

## **"Justice Isn't Always Comfortable: Utilitarian Ethics and Healthcare Decision-Making"**

**Alice Krueger, Virtual Ability, Inc.**

**International Disability Rights Affirmation Conference 2022**

**October 28**

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[2022/10/28 13:12] Pecos Kidd: Alice Krueger, known inworld as Gentle Heron, needs no introduction. If you are here today, you probably know her.

Most of you are here at this event because she inspired you, networked with you, asked you, or cajoled you to attend – or most likely all of the above.

Alice is a former education researcher and professional development provider.

Fifteen years ago, when her multiple sclerosis made it impossible to continue her previous career, she and a few friends purposefully decided to create a community in a virtual world.

The result is the Virtual Ability community within Second Life, and the corresponding Virtual Ability, Inc. non-profit corporation, of which Alice is the President.

Her talk today is titled, "Justice Isn't Always Comfortable: Utilitarian Ethics and Healthcare Decision-Making".

Please join me in welcoming Gentle to the stage for this presentation.

[2022/10/28 13:13] Orange Planer: .-''-. APPLAUSE APPLAUSE .-''-.

[2022/10/28 13:13] Zzri Avian (Zri Portal): Clap clap clap!

[2022/10/28 13:13] Slatan Dryke: go Gentle !! woot

Happy to be cajoled btw :)

[2022/10/28 13:14] Gentle Heron: The title of my presentation is "Justice Isn't Always Comfortable: Utilitarian Ethics and Healthcare Decision-Making."

I'm going to give some background on how decisions are made about allocation of healthcare resources, and then we are going to practice making simulated decisions.

The point I am trying to make is that while these decisions may be ethically and philosophically justified, they may not always seem right or fair to us.

Especially when WE are the ones being denied care we need and think we deserve.

I must begin with a disclaimer. I am neither a philosopher nor an ethicist.

And I am profoundly thankful that I am not.

I'm also not a skilled PowerPoint creator, especially when I am hurrying.

I apologize in advance for some of the slides you will see.

But I'm moving on past that, and ready to start my presentation.

Let's take a look at utilitarianism, an ethical philosophy which commonly guides healthcare decision-making.

Utilitarianism is a moral principle that holds that the morally right course of action in any situation is the one that produces the greatest balance of benefits over harms for everyone affected.

So long as a course of action produces maximum happiness and well-being for everyone, utilitarianism does not care how this is achieved, or even if some individuals are harmed.

We sometimes (greatly) simplify this by stating “the greatest good for the greatest number.” Utilitarianism asks us to consider the immediate and the less immediate consequences of our actions.

Because it sums together the benefits and harms of all people, utilitarianism requires that we look beyond our self-interest and consider impartially the interests of all persons affected by our choices of actions.

There are seven general rules of thumb that are commonly used when applying utilitarian principles to decision-making.

1. Number- Other factors being equal, the object is to benefit the greatest number.
2. Length of Life- How long a benefit lasts matters.
3. Quality of Life- How well a person lives is equally as important as how long.
4. Equivalence of Acts and Omissions- It doesn't matter how you get to the outcome; it can be by an action or by refraining from acting.
5. Social Benefit- All consequences of actions (or inactions) must be considered, both in the short and the long term, both direct outcomes and indirect.
6. Responsibility- What the decision-makers want as an outcome is not relevant. They are responsible for what they could/should have foreseen and for the actual outcomes.
7. Avoid Bias- Emotions and beliefs have no place in problem-solving; decisions must be based on facts and evidence.

Today, to get some practice using utilitarianism to see how healthcare decisions are made, we're going to pretend we are members of the Hospital Ethics Committee at a large urban hospital a couple of years ago as the COVID pandemic was in full swing.

Our hospital's resources have been stretched to the limit. Supplies are running low, staff are coming down sick and those who are healthy are putting in long overtime hours.

The Ethics Committee is responsible for allocating limited resources for use with an ever-increasing number of severely ill patients.

Here's your first decision to make. Please think this over, then type your answer in Local Chat, including your justification or reasoning.

You are also encouraged to agree or disagree with others on this committee. Talk to each other!

We have to come up with a decision that the majority of us agree with.

Here's our scenario.

Two patients are now in the Emergency Room. Both patients are in respiratory failure after testing positive for COVID.

- Adrienne is 60 years old and before she got COVID she was recovering from and still under treatment for moderate chronic obstructive airway disease.

- Bernard is a 35-year-old who has been healthy until now. He apparently contracted COVID while traveling abroad.

Unfortunately, the hospital only has one remaining respirator. Which of these two patients should get it, and why?

(pause for decision-making)

[2022/10/28 13:23] LV (LoriVonne Lustre): GH: Type your choice in nearby chat. A or B, and why

Who gets the ventilator?

