General Approaches to Allocation of Resources

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Background Moral Theories

- Moral theories not to be confused with Truth – represent effort to think with clarity about a particularly complicated area of human life
- All of us are moral philosophers – all of us operate with general assumptions when we confront an ethical dilemma
Law, Religion and Culture

- Law – Right and wrong understood in terms of statute, created through agreed upon process for establishing such rules, and law and morality are not necessarily identical.
- Religion – Right and wrong are defined by scripture, revelation, parable, etc.
- Custom – Right and wrong based on tradition, understanding of what is “appropriate”
Relativism: Cultural and Ethical

- Cultural Relativism
  - Influence of Anthropology
  - Corrective for 19th Century notion of cultural hierarchy
  - Cultural relativism – cultures differ profoundly in relation to values observed, ends pursued, and the meanings that attach to various activities
  - Essentially descriptive – “scientific” observations provided in detail establishing what is factually the case
Relativism: Cultural and Ethical (Cont.)

• Ethical Relativism
  – No absolute right and wrong – right and wrong are subjective and a matter of convention
  – Cultural Relativism logically supports Ethical Relativism – the diversity observed supports the conclusion that there is no absolute right and wrong
Problems with argument

- Differences observed are *only apparent* – deeper analysis will reveal universals or at least broad and deep areas of agreement
- Differences observed are *real* but can be explained as a result of *ignorance* of right and wrong
  - Ignorance on the part of some or even all
  - Does not mean there is knowledge of who knows
Problems with argument (cont)

• Concept of *moral progress* or *moral reformer* suggests some independent perspective from which judgment is made

• Problems identified do not indicate *positive* argument for the existence of right and wrong
Three Moral Theories

- Deontological Moral Theories
- Teleological Moral Theories
- Naturalistic Moral Theories
Deontological Moral Theories

• “Deon” – Greek for “duty”
• An action is right because it is a duty, and not for any other reason (such as consequences)
• Immanuel Kant (1724-1804)
Problems with Deontological Theories

• How does one identify one’s duty?
  – Examples
    • Kant – reason
      – How is this accomplished – categorical imperative
    • Religion – Ten Commandments, etc.
      – God identifies our duties – revelation, scripture, reason?
Problems with Deontological Theories (Cont)

• Identification too general - Leviticus states, “Return found goods”
• How to proceed when duties conflict – obligation not to lie obligation not to harm or hurt someone
• Deontological theories provide basis for talking about rights – what happens when rights conflict?
Problems with Deontological Theories (Cont)

- The non-significance assigned to feelings seems odd: compassion, guilt, remorse, sympathy, empathy
- Ignore consequences?
Teleological Moral Theories

• “Telos” Greek word for “ends”
• Jeremy Bentham (1748-1832) and John Stuart Mill (1806-1873) - Utilitarianism
• An action is right because of the results, and not for any other reason – leads to balance of good over bad
• Act versus Rule approach
Problems with Teleological Moral Theories

- What consequence should be sought – happiness, avoidance of pain, pleasure?
- Predict consequences with any level of certainty
- What group and how identified?
- Basic formula too general – greatest happiness for the greatest number or greatest happiness for the greatest number?
Problems with Teleological Theories (Cont)

- Emphasis on consequences, avoids rights and interests of individuals – seems problematic from moral point of view
- Problematic theory of justice – just seems unfair
Naturalistic Moral Theories

• Aristotle (384-322 BCE)
• The good is achieved when ends are pursued consistent with one’s nature – move is from description of human nature to how one ought to live
• Teleological since focused on ends – but goal is not consequences understood in Teleological Moral Theory terms
Naturalistic Theories (Cont)

- Aquinas (1225-74) – religious basis, choices should be consistent with God’s plan
- Freud (1856-1939 – psychological basis, concept of what is normal
- Living in accord with human nature leads to happiness, fulfillment
Problems with Naturalistic Theories

• Validity of religion or science on which understanding of human nature is based
• What is the relationship of what is (fact) and what ought to be (value)? Factually the case that something causes happiness – should it be pursued? Appears that additional argument is needed.
• Jean Paul Sartre (1905-80) No essential human nature, choice create self
Three Allocation Proposals

- Teleological – Nicholas Rescher
- Deontological – Paul Ramsey
- Naturalistic – Daniel Callahan
Nicholas Rescher (Teleological)

• “The Allocation of Exotic Medical Lifesaving Therapy, Ethics, 1969.
• Late 1960’s, hemodialysis machine first became available
• Seattle versus Chicago
Rescher (Cont)

- *Rational* (understandable) and *fair* (similar cases treated in the same way)
- Basic screening stage
  - Constituency factor – children’s or veteran’s hospital
  - Progress of science factor – benefit of giving some diseases more attention
  - Prospect of success – don’t waste resources
Rescher (Cont)

- Final Selection State
  - Relative likelihood of success
  - Life expectancy factor (age included but depends on case)
  - Family role factor (protect irreplaceable relationships, without which society will incur cost – not particularly about value of intimacy)
  - Potential future contributions factor
  - Past services rendered
Paul Ramsey (Deontological)

- *Patient as Person* (1970)
- Equal respect for all human beings – no judgment concerning social value
- Unable to determine social value in socially unfocused circumstances
- Two examples illustrate exceptions – WW II and penicillin and triage in response to disaster
Paul Ramsey (Cont)

