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Overview Article

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THE FUTURE OF MORAL THEORIES: REFLECTING ON TORBJÖRN TÄNNSJÖ'S BOOK "SETTING HEALTH-CARE PRIORITIES"

Abstract: Torbjörn Tännsjö's monograph "Setting Health-Care Priorities" clearly demonstrates its position in finest details involving case studies. It seems to be an especially valuable assistance, not least for study purposes, for those who are interested in a comprehensive review of plausible moral theories and the practice of fair resource distribution in the field of healthcare.

The author's approach suggests engagement of the most applicable moral theories attempting to solve the important problem of sharing scarce and deficit resources in the healthcare. The book doesn't aim for developing a single correct and effective moral theory for fair resource sharing, it rather discusses reaching a consensus regarding distribution decisions based on thoroughly reviewed theories.

The appeal to Population Ethics in the present paper emphasizes the difference between patient-centered approach in the situation of limited medical resources and distribution of resources among the population in general. The book represents author's views towards the open problems in bioethics: prolongation of life of terminal patients; "right-to-die" (euthanasia); moral side of the assisted

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reproductive technologies; futile medical treatment; attitude towards abortion, etc.

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The necessity of reviewing the axiological foundations of medical theory and praxis is nowadays connected with the massive progress in science (particularly medicine) and with the awareness of limited accessibility for all population to qualitative healthcare.

Is it possible nowadays to talk about effective distribution of costs spent on healthcare? Has the problem of fair distribution of resources in this field been solved already anywhere in the world? Which principles and values should we be following while distributing scarce resources?

The above-mentioned questions have not appeared today, nonetheless they stay relevant and lead to increasing problems and dilemmas geometrically. Theoretical pursuits and thought experiments carried out by Torbjörn Tännsjö should contribute to the revealing of answers to the important practical questions in the field of healthcare, among which one of the most undefined and teasing is defining the healthcare priorities.

The topic of scarce resources, futile medical treatment and aggressive therapeutic methods has been the subject of numerous discussions in the field of bioethics³. In this context, Tännsjö's project has to give answers to the multiple questions asked regarding the future of moral theories, deontology and applied ethics in the field of healthcare. The materials of this book were processed by the author in the research project Priority Setting in Healthcare, furthermore this book is a logical extension of the early published works of the author⁴. However, Tännsjö's present book develops aspects that were not covered in his earlier books, focusing on the importance of perception of those

³ McMahan (2002), Jecker & Schneiderman (1992), Cookson & Dolan (2000)

⁴ Tännsjö (2008, 2010, 2015)

principles and theories that will build up a foundation for future distribution of resources.

The structure of this work was thought through in a way that the reader starts reflecting about ethical dilemmas in the field of healthcare from the first words; particularly into the case mentioned above, in the introduction, which encourages reflection of the importance of moral basis to making a decision regarding the peculiarities and the volume of scarce resources distribution in the field of healthcare.

Torbjörn Tännsjö has divided his book into two parts, that are logically connected with each other: the first part is devoted to the "ABSTRACT MORAL THEORY"; the second to – "WHAT ETHICAL THEORIES TELL US ABOUT HEALTH-CARE PRIORITIES IN REAL LIFE".

The main argumentation regarding implementation of certain theories (utilitarianism, theory of maximin/leximin, egalitarianism) expressed by Tännsjö consists in pursuing a certain "approbation" of moral theories, first, with the help of identification of the most problematic moments in these theories, and subsequently through special procedures described in Chapter 1.3 *Moral Epistemology*. As the author points out, some of the procedural aspects of implementing "the applied ethics turned upside down" that are used to identify acceptable and genuine moral theories required for distribution of scarce resources in the field of healthcare have already been described by him before⁵. The author recommends the readers to conduct such experiments with moral theories in order to make conclusions about the suitability or unsuitability of the theory under study based on moral intuition. According to Tännsjö, "we should not take our intuitions at face value. Before we treat their content as evidence, we should ascertain that we know as much as we can about their origin. We should submit them to what I have called cognitive psychotherapy"⁶

Having defined the utilitarianism, maximin/leximin theory and egalitarianism as the most widely held and most plausible theories, Torbjörn Tännsjö proceeds to a substantive examination of each of the

⁵ Tännsjö (2019): 2.

