

A lottery for ventilators

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As cases of COVID-19 rise around the world, there has been a surge in the hospitalization of COVID-19 patients in the United States, India and Brazil. Many are concerned by the ability of the healthcare systems to cope under the strain, particularly the availability of critical resources such as ventilators.

In times of acute shortages, the orthodoxy in healthcare is for scarce resources to be allocated based on who has the best chance of survival. However, Dr. Diego Silva, a lecturer in bioethics at the University of Sydney, argues allocation decisions based on a simple utility calculus are unjust because they exacerbate existing social inequities.

In a paper published in *Chest Journal*, Dr. Silva proposes a radical departure from current convention by arguing ventilators be allocated to COVID-19 patients via a lottery.

"At a [population level](#), 'wealth equals health' is accurate. The opposite is also true, poverty leads to ill health. Those who are least likely to contract or die from coronavirus are the young and healthy. So, if saving the most lives favors saving people most likely to physically improve from their symptoms, we are indirectly further disadvantaging the economically poor and socially marginalized," Dr. Silva said.

"Allocation based on lottery is also an expression of utility and maximizing [public resources](#), it would remove the likelihood of people being given preferential treatment because of social or economic advantages.

"Using a lottery system to allocate ventilators during a pandemic may sound wrong and all else being equal, we should maximize the number of lives saved. However, there's the rub: society pre-COVID-19 was not equal, nor is it during this pandemic. If we believe in a fair, just and equal society the only way to achieve this in a healthcare system is to give everyone an equal chance of receiving critical medical care."

Until now, Italy has been the only country that has experienced an acute shortage of ventilators during the pandemic, however there are concerns some states in the United States, and parts of Brazil and India, may have to confront similar shortages.

There are already troubling signs in the United States. Arizona currently has more than 50 percent of available ventilators in use. More than 50 hospitals across Florida have said there are no ICU beds available.

"Rationing medical care is not something many doctors and health administrators would have a lot of experience with. Usually, the allocation of health resources can be done with time on one's side and there is rarely—if ever—acute scarcity. I would urge hospitals in places where there is a worrying surge in coronavirus cases to start thinking about this ethical dilemma now, so that they are prepared if the hospital systems get inundated with COVID-19 patients," Dr. Silva said.

More information: Diego S. Silva, Ventilators by Lottery, *Chest* (2020). [DOI: 10.1016/j.chest.2020.04.049](https://doi.org/10.1016/j.chest.2020.04.049)

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