

## **The Role of Reasons in the Ethics of Health Care Allocation**

The aim of the project is to develop an alternative framework for the investigation of allocation and prioritization issues in health-care. Any agent who makes a claim on health-care resources must provide reasons that support her claim. I suggest that distributive justice in health-care is therefore best seen as an attempt to maximize reason-based claims of agents on health-care resources.

If this is plausible, we must first see what constitutes those reasons. The desire-based account says that reasons for action are based on the agent's desires; the value-based account claims that reasons for action are instead grounded in values, which themselves are not based on desires. In this framework the original question translates into the task of finding out which theory of reasons is better suited to handle allocation problems in health-care. This is difficult since reasoning about distributive justice often confuses these two competing accounts of reasons. To sort out issues, we have to ask what implications the two accounts have in the area of health-care. This would involve examining which desires and values are relevant in reasoning about the allocation of health-care resources and whether these reasons give us what we want in this area. Thus we have to ask whether desires are suitable for the role of providing reasons of justice. We should also consider whether the reasons provided are of the consequentialist or duty-based kind and whether there are other reasons in this area, for instance, generated by special relationships.

Answering these questions would, among others, help us take a clearer stance in debates concerning the measurement and definition of quality of life in health-care. Much of this discussion is occupied with the choice between subjective and objective notions of well-being tested by cases such as the adaptive preferences of disabled patients. Importing lessons from similar discussions on reasons would contribute to the clarification of some of the complexities involved in this debate.

The second main investigative question of the project concerns the behavior of reasons in relation to each other and the relevance this has for health-care allocation. Typically, reasons are taken to stand in some weighing relation: there is some way to measure their weight on the basis of which they can outweigh or be outweighed by each other. But some argue that reasons can also behave in alternative ways: they can silence each other urging that competing reasons have no weight at all; they can preempt each other; and some considerations can also cancel the reason-giving power of other considerations. Although the desire-based theory of reason appears to be unsuitable to accommodate relations other than weighing, some theorists in this camp claim that that this is not so. It is also possible that when comparing the weight of reasons we apply some sort of a plateau or limit beyond which the weight of reasons does not increase even if what otherwise determines it – the strength of desire or magnitude of value - does. The aim of this part of the research would be to test these claims in the particular context of health-care resources allocation.

This would have several beneficial effects. Once we have an account of reasons and their weight, we can employ this knowledge in facing the challenges of macro-allocation. We can try to limit the demands on health care resources not on the basis of the content of the reasons employed, i.e., the demands generated by different theories in the field, but by the weight these theories attach to the competing reasons. Alternatively, if, for instance, the above solution doesn't work, we can employ our newly gained knowledge in seeing what reasons and with what weight can the agent employ in his bid for resources. Finally, should it turn out that reasons in health care are provided by both desires and values, we can learn more about the respective weight each dimension and the reasons it gives rise to has. This, again, would contribute to the clarification of the questions involved in the discussion on the use of subjective and objective notions of well-being in health-care since these are often multi-dimensional themselves.

The third question I aim to discuss in the project concerns the fact that the allocation of health-care resources is just one among the factors that influence the state of health in a society, the amelioration of which is our ultimate aim. In my research I would like to focus on an issue that is rarely discussed: on the interrelation of different areas of justice, typically those between socioeconomic justice and health equity. I propose to carry out this task by focusing on the relation of reasons in these different areas. In doing so, I will build on the answers to the previous two questions in this field as well as on the results of the rest of my proposed project.