Triage and Ethics: Efficiency versus Justice

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In the wake and aftermath of Hurricane Katrina several hospitals and healthcare facilities were left in disastrous and extreme conditions, specifically Memorial Hospital in New Orleans, Louisiana. Necessary amenities including electricity, air conditioning, and toilets were unavailable along with critical medical equipment, supplies, and personnel. Also housed within Memorial Hospital was a LifeCare unit that offered long-term acute care to nine critically ill patients (Priest & Bahl, 2008). These patients were triaged on a scale of 1 to 3 with 1 being the least critical and 3 being the most critical. All LifeCare patients were ranked at 3 and due to the fact that no elevator service was available and these patients would need to be rescued via helicopter it was concluded that they would wait and be the last evacuated (Priest & Bahl, 2008). At some point on September 1, 2005 an administrator from LifeCare met with Memorial Hospital staff and was led to believe that all nine patients would be evacuated. Upon meeting with Dr. Anna Pou however, the administrator was told that all nine patients would not survive. In the events that followed Dr. Pou along with nurses Lori Budo and Cheri Landry went to each room and administered lethal doses of morphine and versed to the LifeCare patients (Priest & Bahl, 2008). At the same time other nurses were working hard to triage patients based on their current medical state. Throughout the hospital patients that had been triaged at a “1” were preparing to evacuate by boat or helicopter while more critical patients were arranged in hallways and rooms that would eventually become makeshift morgues. This particular catastrophic event along with other instances of disaster raise questions with triage, ethics, and the role the nurse plays in these circumstances.

In disaster situations triage and ethics are so difficult because the lines of right and wrong are easily blurred depending on the individual. Healthcare facilities have a code of ethics in
place to assist with decision making but because it is non-legislative in nature (Grimaldi, 2007) it cannot be enforced and relies on the judgment of the triage nurse. There are two provisions within the American Nurses Association code of ethics that seem contradicting in nature. Provision 3 states: “The nurse promotes, advocates for and strives to protect the health, safety, and rights of the patient.” However, Provision 5 states: “The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence and to continue personal and professional growth” (Potter & Perry, 2009). It is easy to see how a nurse may become caught between the needs of the patient and the needs of self and family. At what point does the duty to care for the patients surpass the duty to care for the nurses themselves? And how does a nurse decide how a patient should be triaged? Can triage be conducted in a black and white, systematic nature if it potentially requires a nurse to triage a friend or family member to not be saved?

There are several ethical theories at work regarding this topic including the theory of autonomy, nonmaleficence, and justice. Autonomy refers to the patient’s involvement as it relates to their care (Potter & Perry, 2009). Under normal conditions treatment preferences would be honored however during times of emergency requiring triage the patient is told what category they fall into and based on that what level of care they will receive, if any, and when. Clearly in the Memorial Hospital case the nurses violated the theory of nonmaleficence when they took it into their own hands to administer lethal doses of medication to patients that while critically ill, still had the potential to live had they been among the first to be evacuated from the hospital. Lastly, the theory of justice is arguably the strongest ethical theory at play when it comes to triage. The nurse has the difficult task of deciding what is most fair for not only the patient but for the common body of those affected by the situation and must take into account the
shortage of resources along with the fact that decisions must be made immediately. The nurse must also put aside preconceived stereotypes and biases as social worth often shows that the wealthy typically have better outcomes while the poor, who are also usually the most ill, are the least likely to be treated and have a successful recovery (Zoraster, 2009).

The term “triage” originally referred to the process of sorting coffee beans but by World War II it was being used by nurses to assess soldiers with battle wounds into three main categories: those with minor wounds not requiring attention, those with critical injuries that could benefit from immediate medical attention, and those injured beyond the point of being saved (Veatch, 2005). From this, two major and moral principles of triage have emerged: treat those for which the most good can be done or treat those with the greatest need. The first approach is utilitarian in nature and began with two British physicians who felt the purpose of the hospital setting was to treat the masses by doing as much good for the whole as possible even at the risk of sacrificing the most ill (Veatch, 2005). The second approach formed from Napoleon’s surgeon general who felt that those who were the most wounded should be treated first and those with lesser injuries would be treated later (Veatch, 2005). Thus began the battle between efficiency and justice. As healthcare workers, nurses are taught to work smarter and efficient, especially in situations where resources are limited however our culture demands that we act with justice, fairness, and equality.

In the case of Hurricane Katrina the nurses acted based upon the efficiency principle of triage. The advantage of this is that from a quantity standpoint it is thought that a greater number of individuals that had a chance to live a higher quality of life were treated and rescued. This principle also allows the nurse to look at things with a more systematic approach. Patients are categorized based upon injury level and likelihood of survival making it easier for the nurse to
more or less move down the line and treat patients without having to exercise their personal morals. The disadvantage is that our society’s political and cultural values clash with this type of thinking and as seen with Hurricane Katrina, the media and community outcry does not support the actions of the nurses and physicians. The advantage of triage from a justice standpoint is that those who are in the greatest need are treated with the available resources first. Once these patients have been treated attention can be given to those that were able to be unattended in the first place so some could argue that overall more patients could be saved; both the critically ill and those requiring less or minor medical attention. The other advantage is that this principle seems to be more socially acceptable, the American culture would rather see those that were the worst off survive even if it meant sacrificing efficiency (Veatch, 2005). The disadvantage is just that, in the time it takes one nurse to treat a critically ill patient they potentially could have treated multiples more with lesser injuries. Operating on a justice model also opens the door for nurses to be emotional and biased in choosing which patient to treat first.

In this particular situation the nurse’s best action would have been to operate on the justice principle of triage. The hospital should have used the assistance and resources provided by law enforcement and the military to evacuate the most critically ill patients first. While the hospital conditions were not ideal for any patient, those who were the least ill would have had a greater chance of survival if they could not have been evacuated immediately. Had this method of triage been used healthcare workers could have acted to evacuate the most ill when they still had the greatest amount of resources and physical energy and a lesser amount of mental and emotional exhaustion. In the end, nurses and other healthcare workers will continue to triage based on the policies enforced by their facility and whether they operate from an efficient or justice served point of view all that one can hope for is that they are always aware of the code of
ethics for their profession and the morals and values that drove them to become a nurse in the first place.
References


