

Health Care and Responsibility
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1. Two questions of responsibility in health care
 - a. Importance of informed consent by patients
 - b. Patient's responsibility for their need for care
2. Different senses of "responsible"
 - a. Obligation-affirming claims
 - b. Obligation-limiting claims
 - c. Blame-justifying claims
 - d. Claims of decision-making authority
3. Having a choice = having what happens depend on how one responds when presented with the alternatives under certain conditions
4. Three kinds of reason for valuing choice:
 - a. Instrumental (depend on conditions under which choice will be made)
 - b. Expressive (depend on subject matter, can be negative)
 - c. Symbolic (depend on social conventions)
5. These are reasons for having "decision-making authority" but they also explain the significance of choice for responsibility in the obligation-limiting sense.
6. Why not paternalism?
 - a. Instrumental reasons seem to favor paternalistic interventions
 - b. Expressive reasons, symbolic reasons can count against
 - c. Other reasons against paternalism? Fact of disagreement
7. Sunstein and Thaler on Nudges: "Libertarian Paternalism"
 - a. Retirement saving example
 - b. Why object?
 - i. Unseen influences are always present
 - c. Less clear cases: no definitely correct answer, strong disagreement

8. Holding people responsible for their past choices
 - a. LeGrand on risky behavior and eligibility for state-funded health care
 - i. Harsh, but not without plausibility
9. Is degree of control the most important factor?
 - a. Control and blameworthiness
 - b. How connected with claim to care? Moralism
10. Distinguishing senses of responsibility:
 - a. Does outcome reflect what agent is like? (Blame-justifying sense)
 - b. Have we done enough for a person by giving him or her the opportunity to avoid a bad outcome by choosing appropriately? (Obligation-limiting sense)
11. Control as limit on claims to aid proves too much
 - a. Individuals could avoid risk of injury by not walking near traffic as well as by not riding motorcycles
12. What range of activities should we allow people to engage in without losing their claim to health care?
 - a. Depends on strength of their reasons to do these things
 - b. These reasons also relevant to blameworthiness, but in a different way.
13. Where do choice and responsibility come in?
14. Example of kidney disease:
 - a. Given shortage of kidneys, should we count some behaviors as diminishing claims to transplants?
 - b. *Announcing* that those who engage in behaviors leading to kidney failure will be ineligible or less eligible for kidney donation reduces demand for kidneys
 - c. Deterrent effect of policy
 - d. Instrumental value of having the choice makes policy preferable to a lottery
15. Choice (and responsibility) have a role in the distribution of health care, but this role should not be exaggerated, as Le Grand does.