

We've now seen four different approaches to the ethics of allocating scarce healthcare resources. No matter which of these approaches we use, we need some methods for quantifying the benefits, so we can make comparisons of alternative allocations. To do that, sometimes we use what's called a Quality of Well-Being Scale.

Imagine a scale where we first think of a patient who's terribly ill, so ill that it's thought of as the equivalent of being dead. And we could assign a score of zero to that condition. At the other extreme would be someone who has a normal health, and we could assign a score of 100 to that condition. And then we could ask people to rank various diseases and medical problems along this scale from zero up to 100.

In that fashion, we could quantify the amount of benefit that is expected from a therapeutic intervention. Now, to see the effect of the different approaches to doing the health care allocation, let's try a hypothetical exercise. Once again, imagine you're the administrator of a hospital. And you've worked out your budget for the year, of course, you couldn't provide every department in the hospital with everything that they would want. But you worked out what you thought was an appropriate budget.

Then, as luck would have it, a philanthropist offers the hospital a \$1 million gift. Now imagine that every department submits a proposal. And some have been eliminated. And we're down to the final two choices for spending the \$1 million. To keep things simple, assume that in each of the two departments, there are the same number of patients who could be benefited, and each has proposed buying an expensive machine that would help their group of patients. So, you can't split the \$1 million between the two departments. It doesn't do any good to buy half a machine.

Now, imagine that in the first department, the patients are very ill. On the scale from zero to 100, they are at 20 in terms of their Quality of Well-Being. The machine, if purchased, would raise the average patient from 20 up to the level of 40.

Meanwhile, the second department also proposes to buy a machine. Their patients are better off. They start out at 60, and the machine will raise their patients, on average, from 60 up to 90 on the Quality of Well-Being Scale. The question I ask you is, which department ought to get the money?

Some of you will pick the first department. If you do, I suggest you're using a principle of justice. You're

looking at the fact that that department's patients are worse off, and they would be benefited by that expenditure. On the other hand, if you pick the second department, I suggest you're using utilitarianism reasoning. You say to yourself, look at the amount of benefit that is involved. The second department would produce much more benefit, 30 units on the scale compared to 20. So if our job is to do as much good as possible, we ought to spend the money on the second department.

One final point: I have asked this question about the two departments to many of my students over the years. And it makes a big difference what the majors are of the students, what their professional orientation is. When I ask the question of my medical students, they overwhelmingly pick the second department. They reason in utilitarian terms. But if I ask philosophy students, or seminary students, or law students, they tend to pick the first department. They reason in terms of the principle of justice.

So we have the intriguing problem that the principal for distribution that you pick determines how the money will be spent. And your professional orientation determines the principle that you are likely to choose. In the next segment, we're going to apply these questions to the very important question of allocating organs for transplant.