[2022/10/28 13:23] Marcus Llewellyn: Adrian sounds at higher risk of death due to COPD and age.

A. :)

[2022/10/28 13:24] LV (LoriVonne Lustre): GH: agree or disagree?

[2022/10/28 13:24] Mook Wheeler: I wouldn't choose between them yet, there is not enough information about either of them. Age and brief state of health is not enough. I need to know more.

[2022/10/28 13:24] Itico (Itico Spectre): I agree with Mook.

[2022/10/28 13:24] Slatan Dryke: agree with Mook

[2022/10/28 13:25] Marcus Llewellyn: I do have a bias. My hubby is older and has COPD and is on oxygen. He's basically Adrian.

[2022/10/28 13:24] LV (LoriVonne Lustre): GH: Rules of thumb on screen

[2022/10/28 13:25] Elektra Panthar: GH: read back the rules of thumb. #1 doesn't apply in this case

[2022/10/28 13:25] LV (LoriVonne Lustre): GH: we can't say 'both' so #1 does not apply

[2022/10/28 13:25] Orange Planer: Question - does length of life mean "length of remaining life"?

[2022/10/28 13:25] LV (LoriVonne Lustre): GH: yes Orange.

[2022/10/28 13:25] Lorin Tone: What a painful choice to be thrown at us. A, but because of age, and it would be better to have more established info on each patient

[2022/10/28 13:25] Pecos Kidd: If it's a triage situation, you could argue that Bernard has a longer life ahead

[2022/10/28 13:25] Iara da Pilulova (IaraDaPilulova Resident): B because the effect of saving him (=him staying alive) will statistically last longer

[2022/10/28 13:25] Gemma (Gemma Cleanslate): why I would never serve on such a board

[2022/10/28 13:25] James Atlloud (Lloud Laffer): Did Bernard take precautions when traveling? Is there a merit consideration.

[2022/10/28 13:26] Orange Planer: B - because he has a longer length of life possible.

[2022/10/28 13:26] Slatan Dryke: maybe A is alone while B has a family, more info are necessary

[2022/10/28 13:26] Lorin Tone: lol....would pay more taxes in the future? OK, sorry.

[2022/10/28 13:26] LV (LoriVonne Lustre): GH: Yes Lorin. That is a consideration

[2022/10/28 13:26] Lemrik Resident: B - Intervention is more likely to have a successful outcome

Younger and not having a pre-existing condition

[2022/10/28 13:27] James Atlloud (Lloud Laffer): ah, who's insured?

[2022/10/28 13:27] Gentle Heron: ::

According to Rule of Thumb Number Two, if we go by expected length of life, we should send Bernard up to be put on the respirator because he is younger and likely to live longer. But that's not the only criterion.

As a committee, you are allowed to ask for additional information. Perhaps that will help us to feel more comfortable with our decision about Adrienne and Bernard.

We requested additional information about these two patients, so we can better understand their situations and decide who should get the respirator.

What if the doctors in the ER, after evaluating both patients, state that Bernard has a 90% chance of recovery, but Adrienne only has a 10% chance of recovery. How should we decide then, and why?

(pause for decision-making)

[2022/10/28 13:28] LV (LoriVonne Lustre): GH: responses in chat

[2022/10/28 13:28] Orange Planer: Recovery on his own, or with the ventilator?

[2022/10/28 13:29] Elektra Panthar: GH: with the ventilator

[2022/10/28 13:28] Marcus Llewellyn: Hate to say it, but Bernard at this point. Because of resource allocation.

[2022/10/28 13:29] James Atlloud (Loud Laffer): Years of life could benefit more people.

[2022/10/28 13:29] LV (LoriVonne Lustre): GH: any kind of bias is not a good thing

[2022/10/28 13:29] Orange Planer: Bias. What kind of bias?

Ageism?

[2022/10/28 13:29] Lorin Tone: We also do not know whether either of them acted proactively and had been vaccinated

[2022/10/28 13:29] Orange Planer: That doesn't matter, Lorin.

[2022/10/28 13:30] Elektra Panthar: GH: Why, Orange and Lorin?

[2022/10/28 13:30] Orange Planer: Because all the hospital knows is they have two very sick patients. Past decisions about HOW they got sick are irrelevant.

[2022/10/28 13:30] Lorin Tone: It should matter since they could have reduced the severity of the symptoms

[2022/10/28 13:31] Orange Planer: Then again, Lorin, those who have had vaccinations are extremely less likely to get deathly ill.

[2022/10/28 13:31] Lorin Tone: That would be my argument, respectfully

[2022/10/28 13:31] Orange Planer: So even the argument may be moot.

[2022/10/28 13:31] Marcus Llewellyn: When it comes to organ transplants, lifestyle matters.

