香港中文大學
The Chinese University of Hong Kong

香港中文大學醫學院
Faculty of Medicine
The Chinese University of Hong Kong

Utilitarianism, prioritarianism, & the Covid pandemic

Commentary on Prof. Singer's Lanson Lecture

Prof. Alexandre Erler
CUHK Centre for Bioethics & Department of Philosophy

CUHK Centre for Bioethics
The Chinese University of Hong Kong
香港中文大學生命倫理學中心

Copyright © 2021. All Rights Reserved. Faculty of Medicine, The Chinese University of Hong Kong

Plan

1. Allocating Covid vaccines: utilitarianism & prioritarianism
2. Global prioritarianism, cosmopolitan ethics, & “welfarism” (in public health policy)

1. Allocating Covid vaccines: utilitarianism & prioritarianism

Prioritarianism

- Tells us to give *some* priority, in distributive decisions, to those who are identified as *worse off* in some relevant sense
- Possible ex. in healthcare context: younger adults should receive priority over older ones in allocation of scarce, life-saving interventions like ventilators
  - Criterion not applicable to interventions like Covid vaccines

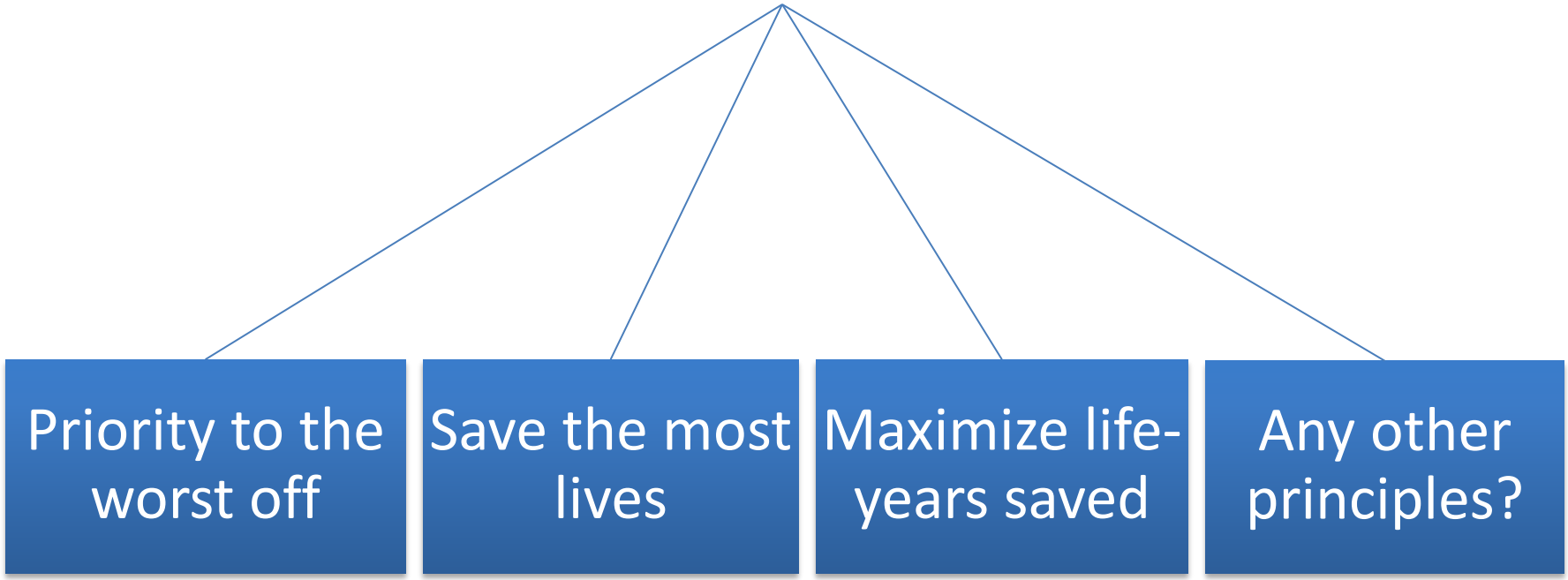
Priority to younger people: utilitarianism vs. prioritarianism

- Utilitarianism can sometimes justify prioritizing younger people: i.e. when doing so means securing more life-years
- Yet disagreements with prioritarianism will still emerge
- Ex:
  - We must choose between saving patient A (35 years old) or B (70 years old); both can expect to live for another 20 years if they receive the intervention
  - Prioritarianism says we should save A
  - Utilitarianism permits us to save either A or B
  - My intuition: prioritarianism more plausible, because more sensitive to considerations of *fair distribution*

The challenge of applying prioritarianism to Covid vaccine allocation

- Cf. CDC's initial proposal to prioritize "essential workers" over Americans aged 65+ in rollout of vaccines
- Priority to worst off cannot then simply be used as tie-breaker betw. 2 otherwise equally good options
- Prioritarians need to decide how much more ethical weight to give to benefits accruing to those identified as worse off

