



The Role of Reasons in Health Care Resource Allocation

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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.

Different levels of rationing

- Allocation of budget resources between health and other social (and natural) goods (education, culture, security, housing etc.).
- Allocation of resources earmarked for health promotion between social determinants of health (housing, poverty, environment, life style etc.).
- Allocation of health care resources, as defined previously.

First role of reason: why ration?

- *No, we shouldn't ration:* rationing is only an issue for publicly funded health care; it is no issue in private health care.
 - This is obviously false. If any of the reasons later to be cited – in particular, scarcity – holds, then they hold irrespective of ownership relations.
- *No, we shouldn't ration:* we have a right to health and resources must be provided accordingly.
 - This is absurd. Do we have a right not to die due to natural ageing? Do we have a right to immortality? (Think of Rawls and the role of institutions.)
 - Then perhaps we have only a right to the part of health that is socially determined.
 - But there is still a ranking problem: why (this part of) health and not other social goods?

First role of reason: why ration?

- *No, we shouldn't ration:* we have a right to health-care and resources must be provided accordingly.
 - But do we really have such a right?
 - What kind of right is it? Why would it trump every other right?
- **Ranking is everywhere.** We have to balance:
 - Health vs. other social (and natural) goods.
 - Health care vs. other social determinants of health.
- How do we do this? We need to invoke *reason!* But which theory of reasons? And which theory of weighing reasons?
 - Take this line of thought: Health is the same as or is the most important component of well-being and health care is the most important determinant of health. Is this so? 'Most important' in what sense?

First role of reason: why ration?

- *Yes, we should ration* (Bognar & Hirose): rationing is ubiquitous; it is everywhere.
 - This is hardly enough from a moral point of view, although it does justify (research on) rationing in a pragmatic way.
- *Yes, we should ration* (Bognar & Hirose): rationing is desirable; we all benefit from it.
 - If there is no need to ration, then where is the benefit?
 - “We all benefit when health care resources are allocated in a morally defensible way.” But this presupposes inevitability and/or ubiquity of rationing.
 - Some other consideration? I can think of an appeal to certain virtues (temperance, moderation etc.) and/or to the value of efficiency.

First role of reason: why ration?

- Yes, we *should ration* (Bognar & Hirose): rationing is inevitable since resources are scarce. Several factors can be cited: technological, economic, demographical, access-related and so on.
 - But why not instead try to eliminate scarcity by technological development, efficient organisation or simply by spending more?
- Bognar & Hirose: we simply cannot eliminate scarcity. The very process of eliminating scarcity leads to further scarcity and requires priority-setting decisions.
 - But this appears to be contingent. It does not seem to be coded into the situation that we cannot eliminate scarcity. It might take a lot of resources and time, but in the end we might win the 'war on scarcity'.
- **The real problem again appears to be one of ranking.** There are other social goods and there are other social determinants of health. We are back to theories of *reasons*!

First role of reason: why ration?

- Consider one final problem. Even if we assume that we can eliminate scarcity and even if we show that health is the most important good and health care is its most important social determinant, one final hurdle still remains: *the demandingness objection*.
- On one reading, this objection could be invoked here on the ground that health care spending on the abovementioned scale would be *unreasonable*: it would not accurately reflect the balance of reasons.
- This is because there are reasons that have nothing to do with promoting the good. Portmore mentions two such reasons: (1) reasons one has to refrain from violating someone's autonomy even when doing so is a means to promoting the good, and (2) reasons that stem from the special relations that we bear to ourselves and our loved ones. Should we spend too much on health care, we would be likely to violate these reasons and this is unreasonable.

Second role of reason: how to ration?

- Two levels of health care rationing that will not be distinguished in what follows:
 - *Macro-rationing*: system or institution-level allocation of health care resources.
 - *Micro-rationing*: allocation of health care resources in concrete, particular cases among concrete, particular individuals.
- Consequentialism (utilitarianism) is often used in these allocation decisions.
 - Consequentialism holds that the deontic status of an act depends only on its consequences. Utilitarianism focuses on well-being as the relevant consequence.
 - It normally takes the form of decisions using QALYs (Quality-adjusted life years) or DALYs (Disability-adjusted life years). (Although it should be noted that these methods do not have to be utilitarian.)
 - My focus, however, will be on Martin Peterson's Multi-dimensional Consequentialism (MDC).