[2022/10/28 13:31] Mook Wheeler: Percentage of recovery is a very powerful point. If no more information was forthcoming, Bernard would seem the choice. But I would like still more information if possible. But at this point, B.

[2022/10/28 13:31] Itico (Itico Spectre): I would much rather support someone who takes precautions than someone who is lazy with their own safety.

[2022/10/28 13:31] Gemma (Gemma Cleanslate): Thinks that is bias

[2022/10/28 13:32] Lorin Tone: Elephant in the room with regard to vaccinations: Political views of the patients, but of course, that would not come into play

[2022/10/28 13:31] Gentle Heron: ::

[2022/10/28 13:31] Gentle Heron: According to Rule of Thumb Number One, with the amount of effort it would likely take to save Adrienne's life, you could have saved nine people like Bernard.

[2022/10/28 13:32] LV (LoriVonne Lustre): GH: that's the statistics

[2022/10/28 13:32] Gentle Heron: Based on Rule of Thumb One, Save the greatest number, Bernard still gets the ventilator.

And there's yet another way to look at this choice:

Adrienne is likely going to need to be on the ventilator for a month; Bernard should be able to be weaned off in a week.

What would be your decision if this were the case?

(pause for decision-making)

[2022/10/28 13:33] LV (LoriVonne Lustre): GH: responses in chat

[2022/10/28 13:33] Orange Planer: Gah.

I do not like this game.

[2022/10/28 13:33] Itico (Itico Spectre): Neither do the doctors who have to deal with it.

[2022/10/28 13:34] LV (LoriVonne Lustre): GH: Unfortunately this is not a game. This is what happens

[2022/10/28 13:33] Marcus Llewellyn: Staying with B, although unhappy about it.  
[2022/10/28 13:33] Lorin Tone: Leaning more toward B now that more info is in there  
[2022/10/28 13:33] James Atlloud (Lloud Laffer): point for Bernhard.  
[2022/10/28 13:34] Pecos Kidd: During that week, you hopefully can find more ventilators.  
[2022/10/28 13:34] Slatan Dryke: could both to share the ventilator ?  
[2022/10/28 13:34] Elektra Panthar: GH: they tried but unfortunately it didn't work, Slatan  
[2022/10/28 13:34] Slatan Dryke: sigh  
[2022/10/28 13:34] Orange Planer: No, it wouldn't.  
[2022/10/28 13:34] Itico (Itico Spectre): By greater good, we'd have to go with B.  
[2022/10/28 13:35] Mook Wheeler: nods at Orange. Triage can often descend into 'moral judgement' when information about the patients become more detailed.

[2022/10/28 13:34] Gentle Heron: ::

Same choice, Bernard gets the ventilator.

According to Rule One, you could treat three additional patients after Bernard on that ventilator during the time it might have been used for only Adrienne.

[2022/10/28 13:34] Orange Planer: OK, here's what I want - rather than being given partial information in this way, I wish to have all the available information.

Before I make a decision.

[2022/10/28 13:38] Mook Wheeler: @Orange -- the problem with information is that it \*rarely\* comes all at once, in a package. It takes time and digging, and comes piecemeal at a time. The situation in this 'game' is unfortunately, just as nasty as it would be in RL.

[2022/10/28 13:35] Gentle Heron: But we're not done yet.

Here's additional information that will help us decide about who gets to use the ventilator.

Because of her ongoing obstructive airway disease, it will take three staff members to care for Adrienne while she was on the ventilator, while only one staff member would be needed to care for Bernard.

Does this change your decision?

(pause for decision-making)

[2022/10/28 13:35] LV (LoriVonne Lustre): GH: responses in chat

[2022/10/28 13:35] Marcus Llewellyn: Just re-inforced Bernard for me

[2022/10/28 13:36] Slatan Dryke: I vote for B

[2022/10/28 13:36] Lorin Tone: that's it. B

[2022/10/28 13:36] Gemma (Gemma Cleanslate): Imagine having to do this every day for a year!

[2022/10/28 13:36] LV (LoriVonne Lustre): GH: Imagine Gemma

[2022/10/28 13:36] Lorin Tone: nightmarish

[2022/10/28 13:36] Itico (Itico Spectre): Keep in mind, I live with someone who is chronically ill, as well.

[2022/10/28 13:36] Gentle Heron: ::

So far, we seem to be pretty much in agreement about who gets the respirator. But we have other criteria to consider.

So let's look a little deeper and make sure we are comfortable with our decision.

Adrienne is a very competent, well-liked doctor who has been working in our hospital. Most of us know her pretty well.

[2022/10/28 13:37] Lorin Tone: oh jeez

[2022/10/28 13:37] Gentle Heron: She contracted COVID while caring for critically ill patients.

Bernard is a businessman whose success may be due to his never-take-no-for-an-answer approach to negotiations.