Need to balance potentially competing principles



CDC's original allocative proposal (K. Dooling, Nov. 23, 2020)

Ethical Principle	Essential Workers (non-healthcare) (~87 million)	Adults with high-risk medical conditions (>100 Million)	Adults age ≥65 years (53 Million)
Maximize benefits and minimize harms	Preserves services essential to the COVID-19 response and overall functioning of society "Multiplier effect"	Reduces morbidity and mortality in persons with high burden of COVID-19 disease and death	Reduces morbidity and mortality in persons with highest burden of COVID-19 hospitalization and death
Promote justice	-Workers unable to work from home (↑exposure risk) -Promotes access to vaccine and may reduce barriers for workers with low vaccine uptake	Will require focused outreach to those with limited or no access to healthcare	Will require focused outreach to those who experience barriers to access healthcare
Mitigate Health inequities	-Racial and ethnic minority groups disproportionately represented in many essential industries -~1/4 of essential workers live in low-income families	Increased prevalence of some medical conditions in race/ethnic minority groups & persons in rural areas -Diagnosis of medical conditions requires access to healthcare	-Highest incidence and mortality in congregate living --Racial and ethnic minority groups under-represented among adults ≥65

McClung N, Chamberland M, Kinlaw K, et al. The Advisory Committee on Immunization Practices' Ethical Principles for Allocation of Initial Supplies of COVID-19 Vaccine — United States, 2020. MMWR Morb Mortal Wkly Rep. ePub: 23 November 2020. DOI: http://dx.doi.org/10.15585/mmwr.mm6947e3external icon

CDC's original allocative proposal (K. Dooling, Nov. 23, 2020)

- Members of such minorities face worse health outcomes & access to healthcare (on average) than white Americans do
- Reasoning seems to be that:
  - Prioritizing essential workers would help redress such unfair inequalities
  - This can justify failing to save as many lives as we could
- Also: need to "preserve services essential to the COVID-19 response & [the] overall functioning of society"
- Source: https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-11/COVID-04-Dooling.pdf

Prof. Singer's critique of the CDC's original proposal

- I do find it persuasive:

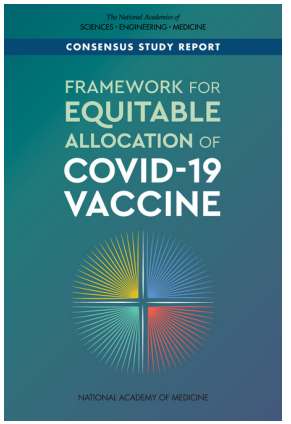
1. Proposal gave too little weight to requirement to save the most lives
2. Expected to lead to more deaths among disadvantaged minorities
3. Unclear how CDC's invocation of need to protect essential services fits with their acknowledgment that prioritizing older Americans in allocation of vaccines would save more lives overall

Prof. Singer's alternative proposal

- Would *de facto* implement some form of priority to the worse off (disadvantaged ethnic minorities) in access to vaccine
- But for sake of saving most lives, based on assumption that age + race = best available indicator of risk of death from Covid
- *Not* out of prioritarian concern

What role (if any) for prioritarian reasoning in Covid vaccine allocation?

- Possible objection to Singer's proposal: fails to directly take into account unfair health disparities caused by economic deprivation
- Alternative proposal: prioritize access to vaccines, *within* relevant groups (e.g. adults aged 65+), to people in areas scoring high on CDC's Social Vulnerability Index (SVI)
  - Cf. recent report (2020) by NASEM in US
- I would favor NASEM's proposal over Singer's, *if* it resulted in as many lives/life-years saved; otherwise not



Conclusion

- Prioritarian reasoning plausible as tie-breaker, but can't play more substantial role assigned by supporters of equity-oriented proposals

2. Global prioritarianism, cosmopolitan ethics, & "welfarism"

Giving priority to the worst off at the *global* level?

- Presupposes that we adopt a fully *cosmopolitan* ethic
- Global prioritarianism would place heavy obligations of altruism on us
- If we consider global impact of lockdowns (e.g. of resulting recession on developing countries), why not do the same when discussing vaccine allocation within countries?
  - Might support allocating vaccines so as to boost a country's economy (to benefit the global poor) even at the expense of its older population
  - This will look perverse & unacceptable to many

A concern about using well-being as the fundamental metric of evaluation

- Would have the advantage of greater precision over rough & ready judgments we currently rely on
- Yet: might reintroduce a familiar kind of objection to utilitarianism

A concern about using well-being as the fundamental metric of evaluation

- According to Prof. Singer, well-being = life satisfaction
- For variety of reasons, there are substantial differences in life satisfaction between (even healthy) people
  - E.g. ethnic minorities in US tend to be less satisfied with their lives than white Americans (Mitchell & Ailshire, 2015)
- I.e. risk that costs & benefits to certain people (in terms of life-years gained/lost) might be unfairly discounted