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Priority to the Worse Off in the Allocation of Health Care

Cost-effectiveness

1. Health and well-being.
2. Examples and epistemology.
3. Injustice:

	<i>Group 1 (10 people)</i>	<i>Group 2 (200 people)</i>
<i>Status Quo</i>	5	90
<i>Drug A</i>	50	90
<i>Drug B</i>	5	92.5

Total utility gains: Drug A: $10 \times 45 = 450$
 Drug B: $200 \times 2.5 = 500$

Egalitarianism

- 1.

	<i>Group 1 (10 people)</i>	<i>Group 2 (200 people)</i>
<i>Status Quo</i>	5	90
<i>Drug A</i>	50	90
<i>Drug B</i>	5	92.5
<i>Wastage</i>	3	3

2. *The Slogan:* One situation *cannot* be worse (or better) than another *in any respect* if there is *no one* for whom it is worse (or better) *in any respect*.
3. The source of intuitions about fairness and equality.

Prioritarianism

1. *The Priority view:* Benefiting people matters more the worse off these people are.
2. *The Absolute Priority view:* When benefiting others, the worst off individual (or individuals) is (or are) to be given absolute priority over the better off.
- 3.

	<i>WP</i>	<i>Group 1 (1000 people)</i>	<i>Group 2 (1000 people)</i>
<i>Status Quo</i>	8.9	9.1	100
<i>Absolute Priority</i>	9	9.1	100
<i>Expanded Concern</i>	8.9	100	100

4. *The Weighted Priority view:* Benefiting people matters more the worse off those people are, the more of those people there are, and the greater the benefits in question.
- 5.

Improvement in level	Weight	Overall value
1-->2	100	100
2-->3	99	99
3-->4	98	98
.....		
98-->99	3	3
99-->100	2	2
100-->101	1	1

P (has 1, gets 1): 100
 Q (has 2, gets 2): $99 + 98 = 197$
 R (has 98, gets 3): $3 + 2 + 1 = 6$
 P + P' (have 1 each, get one each): $100 + 100 = 200$

6.

	<i>Poor (10 people)</i>	<i>Rich (15,000 people)</i>
<i>Status Quo</i>	1	98
<i>Pain-relief</i>	51	98
<i>Chocolates</i>	1	99

The value of increasing the level of the poor in this outcome is:

$$(100 + 99 + 98 + 97 \dots + 53 + 52 + 51 = 3775) \times 10 = 37,750$$

The value of giving a chocolate (a really *good* chocolate!) to the rich is:

$$3 \times 15,000 = 45,000$$

7. *The Number-Weighted Priority view*: Benefiting people matters more the worse off those people are, the more of those people there are, and the larger the benefits in question. But the number of beneficiaries matters less the better off they are.

8. The Beverly Hills case:

	<i>10 Rich</i>	<i>10,000 Super-Rich</i>
<i>Status Quo</i>	80	90
<i>Lafite 1982</i>	82	90
<i>Latour 1982</i>	80	92

Sufficientarianism

1. The compassionate impartial spectator.

2. *The Compassion Principle*: Absolute priority is to be given to benefits to those below the threshold at which compassion enters. Below the threshold, benefiting people matters more the worse off those people are, the more of those people there are, and the greater the size of the benefit in question. Above the threshold, or in cases concerning only trivial benefits below the threshold, no priority is to be given.

3. Needs?

4.

	<i>Patient 1</i>	<i>Patient 2</i>
<i>Status Quo</i>	5	90
<i>Drug A</i>	10	90
<i>Drug B</i>	5	95

5. Parochialism?

6.

	<i>Patient 1</i>	<i>Patient 2</i>
<i>Status Quo</i>	55	60
<i>Drug A</i>	65	70

7.

	<i>Patient 1</i>	<i>Patient 2</i>
<i>Status Quo</i>	40	45
<i>Drug A</i>	50	65

8.

	<i>Patient 1</i>	<i>Patients 2-1</i>
<i>Status Quo</i>	40	50
<i>Drug A</i>	55	60

9.

	<i>WP</i>	<i>Group 1</i>
<i>Status Quo</i>	22	26
<i>Below</i>	24	26
<i>Above</i>	22	100

10. Suffientarianism and contractualism.

11. Four general practical principles:

- Give absolute priority to those under the threshold at which compassion (impartially understood) gives out to those above.
- Choose treatments which are as effective as possible at boosting well-being.
- Target the worst off in particular, especially in lifesaving treatments for young patients who are likely to go on to lead a full and healthy life.
- Minimize costs.

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April 2009