Journal of INDEPENDENT MEDICINE

The Ethical Crossroads of ICU Care: Ageism, Resource Scarcity, and the Treatment of Elderly Patients During COVID-19

Santiago Herrero[1]

Abstract

***Background*:** The COVID-19 pandemic presented critical ethical and nonethical challenges in managing elderly patients in intensive care units (ICUs). Patients over 80 years of age, often facing multiple comorbidities and functional decline, experienced significant disadvantages in medical decision-making, particularly in resource allocation and ICU admissions.

***Objective*:** This study analyzes the ethical dilemmas associated with ICU admission of elderly COVID-19 patients in Spain, focusing on triage protocols, resource allocation, autonomy in decision-making, and the broader implications of ageism in critical care.

***Methods*:** A critical review of relevant literature, including clinical and ethical frameworks, was conducted to assess key challenges in ICU admission criteria, ethical justice, and nonethical dilemmas such as physician burnout and systemic resource constraints. Ethical positions from international guidelines and case studies from Spanish hospitals were examined to provide a comprehensive perspective.

***Results*:** The findings indicate that ageism influenced ICU admission decisions, with a notable underrepresentation of patients over 80 years in critical care. Ethical concerns regarding patient autonomy emerged due to limitations in informed consent and surrogate decision-making. Nonethical dilemmas, including physician distress and healthcare system overload, further impacted decision-making processes. The intersection of these factors led to disparities in elderly patient care.

***Conclusion*:** The study highlights the need for ethically sound ICU admission policies that ensure equitable access to care, irrespective of age. Strengthening ethical training, fostering interdisciplinary collaboration, and implementing policy reforms are essential to safeguarding the dignity and rights of elderly patients in future health crises.

Keywords: COVID-19, ICU, elderly patients, ethical dilemmas, ageism, triage, patient autonomy, healthcare justice

[1] Intensive Care Unit, Hospital Juaneda Muro, Playa de Muro, Balearic Islands, Spain

Address for correspondence:
Santiago Herrero MD, FCCP
Head of Intensive Care Unit, Hospital Juaneda Muro
Carrer Veler 1, 07458 Muro, Playa de Muro, Balearic Islands, Spain
Email: santiago.herrero@juaneda.es

Introduction

The COVID-19 pandemic tested the resilience of health systems worldwide, and Spain was no exception. The medical care provided to patients over 80 years in intensive care units (ICUs) during this crisis raised ethical and nonethical dilemmas that warrant critical analysis. This age group, particularly vulnerable, faces a series of unique challenges that complicate both clinical and ethical decision-making. Advanced age, which often entails multiple comorbidities and significant functional deterioration, presents various complications in the evaluation and management of patients with COVID-19.

According to Tarazona-Santabalbina et al., healthcare professionals must address not only the treatment of acute respiratory conditions but also consider preexisting conditions and the overall health status of the patient, factors that could influence outcomes and post-treatment quality of life. (1) This scenario underscores the necessity for a comprehensive, multidisciplinary approach that seamlessly integrates medical, ethical, and social considerations in addressing the complex needs of this patient population.

"The care provided to patients over 80 years of age in Spain has been nil, despite the potential benefit of receiving care and assistance at the critical care level. We have estimated that ICU admissions were exceptionally low in this range of age." (2)

Ethical Dilemmas in ICU Admission and Triage

Triage and Resource Allocation

The concept of triage—the systematic prioritization of patients in situations of limited resources—gained special relevance during the pandemic. Triage, which often requires physicians to set priorities based on age, the likelihood of treatment success, and the expected quality of life, raises complex ethical dilemmas. In this context, ageism emerged as a significant issue. Ageism, defined as discrimination against older individuals based solely on their age, may influence clinical decisions and the priority given to geriatric patients in receiving care. Recent studies, such as those by Lozano-Jiménez and Run-Prieto, suggest that this bias can lead to an underestimation of the elderly's capacity for recovery and to unjust exclusions. (3)

Furthermore, during the peak of the pandemic, inequalities in access to medical care were observed, not only due to resource availability but also because of negative perceptions toward older patients. These perceptions can affect how physicians assess patients in the ICU, which in turn influences treatment decisions and clinical outcomes. The possibility that decisions are based on subjective judgments regarding the value of elderly lives constitutes a fundamental ethical concern in clinical practice.