⁶ Tännsjö (2019): 3.

indicated theories in order to identify their limitations/problems. The author gets into his argument on applying utilitarianism in the distribution of scarce healthcare resources and identifying its problems by reflecting about distributive justice.

Which direction does his opinion flow in taking into account the wide spectrum of views on the state's abilities to effectively distribute resources in the field of healthcare? Various versions of British politician and philosopher John Locke's theory (Locke, 1690) on citizens' social contract is applicable here, owing to which they partially yield their rights in favour of protection, stability, ability to use shared resources; up to justification of inevitability and validity of "minimal state" as an implementation of distributive justice that was offered by American political philosopher Robert Nozick⁷.

The author points out that among various theories that deserve his attention, he has selected the three most plausible theories that he discusses and explains in the first part of the book. The search for a common denominator in matters of human rights and freedoms' compliance permeates all areas of modern society, including healthcare. Tännsjö states that, despite the ethnic, religious, sociocultural and moral differences of the various modern society's representatives, there is a need for a new understanding of tolerance and its limits, which can be implemented through the involvement of theories under consideration that come together to an overlapping consensus. Supporting American political philosopher John Rawls in the reasonable political conception of justice⁸, Tännsjö demonstrates how this concept can be implemented in the field of healthcare.

By using intuition as a methodological procedure of "applied ethics turned upside down", the author examines the imaginary worlds "A-world" and "Z-world". This thought experiment prompts the reader to think over: which one is better, the A-world of happy people, where citizens get sufficient financial support or the Z-world, in which where many people (many enough) have lives barely worth living⁹.

⁷ Nozick (1974)

⁸ Rawls (1987)

⁹ Tännsjö (2019): 73.

Most of us will say that the A-world is much better than the Z-world. However, according to the author, it is latter that we now live in. Perhaps, it is the "falls and rises" that make human life so beautiful? "Each day is like a day in my life, only that when we sum up the happiness experienced in such a life in its entirety, we reach an enormous sum"¹⁰. That is, every day when we make the choice to accept the world around us and every challenge as a new and positive experience – we make another step towards A-world. The description of this case was introduced by the author through an ethical dilemma – "Just think of the choice between high-tech medical interventions for a few rich people, or vaccination programmes and the like for the population at large in poor?"¹¹.

Thanks to the author, we have noticed that it is important not the number of people living now, but the total amount of happiness of the population. Thus, in our opinion, a number of empirical questions arise – How many people is enough? Is it too many or too few? How could overall happiness be measured? – and in this sense we are impressed by the author's general opinion on focusing not only on the present generations/now living humanity, but also on the future; namely, to set the focus on those moral consequences that our "actions" carry on. We focus not on ourselves but on other people¹².

Indeed, expecting crucial players to strictly stick to certain moral theories or principles and their consistent implementation into practice of scarce resource's distribution is highly likely to be futile, so, following Tännsjö's opinion, we can hope that his analysis of moral theories will allow to define more effective decision making procedures regarding the distribution taking into account given overlapping consensus.

In the second part on "WHAT ETHICAL THEORIES TELL US ABOUT HEALTH-CARE PRIORITIES IN REAL LIFE", the author brings theory/ethical concepts to a life consensus. These theories provide recommendations for the distribution of medical resources: from marginal life extension to attempts to establish and sustain mental health;

¹⁰ Tännsjö (2019) :74.

¹¹ Ibidem: 72.

¹² Parfit (1984)

from vaccination to environment's preservation; from euthanasia to creating positive A-world conditions. By applying the new research methodology in applied ethics to revise the most plausible ethical theories, Torbjörn Tännsjö focuses in the second part of his book on demonstrating how exactly given ethical theories could cope with real problems from the field of healthcare. The question is as follows: if theories point out to the direction in real life, then why look for their controversial consequences in thought experiments (even if experiments relate to health care)?

