

# Ethics Dispatch

*“The object of philosophy is the logical clarification of thoughts. Philosophy is not a theory but an activity.”*

– Ludwig Wittgenstein

## Hot Topic

### Vaccine Line Skipping: A Matter of Fairness

As a people, nation and society continuing to struggle and adapt to the COVID-19 pandemic, we are forced to address some of the more challenging ethical questions. Many of these questions, which involve allocation and prioritization, have moved into the realm of public health ethics. In the early days of the pandemic, there were questions about how to allocate scarce resources (especially ventilators) if a surge situation required implementing Crisis Standards of Care. And then with the development of Covid-19 vaccines, questions regarding equitable allocation became important, including the prioritization of specific populations. As vaccines started to be delivered, we saw the rise of a related ethics issue: vaccine line skipping.

The disruption model for allocation as used in Kansas grouped individuals in five phases, each with a specific population. These included (not a complete list):

1. Healthcare workers, residents in long-term care, critical workers
2. Persons 65+, high-contact critical workers
3. Persons 16-64 with severe medical risks, other critical workers
4. Persons 16-64 with other medical risks
5. Rest of population 16+, children (following sufficient testing to determine safety and risk).

While many viewed this prioritization to be the most *fair* and *just*, questions remain about whether it actually has been the most fair possible. One aim of this disruption model was to properly provide higher risk individuals and essential healthcare workers with first access to the vaccine. But there are challenges to this approach, in particular whether it adequately addresses the needs of the vulnerable populations that have been more negatively impacted by the virus. As [Tolchin, Hull, & Kraschel \(2021\)](#) state:

*Familiar social determinants of health cause worse pre-infection baseline health and higher risk of infection and fatality for these vulnerable groups than for more privileged individuals. This unjust starting point poses important ethical quandaries in developing a fair triage system to distribute scarce life-saving medical resources in a way that will maximize lives saved without perpetuating systemic disparities.*

### Deontology vs. Utilitarianism

Fundamentally, this distribution model -- and realistically any and all distribution models -- shows a limitation of public health ethics; when you move from medical ethics to public health ethics, you tend to move from deontological ethics to utilitarianism ethics. This is typical:

*Most triage protocols are ‘utilitarian’ in that they seek to maximise lives saved during a public health emergency by allocating life-saving resources to those most likely to benefit. For example, the Yale New Haven Health System triage protocol we developed directs critical care resources*

*preferentially to those who: (1) require critical care support to survive, and (2) are most likely to survive to hospital discharge and for 1 year following discharge. [Tolchin, Hull, & Kraschel \(2021\)](#).*

Utilitarianism models tend to be seen as fair for the larger population but can at times be viewed as unfair to the individual. This highlights a major question of ethics: **Whose good is the ultimate good?** For a system to be perfectly utilitarian, sometimes the individual might have to suffer. Take for example a person wanting to celebrate his birthday and choosing a dinner location for a group of friends. The birthday person wants to eat at a Mexican restaurant and knows that most in the group would rather eat at a Chinese restaurant, but that everyone would be happy with a Thai restaurant. Essentially arguing that to do best for the larger group, individuals sometimes have to make sacrifices to their own interest.

Take this in comparison to individuals who found ways to access a COVID vaccine before it was their turn relative to the prioritization schedules for their state. Per investigative reports widely distributed and our own anecdotal evidence, some individuals lied, or at least manipulated the truth, so as to “jump the line” and receive vaccine early. As reported in *The New York Times* on March 27:

*The generous phrase ‘including but not limited to’ when one is asked to verify an ‘underlying condition as defined by the New York Department of Health’ on the [state’s comorbidities information sheet](#) has been, for some, an open invitation to invoke a mild circulatory or mental ailment — a “fauxmorbidity” — to justify an early shot.” (Bernstein)*

While it is important and beneficial to all for everyone to eventually receive a vaccine, this was likely not the intention behind the actions of some individuals. Line-jumping means that vaccines intended for essential workers, vulnerable populations, and those most impacted by the virus would not receive vaccines allocated for them, or not in a timely fashion ([Sangha](#)). As the L.A. Times reports:

*Three separate access codes intended for vulnerable populations in Los Angeles strayed far from their intended recipients, making their way into more affluent professional and social networks. . . . Those circulating the codes did not seem to be aware that they were intended for hard-hit communities. In several cases, people thought they had stumbled upon a pilot program that was open to all. [\(Wick\)](#).*

## Fair for Whom?

COVID-19 and the resulting pandemic has instilled nervousness, fear and concern throughout the global community. And while we can be hopeful for some alleviation with the now wide-scale deployment of vaccines in the United States and some other nations, it is important to remember that we are a global community. As of this writing, most of the world’s population still has no access to potentially life-saving COVID vaccine. It is also important to distinguish between what is best for the individual and what is best for the community and greater good. Right now and for months, possibly years to come, the vaccine exists globally as an insufficient resource. As demonstrated throughout the pandemic, when resources are scarce, we tend to move to a utilitarianism approach over an individualistic and deontological approach. Obviously this is not the ideal. Tolchin, Hull, & Kraschel state:

*The optimal course of action is to maintain sufficient resources to provide quality care to everyone who needs it, and particularly to marginalised populations. . . . To avert the need to ration medical resources in future waves, governments and healthcare systems should coordinate increased supply of ventilators, ICU facilities and personal protective equipment, and accelerate research on antiviral medications, vaccines, ventilator multiplexors and other technologies. [\(p. 201\)](#)*

Until the point when all persons have access to COVID vaccination, it should be understood that a vaccine for someone is a vaccine not for someone else. And while a utilitarian model for vaccine distribution may seem unfair for some individuals, it is in general deemed fair for the larger population and the greater good.

