



Abstract Submission Form – Papers

Please contact John Tuohey at ethics@providence.org with any questions.

Name: Marcia Bosek DNSc, RN, Mark Fung MD, PhD, & Michelle Madden MD

Title/Degree: <u>Bosek: Associate Professor; Fung: Medical Director, Blood Bank; Madden: Pathology</u> <u>Resident</u>

Institution: Bosek: University of Vermont; Fung & Madden: Fletcher Allen Health Care

Country: USA

Email: Marcia.Bosek@uvm.edu

Phone including country code (<u>http://www.countrycallingcodes.com</u>): <u>802-879-1697</u>

Proposed title of paper: Insufficient Blood Inventory to Meet the Needs of Life-Threatening Bleeds: An Institutional Policy Dilemma

Abstract with 3 clearly stated objectives in 250 words: <u>Objectives:</u>

1. Identify clinical, organizational and societal ethics commitments impacting allocation of scarce blood product decisions.

2. Provide examples of conflict of interests experienced during times of insufficient blood inventory.

3. Compare benefits and burdens associated with individual consultant versus ethics committee models.

Thirty inches of snow have closed airports and highways. Numerous trauma patients were admitted to the Emergency Department (ED). Several hospitalized patients are experiencing significant bleeding, a:

- Delivering mother with placenta previa
- Man with bleeding esophageal varices
- Living kidney donor after a surgical clamp failed

• Patient with severe chemotherapy induced thrombocytopenia has a new onset intracranial hemorrhage

Five requests for blood products have been received; however, there is insufficient inventory. When consulted, the clinical ethicist considers:

1. Can the ethical reflection that has occurred around the allocation of ventilators in the event of a pandemic flu outbreak inform this discussion related to allocation of blood products during times of shortage?

2. Is maintaining a larger inventory of blood products ethically justifiable knowing that a foreseeable outcome would be the increase wastage of products with a short shelf life?

3. Should allocation of scarce blood product decisions be made by an inter-disciplinary group with community representation rather than by an individual clinical ethicist? If yes, who should serve as the community representative?

4. What are the ethical justifications for allocating the last blood product to a currently hospitalized patient if doing so may leave the ED unable to meet the needs of future patients?

If you have or will publish on this topic, please cite reference: $\underline{\sf NA}$

Are you planning to or will you be willing to submit a poster along with your paper? Yes No