

A ROUNDTABLE ON THE DISTRIBUTION OF HEALTH CARE RESOURCES

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Me: Today, during the roundtable, we are going to discuss the ethics of the limited distribution of health care. Joining in with me are the Government, Hippocrates, John Locke, and Thomas Malthus. What do you all believe we should do about the increasing world population and our limited resources?

Government: It's a struggle, no doubt. As we believe that "every member of society must have an adequate array of core health care benefits" (Levine et al.), we must create a reform that includes everyone in our country.

Thomas Malthus: I hate to interject, but what the Government describes is not going to work. The population just reached 7 billion this year and is almost 400 million in America alone. We will inevitably have to allocate resources to a choice few, the ones who are able to make a life for themselves and make it through capitalist society; the others, such as the homeless guys who reside on the street, will perish. In this way, the population will stabilize, and we will be able to sustain it.

John Locke: This is where I disagree with you, Malthus. One of government's goals is to protect the people's right to life. The denial of resources to certain individuals breaks the promise the government

has made with the people, which should incite them to dispose of the government and create a new one of their choosing.

Government: It's fine, Locke. We won't do anything as ridiculous as that. Our social contract with the people is sealed, and we are to protect them at whatever cost. At the same time, we want the health care system to be sustainable and not take too much out of our allotted budget; "restraining [the health care] cost increases is an ethical obligation" (Levine et al.). Also, given the limited resources, we believe that "the contents and limits of health care benefits must be established through an ethical process"; therefore, "reform should adhere to a detailed ethical framework for how to ensure fair coverage decisions" (Ibid.).

Me: This is a great transition statement for our main discussion of the day: How do you distribute limited health care resources ethically?

Hippocrates: From an ethical perspective, we doctors are sworn to "benefit patients according to our greatest ability and judgment and do no harm or injustice to them" ("Greek Medicine").

Government: Hippocrates, you're going off topic. Regardless, our doctors and medical assistants have all sworn your Hippocratic Oath and do this regardless. The question presented was on the allocation of health care resources. The allocation of these and other limited resources should be based on five major expectations: "Transparent, Participatory, Equitable and Consistent, Sensitive to Value, and Compassionate" (Levine et al.).

Me: I'm a bit confused by your five major expectations. What do you mean by "sensitive to value"? Will you kill someone just because they require more money and time than another who solely requires one simple medication? And equity is simply not the reality. Developed nations obtain more resources than Third World

nations who have to struggle to survive. Maternal and children's health care services are extremely limited, and people can't even get the immunizations or simple examinations that we have consistently.

Thomas Malthus: Which brings me back to my point: we can't save everyone; therefore, the allocation of the limited health care resources should be on the basis of worth and value that will be given back to the world. Developed nations should have rights to the resources because we are more likely to produce individuals who will have an impact on the world. Moreover, those who are educated and have money should have higher value in the eyes of the practitioners because they could help to repay debt for the nation.

Hippocrates: So you're saying that you would turn away patients just by physical appearance or by what you think? That's shameful, scornworthy, and immoral! No doctor or medical practitioner would do such a thing as turn down a patient unless they lacked the resources for treatment!

Government: You sound like America in 1962 with all that talk on value and worth, Malthus. When the Seattle Artificial Kidney Center's counsel tried to decide who would receive dialysis treatment, first they went on "likelihood of medical benefit," and then "the committee turned to social worth criteria; that is, they tried to weigh the anticipated contributions the patients would make to society were their lives saved" (Jonsen and Edwards). Most bioethicists argued that this was wrong and that the proper way to conduct this allocation was by the five principles stated above.

Me: But even then, there will still be people who die because they didn't receive the benefit of these expectations, correct?

John Locke: The principle of the government is to protect the right to liberty, life, and property. There will always be factors that the government will not be able to control, and this is one of them. I'm sure that it will find a way to save as many lives as it can.

Me: But isn't that ethically incorrect? By trying to save as many people as possible, you are discriminating against those who require more effort and time.

Government: This is a tough question that you posed to us. What do *you* think about resource allocation when it comes to limited resources?

Me: I believe that an issue like this deserves more time and recognition than just this one discussion. This discussion highlights the beliefs of certain groups and important experts, yourselves in particular. I believe that resource allocation should not be based on saving all lives because, as you noted here, it is impossible to save everyone. However, by trying to maximize the number of lives saved, we create other biases. Therefore, I propose a system in which we conglomerate people with the same conditions and then save a fixed proportion of them. The choosing of these individuals should be by a lottery or other random selection, with no regard to the person's status, either physical or mental. This would also go for double and triple diagnoses and rare diagnoses: everyone deserves a chance to live, even if their condition seems to be a death sentence itself. Finishing off, I believe that we should do whatever is necessary, regardless of cost or the state of the person, to provide the best health care we can. Thank you for attending this roundtable session with us, and be sure to tune in for next year's discussion.

Bibliography

- “Ethics and Access to Health Care.” American Medical Association, n.d. Web. 22 Dec. 2013.
- “Greek Medicine: The Hippocratic Oath.” U.S. National Library of Medicine, 7 February 2012. Web. 22 Dec. 2013.
- Levine, Mark A. et al. “Improving Access to Health Care: A Consensus Ethical Framework to Guide Proposals for Reform.” American Medical Association, September–October 2007. Web. 22 Dec. 2013.
- Jonsen, Albert R., and Kelly A. Edwards. “Resource Allocation.” University of Washington School of Medicine, 1998. Web. 22 Dec. 2013.