

# Ethics Dispatch

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

- Ludwig Wittgenstein

## Prioritarianism: An Ethical Approach to Scarce Resources

One might interpret Justice as the ethical distribution of resources. Given this, how should resources be distributed across the care continuum? What aspects of patient care should take financial priority? How do we promote access to medical resources on the one hand, while maintaining quality and affordability on the other? These questions become even more complicated with regard to scarce resources. Typically, healthcare professionals appeal to disaster ethics or transplant ethics for help in addressing allocation issues, but it's unclear that those ethical frameworks will suffice for justly resolving all situations of medical scarcity.

### Tocilizumab for COVID

These ethical issues are evidenced in the current shortage of medications and therapeutics like [Tocilizumab](#) (Actemra). Before discussing this, however, it should be noted that the efficacy and effectiveness of Tocilizumab as a monoclonal antibody is still [under investigation](#).

According to Verma et al. (2021), Tocilizumab is “used to treat a variety of refractory rheumatologic conditions as well as cytokine release syndrome, a common and potentially life-threatening complication of chimeric antigen receptor T-cell therapy.” Two large clinical trials showed that Tocilizumab is:

*“an effective treatment for patients admitted to hospital with COVID-19. In the Randomized, Embedded, Multifactorial Adaptive Platform Trial for Community-Acquired Pneumonia (REMAP-CAP), treatment using Tocilizumab in patients who were critically ill reduced 21-day mortality (number needed to treat [NNT] = 12). In the Randomised Evaluation of COVID-19 Therapy (RECOVERY) trial (results not yet peer reviewed), treatment in patients who required oxygen therapy and had C-reactive protein levels of 75 mg/L or more reduced 28-day mortality (NNT = 27). Expert bodies have recommended that Tocilizumab be added to the standard of care for COVID-19.11.” (Verma et al., 2021)*

This is also now stated by the drug's manufacturer: "In addition to being used primarily to treat certain types of rheumatoid and juvenile arthritis, Tocilizumab (Actemra, Genentech/Roche) serves as treatment for COVID-19-related cytokine release syndrome, which has made it difficult for some providers to obtain doses."

## Weighted Lotteries for Drug Shortages

These limited trials show benefits, while leaving open questions regarding distribution. Right now, Tocilizumab is a scarce resource, with shortages expected to surge in the foreseeable future. Though patients are receiving this medical treatment, the question of *which* patients *should* receive this scarce resource is of ethical significance. Health systems are actively attempting to address it. For example, some hospitals are adopting "an existing provincial framework for resource allocation during drug shortages. This approach is consistent with international frameworks and is based on seven guiding ethical principles (beneficence, equity, reciprocity, solidarity, stewardship, trust and utility) and outlines three stages for resource allocation across the health system" (Verma et al.).

These stages are as follows:

**Stage 1:** Maximize supply and sharing to maintain the standard of care

**Stage 2:** Allocate treatments to maximize therapeutic benefits

**Stage 3:** Ensure fair access to drugs in short supply

(Ethical framework for drug shortages that occur during the COVID-19 pandemic in Ontario)

## Open Questions

In these discussions, the idea is that some patients should take priority over other patients. Pennsylvania, for example, endorsed a policy that would use a weighted lottery for scarce hospital medications to prioritize essential workers and people from disadvantaged areas. The Ontario COVID-19 Science Advisory Table has also recommended that in Stage 3, "because of the absolute scarcity, it is defensible not to offer Tocilizumab to COVID-19 patients who almost certainly will not benefit. This should be based on consensus among those involved in assessing eligibility for Tocilizumab allocation" (Verma et al.).

While the framework above shows promise, it fails to directly address many ethical concerns. Specifically, the framework states that implementation should be determined by a fair allocation procedure, but this assumes that the health system has a fair allocation procedure in place. In short, this recommendation begs the question. Additionally, it is unclear who is most deserving in a weighted lottery. What are the weights? How should priority be given to the least well-off? Should patients who would receive this medication

for rheumatoid arthritis, giant cell arteritis, or juvenile idiopathic arthritis sacrifice their access to this medication for a potentially more critically ill patient with COVID-19?

Healthcare workers are currently facing these ethics questions due to the scarcity of Tocilizumab, but the questions are not limited to Tocilizumab. They are relevant when considering *all* scarce resources. There's a prevailing assumption that medicine and staff will be available to those who need it, but COVID-19 has demonstrated that all resources (including staff) can quickly become depleted. This further highlights the importance of having a strong ethical foundation incorporated into all aspects of patient care, care delivery, and administration so that ethics principles are upheld in times of crisis and moral dilemma.