[2022/10/28 13:37] Orange Planer: Oh yeah, let's throw her to the wolves!

[2022/10/28 13:37] Gentle Heron: He isn't really well respected in the business sector, and there are often negative comments about his actions in the news.

Can we apply Rule of Thumb Number Five here? Might this information about social benefits affect your decision as to who should get the one remaining ventilator?

[2022/10/28 13:38] LV (LoriVonne Lustre): GH: responses in chat

[2022/10/28 13:38] James Atlloud (Lloud Laffer): surely Star Trek has solved this.

[2022/10/28 13:38] Elektra Panthar: Star Trek would have someone come up with a revolutionary /alternative cure ;)

[2022/10/28 13:39] LV (LoriVonne Lustre): GH: yup Elektra

[2022/10/28 13:38] Marcus Llewellyn: I would say point 7. Bias trumps point 5.

[2022/10/28 13:38] Itico (Itico Spectre): We don't know the two other people we might save still with B.

[2022/10/28 13:38] Orange Planer: Eeny meeny miney moe...

No, that means I'm flapping between different decisions.

[2022/10/28 13:39] Itico (Itico Spectre): This game is actually easier because we're not being pressured from colleagues.

[2022/10/28 13:40] Elektra Panthar: GH: true because the doctors dealing with the patients need to know asap

[2022/10/28 13:40] Marcus Llewellyn: Sounds to me like A. would have chosen B. here.

[2022/10/28 13:40] Gentle Heron: ::

Oh my, we've just found out that Bernard is a big donor to our hospital foundation. We don't want to lose him just so we can save our own doctor.

[2022/10/28 13:40] Iara da Pilulova (IaraDaPilulova Resident): is B's business a ventilator company?

[2022/10/28 13:40] Rhiannon Chatnoir: in some ways, this is a lot like the Trolley philosophical dilemma [https://en.wikipedia.org/wiki/Trolley\\_problem](https://en.wikipedia.org/wiki/Trolley_problem)

[2022/10/28 13:41] LV (LoriVonne Lustre): GH: Yes Rhi. Very like the Trolley question

[2022/10/28 13:40] Lorin Tone: No no no no no

[2022/10/28 13:41] Elektra Panthar: ((starts passing chamomile tea around))

[2022/10/28 13:41] Orange Planer: /me starts passing around bourbon

[2022/10/28 13:41] Marcus Llewellyn: Yeah, still think Adrienne would advocate for Bernard.

[2022/10/28 13:41] Eme Capalini: would she?

[2022/10/28 13:42] Marcus Llewellyn: She's a doctor. She wants to save lives.

[2022/10/28 13:41] LV (LoriVonne Lustre): GH: does this information cause anyone to change their vote?

[2022/10/28 13:41] Elektra Panthar: GH: interesting

[2022/10/28 13:41] Lorin Tone: That should not enter into an ethical equation, in my opinion

[2022/10/28 13:42] James Atlloud (Lloud Laffer): Favoring a donor seems biased.

[2022/10/28 13:42] Orange Planer: Seems biased, but there's the concept of money aiding the hospital benefit the hospital as a whole?

[2022/10/28 13:42] LV (LoriVonne Lustre): GH: would not a big donation help us to buy more ventilators?

[2022/10/28 13:42] Rhiannon Chatnoir: Favoring Adrienne as being a doctor of the hospital should be just as important or NOT as Bernard is a big donor. They both have bias.

[2022/10/28 13:42] Iara da Pilulova (IaraDaPilulova Resident): would buying more ventilators make ventilators less available to other hospitals?

[2022/10/28 13:43] James Atlloud (Lloud Laffer): Maybe Game of Thrones is more apt than Trek

[2022/10/28 13:43] Rhiannon Chatnoir: LOL

[2022/10/28 13:43] LV (LoriVonne Lustre): GH: laughs. Yes James

[2022/10/28 13:43] Orange Planer: Bring in the dragons!

[2022/10/28 13:43] Rhiannon Chatnoir: Hospital of the Dragon

[2022/10/28 13:42] Gentle Heron: Hmm, should we see if there might be a way to save them both?

We've had a report from our COVID ward that Casper, one of our earliest COVID patients, has been on a ventilator for two months so far. Casper was admitted from a nursing home where he was in the end stages of dementia, in a coma, before contracting COVID.

Might we decide Casper has a lower quality of life than either Bernard or Adrienne?

[2022/10/28 13:44] Lorin Tone: argh. God bless medical professionals who deal with decisions like this on a daily basis.

[2022/10/28 13:44] Itico (Itico Spectre): I don't think that's within the rights of an ethics board. Imagine the family only has that right.

[2022/10/28 13:44] Orange Planer: That depends on what his power of attorney decides.

