



# COVID-19: PREVENT MEDICAL DISCRIMINATION

## PITCH

We demand special protection against medical bias in the treatment of Covid-19 by an action plan from your institution to medical professionals and media representatives in the current Covid-19 pandemic. Poorer treatment due to social and medical prejudices against patients of higher weight must be proactively prevented. This concern is with both general intensive medical care as well as with triage.

The initial signature is by an association of organizations and activists who work in various European countries against discrimination in medical care, with a focus on weight discrimination. We strictly reject state-prescribed flow charts that decide over life and death based on visual diagnosis, age, disability, and ethnicity. This decision must be made by a treating doctor for each individual patient. In this case social biases are still a factor affecting the assessment of the patient. The aim of our petition is to prevent this inferior treatment.

## PURPOSE OF THE LETTER

Due to the exponential spread of the Corona Virus (SARS CoV2), health systems in Europe are faced with a massive increase in the need for intensive care beds and ventilators, as well as medical personnel. The serious moral decisions the medical professionals are confronted with have arisen from various economic decisions in recent years. They do not reflect the existing capital within the European countries that could be available for adequate medical care. This results in that medical professionals are the ones struggling with the shortage of necessary resources. Nevertheless, a predetermined, systematic triage that is based mainly on a visual diagnosis when deciding over life and death is not ethically sustainable.

## THE CURRENT STATE OF DISCUSSION

On March 27th, 2020<sup>1</sup>, the German Ethics Committee made it clear: A triage that is dictated to medical professionals from outside is not ethically justifiable. Doctors are explicitly prepared for disasters, they see the individual patient and should make their decisions based on the actual survival prognosis. Instead of discussing their competence in decision making with the help of flowcharts, institutions like yours should comprehensively review the very broad state of research regarding the lower standard of treatment in

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1 Ad-hoc Empfehlung in der Corona-Krise des deutschen Ethik-Rates, zuletzt abgerufen am 06.04.2020: <https://www.ethikrat.org/fileadmin/Publikationen/Ad-hoc-Empfehlungen/deutsch/ad-hoc-empfehlung-corona-krise.pdf>

medicine and provide it as a guide to help patients who experience medical discrimination before ad hoc decisions are made to avoid medical bias.

The state of research on discrimination based on body shape makes it clear that racism, classicism, gender inequality and ableism shape the medical concept of a body of “normal weight”. Both the scientifically questionable BMI and the diagnosis only by visual examination reinforce social stigmas. Especially the discussed grading of the medical condition of patients, which is understood additively, presents patients of higher weight with a dilemma. They cannot hide their weight, but they can hide their asthma. If they do this, the CFS value (Clinical Frailty Scale) improves, although a high body weight has not been shown to lead to less success in ventilation<sup>2</sup>. This may lead to the issue of patients omitting their medications in order to receive ventilation if the need arises. The latest report on COVID-19 from the Intensive Care National Audit & Research Centre in the UK<sup>3</sup> clearly shows that there is no connection between a high or very high body weight and the success of ventilation.

The goal of triage should remain to save as many lives as possible with limited capacity: adequate classification instead of dismissal. The social position, the severeness of disability, the origin, ethnicity, and body weight must not be seen as criteria when assigning treatment and ventilation machines. This crisis is a huge challenge for all of society and each of us individually, it is fueling fear and increasing social injustices. However, under no circumstances should it exponentially affect those who are already discriminated against in our society. But the crisis also shows what medicine has not been able to achieve in the past decades: overcoming the socially biased criteria for measuring health and the best treatment strategies, which are historically based on a white, thin, male, and non-disabled body. Non-white bodies are often diagnosed as being of high weight because western medicine continues to use a body ideal as a diagnostic which is based on white European bodies to create standard values.

We are aware of how much of this social responsibility is put on individual doctors, but we see the role of your institution in catching up as quickly as possible to what has been moving too slow for the last years: ending medical discrimination against vulnerable groups. We plead with you to understand this situation as an opportunity for fairer, bias-free medicine. It is up to you and all of us whether Covid-19 becomes an amplifier of these injustices or, retrospectively, a turning point in the history of medicine, towards a medicine of equal treatment.

## GENERAL DEMANDS AND GENERAL CRITICISM OF TRIAGE WITH REGARD TO THE GERMAN ETHICS COUNCIL

We join the worldwide voices of disabled and black groups: the criteria that are emerging in the current discussions worldwide for the classification of patients can only lead to a heightened increase of deaths because of oppression. We demand that specific studies on survival success of patients with existing illness-

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2 Source: <https://www.ncbi.nlm.nih.gov/pubmed/22430246>

3 Source: ICNARC report on COVID-19 in critical care 27 March 2020

ses are continuously made available for medical professionals, so that they can choose the best possible treatments for the individual patient with all available resources.

Triage was developed for military disasters in order to specifically decide on the individual patient which medical care to provide. The structured triage should avert the danger of causing politically or ideologically motivated and ethical selections made on the fly. We are horrified to observe that public and state discourse is making triage now the opposite than what it was created for. To assess the success for survival of a person doctors need meaningful diagnostics as well as a validated, broad state of research with socially representative groups of test subjects. The visual diagnosis of patients of higher weight do not in any way assess the stability of the patient's circulation. The simultaneity of these two research deficiencies, exacerbated by social stigmas, must under no circumstances have a negative impact on people of high body weight and other discriminated groups.

## THE SPECIFIC REQUEST BY THE INITIATIVE

1. The role of the ethics councils and medical advisory groups is to catch up to what has been delayed in the past decades: reducing the social disadvantage of groups of people through medical bias in all medical specialties.
2. We demand a clear positioning of your institution for the equal treatment of people of higher body weight, both in the case of triage, but also in the general medical care and diagnosis of Covid-19. The decision must be made, like demanded by the German Ethics Council, always on the individual patient by a medical doctor on site. Protection against discrimination is not eliminated in the event of a crisis, the assessment of the relevance of a life is not an ethically justifiable criteria.
3. As demanded by popular virologists, the pandemic and the question of triage mean that social questions can no longer be answered from just one branch of science. Transdisciplinarity, the involvement of e.g. humanities and social science as well as activist assessments is essential to formulate ethically justifiable positions.

Your hold a considerable social responsibility. Do it justice: for all people, regardless of body weight.

You can find further information,  
including studies and scientific articles at <https://we4fatrights.eu>