"Without a clear explanation, the admissions of patients older than 80 years in the Spanish ICU has been in an extremely low proportion, compared to other age groups treated. During COVID-19, exquisite performance is required for medical care and evaluation. The concept of 'old' or 'elderly' is underrated." (2)

Therefore, the care of patients over 80 years of age in ICUs during the COVID-19 pandemic is at a crossroads of ethical challenges that require equitable and impartial attention. Analyzing these issues is essential not only for the improvement of clinical practice but also for the development of more just health policies that recognize and respect patient dignity regardless of age. The COVID-19 pandemic presents a critical scenario in health systems around the world, including Spain, as they face resource scarcity in intensive care units. Significant ethical dilemmas related to resource allocation have emerged, particularly in the treatment of patients over 80 years of age with COVID-19 in the ICU. The choice to set limits on access to treatment is not a discretionary decision but a necessary response to the overwhelming effects of a pandemic. The question is not whether to set priorities, but how to do so ethically and consistently rather than basing decisions on individual institutions' approaches or a clinician's intuition in the heat of the moment. (4)

Ethical guidelines emerging during the pandemic have sought to provide a framework for clinical decisions in a crisis context. These guidelines offer recommendations for prioritizing the care of elderly patients and present ethical principles that can help guide decision making in a fair manner. García-León et al. emphasize concepts such as justice, equity, and respect for human dignity. (5) Justice is regarded as a fundamental principle, as it considers the balance between the need to preserve life and the responsible use of medical resources. Equity, on the other hand, highlights the importance of providing equal treatment.

Nonetheless, the implementation of these ethical guidelines in practice has proved challenging. Medical personnel, as noted by Hortal-Carmona et al., have faced significant ethical dilemmas when confronted with the reality of lives at stake. (6) The emotional burden and pressure of making decisions that would have been inconceivable in normal times have been amplified in an environment of uncertainty and anxiety. The pressure to prioritize patients has generated tensions in fulfilling the duties of care and compassion toward elderly patients, who have been particularly vulnerable during the crisis.

In this context, the analysis by García Uribe et al. highlights the difficulty of supporting medical staff, underlining the complex interaction between clinical ethics and hospital ethics. (7) Decisions regarding resource allocation in this context were not only financial and practical but were also imbued with ethical considerations, prompting healthcare professionals to question the value of human dignity. A conflict is evident between the goal of saving lives

and the necessary equitable distribution of resources, provoking deep reflection on the moral foundations implicit in decision making.

Patient Autonomy and Decision Making

The evaluation of medical care in ICUs for elderly patients during the COVID-19 pandemic illustrates the critical intersection between medical ethics and healthcare reality. The allocation of limited resources requires ethical guidelines, as well as continuous reflection on the dilemmas faced by healthcare professionals under pressure. The medical care provided to elderly patients in ICUs during the COVID-19 pandemic in Spain generated complex ethical and nonethical dilemmas, sparking important debates among healthcare professionals, bioethicists, and policymakers. Patients over 80 years of age—a demographic group that, due to their age and comorbidities, is particularly vulnerable to COVID-19—were subject to criticism in the context of resource limitations and ethical precedents.

One of the most prominent ethical dilemmas is triage. According to Bognar, triage decisions in critical care during the COVID-19 pandemic followed a two-stage framework. (8) The first stage focused on ethical fairness, ensuring that decisions about ICU admission were not based on arbitrary or discriminatory criteria. This principle explicitly rejects the automatic exclusion of specific patient groups based solely on characteristics like age or disability. Instead, clinical evaluation took precedence, where medical teams assessed a patient's likelihood of survival and potential for meaningful recovery. This approach narrows the selection process to those who stand to benefit most from intensive care.

In this context, elderly patients are often at a disadvantage, as their chances of survival and recovery are considered lower compared to younger patients. This criterion, however, has drawn severe criticism since it may be interpreted as a discriminatory approach based on age, contradicting fundamental bioethical principles such as justice and respect.

Additionally, the principle of autonomy has also been challenged. The exercise of the right of elderly patients to make decisions, often compromised by comorbidities or cognitive impairment, has generated significant ethical dilemmas. In crisis situations, many patients have been unable to express their treatment preferences, leading healthcare professionals to make decisions on their behalf, sometimes without adequate informed consent. Trust in physicians and healthcare teams is an important ethical and clinical consideration. (9) It is necessary to highlight the need for strategies that strengthen communication between health professionals, patients, and their families to ensure that patients' wishes and values are respected during their care. This evidence indicates that the quality of palliative care and the focus on elderly patient care have been insufficient in many ICUs, leading to the perception that intensive treatment is prioritized over symptom relief.