[2022/10/28 13:45] LV (LoriVonne Lustre): GH: it is within the rights of the ethics board

[2022/10/28 13:45] Itico (Itico Spectre): I am corrected.

[2022/10/28 13:45] Orange Planer: Huh.

ok...

[2022/10/28 13:44] LV (LoriVonne Lustre): GH: Rule of thumb 3

[2022/10/28 13:45] Gentle Heron: Should we consider taking Casper off the ventilator he has been on for so long, in order to try to save both Bernard and Adrienne?

[2022/10/28 13:45] Orange Planer: Well, in that case if one can free up resources then it's not a problem, is it?

Yes.

He was going to die anyway, and he had no chance of recovery.

[2022/10/28 13:45] Pecos Kidd: We could ask Casper's representatives if they approve

[2022/10/28 13:45] Marcus Llewellyn: Suddenly "Do no harm" seems very, very complicated.

[2022/10/28 13:45] LV (LoriVonne Lustre): GH: Yes, freeing up resources means Casper will die

[2022/10/28 13:45] Itico (Itico Spectre): It's not "okay" but...

[2022/10/28 13:45] James Atlloud (Lloud Laffer): is there a hospital policy on length of treatment

[2022/10/28 13:46] LV (LoriVonne Lustre): GH: Good question James

[2022/10/28 13:46] Slatan Dryke: Hippocrates is rolling in his grave...

[2022/10/28 13:46] James Atlloud (Lloud Laffer): yes

[2022/10/28 13:46] Lorin Tone: yes

[2022/10/28 13:46] Slatan Dryke: first rule do not harm

[2022/10/28 13:46] Orange Planer: The harm to Casper has already been done.

He is terminal whether or not he stays on a ventilator.

[2022/10/28 13:47] Iara da Pilulova (IaraDaPilulova Resident): is it really harming Casper? (rule 3)

[2022/10/28 13:46] Gentle Heron: (pause for decision-making)

[2022/10/28 13:46] Elektra Panthar: GH: these decisions are getting harder aren't they

[2022/10/28 13:46] Gentle Heron: ::

Things get tricky, don't they?

It's really difficult to judge Quality of Life, to use Rule of Thumb Three.

Most people would agree that permanent unconsciousness was a very low quality of life.

But where do you draw the line? What quality of life is too low to try to save?

(pause for decision-making)

[2022/10/28 13:47] LV (LoriVonne Lustre): GH: responses in chat

[2022/10/28 13:47] Orange Planer: Well, if you can't interact with your environment because you're not conscious, that's about as low as it gets.

[2022/10/28 13:47] Marcus Llewellyn: If he's ultimately terminal, then yeah. Lesser evil would be good of the many.

[2022/10/28 13:47] Lorin Tone: Are there dreams? Agonizing, it's truly horrific

[2022/10/28 13:48] Rhiannon Chatnoir: they would also factor in brain activity

[2022/10/28 13:48] Orange Planer: Someone who is in a coma generally doesn't have much brain activity, no?

[2022/10/28 13:49] Slatan Dryke: permanent unconsciousness was a very low quality of life: what do we know exactly ?

We never been in that situation

[2022/10/28 13:49] James Atlloud (Loud Laffer): yes

[2022/10/28 13:48] Gemma (Gemma Cleanslate): no wonder so many people leave the medical field

[2022/10/28 13:48] Lorin Tone: yes

[2022/10/28 13:48] Iara da Pilulova (IaraDaPilulova Resident): did Casper write dispositions about that before being unable to?

[2022/10/28 13:48] Elektra Panthar: GH: this is why you write your will while you still can Power of attorney, decision making etc

[2022/10/28 13:49] LV (LoriVonne Lustre): GH: this is why you write your wishes when you are still healthy

We have to fight for that

[2022/10/28 13:49] Itico (Itico Spectre): ...no matter how young you are.

[2022/10/28 13:49] Lorin Tone: Yes, have just done all the paperwork

[2022/10/28 13:50] Rhiannon Chatnoir: Regarding your wishes, a good starting point is the "Five Wishes" <https://www.fivewishes.org/about-five-wishes/>

...It is used often at some hospitals, but as Gentle says, you want to have these things in place BEFORE you have the need of them.

[2022/10/28 13:51] LV (LoriVonne Lustre): GH: Great resource Rhi! thank you

[2022/10/28 13:52] Rhiannon Chatnoir: nod, I was a health proxy for a friend with cancer and ultimately, it came to that time of her hospice and death and it was so important we knew her decisions about all of these things

[2022/10/28 13:49] Gentle Heron: ::

A person with a disability doesn't necessarily have a lower quality of life than a person without a disability.

Now, let's add one more twist to this scenario.

This is a Catholic hospital.

