SOCIÉTÉ CANADIENNE DE THORACOLOGIE

CANADIAN THORACIC SOCIETY

October 30, 2020

Dear Minister:

Re: Clinical triage thresholds in respiratory disease patients

We are writing to request your consideration of the attached position statement from the Canadian Thoracic Society (CTS) that outlines expert advice on clinical triage thresholds. CTS is the national specialty society for respirology in Canada, representing lung specialists, researchers and respiratory healthcare professionals. We developed this statement based on best evidence and a consensus among medical experts from across Canada **to inform care allocation decisions in the event of a major surge during the COVID-19 pandemic**.

We initially distributed this statement to federal and provincial ministries of health in May, 2020, when it was first published. With the second wave of the COVID-19 pandemic now underway, a major surge remains a serious concern not only for patients with respiratory disease, the public and politicians, but also for our members, who work on the frontlines in respiratory health and critical care.

Health systems continue to face unparalleled challenges in the delivery of care, including constrained capacity for intensive care unit (ICU) care and life-saving equipment. As leading experts in respiratory health, we are calling on all governments to commit to a transparent and ethical framework for triaging the care of patients with respiratory diseases when clinicians face exceptional pressure to make rapid triaging decisions in the provision of care.

Clinicians must carefully consider how to ration critical care resources when faced with shortages. They must consider age and comorbidities to estimate the probability that their patient will survive the acute illness, and their life expectancy after surviving the critical illness. Our statement provides latest evidence specific to respiratory disease, providing both more specificity and a more up-to-date reflection of scientific evidence than what was included in some of the provincial protocols developed at the outset of the pandemic.

We have developed criteria that correspond to estimated mortalities for chronic obstructive pulmonary disease (COPD), pulmonary fibrosis (PF), cystic fibrosis (CF), and pulmonary arterial hypertension (PAH). The sections were prepared independently by experts in corresponding CTS assemblies and are primarily informed by published survival data. The criteria exist as a starting point for resource allocation and should be seen as complementary to local surge planning guidance, supplemented with clinical judgement.

It is important that the public have a clear and transparent understanding of the factors being considered when medical teams are making life and death decisions in the context of COVID-19. We are available for consultation with decision makers in your department to provide additional background information and guidance on implementing these clinical triage thresholds.

We hope that you will consider our guidance in any surge-related planning policies and procedures which may be in development (or revision) and that you will disseminate this information to the relevant institutions and governing bodies within your jurisdiction.

Sincerely,

Dina Brooks, PhD, MSc, BSc (PT)
President
Canadian Thoracic Society

Samir Gupta, MD, MSc
Chair
CTS Canadian Respiratory Guidelines Committee

Enc. *CTS position statement on clinical triage thresholds in respiratory disease patients in the event of a major surge during the COVID-19 pandemic*
En français: https://cts-sct.ca/wp-content/uploads/2020/09/F-%C3%89NONC%C3%89-DE-POSITION_LES-SEUILS-DE-TRIAGE-CLINIQUE.pdf

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