00:09:40 Amy McGuire: Have any institutions been implementing their triage policies (maybe in NY)? Can you share experiences if so?
00:12:26 Christine Mitchell: Among the differences across states is whether there is or will be "legal immunity" for those making triage decisions in good faith. Did any of your states declare or pass such protections?
00:12:46 holly tabor: I think it's very concerning that the Pittsburgh guidelines are being framed as "normative".
00:14:10 Matthew Wynia: I'm with Holly, in particular because there are well-recognized problems in using SOFA as it stands. On the other hand, the idea that there should be a basic frame that everyone uses is important for equity...
00:14:31 holly tabor: Also lots of disability/equity critiques.
00:14:32 Paul Wolpe: NY has passed such a rule, but there is still some disagreement about exactly what it means.
00:14:33 cgrady: my understanding of the guidelines that DC is adopting is that they distinguish civil versus criminal immunity. I think they provide the first but not the second
00:14:38 John Carney: Missouri Hospital Assoc. has called upon Governor and Legislature to provide EO or Legislative action to extend Good Samaritan laws.
00:15:06 holly tabor: David Magnus, Alyssa Burgart and I did a grand rounds this past Friday at Packard on these guidelines. https://med.stanford.edu/pediatrics/education/grandrounds/PGR2020-APR10.html
00:15:14 Matthew Wynia: On legal immunity, we WOULD have it if the CSC plan for hospital care were implemented. We DO already have CSC declared, including legal immunity, for EMTs and for PPE allocation.
00:15:35 holly tabor: To mark's point, I think there is an ethical obligation for public transparency about these policies. As well as public engagement.
00:16:50 Neuroethics Canada: Can we talk a little bit about different strategies for public engagement please?
00:17:39 Mark Aulisio: Agree, Holly. I think the fear is unwarranted as there is nothing that we have adopted that we can't stand behind.
00:17:59 hannah lipman: My understanding is that NJ is addressing civil and criminal immunity. I agree with concern about Pittsburgh becoming "normative" given the concerns.
00:18:01 holly tabor: One options is to involve a community member on the committee. Another is to run the policy by a patient liaison committee (which is what we are doing at our children's hospital).
00:18:12 holly tabor: Agree, Mark, and that's exactly why it's necessary.
00:18:13 Mark Aulisio: Public engagement here is also critical.
00:18:29 holly tabor: SOFA scores also not appropriate for kids.
00:19:48 Christine Mitchell: Audiey, do you have more info or aggregate data (or a source) about length of time on ventilators, mortality, and long-term pulmonary morbidity?
00:21:10 Christine Mitchell: In Boston, we have a Community Ethics Committee which is reading and responding with their concerns about CSC. will share when I have it.
00:22:08 Barbara Juknialis: If anyone wants to share documents, please e-mail them to me (bwj@case.edu). I'll put together a summary document and send it to the group.
00:22:25 cgrady: is the community ethics committee long standing? what is their usual role?
00:23:36 holly tabor: We have also been running our recommendations by our ethics committees, which have community members.
00:24:08 Nneka Sederstrom: using PELOD-2 for peds
00:24:13 Renee McLeod-Sordjan: Yes we have added CCI as a tiebreaker as well in Northwell

00:24:38 holly tabor: Yes, we are using PELOD-2 as well, but not not using age for peds, even as tie breaker.
00:25:08 Matthew Wynia: Good data on length of ventilator stay, mortality, etc here: https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports

