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Description

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ABSTRACT

It is widely understood that surgical waitlists were globally exacerbated by the COVID-19 pandemic. Canada is no exception, and the paediatric surgical backlogs pose especially pressing problems in this particularly underserved population. While sustained ethical attention in these areas alone is not sufficient to resolve the surgical backlog problem, it is imperative for ongoing solutions. At our institution, we developed an ethics framework specifically for the context of surgical resource allocation and prioritization, and we sought to understand if other paediatric centres across Canada had done the same. We reached out to paediatric hospitals with surgical programs across Canada and received three other ethics-related guidance documents specific to or inclusive of the context of resource allocation in non-critical care contexts, such as surgery. While we found wide consensus between ethics principles in the documents we received, the paucity of guidance is notable. Surgical resource allocation and prioritization, like many contexts of 'normal' resource allocation, continues to lack the sustained ethical attention that could be part of ongoing solutions. Attention has focused, understandably, on clearing surgical backlogs as effectively as possible. While this is crucial, these decisions are value laden, and warrant explicit ethical attention.

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