compared to conventional (daily) operations.
- Whenever possible, decisions will be made consistently and according to the best available evidence.
- Health care facilities will strive to avoid any bias or consideration of age, race, gender, disability, or other non-medical factors (excepting that advanced age may carry an independent increased risk for death – for example from COVID-19 or burns – and then may be included in consideration.
- Health care providers will always aim to provide comfort and relieve suffering, regardless of any shortages. Providers will also seek second opinions when needed and will look for the best available evidence to help them make decisions.
- The most common crisis care issue will be the lack of trained staff – hospitals will often need to use staff that are not as experienced with intensive care to work in those areas.

What can I do?

- The only way to keep the health care system out of crisis is to prevent demand from exceeding the resources available. Reduce the burden on the health care system by following any public health guidelines, using emergency services only for emergencies, and asking others to do the same.
- Understand and accept that the best care available may not be what or where you expect; there may be delays and limited choices of where you receive care. You may also be transferred to a facility that has the capacity and services you need available – even though this may be further away or not your usual hospital.
- Always seek care if you are experiencing chest pain, trouble breathing, possible stroke symptoms, or other emergencies.
- Make sure that you and your loved ones have documented your wishes for end-of-life care (e.g., if you would want to be on a ventilator for a prolonged period of time with little potential of survival, or if you would want aggressive treatment even if multiple body systems were failing). This can help ensure your wishes are respected and keep you from receiving treatments you may not want.

Access the other briefs in this collection:

[Crisis Standards of Care Brief: Health Care Providers](#)

[Crisis Standards of Care Brief: Planners](#)

[Crisis Standards of Care Brief: Principles](#)

[Crisis Standards of Care: Roles and Responsibilities](#)

[Crisis Standards of Care Brief: Support for Clinical Allocation Decisions](#)