MDC's criterion of rightness

- *Multi-dimensional consequentialism* =_{def} the view that an act's deontic status can only be characterised by a function of several C* aspects.
- *First key claim (C1)*: “The deontic status of an act depends on several irreducible moral aspects.”
- *Second key claim (C2)*: “The binary relation ‘at least as good consequences as’ is not a complete ordering.”
- *Third key claim (C3)*: “Moral rightness and wrongness are non-binary entities, meaning that moral rightness and wrongness vary in degrees.”
- The relevant moral aspects (dimensions; C* aspects): persons (well-being), equality, risk.

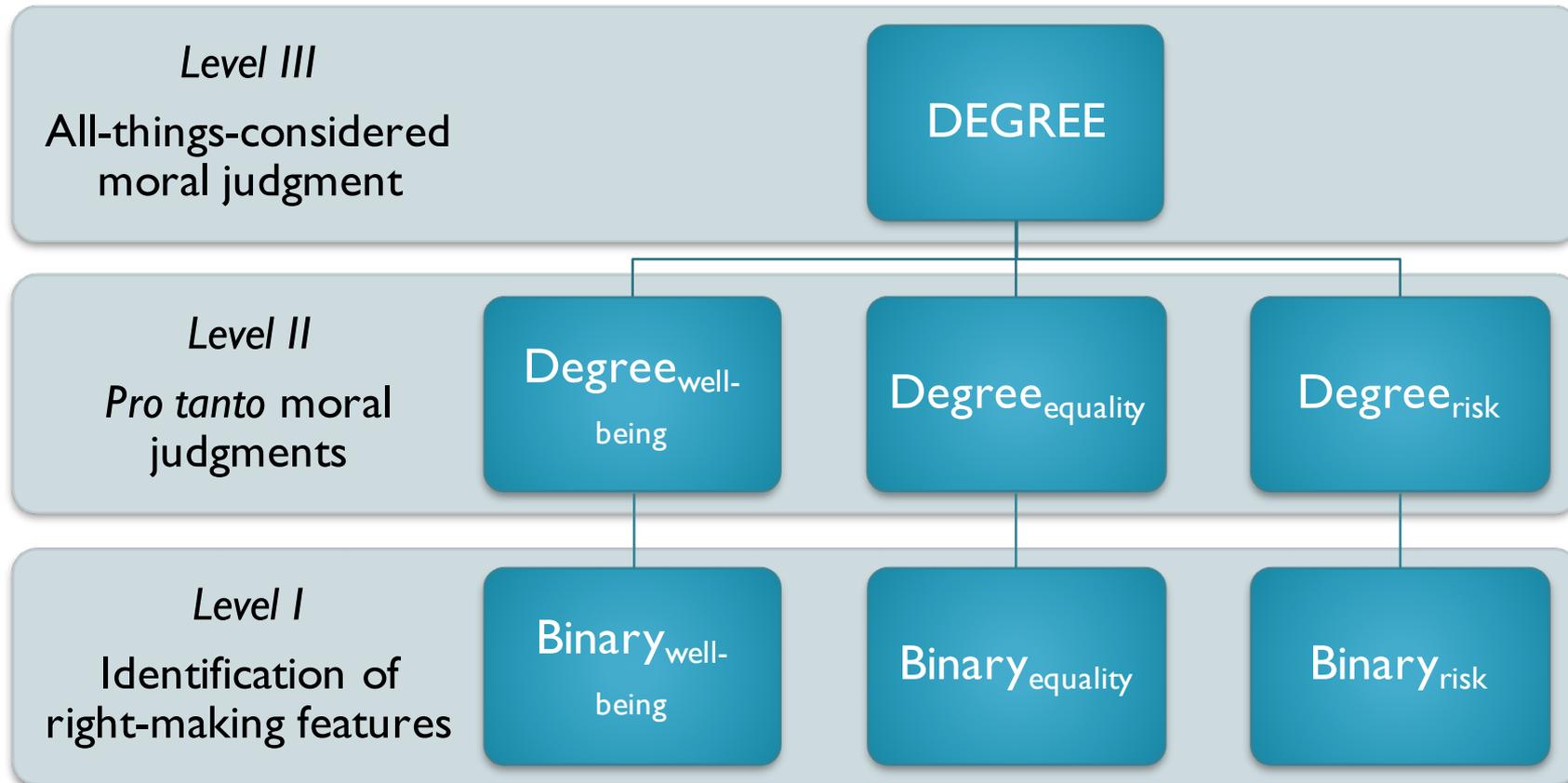
MDC's criterion of rightness

Well-being vs. equality

	Option 1	Option 2
Alice	100	60
Bob	50	60

- *One-dimensional consequentialism*: Either Option 1 is fully right (if it is well-being that matters as the relevant consequence) or Option 2 is fully right (if it is equality that matters as the relevant consequence). In either case the other option is fully wrong.
- *Multi-dimensional consequentialism*: Option 1 and Option 2 are both right to some degree and wrong to some degree.

MDC's criterion of rightness



MDC's decision procedure

- *Moral degree*: It is a matter of aggregating the relative moral importance of different moral aspects in the given situation. (See previous slide for details.)
- *Moral strength*: “The strength to which an act is right reflects the amount of moral value at stake.”
- *Moral force*: “The total moral force triggered by an act equals the sum total of all the products of degree and strength corresponding to each aspect.”
- *Example*: The moral strength of rescuing children depends on the number of children, but its degree does not (that depends, e.g., on whether there are others present to rescue the children).

MDC's decision procedure

	<i>Aspect 1</i>	<i>Aspect 2</i>	<i>Aspect 3</i>	<i>Force</i>
<i>Act A</i>	(0,0)	(0.5, 0)	(0.5, 0)	0
<i>Act B</i>	(0.5, 50)	(0.5, 50)	(1, 50)	100
<i>Act C</i>	(1, 100)	(0, 100)	(0, 100)	100

- Let be D a disjunctive act: the act of doing A -or- B -or- C . We can call D a mixed act. The correct decision procedure is to perform this act.
- What does this amount to? It is the same as performing a probabilistic mixture of a set of pure or probabilistic acts.
- Choosing to do D thus amounts to choosing to do A with probability p , and B with probability q , and C with probability $1 - (p + q)$, where the probabilities are directly proportional to the moral force of the given act.
- The result is *randomization*: a weighted lottery.

MDC and rationing

CASE I (Savulescu)

