



**SICP - FCP press release on "CLINICAL ETHICS RECCOMANDATIONS FOR THE ALLOCATION OF INTENSIVE CARE TREATMENTS, IN EXCEPTIONAL, RESOURCE-LIMITED CIRCUMSTANCES." - SIAARTI - 6 March 2020.**

Milan, March 10, 2020

With this press release, the **SICP (Italian Society of Palliative Care)** and the **FCP (Federation of Palliative Care)** want to express a deep thanksgiving to intensive care physicians for their commitment in recent weeks in the care of patients suffering from Covid-19 / SARS -Cov-2.

SICP and FCP also show full solidarity towards SIAARTI (Italian Society of Anesthesia, Analgesia, Intensive Care and Intensive Care) for the document ["CLINICAL ETHICS RECOMMENDATIONS FOR THE ALLOCATION OF INTENSIVE CARE TREATMENTS, IN EXCEPTIONAL, RESOURCE-LIMITED CIRCUMSTANCES"](#) published on March 6, 2020. This document highlights the importance of the ethical principle of allocative justice of resources which, in situations of serious scarcity of the same, must govern the choices for admission and suspension of care (not only, but above all, intensive) alongside the most usual criteria of clinical appropriateness and ethical proportionality.

The principle of allocative justice, especially when applied to a dramatic context of Maxi emergency and Disaster Medicine as the Covid-19 / SARS-Cov-2 pandemic is becoming, evokes delicate decision's criteria such as chronological age, the " greater life expectancy ", the chances of survival," maximizing the benefits for the greatest number of people ". These criteria must be accompanied by the most daily decision-making factors such as biological age, functional condition, the presence of other chronic diseases, etc.

The reflection started by SIAARTI with the aforementioned document continues a process of deepening on the ethical implications of the clinical choices started in 2003, which however cannot remain confined within the Intensive Care team alone since, especially in Maxi emergencies and in the Medicine of Disasters, all healthcare professionals are involved in these decision-making choices, regardless of the type of medicine practiced (specialist and non-specialist) and the setting (intra- or extra- hospital) in which they operate.

Palliative care teams could also be called upon to participate, to varying degrees, in decision-making processes and care pathways that provide for a triage to select the intensity of care for a number of patients who greatly exceed the available resources, especially from the point of view of the number of professionals available, accessibility to patients, the real availability of caregivers, etc.

In such situations, an ethical compass is essential for everyone to make ethically legitimate and sustainable choices.

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