## Bioethics in the News

[Coronavirus: Mandatory vaccinations? Bioethics experts say no, not yet](#)

[How Dolly Parton — and ‘line cutters’ — can help defeat COVID vaccine hesitancy](#)

[Why Impractical Things Like Philosophy Are Actually Quite Useful](#)

[Scam alert: FBI warns about fake COVID-19 vaccination cards sold online](#)

[US experts tackle ethical dilemmas posed by the vaccine rollout](#)

[VERIFY: No, vaccine passports do not violate HIPAA laws](#)

## Case Study

Mrs. Johnson is a 33-year-old female, who relatively speaking, is a healthy individual. She does have level 1 asthma, which is well managed and has not had an incident or attack in recent memory. Due to the Covid-19 pandemic, she has been “work from home” for the past year, with no excessive diminishing of her quality of life. She is not married and does not have any children, but she does have family that she has not been comfortable visiting until she is vaccinated. This is frustrating because her father is turning 70 soon and she would very much like to visit to celebrate. Due to her status and health, she does not currently qualify for vaccination. She has been told by friends that she could register, and all she had to do is state that her asthma is more severe than it currently is understood. Her friend says that it would not be lying, only a “little over exaggeration”, but that it is okay because she would then be vaccinated, able to visit her family, and plus, it is only jumping ahead a few weeks. Soon the vaccine will be available for everyone, so what is the harm in jumping a little her and that she should do it so she can visit her father on his birthday. Mrs. Johnson is conflicted.

## Ethical Musings

### Whose Happiness Matters?

In normative ethics, there are many ethics systems that attempt to answer the question: What ought I do? Virtue ethics argues you should do the virtuous action, deontology says you should do your duty, and utilitarianism says you should do what will produce the best result for the most people. What each of these three systems acknowledges is the existence of other people, and how living together in a society sometimes requires limits or direct action that benefit others as well as oneself. Each system answers the question of “ought” or “ought not” in its own way, either through direct benefits (utilitarianism) or by focusing on duties (deontology).

A somewhat unique system is Ethical Egoism, which claims that “what each person *ought* to do is always to seek his [or her] own greatest good. The reason for this, presumably, is that only his [or her] own good is worth seeking for its own sake” ([Baylis, p. 164](#)). A question that derives from this perspective is: Is this a sustainable or sound viewpoint?

### The Repugnant Conclusion

Ethical Egoism may seem like a perfectly fine individualistic model so long as one focuses on the individual without reference to the good of others. The argument is not that happiness is good but that an individual’s experience of happiness is good. This is not a typical human understanding of happiness. For the most part, happiness is deemed

to be a good in its own right, and the promotion of happiness, no matter who experiences it, is seen as the ethically fitting action one ought to take.

This is a fundamental aspect of utilitarianism -- the promotion of the most good for the most people. It does not matter who is experiencing the happiness so long as there is as much happiness as possible experienced by someone. However, a problem with this argument is that it has led to what is deemed the Repugnant Conclusion. This was originally posited by Henry Sidgwick, who claimed: "The point up to which, on utilitarian principles, population ought to be encouraged to increase, is not that at which the average happiness is the greatest possible—as appears to be often assumed by political economists of the school of Malthus—but that at which the happiness reaches its maximum" ([Sidgwick](#)).

What the Repugnant Conclusion states is if the goodness of a society is measured by the amount of happiness within that society, then there is no difference morally between scenario A, where a society has a few people living fantastic lives and many living bad lives, and scenario B, where a society has everyone living moderate to happy lives. Philosophers such as Parfit attempt to consider alternatives that will not lead to this conclusion, but Parfit admits that they are incomplete ([Reasons and Persons](#)).

### Happiness is Good and Everyone's Happiness Matters

The challenge with both of these perspectives—Ethical Egoism and Utilitarianism—is in the nature of *goodness* and *happiness*. Happiness is in itself an intrinsic good. Is it not? It is not good because it can be used for some other reason or leads to something better; happiness is good simply within its own nature and definition. Thus, the promotion and pursuit of happiness is good as well. And critically, what is good is not just the promotion of happiness for a specific individual but rather for anyone if not necessarily everyone.

The experience of happiness by person X is of the same moral quality and value as the happiness experienced by person Y. This argument renders Ethical Egoism as unsound, for as Baylis states, "What makes happiness worthy of being sought is not the fact that it is X's happiness or Y's happiness or your happiness or my happiness but something about happiness itself which makes its pursuit worthwhile. Happiness is worthy of pursuit no matter whose happiness it is. Therefore, anyone who maintains that only his happiness is worthy of pursuit is holding a mistaken view" (p. 165).

It would seem then that two premises will be especially important for maintaining our common values of harmony and human dignity:

1. Happiness is an intrinsic good, and
2. Happiness experienced by one is of the same value as happiness experienced by another.