In the UK IVF 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 $\frac{2}{3}$ 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.

MDC and rationing

- One-dimensional consequentialism would agree with this practice and would, perhaps, be duly criticized for this, say, on grounds of equality of opportunity (Harris).
- Multi-dimensional consequentialism would deliver a different, more nuanced verdict given that the case involves a clash of at least three moral aspects: persons (well-being), equality and risk.
 - MDC would say that the policy is neither fully right, nor fully wrong, nor are its alternatives. They are both right and wrong to some degree. This respects the moral complexity of the situation and to some extent at least, depolarizes the debate (Espinoza & Peterson).
 - MDC would advocate a weighted lottery form of randomization effectively making it sure that at least in some cases older women would also receive IVF treatment.

MDC and rationing

CASE 2 (Espinoza & Peterson)

We are faced with an outbreak of pandemic influenza. It is a very severe influenza with a high mortality. Suppose a vaccine for humans has been rapidly developed. Naturally, before the vaccine can be distributed to the population, it must be approved by the medical products agency. There are some concerns about the safety of the new vaccine. Preliminary results indicate that it may cause serious cardiovascular health risks to the elderly, even though it is likely to be safe in all other respects. No other vaccine is available.

MDC and rationing

- One-dimensional consequentialism would likely permit the use of the vaccine on the ground that this produces the highest expected well-being. This might be criticized on the ground that it violates equality of opportunity to survive.
- Multi-dimensional consequentialism would take again a more nuanced approach since we are again dealing with the clash of several moral aspects: risk, persons (well-being), equality.
 - MDC would thus announce that it is morally indeterminate – neither fully right, nor fully wrong – to permit or not to permit the vaccine. Such a conclusion would help the disagreeing parties to reach a compromise and change legal sanctions accordingly (perhaps).
 - MDC would then propose that we randomize our response to the situation. Permitting the vaccine perhaps has the higher moral force, hence it should be more likely to be performed. But not permitting the vaccine should also retain some probability to be performed. If this is a one-off decision, then randomization could take the form of invoking contingent, practical considerations in the decision.

