Dan Brock, "Priority to the Worse Off in Health Care Resource Prioritization"

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- resources available to the healthcare system are scarce
- it is not possible, rational, or just to provide all potentially beneficial care to everyone no matter how small the benefits and how great the cost
- therefore we need to prioritize the use of resources in a way that reflects individual and social values
- some think that maximizing overall or aggregate health benefits for the population is the way to prioritize (cost effectiveness analysis using QALYs)
- this is a utilitarian or consequentialist approach with the problem that it ignores the distribution of benefits
- the most common feature of different theories of justice and ordinary thinking is a concern for the worse off members of society
- the US healthcare system is heterogeneous and complex, so decisions are not usually based on explicit and rational resource prioritization
- a rational and just healthcare system should be able to make explicit prioritization decisions
  - can get data on benefits and costs
  - question: what priority to give to the worse off
  - might reject CEA and give priority to the worse off (“prioritarian” view)
- three main issues:
  - why should the worse off receive priority for healthcare resources?
  - who are the worse off?
  - how much priority should the worse off receive?
Moral Justifications of Priority to the Worse Off

- it is bad if some individuals are worse off than others through no fault of their own (Temkin)
- some commitment to equality is a central feature of nearly all theories of justice
- main question: in what respects should people be equal?
- there are objections to a fundamental commitment to equality in outcomes or conditions
- equality of outcome (egalitarian view) is not the same as improving the position of the worse off (prioritarian view)
- levelling down objection (Parfit)
- instead of focusing on whether outcomes are unequal, we could focus on whether they were brought about by unjust treatment or action
- but this does not cover all sorts of inequality, so does not always lead to priority to the worse off
- equality of opportunity can be useful concept instead, focusing on bringing people up to the normal opportunity range
- can be interpreted to focus on the worse off: bringing people up to the normal opportunity range has moral priority over interventions that would bring some above the normal opportunity range
- must hold that the lower someone’s opportunity, the greater the moral importance of raising it
- “The Priority View: Benefiting people matters more the worse off these people are.” (Parfit)
- weighted beneficence; weights are an open question
- three ways of justification:
  - the worse of people are the greater the relative improvement in a given size health benefit will provide them, so the more the health benefit may matter to them (under objective or subjective measure of mattering)
  - different degrees of undeserved deprivation might different claims of different moral strength for the reduction of deprivation (similar reasoning in Scanlon’s and Nagel’s work)
  - we can also put this view in terms of needs and treat the most urgent needs of the worse off first
Who Are the Worse Off for Health Resource Prioritization?

- are the worse off the sicker or those with worse overall well-being?
- in general theories of distributive justice, overall well-being is important
- with some goods, compensation might be possible with other aspects of well-being
- health could be seen as an all-purpose means necessary for the pursuit of all other aims, and therefore nonsubstitutable
- applying a prioritarian view to overall well-being, we would need to treat the poor over the rich even if the rich are very sick
- distribution of healthcare might be considered a “separate sphere”
- how to determine who has worse health? overall health vs particular disease in need of treatment
- present health vs health over time

How Much Priority Should the Worse Off Receive in Health Resource Prioritization?

- giving absolute priority runs into the “bottomless pit” problem (Daniels): we might be providing very small benefits at very great cost
- we need some balance between the worse off and others
- “proportional benefit” principle (Stone): compare improvement in health to the starting position of people