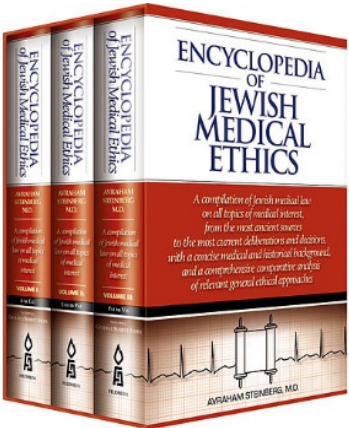


A microscopic image of a coronavirus particle, showing its characteristic spherical shape and numerous spike-like projections (glycoprotein spikes) extending from its surface. The particle is illuminated with a warm, golden-yellow light, creating a glowing effect. The background is dark and out of focus, showing other similar particles. The word "CORONAVIRUS" is overlaid in large, bold, white, sans-serif capital letters across the center of the image.

# CORONAVIRUS

# CORONAVIRUS PANDEMIC – TRIAGE DECISIONS

*Rabbi Prof. AVRAHAM STEINBERG, MD*



# Presenter Disclosure

None

# LEARNING OBJECTIVES

At the conclusion of this presentation, participants will be able to:

1. Understand the rationale of Halachik and ethical principles in medical triage
2. Implement triage based care in a pandemic situation

# INTRODUCTION

- The most serious and difficult issue during pandemics regards medical triage questions when there is insufficient life-saving resources.
- In such tragic situations difficult decisions must be made regarding preference of certain patients over others because of lack of essential resources to treat all of them.
- These are tragic choices of actual life and death decisions.
- R SZ Auerbach: “I can assure you that I am not setting firm guidelines regarding triage since the questions are very severe and I don't know of clear proofs for them.”

**מי יחיה ומי ימות!**

# TRIAGE ISSUES

- **ICU beds**
- **Respirators**
- **ECMO**
- **Novel/experimental medications / vaccination**
- **Personal Protective Equipment = PPE**
- **Expert personnel – ICU specialists, nurses, tech people**
- **Testing materials**

# PRIORITIZING OPTIONS

- **First come first serve**
- **Random**
- **Lottery**
- **Social worth**
- **Medical**

# TRIAGE SITUATIONS

**The topic of triage determinations in situations of mass casualty events when there is a shortage of supply has come up in various forms throughout history:**

- **Accidents**, such as car, train or aircraft accidents with many simultaneous victims;
- **Natural disasters**, such as earthquakes, floods, tornadoes or tsunamis etc.;
- **Wars**, with people wounded from conventional or non-conventional warfare;
- **Industrial disasters**, such as fires, explosions, leakage of toxic substances, etc.;
- **Pandemics**, such as pestilence, cholera, influenza, Ebola, AIDS, etc.

**Mutual to such situations:**

- Sudden tragedies that were unanticipated;**
- Mass casualties of varying physical and emotional trauma;**
- In a very short time;**
- Limited resources.**



# COVID-19 - FACTS

- **The percentage of critically ill patients who require a ventilator is about 10%, and approximately only 15-20% survive after being on the ventilator.**
- **Worldwide: Approximately 3,000,000 have been infected; Approximately 250,000 have died. The pandemic has spread to more than 210 countries.**

# HALAKHIC CONSIDERATIONS

# HALAKHIC SOURCES

- If two people were walking on a desolate path, and there was a jug of water in the possession of one of them, and if both drink from the jug, both will die, but if only one of them drinks, he will reach a settled area - Ben Petora taught: It is preferable that both of them drink and die, and let neither one of them see the death of the other. This was accepted, until Rabbi Akiva came and taught that the verse: "*And your brother shall live with you,*" indicates that your life takes precedence over the life of the other [*Bava Metzia 62a*]
- Irrelevant, because the scarce resource belongs to one of the people in danger.