Nonethical Dilemmas: Physician Burnout and Healthcare System Constraints

On the other hand, nonethical dilemmas have also emerged in the context of work overload and the emotional stress faced by healthcare professionals in ICUs during the pandemic. Caught between the need to perform high-impact actions and the reality of an overburdened healthcare system, many doctors and nurses have been forced to make hasty decisions, often without the time needed to fully consider their ethical implications. The lack of resources and exhaustion has fostered an environment in which utilitarian criteria might be prioritized in the distribution of care, potentially compromising patient-centered care. This issue has been highlighted in multiple accounts from professionals, wherein the pressure of the healthcare system has jeopardized adherence to the ethical standards that guide medical practice.

Discussion

The interplay of ethical and nonethical factors underscores the urgent need to reflect on current practices and to develop robust guidelines that direct medical care in future crises. The COVID-19 pandemic has brought with it a set of ethical dilemmas in the field of medical care, particularly in the management of patients over 80 years of age in Spanish ICUs. The phenomenon of ageism, defined as discrimination based on age, has emerged as a key factor in the evaluation and treatment of elderly patients, especially when deciding their admission to the ICU. Research has shown that general perceptions regarding the health of the elderly, based on negative stereotypes, influence clinical outcomes. (10)

The scarcity of resources in ICUs during the pandemic peak forced healthcare professionals to make difficult decisions regarding the prioritization of care. These decisions, based on clinical criteria that, although necessary in a crisis context, often overlooked fundamental ethical considerations, raised questions about equity in medical care and distribu-

tive justice—principles that must govern clinical practice even in exceptional circumstances such as those experienced during the pandemic. (11)

"Denial of admission to a patient solely by age is not justified and ethically objectionable." (2)

Studies such as that by Cruz-Piqueras et al. have documented how ageism manifested in the way clinicians assessed mortality risk and prognosis in elderly patients. (12) In some cases, a decision was made to prioritize younger patients based on the assumption that they would have a more favorable prognosis. This phenomenon generated a vicious circle: By classifying elderly patients as less worthy of intensive care, a narrative of devaluation is perpetuated that, in turn, affects medical decisions. It is evident that this issue is not only structural but also reflects deeply ingrained societal prejudices regarding aging and the quality of life of older individuals.

Age-related biases in healthcare are not an isolated problem, but COVID-19 has manifested them in a singular way. Studies indicate that such biases are a consequence of the public health crisis and broader cultural views that underestimate the value of elderly lives. The tension between utilitarianism—which seeks to help the greatest number of people—and respect for individual dignity has intensified in this critical period, creating a context in which decisions are often taken without adequate reflection.

In this context, it is imperative to consider not only the clinical decisions made but also the sociocultural impact of ageism. Evaluating these dynamics is essential to understand how the social and cultural context shapes healthcare and thereby to ensure that respect for human dignity guides all decisions in crisis situations. The management of care for patients over 80 years with COVID-19 in ICUs in Spain has revealed critical lessons that must be considered to better prepare for future public health emergencies. Throughout the pandemic, healthcare professionals faced difficult decisions involving the prioritization of limited resources, individualized patient care, and the consideration of fundamental ethical aspects. (13) As ICUs became increasingly saturated and moral pressure mounted, ethical dilemmas emerged that questioned the capacity of healthcare systems to safeguard human dignity and the value of life in all its dimensions.

In this context, it is necessary to implement an ethical framework that not only responds to the immediate demands of a crisis but also contemplates the inherent dignity of each patient, regardless of age or clinical status. Decisions must go beyond a utilitarian logic that, on many occasions, dictated the treatment of elderly patients by prioritizing quantity over quality of life. This ethical recalibration in healthcare must include critical reflection on how the social context and age-related prejudices can influence medical decisions. (14)

Ethics education in healthcare is crucial for equipping professionals with the skills needed to navigate complex decision-making in crisis situations. As medical fields become increasingly specialized, it is essential for training programs to integrate medical ethics, ensuring that future practitioners are well-prepared to handle dilemmas involving resource limitations. In scenarios where supplies and treatments must be distributed justly and efficiently, a strong ethical foundation enables healthcare professionals to make informed and equitable choices.

Furthermore, it is crucial to establish platforms for interdisciplinary dialogue that involve not only physicians but also bioethicists, social workers, and community representatives. Collaboration among these groups can promote a more holistic understanding of the dilemmas faced by elderly patients in the ICU, ensuring that their rights and dignity are protected in times of crisis.

