New Guidance Released for Oncology Community on Allocation of Limited Resources During COVID-19 Pandemic

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The American Society of Clinical Oncology (ASCO) today released a set of recommendations to support the oncology community as health care institutions across the United States face potentially difficult decisions around the allocation of scarce health care resources during the COVID-19 pandemic. In some geographic areas, the ongoing crisis is expected to demand more resources—including ventilators, critical and intensive care beds, and medications—than the U.S. or local health care systems can supply, and institutions will need to develop allocation decision policies as they provide care for a growing number of patients.

ASCO released the recommendations both in response to member reports that cancer care is being affected by the pandemic and to anticipate and inform the growing number of conversations happening at many institutions about resource allocation. The most critical aim is to ensure that the perspectives of patients with cancer and oncologists are included in all such discussions and decisions. The recommendations were developed by the ASCO Ethics Committee, approved by the Board of Directors, and accepted after peer review for future publication in the Journal of Clinical Oncology.

“As health care institutions make difficult decisions about where and how to deploy their resources during the COVID-19 crisis, they must ensure that allocation approaches don't unconditionally deny patients with cancer access to resources,” said ASCO President Howard
A. “Skip” Burris III, MD, FACP, FASCO. “Every person with cancer has inherent worth and
dignity. A cancer diagnosis alone should not keep a patient from a fair chance to access
potentially life-saving resources, even in a public health crisis.”

ASCO’s recommendations aim to encourage the development of fair and equitable policies at
the health system level for allocation of resources, especially critical care sources, and are not
intended to guide individual treatment decisions. The recommendations also strive to
promote the involvement of oncologists in the development and implementation of these
policies to ensure that the needs of patients with cancer and their care teams are factored
into the development of institutional policies. Individual oncologists will find guidance in
ASCO’s recommendations about their critical role in caring for and advocating for patients
who could potentially benefit from resources that are in scarcity during this time of crisis.

“Oncologists have great skill and expertise in treating the individual patient in front of them,
but in a public health emergency like this one, we need to expand our view to also protect the
health of the larger patient population,” said Jonathan M. Marron, MD, MPH, FAAP, Chair-Elect
of ASCO’s Ethics Committee and lead author of the recommendations. “Oncologists have an
important role to play to promote resource allocation plans that fairly, objectively, and
consistently consider patients with cancer, and to work with their institutions to communicate
those decisions clearly to patients, families, and surrogates.”

ASCO’s recommendations assert:

- Institutions should develop a fair and consistent prioritization and allocation policy before
  allocation becomes necessary. Decisions should be made at an institution-level, rather
  than at the bedside, so that oncologists can continue to maintain their duty to their
  patient.
- Allocation of resources in a pandemic should be based on maximizing health benefits.
  Rationing for lifesaving critical care resources should not use assessments about the
  perceived quality of a patient’s life or perceptions about a patient’s social worth.
- Oncologists should work with their institutions on how best to utilize scarce resources for
  care and support of cancer patients.
- Oncologists should communicate allocation plans and decisions to their patients with
  compassion and honesty, and health care institutions should offer support to oncologists
  in these communications.
- Oncologists should engage in advance care planning discussions with their patients and
carefully document patient preferences for goals of care, particularly end of life care.
ASCO is committed to providing the most current information and resources to its members and the larger oncology community to help ensure that individuals with cancer continue to receive high-quality care. View the COVID-19 resources ASCO has compiled to support clinicians, the cancer care delivery team, and patients with cancer.

View the full recommendations.

About ASCO:

Founded in 1964, the American Society of Clinical Oncology, Inc. (ASCO®) is committed to making a world of difference in cancer care. As the world’s leading organization of its kind, ASCO represents nearly 45,000 oncology professionals who care for people living with cancer. Through research, education, and promotion of the highest-quality patient care, ASCO works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation. Learn more at www.ASCO.org, explore patient education resources at www.Cancer.Net, and follow us on Facebook, Twitter, LinkedIn, and YouTube.