### The Prioritarian Alternative

The tradition of [Prioritarianism](#) may lend some insight on how to think about, and potentially address, problems related to the just allocation of scarce resources. Prioritarianism is the idea that an action (or policy) is morally right if it prioritizes the least well-off in terms of overall well-being. To illustrate the theory, consider the following scenario.

*Tammy and Michael are in the lunch line at school, and they're both very hungry. However, there's a shortage of food in the cafeteria, with only one plate of food available. Tammy comes from a well-to-do family. Her mornings consist of a healthy breakfast, and her parents pack snacks in her backpack, just in case she gets hungry. This isn't the case for Michael, who comes from a low-income household. Due to a lack of financial security, his home meals do not meet the nutritional value required for a young teen. Michael looks forward to his lunch served in the cafeteria because it provides him with the energy to go about his daily activities. The meal is also far more nutritious than anything he would get at home. Herein lies the issue. Both Tammy and Michael are hungry, but there is only one lunch platter. Who should get the platter?*

Prioritarianism yields a clear answer in this scenario. From a Prioritarian lens, it is morally right for Michael to get the lunch platter. This isn't necessarily because it would mean *more* for Michael than it would mean for Tammy, but rather because it prioritizes Michael, the person who is least well-off in this situation. Michael is physically malnourished and, as a result, barely able to fulfill his daily activities. Tammy, on the other hand, is well-nourished and fully able to meet her school demands. In short, Michael's quality-of-life (in terms of his overall well-being) is far lower than that of Tammy's and the lunch benefits him more.

Prioritarianism yields a clear answer when thinking about who should receive Tocilizumab. If two hospitalized individuals need the medication, and resources are limited, the person suffering the most from COVID-19 should receive Tocilizumab. This is because, according to Prioritarianism, an act is morally right if it prioritizes the least well-off, and, presumably, people suffering from severe illness because of COVID-19 are the least well off.

This theory offers a useful framework for thinking about the just allocation of resources; however, just like any theory, it's not without its problems. For example, this theory doesn't spell out what it means for one COVID-19 patient to be worse off than another patient. In the case of Tammy and Michael, it's clear that Michael is worse-off, as evidenced by his malnourishment and nutritional patterns. In the case of any particular situation of COVID-19 patients, however, the answer may be less clear. Prioritarian insights may at the very least help us navigate issues regarding the allocation of scarce resources.

## Bioethics in the News

- [Physicians On COVID Crisis Standards In Idaho And Elsewhere: 'Enormous Amount Of Anger'](#)
- [Vaccine passports are a 'huge ethical minefield,' says bioethicist](#)
- [Bioethicist says vaccine is an obligation for health-care workers, but union worries it might compel some to quit](#)
- [Are Boosters a Bioethical Bust?](#)
- [Biden mandates vaccination of 100 million American workers](#)
- [Religious exemptions to vaccine mandates could test 'sincerely held beliefs'](#)

## Case Study

Mr. Jones is a 55-year-old, suffering from multiple medical issues including COVID-19. Mr. Jones is being treated in the ICU and is intubated. He had refused to get a vaccine for COVID-19, believing that he was healthy enough to “handle the flu.” This wasn't the case, as Mr. Jones became severely ill and thus had to be intubated. The medical team is not optimistic about getting him off the ventilator any time soon, or ever. The hospital is over-utilized, with every bed in the ICU and every vent in use.

After seven days of Mr. Jones being on the ventilator, Mr. Andrews is also hospitalized. He is vaccinated but is experiencing a serious breakthrough case. It is likely that he will need ventilator support, but the expectation is that it wouldn't be for very long. If the medical team appeals to hospital policy, Mr. Andrews would have to wait until a ventilator is available or wait until another patient declines their on-going, aggressive ventilator support.

If Mr. Andrews does not receive ventilator support soon, he will likely decline and pass away. Mr. Jones had hinted to medical staff that he did not want to be a “vegetable” forever. The medical team are considering asking Mr. Jones or his family about

willingness to sacrifice his ventilator for Mr. Andrews. The team is asking the medical ethics team for support and guidance.

## Ethical Musings: When Can Implies Ought

Few thought experiments are more famous than “the trolley problem.” Since its formulation by Philippa Foot in 1967, it has quickly become recognized both inside and outside of philosophy, entering the public consciousness. To better understand our collective moral obligations during the COVID-19 pandemic, it’s worth revisiting her thought experiment.