[2022/10/28 13:49] Lorin Tone: oh lord

[2022/10/28 13:49] Gentle Heron: We find out that Adrienne is a lesbian and that one of the charities that Bernard supports financially is an abortion clinic.

Does this change our thinking about how to allocate that one ventilator?

[2022/10/28 13:50] Marcus Llewellyn: No.

[2022/10/28 13:50] James Atlloud (Lloud Laffer): agree no

[2022/10/28 13:50] LV (LoriVonne Lustre): GH: why not Marcus?

[2022/10/28 13:50] Marcus Llewellyn: That's definitely bias.

[2022/10/28 13:50] Slatan Dryke: holy cow, its more and more complex now

[2022/10/28 13:50] Orange Planer: That entire piece of information creates bias and should be ignored.

[2022/10/28 13:50] Lorin Tone: Completely agree with Orange

[2022/10/28 13:50] LV (LoriVonne Lustre): GH: but we are a Catholic hospital

[2022/10/28 13:50] Orange Planer: Does not matter.

[2022/10/28 13:50] James Atlloud (Lloud Laffer): life is not lifestyle

[2022/10/28 13:50] Orange Planer: I agree with James - life is not lifestyle.

[2022/10/28 13:51] Gentle Heron: (pause for decision-making)

[2022/10/28 13:51] Gentle Heron: ::

Rule of Thumb Number Seven says we are to avoid bias. That's hard to do as individuals, even harder for institutions perhaps.

I do not envy hospital Ethics Committee members their responsibilities.

[2022/10/28 13:52] Orange Planer: Is this why members of ethics committees become jerks?

Not all of them, but...

[2022/10/28 13:52] Gentle Heron: I'd like to close by sharing with you a tool that has been developed at many healthcare institutions to deal with the sort of decision-making we just role played.

It is a triage tree, an ethical algorithm for dealing with rationing care.

There is a copy of this image in the giver box up front here.

It's pretty tiny on this slide, so I tried to enlarge pieces of it so you could read it as I explained the decision-making process it depicts.

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This diagram is a flow chart, with decision points and choices in boxes.

This slide is an enlargement of the very top of the chart.

Notice that the white diamond shows our situation: limited resources.

That leads to the first decision about a particular patient: Does this patient meet the threshold value of a life worthy of attempting to save?

The inputs here are Quality of Life as measured by cognitive function, and expected length of life is saved at this point of greater than five years.

What that means is that at this initial stage of decision-making, someone in a coma or someone with end stage renal disease or someone of advanced age (even if totally healthy) would be judged to not pass this threshold value.

Those persons are given no treatment other than supportive care.

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However, for those persons who meet the threshold value, the next step is additional screening or triage.

In order to save the most lives (Rule of Thumb #1) we next need to consider the individual's probability of survive and the duration of their treatment. This is indicated by the yellow diamond as another decision point.

Notice the inputs to this decision.

Co-morbidities, frailty, age and disability are determinants of a person's probability of survival.

And there are three potential categories each individual might fall into.

Some people are in the Low category. We have a high confidence that they have a low probability of survival.

On the other hand, some people are in the High category. We have high confidence that they have a high probability of survival.

I suspect the largest group is people in the Moderate category. These are those we are uncertain about or can determine that they have a moderate probability of survival.

Moving down the chart, the care decision about people in the Low category is the same as for those who do not meet the initial threshold... we offer them only supportive care, no treatment.

[2022/10/28 13:57] Elektra Panthar: GH: we don't think treating them will do anything for them (low category)

[2022/10/28 13:57] Gentle Heron: On the other hand, for those individuals in the High category, we try out our best treatment on them, to the extent of our sufficient resources.

It's that large Moderate group where the trickiest decisions must be made.

We prioritize them by what it would take to maximize their quality of life.

Especially with insufficient resources, there's not much we can do.

And notice that if there are insufficient resources, even all the folks in the High category may not receive treatments. They get prioritized as well, but what it would take to maximize their quality of life.

In the Moderate group, which now has been enlarged to include those from the High group for whom there were insufficient resources to treat them, we now prioritize healthcare workers the highest. (Rule of Thumb #5 Social Benefit).

If there are leftover resources available, the next group to receive them would be those with dependents and others with high social worth.

[2022/10/28 13:59] LV (LoriVonne Lustre): GH: we talked about this when we talked about A being one of our doctors (rule 5)

[2022/10/28 13:59] Gentle Heron: Can you see how this gets contentious?

How is social worth defined? (rhetorical question)

[2022/10/28 13:59] Lorin Tone: Agonizing.

[2022/10/28 14:00] Orange Planer: Yeah. Who has a higher social worth, a doctor, or someone who donates to a hospital?

[2022/10/28 14:00] Mook Wheeler: /me has already left the Council.

