



# CRISIS STANDARDS OF CARE

Quick Guide  
for the Public

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## What are crisis standards of care (CSC) and how do they relate to COVID-19?

- CSC occur when the health care system is experiencing resource shortages that are severe enough to require a change the way it delivers services.
- COVID-19 has stretched many health care systems beyond their usual capacity, resulting in service restrictions and rationing.
- Usually, rationing does not mean denial of care. Instead, it means medical staff care for more patients than usual, or patients receive alternative medications or treatment.
- In addition, many hospitals have postponed necessary surgeries, discharged patients early, and deployed staff to work in different areas of the hospital.
- CSC can be risky, and are never implemented unless there is no alternative—like getting more supplies or moving patients to areas with more resources.
- COVID-19 has affected so many areas of our nation at once that the federal government does not have enough resources to provide to all the hospitals in need.
- CSC take into account the considerations of the entire community, not just the individual, when making medical decisions.
- CSC always seek to provide the best care possible to the largest number of people with the resources available.

## What medical shortages might lead to crisis conditions during COVID-19?

- **Supplies**, such as medications, N95 masks, dialysis equipment, ventilators, beds, and patient monitoring equipment.
- **Staff**, particularly those with specialized training like critical care and respiratory therapy.
- **Space**, if there are too many patients for the hospital to accommodate.
- Some of these shortages may require rationing decisions to be made.

## How do hospitals ensure that CSC decisions are fair?

According to the National Academy of Medicine, CSC plans should depend on the following principles:

- **Fairness**—evaluating each patient the same way
- **Duty to care**—for each patient, without bias, to the best of one's ability
- **Duty to steward resources**—to do the greatest good for the greatest number
- **Transparency**—to have shared assumptions, processes, and documentation
- **Consistency**—to provide a consistent level of care within a facility and region
- **Proportionality**—to only restrict care to the degree that is absolutely necessary
- **Accountability**—to engage experts as needed and document decisions and processes

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Each hospital is responsible for making sure that the doctors and nurses understand their role and how to ask for help with making decisions. National organizations publish guidelines that help clinicians provide the best possible care in crisis situations.

## What should patients expect in CSC conditions?

- Hospitals will do whatever they can to avoid rationing decisions.
- Some patients may die or have worse outcomes than they would under normal circumstances. The more the hospitals are overwhelmed, the more likely this becomes.
- Decisions will, whenever possible, be made consistently and according to the best available guidelines.
- Hospitals are obligated to avoid bias or unlawful consideration of age, race, gender, disability or other non-medical factors. Patients retain their rights under applicable civil rights law, including under CSC conditions.
- When doctors are faced by decisions they don't have guidelines for, they will be sure to consult an expert for advice.
- Doctors will always aim to provide comfort and relieve suffering, no matter the situation.
- The most common CSC issue will be lack of trained staff. Hospitals will often need to use staff with less experience to work in intensive care units.

## What can people do to help avoid the need for CSC?

- Reduce the burden on the health care system by following guidelines for wearing masks, physical distancing, reducing in-person contact, and asking others to do the same. The only way to keep the health care system out of crisis is to prevent more people from getting sick.
- Make sure that you and your family members have documented your wishes for end-of-life care, including whether you would want to be on a ventilator or receive aggressive treatment even if there is little chance of survival. This helps to make sure that a patient's wishes are respected and decreases potential use of unnecessary and unwanted critical resources. Your provider should not steer or pressure you to agree to the withdrawal or withholding of life-sustaining care. Providers should not precondition the receipt of care on agreeing to particular advanced care planning decisions.
- If you get sick, understand that the best care available may not be what you expect. There may be delays, or you may have limited choices.
- No matter what, always seek care for emergencies, including chest pain, trouble breathing, or possible stroke symptoms.

This document was authored by **Dan Hanfling, John Hick, Rick Hunt, and Eric Toner**, drawing on evidence-based reports from the Institute of Medicine (now National Academy of Medicine). To learn more, visit [NAM.edu/CSC](https://nam.edu/CSC)