### The Trolley Problem

A trolley car is currently out of control and cannot stop. The brakes do not appear to be working, and it is barreling down the track. Five people are in the path of the trolley, and if the trolley continues its path, they will be run over and killed. Now, imagine that you are the conductor and, having exhausted every conceivable option, have yet to gain control of the runaway trolley. You pause for a moment and notice a track switch that, when turned on, will redirect the trolley. However, if you turn on the switch, the trolley will be redirected towards a person on the track, thus killing that person. What is the ethically sound thing to do? Should you “let” the trolley continue its path, in which case five people will die? Or should you intentionally flick the switch, thus killing the one person.

Though many proposals have been offered to address the trolley problem, it’s possible there is no “right” answer to the thought experiment. Whether one thinks the problem is tractable, the case itself is thought provoking. If you flip the switch, your action directly causes the death of a person. If you do not hit the switch, five people will die without your having acted at all.

Consider another version of the trolley problem. A runaway trolley with five people is out of control. The trolley is barreling towards a cliff, and the five people on the trolley will die unless it is stopped. However, you are standing outside of the trolley and, having exhausted every available option, you realize that you can save the five people by pushing the person next to you onto the tracks. That person will surely die, but you will save the five people on the trolley who will die if you do nothing. What is the right thing to do?

### What About Self-Sacrifice?

This is arguably the most popular conceptualization of the trolley problem and also a clear demarcation between deontological and consequentialist intuitions. To anyone who has ever taught the trolley problem in class, it is almost inevitable for someone to say that the “right” answer is that you jump onto the tracks yourself, thereby sacrificing your own life instead of pushing the other person. Though students are quickly reminded that this is

not the point of the thought experiment, this nevertheless poses an interesting set of ethical questions. Why is self-sacrifice ethically permissible? Do you have an obligation to self-sacrifice? The conclusion that self-sacrifice is morally permissible is supported by empirical research from Sachdeva et al. (2015) who proposed different scenarios to see how participants would respond to self-sacrifice and found the following:

*"The results from the studies presented here have three main implications. The first one is an empirical demonstration that in moral dilemmas involving direct harm, sacrificing another person is considered less appropriate than sacrificing the self. This result was observed across three experiments and among different cultural groups." (p.8).*

But while self-sacrifice might be deemed the more honorable empirically, does that imply that we have a moral obligation to self-sacrifice? There is a well-known clause in normative ethics, namely, that "ought implies can." This statement, roughly, means that if you are morally obligated to do something, like save money for your child's college fund, then you *are capable of saving money for your child's college fund*. But, what if we invert the clause? Does can imply ought? This is explored by Stephanie Collins in "When Does Can Imply Ought," an essay which, according to Ackeren and Archer:

*"investigates an intuitively plausible moral principle that she calls 'The Assistance Principle'. According to this principle, if we can fulfill important interests, at a relatively low moral cost, then we have a moral duty to do so. Collins investigates how the concept of sacrifice should inform our understanding and implementation of this principle. She argues that we need to accept a tripartite conception of sacrifice that includes agent-relative, recipient-relative, and ideal-relative sacrifice in interpreting and applying the assistance principle." (Ackeren and Archer, p. 304).*

Of course, sacrificing one's own life is not "a relatively low moral cost," but this line of argument does support the idea of the obligation of sacrificing.

## **Moral Obligation to Sacrifice**

The concept of sacrifice is particularly pressing with situations regarding scarce resources, over-hospitalization, and crisis standards of care. Should resources that would normally go to one population group go to a different group because of shortages? Should that one group be asked to make the sacrifice? Does that group have the obligation to make the sacrifice?

In these challenging times, many of us are being asked to make sacrifices for others. However, many do not want, or feel, obligated to continue making those sacrifices. Specifically, many do not feel morally obligated to receive a vaccine, or to wear masks, or to enact social distancing. Some have gone so far as to argue that we should just let things play out and continue our lives. It is likely that many such persons are good, even self-sacrificial, but have trusted the wrong sources for information about this pandemic. Others appear to be both misinformed and selfish. Those of that sort likely would not jump

on the tracks to stop the trolley. In fact, they may either push another person onto the tracks (because the death of one is better than five), or walk away from the situation entirely believing it is not their problem or duty to do anything. But if “can implies ought”, all of us have a moral obligation to wear masks, socially distance, and receive the vaccine because we *can* wear masks, socially distance, and receive the vaccine.