Conclusion

In summary, the lessons learned from the management of care for elderly patients during the COVID-19 pandemic constitute an opportunity to implement crucial changes in medical ethics, ensuring that in the future, the vulnerability of patients in critical health contexts is regarded as an intrinsic aspect that must be protected in medical care.

References

1. Tarazona-Santabalbina FJ, Vidán MT, Navarro JA. Enfermedad por coronavirus 2019 (COVID-19) y edadismo: revisión narrativa de la literatura. *Rev Esp Geriatr Gerontol.* 2021; 56(1):47-53. doi:10.1016/j.regg.2020.08.002.
2. Herrero S. Age factor and COVID-19: Are there limits to be admitted in the ICU? An ethical issue. *Crit Care Shock*. 2020;23(6):268-279.
3. Lozano-Jiménez S, Run-Prieto M. El ageismo en ancianos durante la pandemia por COVID-19. Revisión de la literatura. *Enfermeir@s.* 2024;(42):77-86.
4. Emanuel EJ, Persad G, Upshur R, et al. Fair allocation of scarce medical resources in the time of Covid-19. *N Engl J Med*. 2020;382(21): 2049-55. doi:10.1056/NEJMsb2005114.
5. García-León GA, Lima-Sánchez DN, Abascal-Miguel L. Revisión sobre aspectos bioéticos en las decisiones de triaje en la Unidad de Cuidados Intensivos durante la pandemia por COVID-19. *Rev Bioét Derecho.* 2023;(57):193-206. doi:10.1344/rbd2023.57.37282.
6. Hortal-Carmona J, Padilla-Bernáldez J, Melguizo-Jiménez M, et al. La eficiencia no basta. Análisis ético y recomendaciones para la distribución de recursos escasos en situación de pandemia. *Gac Sanit.* 2022;35:525-33. doi:10.1016/j.gaceta.2020.07.006.
7. García Uribe JC, Espinal Espinal LA, Canestero Montoya ID, et al. Tensiones éticas, causas y consecuencias del síndrome de burnout en el personal de salud en tiempos de la COVID-19: una revisión y análisis desde la bioética. *Rev Latinoam Bioét.* 2023;23(1):61-84. doi:10.18359/rlbi.5816.
8. Bognar G. A theory of triage. *Bioethics.* 2023;38(2):95-106. doi:10.1111/bioe.13242.
9. Schildmann J, Ritter P, Salloch S, et al. "One also needs a bit of trust in the doctor …": a qualitative interview study with pancreatic cancer patients about their perceptions and views on information and treatment decision-making. *Ann Oncol.* 2013;24(9):2444-2449. doi:10.1093/annonc/mdt212.
10. González-Castro A, Cuenca-Fito E, Peñasco Y, et al. Análisis de las características de los pacientes mayores que ingresaron en una unidad de cuidados intensivos durante las 6 olas de la pandemia por SARS-CoV-2: implicaciones para la atención médica. *Rev Esp Geriatr Gerontol.* 2023;58(4):101377. doi:10.1016/j.regg.2023.101377.
11. Rubio RD. Los aspectos morales bioéticos y científicos guían las decisiones en el contexto de recursos escasos durante la pandemia por COVID-19. Acta Colombiana de Cuidado Intensivo. 2021 Jul 1;21(3):212-20. doi:10.1016/j.acci.2020.10.005.
12. Cruz-Piqueras M, Hortal-Carmona J, España G. La historia se repite: una ética para dos pandemias. *Rev Esp Salud Pública.* 2022: e202210063.
13. Nebreda-Mayoral T, Miguel-Gómez MA, March-Rosselló GA, et al. Infección bacteriana/fúngica en pacientes con COVID-19 ingresados en un hospital de tercer nivel de Castilla y León, España. *Enferm Infecc Microbiol Clin.* 2022;40(4):158-165. doi:10.1016/j.eimce.2022.02.002.
14. Bonanad C, García-Blas S, Tarazona-Santabalbina FJ, et al. Coronavirus: la emergencia geriátrica de 2020. Documento conjunto de la Sección de Cardiología Geriátrica de la Sociedad Española de Cardiología y la Sociedad Española de Geriatría y Gerontología. *Rev Esp Cardiol*. 2020;73(7):569-76. doi:10.1016/j.rec.2020.05.001.

This page is intentionally left blank