[2022/10/28 14:00] Lorin Tone: Mook has functional brain. I'd quit too, out of desperation

[2022/10/28 14:01] Orange Planer: /me is already insane, so it's too late to quit

[2022/10/28 14:00] Gentle Heron: .

And finally, if there are any resources remaining, everyone else in the Moderate group is in a lottery, so that chance determines if they get treatment or only supportive care.

But there is one other decision to make, and this takes us back to the very first group to get treatment.

If after trying the treatment on an individual in this group, if a patient later appears who has a higher priority, we can recommend that the treatment be withdrawn from the initial individual, who then gets only supportive care.

[2022/10/28 14:02] LV (LoriVonne Lustre): GH If the person is not responding, then their active care is withdrawn. Now just supportive.

[2022/10/28 14:02] Orange Planer: /me makes a decision and throws himself off a cliff  
Makes sure the cliff is high enough that I don't need a hospital

[2022/10/28 14:01] Gentle Heron:.

That's how you read the algorithm chart.

I think you can see how some people might not like the decisions that the Ethics Committee comes up with in YOUR individual case.

But someone has to make those difficult decisions to allocate scarce life-sustaining equipment and overworked staff.

And it's best to have a process worked out in advance that can be relied on.

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If you are interested in learning more about how utilitarianism and ethics play into healthcare decision-making, be sure to check out the poster display on Healthinfo Island: "Healthcare, Ethics, and Utilitarianism"

<http://maps.secondlife.com/secondlife/Healthinfo%20Island/188/181/24>

I've included a landmark in the giver box as well.

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We can attempt a Q&A, but I have to say right out I am no expert in this field.

Thank you for your attention and interest this afternoon.

Any Q&A?

[2022/10/28 14:03] Orange Planer: That's a fantastic exercise.

[2022/10/28 14:03] Gemma (Gemma Cleanslate): ♥ Thank Youuuuuuuuu!! ♥

[2022/10/28 14:03] Pecos Kidd: You play difficult games, Gentle!

[2022/10/28 14:03] Orange Planer: Thank GOD I only have to make that decision in my fantasies.

[2022/10/28 14:03] Gemma (Gemma Cleanslate): me too

[2022/10/28 14:03] Marcus Llewellyn: That was both wrenching and excellent, Gentle.

Thank you!

[2022/10/28 14:03] Suellen Heartsong: good exercise and reminds me to keep things up to date

[2022/10/28 14:04] LV (LoriVonne Lustre): GH: Yes Suellen, it does need to be updated regularly

[2022/10/28 14:03] Gemma (Gemma Cleanslate): exhausting

[2022/10/28 14:04] LV (LoriVonne Lustre): GH: make these decisions before you write your end of life statements

[2022/10/28 14:03] Orange Planer: Right, but that's just for me.

If I were trying to do this for people in general...

/me immediately gets a headache

[2022/10/28 14:04] Lorin Tone: Absolutely great presentation, and yes. I have made those decisions.

Easier for self than others, yes

[2022/10/28 14:04] Gemma (Gemma Cleanslate): I did too just hope the person who knows it will follow the paper

[2022/10/28 14:05] LV (LoriVonne Lustre): GH: yes Gemma

It is difficult to make these decisions for someone else

[2022/10/28 14:04] Marcus Llewellyn: /me starts donating money to hospitals and getting a medical degree.

[2022/10/28 14:04] Mook Wheeler: /me is shaking her head, and she can't stop.

[2022/10/28 14:04] Even Nightfire (StrangerEven Resident): : this kind of stuff goes on all day at a military battlefield hospital and they have minutes or even seconds to make the decisions

[2022/10/28 14:04] Elektra Panthar: GH: It's hard to make those decisions but easier to make them for yourself than for others

[2022/10/28 14:05] LV (LoriVonne Lustre): GH: It is hard to make this decision for yourself, but better you than someone else

[2022/10/28 14:05] Suellen Heartsong: it's not an easy decision to do this for someone else, I was my Mother's POA and had to make the difficult decisions at the end of her illness

[2022/10/28 14:04] Slatan Dryke: Question: is this algorithm made for the paying system (USA) or set on the Universal health care? Costs are totally different for both parts- patient and hospital

[2022/10/28 14:05] LV (LoriVonne Lustre): GH: I am not sure Slatan.

[2022/10/28 14:05] Slatan Dryke: oh ok

[2022/10/28 14:07] LV (LoriVonne Lustre): LV interjects. The decision making is very similar regardless of the paid / not paid health care system.

[2022/10/28 14:06] Mook Wheeler: The more you care about doing 'right', the harder the decisions get. If you don't care one way or another, these decisions are easy.

[2022/10/28 14:07] Suellen Heartsong: very true Mook

[2022/10/28 14:07] Gentle Heron: Good point Mook

[2022/10/28 14:06] Elektra Panthar: GH: Thank you all for your attention!