# HALAKHIC SOURCES

- ***Mishnah***: A priest precedes a Levite; A Levite precedes an Israelite; An Israelite precedes a son born from an incestuous or adulterous relationship [*mamzer*]; and a *mamzer* precedes a Gibeonite; and a Gibeonite precedes a convert; and a convert precedes an emancipated slave; When? In circumstances when they are all equal. But if there were a *mamzer* who is a Torah scholar, and a High Priest who is an ignoramus, a *mamzer* who is a Torah scholar precedes a High Priest who is an ignoramus [*Horayot* 13a; Rambam, *Matnot Aniyim* 8:17-18; *Shulchan Aruch* YD 251:8-9].
- The previous *Mishna* there states that a man comes before a woman to rescue or return a lost object.

Responsa *Iggrot Moshe* CH”M 2 #74(1) - even if they all arrived together, and there is no medical preference, it would be difficult to follow this *Mishnah* without looking into it greatly; Responsa *Minchat Shlomo* 2 #82(2) (*Tanyana* #86:1) - in our times it is very difficult to follow these rules of precedence in this *Mishnah*.

# HALAKHIC SOURCES

Several *sugyot* help establish the value between the good of individuals versus the good of the community in instances of limited resources:

- ***Mishnah***: Captives are not redeemed for more than their monetary value, for the betterment of the world [*Gittin* 45a; Rambam *Matnot Aniyim* 8:12; *Shulchan Aruch YD* 252:4].
- A spring belonging to the residents of a city, if the water was needed for their own lives, and it was also needed for the lives of others, their own lives take precedence over the lives of others. Likewise, if the water was needed for their own animals and for the animals of others, their own animals take precedence over the animals of others. And if their own laundry and the laundry of others, their own laundry takes precedence over the laundry of others. However, if for the lives of others and their own laundry, the lives of others take precedence over their own laundry. Rabbi Yosei disagrees and says: Even their own laundry takes precedence over the lives of others” [*Nedarim* 80b. See *Tosefta Bava Metzia* 11:33-35; *Yerushalmi Shvi'it* 8:5, and *Nedarim* 11:1].

# HALAKHIC SOURCES

A number of *sugyot* establish the fundamental principle that we may never give one life for another life:

whether it is related to not giving one person up to be killed [*Tosefta Terumot*, 7:23; *Yerushalmi Terumot* 8:4];

or for sexual abuse [*Mishnah Terumot* 8:12; Rambam *Yesodei Ha'torah* 5:5; *Shulchan Aruch YD* 157:1];

or if it is related to not prioritizing an elderly person for a baby [*Mishnah Ohalot*, 7:6; *Sanhedrin* 72b].

# TIME OF ARRIVAL

- In *halakhah* there are differences in determining who gets saved first between patients who **arrive all at once**, or if they **arrive one after the other**.
- In a situation such as the coronavirus pandemic, even if there are available beds and respirators, it is certain that even more seriously ill patients will arrive in need of respirators, and they will have a chance of having their lives saved. Hence, even if patients arrive one after the other it is *halakhically* regarded as coming all at once.
- Therefore, all of the rules of precedence that are used for cases of patients arriving at the same time also apply when there are extra intensive care beds and respirators.

# CURRENT RULING – TRIAGE BEFORE INITIATING TREATMENT

Five patients who require an ICU bed, or a respirator, and there are only two available – who should receive the treatment to begin with?

- The primary *halakhic* principle in triage is to consider: [a] how severely ill the patient is; [b] how likely medical interventions are to be beneficial; and [c] how many people can be saved.
- Therefore, if there are patients who are in a worse medical condition than others, and their likelihood of benefit from medical intervention is better than others, they come before those with a less severe condition, and those for whom their likelihood of recovery is lower.
- When all five patients have equal chances of survival - some say first come first serve; some say the doctors can treat whoever they want; some say the ideal method is to choose by doing a lottery.



# CURRENT RULING

These principles are based on the following general *halakhic* rules:

- Healthy and in danger – healthy comes first, “healthy” meaning one who needs medical intervention, and has good chances of those interventions being beneficial, as compared to one who is “in danger” being one who is ill with serious pre-existing conditions, who has low likelihood of recovery.
- Treifa and one who is not a treifa – the one who is not a *treifa* comes first.
- Terminal and non-terminal – non-terminal comes first, even if there is a doubt about being non-terminal he comes before someone who is terminal.

