



Ohio's Guiding Principles for Triage and Medical Care During Times of Public Crisis

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- The COVID-19 pandemic has hastened triage decisions outside the United States, forcing medical professionals to choose who lives and who dies. But in America we can never rationalize that removing life-saving equipment – such as ventilators – from someone to save someone else is acceptable because the person losing the equipment is judged to have fewer life years remaining.
 - Centuries of natural and moral law give each person an equal chance at life, even if some patients currently on life-saving equipment are judged by society to be less worthy of being saved because of age, disability or any other reason. Likewise, other patients must not be given a priority for life-saving equipment because of money, status or other reasons.
 - Respect for the sanctity and dignity of all human life must always be humankind's criterion. In certain situations, extraordinary or disproportionate means come into play, i.e., if medical professionals judge that a patient **cannot** gain benefit from treatment without excessive burden (a reasonable hope of benefit), then palliative care may be substituted for extraordinary means.

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- If death is **unquestionably imminent**, removal of a ventilator is ostensibly permissible, even apart from the question of whether another patient is waiting for a ventilator. In this situation palliative care is permissible.
- Unlike some countries, America has the resources to expedite the production of life-saving equipment, to save those in need. All decision makers – be they in government, private enterprise or social safety-net services – are called to move at all haste to seek to avoid life-or-death decisions for the afflicted. Indeed, each person must envision his or her own mother, father, spouse, child or friend at the point of death, when a wasted second in producing life-saving equipment will result in their death.
- Now is the time for the world and Americans to come together – not to place blame for why not enough equipment exists. Each breath wasted in placing blame may hasten a struggling coronavirus victim to his or her last breath.
- Any prioritization of hospital patients would include an assessment of those who may live without treatment, those who may die with treatment, and those who may live with treatment, and for medical professionals to provide treatment accordingly. Medical professionals – doctors and nurses – who are on the front lines making life-and-death decisions must equitably allocate scarce resources without judgement of patients' worth.
- Euthanasia or assisted suicide, which are contrary to natural and moral law, are forbidden. Thus, one can never deliberately or with knowledge cause the death of a patient or collaborate – at any level of assent – with another to bring about a death.

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- The provision of food and water should be considered to be ordinary care, unless such provision poses an excessive burden or a harm to the patient, for example, if the patient is imminently dying of another underlying cause, or the nutrition and hydration is not integrated into the body.
- In the event of unavailable life-saving equipment for patients near death, a patient in good conscience could forgo his or her life-saving equipment to give to and attempt to save the life of another patient. This decision by a patient cannot be intended to hasten his or her own death, à la euthanasia or assisted suicide, but must be intended solely via heroic virtue to save the life of another patient.
- We must pray for God's help to save each person entrusted to our medical professionals and to guide and protect medical professionals who gallantly and tirelessly work to save our mothers, fathers, spouses, children and friends in life-and-death situations.