AMERICAN ACADEMY OF DEVELOPMENTAL MEDICINE & DENTISTRY

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Ventilators & COVID19 Policy Statement
Committee on Public Policy and Advocacy // April 2020

SUBJECT: People with Intellectual and Developmental Disabilities and the Allocation of Ventilators During the COVID-19 Pandemic

In the worst case projections of the COVID-19 virus pandemic, emergency rooms and hospitals will be overwhelmed, intensive care units will experience unprecedented demand, and mechanical ventilators will become a scarce commodity.

Physicians who specialize in the care of patients with Intellectual and Developmental Disabilities (IDD), are painfully aware of the diagnostic overshadowing, discrimination and supervised neglect in the healthcare system that impact our patients routinely, even during times of relative resource abundance.

We are aware that in the face of ventilator scarcity, hospitals will be forced to make difficult decisions regarding who will receive a ventilator and who will not.

We are aware that there are allocation guidelines that suggest that the mere presence of a congenital syndrome, intellectual disability or developmental disability may be reason to deny a person life-saving ventilator support.

We are aware that our physician colleagues may be asked to make predictions of survivability, determinations of life expectancy or quality of remaining life as a means to allocate scarce ventilator resources.

However, we understand that **the spectrum of developmental disabilities and their myriad biomedical causes are too widely varied and too poorly understood by the general medical community to reliably be used as broad evidence-based predictors of life expectancy or the quality of life of an individual.** Moreover, a long history of lack of access to adequate health care for this population may inaccurately skew life expectancy statistics. As such, the historical data related to life expectancy should not be a determining factor when considering the allocation of ventilator support.

> ***"We are resolved... that the presence of an intellectual or developmental disability must not be used as an exclusion criterion for ventilator support or the allocation of other scarce medical resources."***

Therefore, we are resolved and unified in the position that the presence of an intellectual or developmental disability must not be used as a factor for determining life expectancy or quality of life and, furthermore, must not be used used as an exclusion criterion for ventilator support or the allocation of other scarce medical resources. The same medical risk factors applied for other patients should be those considered for patients with intellectual and developmental disabilities.

The laws of the United States protect people with disabilities against discrimination. Given that there is no relevant evidence base for physicians to rely upon in this context, we believe that judging a patient to be unworthy of ventilator support purely based on the presence of intellectual or developmental disability could constitute discrimination and a violation of the ethics of the medical profession.

Given the above, the only ethical, legal and professional responsible methodology of allocating ventilator resources is one that is inclusive of people with IDD and utilizes the same criteria applied to people without IDD.