

## 9. Priorities, Priorities...

In the United States, COVID-19 cases continue to rise, and, this fall, reached the highest number of new cases since January of 2021.<sup>1</sup> A consequence of this is an increased number of hospitalizations and COVID-19 patients in Intensive Care Units (ICUs). When ICU beds are full, states must activate standards for triage to guide hospitals in determining which patients receive access to the limited resources.<sup>2</sup>

As a result of the increased numbers, “about one in 4 U.S. hospitals with intensive care units, or 889 total hospitals, recently reported that at least 95 percent of their I.C.U. beds were full. In the week ending September 2, an average of 80 percent of intensive care hospital beds were occupied nationwide, according to a dataset released weekly by the Department of Health and Human Services.”<sup>3</sup> As a result of the lack of beds, some people who need care for COVID-19 or for other medical issues either cannot receive it or have to be transferred outside of areas where their insurance can cover their treatment.

According to multiple studies reported on by the CDC, COVID-19 vaccines reduce the risk of COVID-19, “including severe illness” by 90% or more.<sup>4</sup> The vaccine also helps to prevent the spread of the disease in general. Vaccines, however, are not mandatory, and the CDC simply recommends that you “get a COVID-19 vaccine as soon as you can.” Still, in the U.S., just over half of the population is fully vaccinated at 53.2%, with 62.5% of the population having received at least one dose at the time of this writing.<sup>5</sup>

The vast majority of people being hospitalized because of COVID-19 infections are unvaccinated.<sup>6</sup> Since there is good reason to believe taking the vaccine might have prevented their hospitalizations, and they chose to remain unvaccinated, people have asked whether unvaccinated people should be allowed to occupy ICU beds that other people need, or whether they should at least be given a lower priority when it comes to triage considerations (excepting, of course, those who had legitimate medical reasons for remaining unvaccinated).

### DISCUSSION QUESTIONS

1. Should personal choices (like whether to go snowboarding or whether to get vaccinated) be grounds for consideration when making triage decisions?
2. What role do individual autonomy and risk tolerance play when making medical decisions that can affect the public health of a broader society?
3. When, if ever, can doctors refuse to treat patients seeking care?

---

<sup>1</sup> <https://www.nytimes.com/interactive/2021/us/covid-cases.html>

<sup>2</sup> [https://www.theguardian.com/us-news/2021/sep/08/idaho-crisis-standards-of-care-covid-coronavirus?CMP=oth\\_b-aplnews\\_d-1](https://www.theguardian.com/us-news/2021/sep/08/idaho-crisis-standards-of-care-covid-coronavirus?CMP=oth_b-aplnews_d-1)

<sup>3</sup> <https://www.nytimes.com/interactive/2020/us/covid-hospitals-near-you.html>

<sup>4</sup> <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/work.html>

<sup>5</sup> [https://covid.cdc.gov/covid-data-tracker/#vaccinations\\_vacc-total-admin-rate-total](https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-total-admin-rate-total)

<sup>6</sup> <https://www.nytimes.com/interactive/2021/08/10/us/covid-breakthrough-infections-vaccines.html>