DUTIES TO OLD AND YOUNG: IS ASYMMETRY IN THE ALLOCATION OF HEALTHCARE ETHICALLY JUSTIFIED?

UK Arts & Humanities Research Council Workshop on Ageing Hong Kong, November 9–10, 2015

Nancy S. Jecker, Ph.D. Professor, Department of Bioethics & Humanities University of Washington, School of Medicine nsjecker@uw.edu



3 Questions

When allocating scarce hc resources:

Does chronological age matter?

Does future life expectancy matter?

Does the type of health care we are distributing change the answer we give?

3 Tradeoff Scenarios

 Advise a community on how to allocate its limited health care resources

12 pts to distribute among 20 members

10 members are old & 10 are young

Tradeoff 1: Allocating Preventive Care



Tradeoff 2: Allocating Lifesaving Care



Tradeoff 3: Allocating Lifesaving vs QL–Enhancing Care

| | Young | Old |
|-----------------------------|--|---|
| Will Remain Alive | * * * * * * * | ★ ★ ★ ★ |
| Will Die | Image: Arrow of the system | Image: Additional systemImage: Additional sy |
| Will Maintain QL | ★ ★ ★ ★ ★ | ★ ★ ★ ★ |
| Will Have Lower QL | Image: Apple state Image: Apple state Image: Apple state Image: Apple state <td>Image: Additional systemImage: Additional syste</td> | Image: Additional systemImage: Additional syste |

Tradeoff 1: Allocating Preventive Care



- 4 Choices:
 - Equal Health: 3 old & 1 young
 - Equal Shares: 2 old & 2 young
 - Priority to the Young: 0 old & 4 young
 - Priority to the Old: 4 old & 0 young

Equal Shares



- <u>Consequentialist Arguments</u>: Badness of pain for people of all ages
- 2. <u>Deontological Arguments</u>: Equal worth & dignity of people of all ages

3. Equal Shares Over Equal Health

• <u>Time Slice</u>: Requires Equal Shares

Whole Life: Allows Unequal Shares

<u>Problem w/ Whole Life</u>: Unequal treatment does not equalize over time for everyone

4. <u>Reply to Asymmetry Arguments</u>:

<u>Argument</u>: Health might be considered an achievement for which adults are partly responsible but children are not

<u>*Reply:*</u> In tradeoff-1, the power to prevent disease rests solely w/ the person allocating points

5. <u>Reply to Asymmetry Arguments</u>: <u>Argument:</u> It's sad, but acceptable, when an older person becomes sick from natural causes

<u>*Reply:*</u> It does not follow that it is sad, but acceptable, when an older person becomes sick as a result of being denied preventive treatment

6. <u>Reply to Asymmetry Arguments</u>: <u>Argument:</u> Saving the old from one disease just means they will get another

<u>*Reply:*</u> In wealthy nations, preventive care to the young may go to very sick children at high risk of becoming sick

Equal Shares



Tradeoff 2: Allocating Lifesaving Care



- 4 Choices:
 - Equal Survivors: 3 old & 1 young
 - Equal Shares: 2 old & 2 young
 - Priority to the Young: 0 old & 4 young
 - Priority to the Old: 4 old & 0 young

Tradeoff 2: Allocating Lifesaving Care



• Equal Shares:

1. <u>Reply to Asymmetry Arguments</u>:

<u>Argument</u>: People are entitled to a fair share & the young have not had a fair share

<u>Replies:</u>

- If we are entitled to a fair share of *life*, society has a duty to give us a fair share...
- If we are entitled to a fair share of lifesaving resources, this should depend on resources used, not years lived...

• Equal Shares:

2. <u>Reply to Asymmetry Arguments</u>:

<u>Argument</u>: Saving the young maximizes utility since they have more happy, productive years ahead to live

<u>Replies:</u>

- The worth of persons does not depend on their happiness
- Even if happiness matters in extreme cases, utilitarians cannot consistently apply QL only in extreme cases

Equal Shares



Tradeoff 3: Allocating Lifesaving vs QL–Enhancing Care

| | Young | Old |
|-----------------------------|--|---|
| Will Remain Alive | ↑ ↑ ↑ ↑ ↑ ↑ | ★ ★ ★ ★ |
| Will Die | Image: Arrow of the second | Image: Additional systemImage: Additional sy |
| Will Improve QL | * * * * * * * | ★ ★ ★ ★ |
| Will Have Lower QL | Image: Apple System Image: Apple | Image: Additional systemImage: Additional syste |

Hybrid Approach

Symmetry: Equal shares

Asymmetry: Different treatments

Tradeoff 3: Allocating Lifesaving vs QL–Enhancing Care

| | Young | Old |
|-----------------------------|--|--|
| Will Remain Alive | * * * * * * | ★ ★ ★ |
| Will Die | Image: Apple Sector Image: Apple Sector Imag | Image: Additional systemImage: Additional sy |
| Will Maintain QL | ★ ★ ★ ★ ★ | * * * * |
| Will Have Lower QL | Image: Spts 3pts 3pts | Image: Spits 3pts 3pts 3pts Image: Spits 3pts 3pts 3pts 3pts 3pts 3pts 3pts 3p |

Arguments for the hybrid view:

1. <u>Argument for equal shares (given</u> <u>previously)</u>

Arguments for the hybrid view:

- 2. Argument for prioriotizing different types of health care for young & old
- Younger Person: Living out the stages of life is a goal that has not been accomplished
- Older Person: Living out the stages of life is a goal that has been accomplished

Tradeoff 3: Allocating Lifesaving vs QL–Enhancing Care

| | Young | Old |
|-----------------------------|--|--|
| Will Remain Alive | * * * * * * | ★ ★ ★ |
| Will Die | Image: Apple Sector Image: Apple Sector Imag | Image: Additional systemImage: Additional sy |
| Will Maintain QL | ★ ★ ★ ★ ★ | * * * * |
| Will Have Lower QL | Image: Spts 3pts 3pts | Image: Spits 3pts 3pts 3pts Image: Spits 3pts 3pts 3pts 3pts 3pts 3pts 3pts 3p |

Age vs Life Expectancy

Outliers may reason differently

- A young person w/ a short life expectancy may prefer QL-enhancing treatment
- An old person w/ a long life expectancy may prefer life-extending treatment



Conclusions

- Asymmetry is not justified when allocating preventive care btwn old & young
- Asymmetry is not justified when when allocating lifesaving care btwn old & young
- Asymmetry is justified when choosing btwn lifesaving v. QL-enhancing care for young & old