# CURRENT RULING – TRIAGE AFTER INITIATING TREATMENT

## ICU admission, not yet intubated:

- If the patient deteriorated, or found to have very low chances to survive → move to a regular department and continue regular / palliative care

# CURRENT RULING – TRIAGE AFTER INITIATING TREATMENT

## Intubated patient:

**Not permitted to withdraw respirator, but:**

- **If it becomes clear that the patient's chances of survival are very small →**
  - a) no new medical interventions should be initiated to support or prolong the patient's life;**
  - b) blood pressure medications should not be refilled;**
  - c) various medical examinations should cease, such as checking blood pressure, that are intended to support the patient's condition;**
  - d) should no longer be kept on a monitor to check blood pressure, heart rate, oxygen saturation, and the parameters of the respirator should no longer be adjusted;**
  - e) no resuscitative measures should be done.**

# **CURRENT RULING – TRIAGE AFTER INITIATING TREATMENT**

- It is also permissible to reduce the rate and the oxygenation of the respirator to the lowest level at which no harm will be done to the patient's respiratory status at the immediate stage, and if the patient's condition stabilizes on the reduced parameters of the respirator, the levels should not be returned to their previous level if the patient's condition worsens.**
- It is permitted to move a ventilated patient from the ICU to a regular floor under the same conditions. The regular floor must continue to provide all necessary treatments, including palliative care, to such a patient as much as possible.**
- It is permissible to connect two patients to one ventilator, even if that reduces the effectiveness for each one, but in a situation of insufficient ventilators it may be done.**

# HEALTH-CARE PROVIDERS

- Everyone who is able to save another person is required to do so based on “do not stand idly by.”
- However, most *poskim* have ruled that a person is not required to put his life in possible danger in order to save someone else even from certain danger.
- Regarding healthcare professionals, the matter is different, for doctors and essential healthcare workers are permitted to treat patients even when there is danger to their lives, and they are certainly, according to all opinions, not forbidden from entering a doubtful danger.
- Therefore, it is permissible for a medical team to care for a patient with the contagious Coronavirus, provided they use the proper precautions to be well protected, and to be especially careful about all protective measures to prevent contracting the disease in these situations.

# HEALTH-CARE PROVIDERS

**Its proper to listen to the words of the *poskim*:**

- We cannot give general, clear rules regarding exactly how much danger a person may engage in to save lives. Rather, it all depends on each situation, and it must be weighed carefully, and one should not guard themselves excessively, and not be overly cautious.**
- As it says, anyone who is overly careful for themselves at the expense of others will ultimately come to experience that fate, and not every distant concern is called doubtful danger to life, and if it is not potentially life threatening there is an obligation to save life, and this determination is given to the wise and the experts.**

# HEALTH-CARE PROVIDERS

- **There is a preference for healthcare providers who are providing care to coronavirus patients to get preference to receive respiratory support if they have chances to be saved.**

# SUMMARY

- The extraordinary events of the coronavirus pandemic obligate mankind and particularly those of us in the religiously observant community, to engage in **serious introspection**.
- This virus has caused higher percentages of illness and death in the *chareidi* communities in Israel and around the world.
- Furthermore, this may be the first time in the history of the Jewish people that a plague has closed every synagogue, *beit midrash*, *talmud Torah* and *yeshivah* in the entire world. There has never been anything like this before for whatever tragedies we have befallen previously, there have been other parts of the world where Jews continued to pray and study Torah.



# SUMMARY

- Therefore, there is a holy obligation upon anyone connected to the Torah world to introspect, individually and collectively. King Solomon stated: "For there is no man so wholly righteous on earth that he [always] does good and never sin." Note: man – every man, from the greatest to the lowest, and everyone according to his grade.
- One of the most painful things, which clearly stands out, has been the arguments and disagreements within the observant Jewish community, and hatred directed at each other and towards others.
- May it all turn out sweet, and may the horrible pandemic bring us to individual and communal introspection and repentance.

ותשובה, ותפילה, וצדקה – מעבירין את רוע הגזרה

**THANK YOU !**



**Questions???**