Deontic leaps and verdictive reasons

“The most important reason for taking the non-binary account of rightness and wrongness seriously is an idea suggested by Nicolas Espinoza: unless we concede that rightness and wrongness are non-binary properties, the multi-dimensional consequentialist will sometimes face deontic leaps. A deontic leap occurs if the deontic status assigned to an act does not reflect all relevant moral aspects that obtain in the situation – the ‘leap’ arises as the moral theory incorrectly ignores some moral aspect in its assignment of a deontic status to an act.”

Deontic leaps and verdictive reasons

“Now the deontic leap occurs in the transition from evidential to verdictive considerations. Even though, initially, the agent correctly acknowledges all relevant considerations while deliberating, some of which are verdictive and some of which were merely evidential, the agent’s all-things-considered conclusion will only respect some of these verdictive considerations. From a moral point of view, this seems too heavy-handed. If you promise something and then break the promise, it seems that the verdictive consideration that you actually made a promise should – if we take traditional non-consequentialist intuitions about promises seriously – remain visible in the final analysis.”

Deontic leaps and verdictive reasons

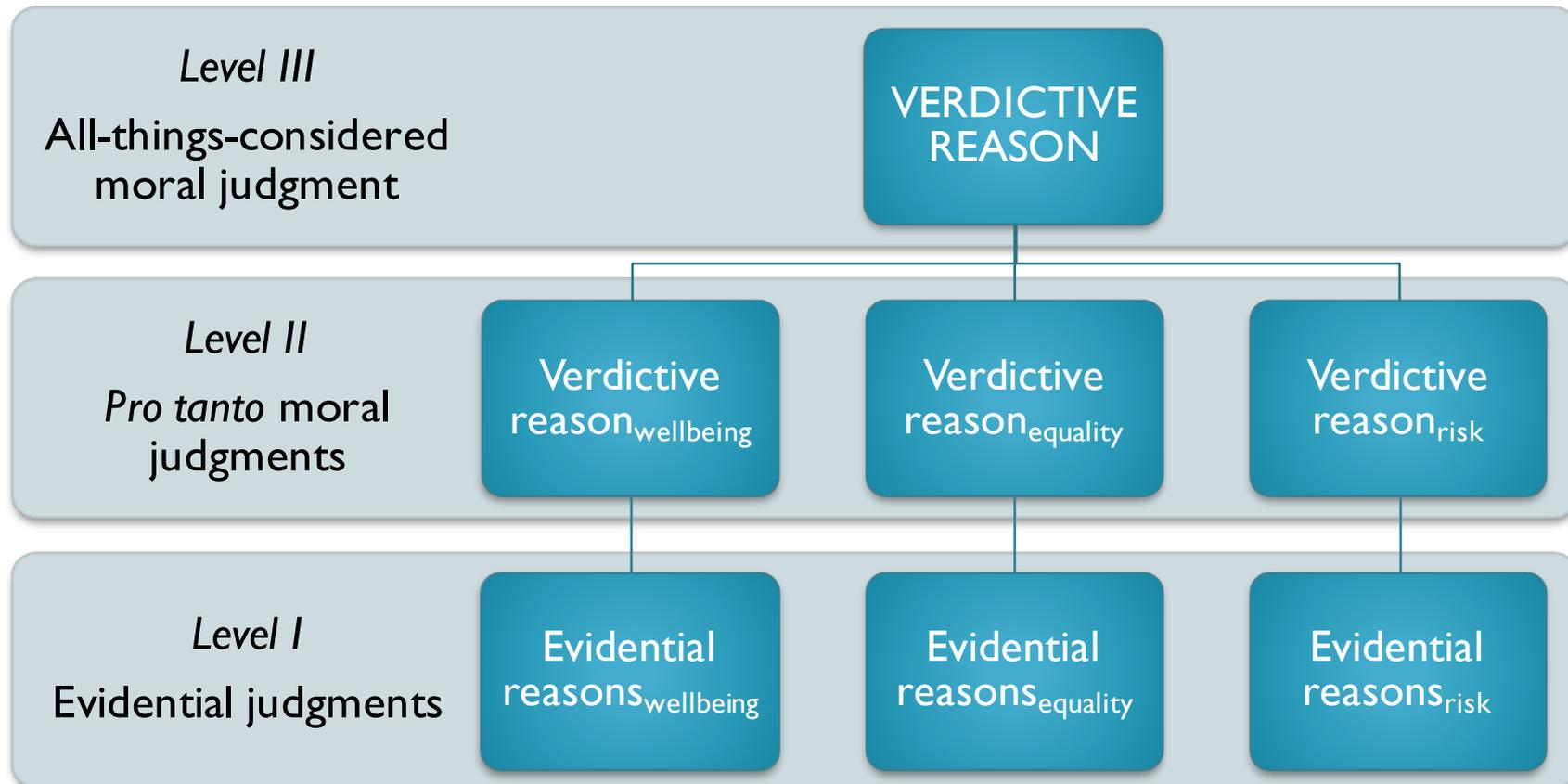
“We propose that in a choice between acts that are somewhat right and somewhat wrong, the rational thing to do is to give the verdictive reasons that speak in favour of each act their due. This arguably requires randomisation. If you cannot compare and balance the verdictive ethical reasons that apply to a case, it seems odd to maintain that these verdictive ethical reasons should somehow dictate your choice... The general principle is that if an act is at least somewhat right, that is, right to some non-zero degree, then it should be performed with some non-zero probability.”

