BMA

Statement/briefing about the use of age and/or disability in our guidance

This note addresses in more detail the relationship between our guidance and those patients who are elderly or who have disabilities. It emphasises that neither age nor disability are in themselves relevant criteria for making decisions about treatment.

It is important to be clear that the Government is working very hard to reduce demand for health services (through its policy on social distancing), and to increase the facilities and staff available to treat patients. Although we hope that sufficient resources will be available to meet the demands made upon the health service, we also need to be prepared in case the situation changes, as we have seen in other countries.

It is possible that, at some point, demand may outstrip the supply of available resources; in that case, incredibly difficult decisions will need to be made about who should have access to the limited intensive care resources available. These are decisions that nobody wants to make, but if we reach a point where there are simply not enough specialised intensive care beds and equipment for everyone, such decisions will become unavoidable. Doctors will be on the front line of making and implementing these agonising decisions and we cannot leave them to make these decisions alone; they need support and clear guidance in advance to make sure these decisions are being made in a fair and consistent way.

All patients will continue to receive compassionate treatment and care, including symptomatic relief, but if decisions to choose between patients become unavoidable, our guidance is clear that they must be made consistently and on the basis of clinically relevant factors and the ability of patients to benefit.

Under our guidance, the fact that someone is above a particular age, or that they have an existing medical condition is not, in itself, a factor that should be used to determine access to intensive treatment. Similarly, someone with a disability should not have that disability used by itself as a reason to withhold treatments, unless it is associated with worse outcomes and a lower chance of survival. A decision to exclude from treatment everyone above a particular age, or with a disability, would be both unacceptable and illegal.

Treatment in an intensive care unit provides no guarantee of a positive outcome. The treatment is invasive and highly burdensome. Before commencing treatment for any patient, doctors must be reasonably certain that the patient has the physiological capacity to benefit from the treatment. Where, for example, the consequences of age or a pre-existing disability or medical condition mean that the patient is significantly less likely to survive this complex and demanding treatment, then it becomes a relevant factor. Similarly, where specific co-morbidities are known to impact on the patient's likelihood of survival or speed of recovery, it is appropriate to take those factors into account as part of the decision-making process. We believe this to be both lawful and ethical.

The clinical evidence is being reviewed constantly to identify these clinically relevant factors so that clinical protocols can be developed and modified to guide doctors about how these factors should be assessed in individual cases.

There is no easy way to make these decisions and we believe it is important that we, as a society, begin to discuss these issues now, in case they become necessary in the future. We are listening to the feedback we receive from individuals and organisations and speaking to specialist clinical, legal and ethical experts, as well as disabled people and others who may be affected our guidance. I can assure you that our guidance will be kept under regular review to ensure it reflects the most up-to-date evidence and advice.

British Medical Association
BMA House, Tavistock Square,
London WC1H 9JP
bma.org.uk

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