[2022/10/28 14:07] Gemma (Gemma Cleanslate): ♥ Thank Youuuuuuuuu!! ♥

[2022/10/28 14:07] Slatan Dryke: brilliant presentation Gentle !

[2022/10/28 14:07] Lorin Tone: Thank you Virtual Ability, this conference has been especially great!

[2022/10/28 14:08] Orange Planer: Amazing conference.

[2022/10/28 14:07] Pecos Kidd: Howdy, everyone. Wow - what an amazing conference. I learned so much!

Gentle usually does the conference wrap-up, but she asked me to do so today since she ended up being a speaker.

I'm Pecos Kidd, a member of the Virtual Ability leadership team. On behalf of everyone at Virtual Ability, I want to say thank you to all the many folks who helped out with today's conference.

First, thank you, audience, for sharing this conference with us. You are the foundation, the reason that this conference exists.

Putting on a conference like this is definitely a team effort. And in our case, a world-wide community effort. So we'd like to say thank you to the many Virtual Ability community members who have assisted in making today a success.

Our greeters are many people's first contact with the Virtual Ability community. Thanks to Slatan for organizing the greeters, and to Gemma, Lorin, Vulcan, Linn and Diva for greeting our guests.

Thanks to our streaming team: Marcus and James.

Thanks to the session introducers: ZZri, Itico, OperativePhoenix, Diva, Ariell

Special thanks and icepacks for their physical-world wrists to our transcriptionists:

LoriVonne, Elektra and Carolyn. They always do such a wonderful job, and help us set the example of effective inclusion.

[2022/10/28 14:09] Orange Planer: I'm paying for the ice packs!

[2022/10/28 14:09] LV (LoriVonne Lustre): It is a pleasure

[2022/10/28 14:09] Elektra Panthar: :)

[2022/10/28 14:09] Carolyn Carillon: <3

[2022/10/28 14:09] Elektra Panthar: make it ice cream Orange ;)

[2022/10/28 14:09] Orange Planer: Elektra - send me a bill!

[2022/10/28 14:09] Pecos Kidd: Thank you to Mook, iSkye and Eme for all the support throughout the months leading up to today.

Thanks to Fil, our wonderful musician.

And of course, thanks are always due to our amazing presenters. They all did a great job today and deserve another round of applause.

[2022/10/28 14:09] Slatan Dryke: woot for the whole Team

[2022/10/28 14:09] Gentle Heron: Wonderful presenters

[2022/10/28 14:09] Pecos Kidd: Don't forget that we will archive the text chat and the videos of today's individual sessions for future review or if anyone missed a session. We will post those to our website ([www.virtualability.org](http://www.virtualability.org)) as soon as they are processed.

[2022/10/28 14:09] Lorin Tone: Great work, Slatan, Vulcan, LoriVonne, Mook, Elektra, Fil, all! Gentle, you have just done the best presentation I have seen in SL.

[2022/10/28 14:10] Gemma (Gemma Cleanslate): every year we say it could not be better and every year it is.

[2022/10/28 14:10] LV (LoriVonne Lustre): Every year Gemma!

[2022/10/28 14:10] Gemma (Gemma Cleanslate): yep

[2022/10/28 14:10] Pecos Kidd: And please be sure to visit the posters on Healthinfo Island (right next to us) for additional information about Disability Justice.

Thank you again, audience, for spending time with us

today. Please stay well everyone. Let's continue to enjoy our virtual world together!

[2022/10/28 14:10] Slatan Dryke: (((group hug)))

[2022/10/28 14:10] Elektra Panthar: 🎵🎵🎵 Applauds 🎵🎵🎵

[2022/10/28 14:10] Zzri Avian (Zri Portal): Applause!

[2022/10/28 14:10] Gemma (Gemma Cleanslate): nice Pecos

[2022/10/28 14:10] Mook Wheeler: 🎵•:\*\*\*♥\*\*\*:•🎵 APPLAUSE 🎵•:\*\*\*♥\*\*\*:•🎵

[2022/10/28 14:10] Shaerken Changeheart (ChangeheartShaerken Resident): /me whamps paws

[2022/10/28 14:10] Eme Capalini: great job everyone

[2022/10/28 14:10] Gemma (Gemma Cleanslate): /me APPLAUDS!!!

[2022/10/28 14:10] Slatan Dryke: VaDaaaaaaaaaaaaaaaaaaaaa

[2022/10/28 14:10] Lorin Tone: Wrap and bravo!

[2022/10/28 14:11] Gentle Heron: Wowwwww

[2022/10/28 14:11] iSkye Silvercloud (iSkye Silverweb):

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[2022/10/28 14:11] iSkye Silvercloud (iSkye Silverweb): .-^-. APPLAUSE APPLAUSE .-^-

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