Deontic leaps and verdictive reasons

What are verdictive reasons? Three options:

- ① “That you actually made a promise”. But this is an evidential consideration, not a verdictive one. It is a right-making feature of the act.
- ② “That your breaking the promise was immoral.” But this is an all-things-considered judgment that should be what reflects verdictive reasons.
- ③ “That your breaking the promise was immoral with respect to the dignity of others”. This *pro tanto* consideration is the only plausible interpretation.

Deontic leaps and verdictive reasons



Deontic leaps and verdictive reasons

- However, elsewhere (Andric & Tanyi) I have argued for points that also retain their force here:
 - If we are right that the final analysis of a moral theory involves also the *pro tanto* judgments, then of course it also involves the verdictive reasons these judgments are grounded in.
 - The introduction of verdictive reasons will make no difference to our point that, given the two main purposes of all-things-considered moral judgments, degrees of rightness and wrongness are not admissible on the overall level of judgment.
 - What is so special about verdictive reasons that would require them to be reflected, in the way Peterson proposes, in final all-things-considered moral judgments?

Deontic leaps and verdictive reasons

- Peterson could say one thing here: There are different moral aspects and they are incomparable, creating 'gaps' in the ordering of consequences. Verdictive reasons are provided by these aspects and the need to reflect the gaps in the ordering is what gives us the argument from deontic leaps.
- In short, verdictive reasons themselves are incomparable and in this sense undefeated that need to be therefore given their due.

Deontic leaps and verdictive reasons

- But this is not convincing for (at least) three reasons:
 1. The gaps are evaluative but the verdicts that should reflect them are deontic. However, no argument is given why we should move from the evaluative to the deontic.
 2. *Pro tanto* judgments accurately reflect these gaps and reasons and they are part of the final analysis of a moral theory, so why should the gaps also be additionally reflected in all-things-considered moral judgments?
 3. Peterson's reasoning relies on the idea that unless aspects (reasons) are reflected in deontic degrees, these aspects (reasons) will be defeated, neutralised, annihilated and so on. But it is unclear why this would be so. These aspects (reasons) may be outweighed, but that does not make disappear or become irrelevant.

Deontic leaps and verdictive reasons

- And there is further trouble: It is not obvious that verdictive reasons exist. Are there reasons which are not *evidential*?
- Dancy: “The point that verdictive judgments do not contribute to the situations on which they pass judgment is only one application of the more general truth that thin concepts cannot be used to add to the store of reasons. That an action is good, or right, is no reason to do it. It is the features that make the action good or right that are the reasons for doing it, and to say that it is good or right is merely to express judgment about the way in which other considerations go to determine how we should act.”

Conclusion

Reasons play (at least) two roles in rationing

- first role of reason: we need to decide *why* we should ration at all;
- second role of reason: we need to decide *how* to ration.

Multi-dimensional consequentialism gives a consequentialist account of this second role but it seems to run into difficulties.

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