• Rules can be announced in advance that are based on statistics regarding medical probabilities and good outcomes – no obligation to provide treatment that has little likelihood of working
• Lottery – first come, first served
• Utilitarian life boat example does not apply because the perspective is not from those on the boat but from those on shore – it is not a matter of the latter’s survival
Daniel Callahan (Naturalistic)

- *Setting Limits (1987)*
- Observations –
  - Expensive resources going to elderly in last several months of their lives without providing benefit
  - Demographics indicate that over 75 fastest growing portion of the population
  - Children, in comparison, receive few resources
  - Rationing system in place – politically effective that those who can pay receive benefits (last presidential campaign)
  - Notion of “natural life span” – relevant to rational and fair approach
Callahan (Cont)

• Current situation is unfair and irrational – any system should be fair and rational
• Allocate resources in a way that allows individuals to live out “natural life span”
• Rediscover older notion of what gives life meaning and shape – not defeating death (otherwise life has no meaning)
Callahan (Cont)

• Recognizes that view is psychologically difficult to accept – not to be applied against present generation of elderly but against him and his generation – need time to debate proposal
• Has critics on both sides – accused of being a Nazi (ageism) and unrealistic (can’t wait a whole generation and do not have resources to enable people to life out natural life-span
Additional ideas

• Allan Buchanan – some balance of equity, efficiency, equality of opportunity, decent minimum
• Norman Daniels – medical care should support “normal species functioning”
• CATO Institute – health debit card (emphasizing personal responsibility)
The heart transplant team members are having a difficult time with the case before them. It involves an inmate convicted of armed robbery who had, until two weeks ago, six years on his sentence left to serve. However, he now stands accused of killing a prison guard in cold blood. The team’s practice, mandated by the Uniform Anatomical Gift Act, is to focus on two questions only: the medical condition of the patient and his or her ability to comply with treatment demands.
Case #2

The kidney transplant team is debating the question of whether to transplant a kidney into a sixteen year old paraplegic. He is paraplegic because he was shot when he was twelve, resulting in extensive spinal cord damage. For the past four years he has been on hemodialysis, but at this point he needs a new kidney to survive. Last week he was a passenger in a car that was involved in a drive-by shooting. He claims not to be a gang member and that it was pure coincidence that he was in the car.
Case #3

The physician enters the patient’s room, a sixty-five year old functional alcoholic with cirrhosis of the liver. The purpose of the appointment is to inform the patient has not met the requirement, set out by the HMO, that a liver transplant will only be provided if a member has demonstrated abstinence for at least six months. He was advised of this six months ago. Currently, he has abstained for three months. He will likely die in the near future if he does not get the transplant.
Case #4

80 year-old woman admitted to hospital for the fifth time in one year. Has severe emphysema, and only being on the ventilator will save her life. It is increasingly difficult to wean her from the vent. During her last hospitalization she stayed the whole time in the ICU and required constant attention. Now she is hospitalized again, and needs access to the ICU. There is only one bed open in the ICU and the staff likes to leave one bed free for trauma patients since the hospital is part of the urban trauma network.
Case #5

Smith and Jones are in adjoining rooms in the rehab center. Smith is 33-year-old retarded person with no family. At age 28, he suffered a small strong. At 33, he suffered a stroke that has left him semi-paralyzed and incontinent. Jones is a 48-year-old businessman, active in community affairs, married and the father of four. He had a mild stroke, and appears to be recovering well. He is expected to make a full recovery.
At 3am, Smith arrested. Cardiac team rushed to resuscitate him. As they were about to begin, Jones arrested, too. They could only work on one or the other, and the team leader said, “First come, first served.” Without help Jones died. Smith died, too, regardless of their effort.
Case #6

P is combative, young female who comes to the emergency room disorientated with fever, chills, and cough productive of yellow sputum. She complains of chest pains and shortness of breath. She is well-known to the medical staff. She has previous admissions for endocarditis and each time left (against medical advice) before treatment was completed. She had her mitral valve replaced with a prosthesis during one admission. She is HIV positive.
Case #6 (Cont)

Her social history includes occasional prostitution, IV substance abuse (cocaine), and needle sharing. She has refused counseling for her substance abuse.

With this hospitalization she is given IV antibiotics, and her condition improves. She is calmer and seems resigned to the clinical course outlines for her by her attending physician (four to six weeks of antibiotics).
Case #6 (Cont)

On day 12 of her hospitalization she begins to grow irritable. Says he wants to leave the hospital. Her attending explains that she still has a life-threatening infection. She leaves anyway.

Two days later, she appears at the emergency room again, with her condition worse. Her prosthetic mitral vale has to be replaced.
Case #6 (Cont)

Staff, after much review, decides to go ahead with the surgery to replace the valve. She tolerates surgery better than expected, and her antibiotics are resumed. She is fitted with an indwelling catheter permitting direct IV access, given instructions on how to administer antibiotics at home, and released.
Case #6 (Cont)

Four weeks later, during which P missed three appointments, she shows up with fever and shortness of breath. Clinical signs are that her second valve has failed. (P admits that she used her catheter for cocaine) P is getting septic, and needs a new value. She claims that she has a right to it.