

PRESS RELEASE SIAARTI (Translated from Italian by Google)

# COVID-19 EMERGENCY: HERE ARE SIAARTI'S CLINICAL ETHICS RECOMMENDATIONS

**A document from the Italian Society of Anesthesia, Analgesia, Intensive Care and Intensive Care to manage admission to intensive treatments, after all the efforts made by the parties involved have been made to increase the availability of resources available.**

In the face of the current emergency situation due to the spread of COVID-19, the ITALIAN COMPANY OF ANESTHESIA ANALGESIA INTENSIVE CARE AND THERAPY (SIAARTI) has produced the technical document " CLINICAL ETHICS RECOMMENDATIONS FOR THE ADMISSION TO INTENSIVE TREATMENTS AND FOR THEIR SUSPENSION, IN EXCEPTIONAL CONDITIONS OF IMBALANCE BETWEEN NEEDS AND AVAILABLE RESOURCES ".

It is a 15-point document that SIAARTI has disseminated and published in full and without any restrictions, even if it is addressed to colleagues and experts: it is a text aimed at providing support to the anesthesiologists-resuscitators currently committed to managing a maxi emergency that is not precedent for characteristics and proportions. As SIAARTI we believe it is important and essential in such a dramatic moment as the one we are going through because of COVID-19, to offer authoritative professional and scientific support to those who are forced by daily events to make sometimes difficult and painful decisions. Thousands of anesthesiologists and resuscitators today in Italy are part of that "first medical line" which is making up 24-hour shifts, together with fellow doctors and nurses, in order to ensure quality care and continuity of care.

But in such a complex situation, every doctor may find himself having to make lacerating decisions in a short time from an ethical as well as a clinical point of view: which patients undergo intensive treatments when the resources are not sufficient for all patients who arrive, not all with the same shooting chance (read: places with special features, available in areas that can not be expanded in a short time, less that their numbers may be at the time supported by Operating rooms " convert " blocks ndo l' surgical activity ... ).

In the SIAARTI Document, " **greater life expectancy** " is privileged : this means not necessarily having to follow a criterion of access to intensive care of the "first come,

first served" type. We wanted in the Recommendations to emphasize that the application of rationing criteria is justifiable only AFTER that all possible efforts have been made by all the parties involved to increase the availability of resources available (in this case, Intensive Care beds) and AFTER the possibility of transferring patients to treatment centers with greater availability of resources was evaluated.

The SIAARTI Recommendations thus defined are the result of collective work that brings together national legislation, national and international experiences, scientific, clinical and assistance references, deeply intertwined with ethical reflections in emergency situations. There are 15 points in the document and they include different areas on which the emergency is questioning us, from the flexibility of the criteria to the management of comorbidities, from the presence of advance treatment declarations (DAT) to the inappropriate nature of the treatments.

We are aware that tackling this issue can be morally and emotionally difficult. As a Scientific Society we could (tacitly) entrust everything to the common sense, sensitivity and experience of the individual AR, or try - as we have chosen to do - to illuminate the decision-making process with this small support that could help reduce anxiety, stress and above all the sense of loneliness. In addition to representing protection for the patient in terms of limiting the arbitrariness of the choices of the treating team.

It is not SIAARTI, with this Document of Recommendations, that proposes to treat some patients and to limit treatments to others. On the contrary, it is the emergency events that are forcing the anesthesiologists-resuscitators to focus the attention on the appropriateness of the treatments towards who can benefit most, where the resources are not enough for all patients. The question that as SIAARTI we feel we are asking in conclusion is therefore whether the insufficiency of resources could be considered, assessed and managed previously, but the answer to this question (which today faces an epidemic that has no equal in recent decades) in all probability it is in the competences and availability of the institutions.

## **THE LINK TO THE RECOMMENDATIONS**

<http://www.siaarti.it/News/COVID19%20-%20documenti%20SIAARTI.aspx>