00:25:31 Nneka Sederstrom: yes age for peds not being used here too
00:25:57 holly tabor: Yes disability groups are responding and also filing law suits. As they should.
00:26:07 holly tabor: We discussed this at the end of our grand rounds.
00:26:18 holly tabor: Clear violations of ADA, 504 and ACA.
00:26:48 Nneka Sederstrom: sorry all I have to drop to get on another call. this was great and helpful. will share our documents
00:26:52 holly tabor: https://dredf.org/the-illegality-of-medical-rationing-on-the-basis-of-disability/
00:27:03 Renee McLeod-Sordjan: In NY the disabled population is excluded. We have gone o neighboring group homes to get advanced directive checklists completed in community
00:27:51 holly tabor: A lot of twitter activity about disability concerns.
00:27:55 Thomas D. Harter, PhD: I'm sure Disability Rights WI will have a lot to say about anything coming from the state on treatment limits regarding COVID19. Art Derse will have a better sense of this, though, since he's on the statewide task force with Norm Fost.
00:29:39 John Carney: Can we share this recording with hospital/health systems ethics committees. Comments from a number of you would be helpful. For example - Matt's and Nneka's comments on limitations of SOFA.
00:34:13 holly tabor: I think we should be honest about the ways that those scores discriminate.
00:35:16 holly tabor: And still propose a need to create tools/approaches to overcome those biases. Lots of empirical data on how to overcome implicit bias in other settings that could be applied here.
00:35:44 holly tabor: This is the article by Ari'i Neeman that Matt mentioned. https://www.thehastingscenter.org/when-it-comes-to-rationing-disability-rights-law-prohibits-more-than-prejudice/
00:36:50 hannah lipman: I vote against sharing the actual recording of the meeting.
00:37:48 holly tabor: I don't think that we have a biased system means that it's ok to say we are just doing our best and that's the way it is.
00:44:25 holly tabor: Agree with Judy.
00:44:44 holly tabor: The bias is in the data that the algorithm is based on, and applied to.
00:44:57 holly tabor: There are many disability critiques of AI and machine learning.
00:46:17 Christine Mitchell: another subject: are people addressing "unilateral" DNR decisions when patients are triaged not to receive critical care resources, and how to discuss these with patients/surrogates/family?
00:47:44 bwilfo: a different question:
00:49:05 Micah: Christine, want to clarify what you mean--are you talking only about unilateral DNR post-triage decision or unilateral DNR policies, writ-large?
00:49:52 cgrady: I would also be curious how many institutions have adopted a unilateral DNR?
00:49:55 bwilfo: I have noticed that some covid drug trial exclude pregnant women, require birth control, would withdraw patients who became pregnant. I would if there is an opportunity to revisit this long standing approach?
00:51:46 Micah: I am happy to share our CPR policy, that has a "universal unilateral DNR" section in it.

00:52:01 Christine Mitchell: Micah, just DNR related to triaging (and reassessing) patients with Covid19
00:53:07 Micah: Thanks, Christine. We were not explicit about this in our triage policy, but it is implicit in our policy. Probably need to be more explicit.
00:53:29 cgrady: Micah- I would like to see the policy on CPR if you can share it. thank you
00:54:18 Christine Mitchell: Do we have a reliable R0? The transmission is so influenced by context.
00:54:23 Denise M Dudzinski: likewise, we have DNR guidance. Many of UW Medicine's (Seattle) policies are online: https://covid-19.uwmedicine.org/Pages/default.aspx
00:54:52 Thomas D. Harter, PhD: Micah and Christine, we have a guideline and analysis approach to determine a patient's code status during the epidemic. It is hospital-wide and not just applicable to patients with COVID-19
00:55:54 Thomas D. Harter, PhD: Three conditions include: whether in clinical assessment CPR will be effective; safety of staff; and available resources
00:56:01 Micah: I will send our policy out through the listserv.
00:56:11 Robert Klitzman: micah: what was your state's law, if any, concerning unilateral DNR pre-covid?
00:56:28 Neuroethics Canada: FYI the link to the Neurology Today piece featuring the ABPD:
00:56:33 Neuroethics Canada: https://journals.lww.com/neurotodayonline/blog/breakingnews/pages/post.aspx?PostID=932
00:56:50 hannah lipman: We did not have a unilateral DNR before COVID but instituted a temporary addendum to our current policy that very narrowly defines the clinical applicability - the patient would not achieve ROSC or if they did they would rearrest in 24h. Requires concurring opinion by second MD. Only in effect during the public health emergency. Applies to all patients, regardless of diagnosis. There were lots of questions from clinicians about how to apply to decisions about intubation not in arrest situations, but we narrowly defined in order to preserve shared decision making for other decisions.
00:57:04 Christine Mitchell: I'm sorry I have to sign off to attend another meeting. It has been so helpful to hear from you and share resources--TY.
00:58:13 Micah: I have to sign off as well. Take care.
00:58:15 Mark Aulisio: I too must sign off to attend another meeting. This has been very helpful. Thank you all:)
00:58:54 Thomas D. Harter, PhD: also have another call right now. Take call all. Thank you.