



Reply to Letter to the Editor

□ RESPONSE TO DR. STROTE (LETTER)

□ To the Editor:

I appreciate Dr. Strote's letter. As I warned might happen, he extended the idea of using personal responsibility in some crises triage scenarios beyond its original scope, disregarding the article's explicit caveats (1).

As is common with "slippery slope" arguments, he posits, without evidence, that expanding triage criteria to encompass personal responsibility for illness in the relatively clear cases of personal culpability (e.g., vaccine-preventable diseases) will lead to disastrous outcomes. He suggests this strategy is punishment for those that receive misguided and unscientific information or who receive accurate information and simply ignore it. That is not the point.

Rather, including personal responsibility triage criteria for patients with COVID-19 and similar infections would help prevent disease in people who are immunodeficient or are unable to be vaccinated due to their age or reactions to vaccine components. When necessary medical resources are scarce, this policy will also provide more rapid access for vaccinated individuals.

A common objection to an altered triage protocol is a belief that health care professionals should treat patients based solely on medical need (2,3). Except in emergencies covered by The Emergency Medical Treatment and Labor Act, however, the current U.S. health care system uses the ability to pay to stratify the care patients receive (4).

As frontline troops battling pandemics, emergency physicians cannot sit back and wait for policy changes.

More pandemics are inevitable. Dr. Strote correctly indicates that the intricacies of altering our triage systems to align with justice principles have not been worked out (5). Such a momentous decision will take much more discussion involving all of the stakeholders.

Many people automatically defend the status quo. Thinking outside the box, a metaphor for different, unconventional, or novel thinking about a problem, is a much more difficult and mind-bending experience. Advancing emergency medicine, however, means exploring these views when approaching research, clinical interventions, and clinical systems, such as triage. My article was meant to crack open the door of change and awareness. Let's take it a step further and discuss it seriously.

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References

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