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SOME CRITERIA FOR MAKING DECISIONS CONCERNING THE DISTRIBUTION OF SCARCE MEDICAL RESOURCES

ABSTRACT. In this paper I proceed on the assumption that moral philosophers can and should contribute to the resolution of perplexing moral problems. The ones considered here relate to decisions concerning the distribution of scarce medical resources as between those in need of treatment. I draw on considerations of egalitarianism and concern for the maximization of the use of scarce resources in the task of satisfying basic human needs (such as for good health). I propose certain principles and offer some supporting suggestions as guidelines or rules for medical decisions with a view to providing a helpful decision procedure for the various persons (doctors, community panels and so on) whose task it is to make the life-or-death decisions involved in allocating certain scarce medical resources.

1. MORAL PHILOSOPHY AND THE SPECIFICITY OF MEDICAL DECISIONS

There is evidence of growing dissatisfaction among moral philosophers with the excessive importance placed on what is usually referred to as meta-ethics. While such meta-ethical reflection (or, as I should prefer, reflection on the foundations of ethical judgements) is not unimportant, it is liable when pursued as an end in itself to become a 'dead-end'. At least some moral philosophers have started to re-emphasize that serious moral reflection begins at the point where moral decisions have to be made in response to genuine and perplexing moral problems. It has seemed, furthermore, to such moral philosophers, that acknowledgement of this truth should lead to a recognition that neglect of pressing moral and social problems, and the failure to make use of the resources of their own privileged vantage point in contributing to the resolution of these problems, represents a condemnation of the practice of philosophy in general and of moral philosophy in particular.

In this essay I want to discuss some moral problems associated with the necessity of making decisions concerning the distribution of scarce medical resources. Foremost among these problems are those which stem from the costliness and shortness of supply of medical remedies for fatal or seriously disabling ailments, especially when the number of medically
eligible patients exceeds the number whose treatment can be managed. For example, the number of persons seeking admittance to a kidney dialysis program at any time currently exceeds the available facilities. Likewise, the number seeking kidney transplantations at any time presently exceeds the number of suitable organs available under donation schemes.

These (and other comparable) facts give rise to the moral problems which must be faced by those deciding who shall receive the scarce resources available and who shall miss out.

It may be thought that one should first attend to another associated problem of priorities, namely the problem of distribution of total medical resources and the ranking one should give in that distribution to the procedures referred to in relation to fatal and seriously disabling ailments. I will allude to this associated problem toward the end of the essay. I relegate it to this position because I'm not convinced that the issues it raises are as difficult of resolution.

It is my contention that it will be a measure of the value of doing moral philosophy that one be able to lay down decision rules or guidelines which would enlighten those actually confronted with these medical decisions. The professional moral philosopher, of course, is only rarely, if ever, going to be in on the decision-making as regards the distribution of scarce medical resources. But he can make a contribution in advance of the specific moral problems being confronted. This contribution consists in the formulating of decision rules or guidelines that will be relevant to the solution of these real moral problems, because even though the professional moral philosopher may not be involved in applying the guidelines, he has at least one significant advantage as regards the opportunity to develop them. Namely, he has at his disposal a far greater measure of the required freedom, opportunity and resources than does, e.g., a typical medical practitioner. None of my remarks are intended to suggest that moral philosophers have superior capacities as moral agents, nor that non-professionals cannot do what I have suggested professionals should do. What I have been trying to stress is that what should be distinctive of moral philosophical activity is the formulation of decision rules or guidelines for resolving real medical distribution problems, because the absence of such guidelines seems likely to lead to 'decisions' being taken in ways that are ad hoc and (because ill-thought-out), unfair.