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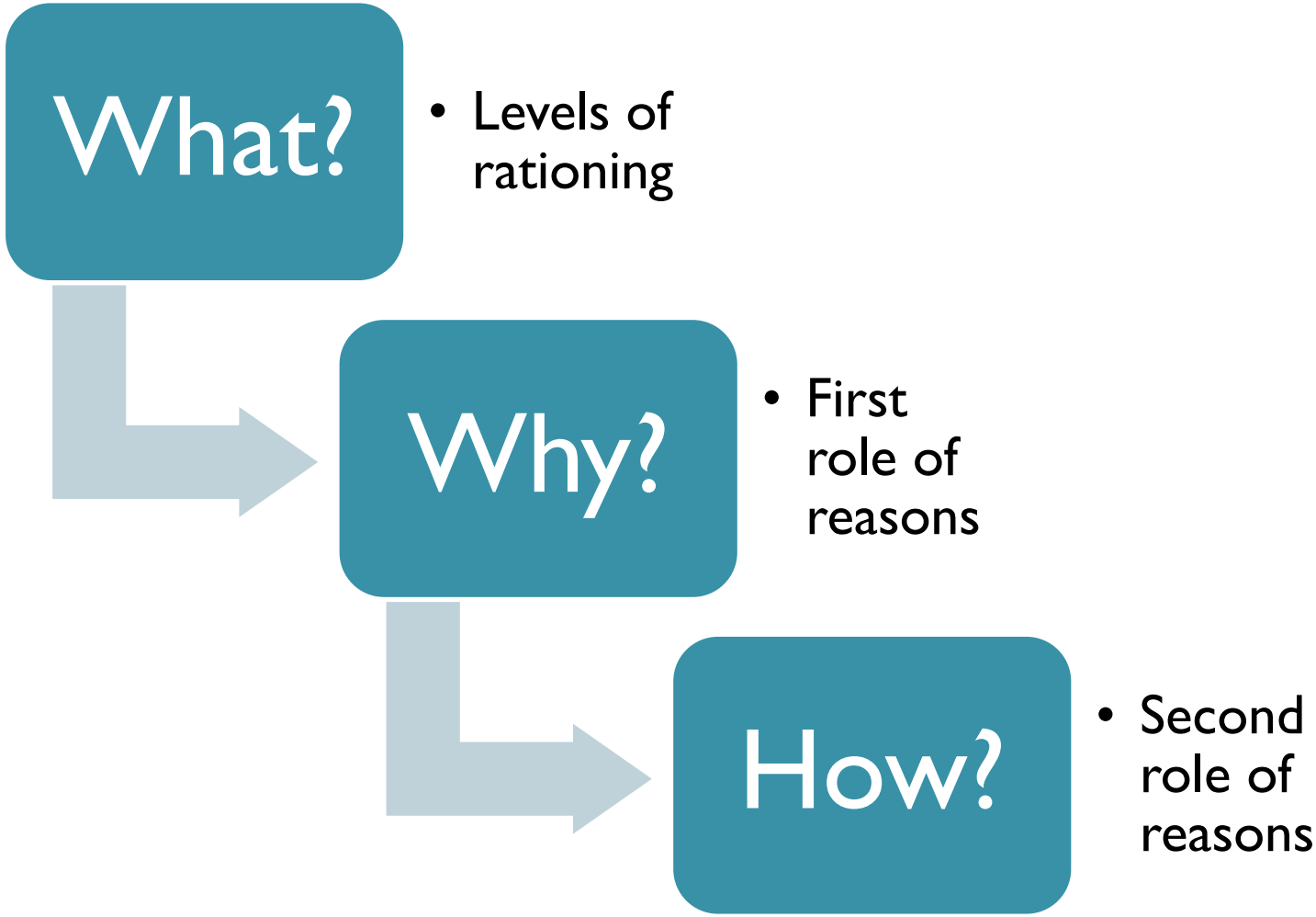
Health, Healthcare, and Reasons

Priority of what? How? And why?

RISK I

'I have to admit, Catwoman — you are not as I expected.'

Outline


What?
Levels of rationing
Why?
First role of reasons
How?
Second role of reasons

Levels of rationing

WHAT?

What is rationing?

- Rationing, in its broadest sense, is the allocation of some scarce resource or good. It takes the form of *priority-setting* decisions.
- Health care rationing either matches people to resources *(who* receives resource*)* or resources to people *(what* is allocated*)*.
- The resources allocated are *interventions*: mobilizations of human, physical, financial and other sorts of assets to address health problems.

Example 1: Wartime triage

During World War II, Lieutenant Colonel John Masters recounted an episode when he and his surgeon were confronted with severely wounded soldiers in the face of advancing Japanese:

The doctor said, "I've got another thirty on ahead, who can be saved, if we can carry them. These men have no chance. None can last another two hours, at the outside."
I said aloud, "Very well. I don't want them to see any Japanese." Shells and bombs burst on the slope above and bullets clattered and whined overhead.
"Do you think I want to do it?" the doctor cried in helpless anger. "We can't spare any more morphia."
"Give it to those whose eyes are open," I said. "Get the stretcher bearers on at once. Five minutes."
He nodded and I went back up to the ridge, for the last time. One by one, carbine shots exploded curtly behind me. I put my hands to my ears but nothing could shut out the sound.

(Neuhaus, 'Battlefield Euthanasia — Courageous Compassion or War Crime?')

Example 2: IVF in Sheffield

In Sheffield, England, publicly funded in vitro fertilisation (IVF) is a scarce resource and is available only to women most likely to successfully bear a live child. Roughly, a 30 year old infertile woman has a 15% chance of bearing a child with IVF, but the chance drops by 2/3 by the time she gets to 40, that is, to roughly 5%. On the basis of this observation, older women are effectively not offered IVF.

Dora, a 40 year old infertile woman:

"I admit that my chance of becoming pregnant is only 5%, but IVF might be successful. That is my only chance. I have paid taxes for 20 years and now when I need the health service, I am denied a chance of effective treatment. Why has a 30 year old woman like Jean who happens to have 3 times my chance of becoming pregnant a greater claim on the services that I contributed to, perhaps even more than she has?"

(Savulescu, 'Consequentialism, Reasons, Value, and Justice')

Example 3: NHS in the UK

(Collins, 'Is it time for the UK (to whisper it) ditch the NHS?')

- "So, is now the time for a more grown-up discussion about the future of the U.K.'s health system? Contrary to the prevailing narrative that dominates what little public debate there is, change doesn't have to mean an expensive, privatized American model that excludes vast swaths of society. Look across the Channel and you find a range of affordable systems with good coverage and — most importantly — good patient outcomes."