According to the author, we will not be able to understand ethical theories until we get acquainted with their consequences, even in areas distant from practice. That is why the second part of the book introduces the reader to the problematic consequences of the isolated circle of theories – *Ideal and Nonideal Theory; Triage in Situations of Mass Casualty; The Maximin/ Leximin Theory: In Real Life; Utilitarianism: In Real Life*, etc. Not the author's position as an appraiser of the practical situation is more important here, but there are very useful the examples of practical solutions of priority determination in real life healthcare.

The considerations outlined in Chapter 9 *Ideal and Nonideal Theory* on welfare distribution's experience and the effective basis for this procedure are summed up by the need to build a method for making actual calculations and to make decisions "...crucial decisions must be constructed and put in the hands of some relevant authority. Finally, the decisions made by this authority must become effective; the decisions reached by the authority must be implemented in real life"¹³. The point here is to create a narrow distribution scheme for scarce medical resources that would be suitable for the population in general in the face of steady increase of healthcare costs.

The author also urges to remember a very important aspect related to the implementation of moral theories into real life, namely, there are significant differences in prioritizing applied ethics in situations of separate patients that need medical care and in situations where bigger segments of population need medical assistance (epidemics, natural disasters, man-made disasters, etc.). Tännsjö agrees that it isn't enough to

¹³ Tännsjö (2019): 97.

talk about maximize expected happiness in such situations, the focus should be set on creating an efficient and effective algorithm for prioritizing while distributing scarce resources.

Based on the WHO report, the author speaks of a disproportion between the amount of finances spent on healthcare and actual "achievements" in medicine. He mentions: "It is the care of these patients that is costly, not attempts at curing them"¹⁴, emphasizing that recently, in all existing healthcare systems of the industrialized world, too much effort and taxpayers' money has been spent not on treatment in literal sense, but more and more often on the terminal patients' life extension (whilst the quality of life of these patients deserves a separate topic for discussion). Therefore, according to Tännsjö, there must be a change in the direction of resources.

Further, Tännsjö moves towards the analysis of triage in situations of mass casualty, using the already known method of considered intuitions, which can be used as a potentially false but in general trustworthy in our moral thinking. In Chapter 10.4. *Utilitarianism* the author deliberates on the use of the term "quality-adjusted life year expectancy" (QALY), stating that according to the utilitarian doctrine of maximizing the sum total of happiness in the universe in cases of mass casualty, we should still consider the indirect consequences and give priority to assisting young people or those with children.

Moving on to the discussion of an ideal theory that could be a clear and effective basis for the distribution of scarce resources, Tännsjö outlines its most important features. "this is the scheme that, given strict compliance, is recommended by the method of decision making associated with the basic normative theory under consideration"¹⁵. A key point that the author protects in the second part of the book is the importance of redirecting resources from the attempts of futilely extent life to better care and cure for patients suffering from mental illness. Further, Tännsjö refers to attested suicide as a possible alternative to futile life extension, noting that, from the point of applied ethics' view,

¹⁴ Ibidem: 96.

¹⁵ Ibidem: 99.

not everything is clear in this question¹⁶. The matter of the possibility and feasibility of euthanasia in situations of mass casualty remains open, as discussed by the author in Section 10.7 *Euthanasia in Situations of Mass Casualty*, where he gives examples of mass euthanasia in the face of hostilities and natural disasters. These situations require a certain courage, because one needs to make a decision that could take another person's life, but not everyone is capable of that. After all the society still can't decide where it stands in the matter of doctors, who commit such manipulations, since the line between murder and mercy is fine. After all, how can a doctor live with awareness that he has caused another person's death? Moreover, both the doctor and the patient can be religious people, and this raises a number of further questions, namely, should euthanasia be perceived as a suicide, or should a doctor be seen as a sinner who has broken God's commandment "Do not kill"?

Analyzing Sweden experience in regulation of scarce resources for healthcare purposes, Tännsjö notes the similarity of the provisions adopted by Swedish parliament with the maximin/leximin theory that are applied in practice; among the most famous are: the principle of human dignity; the principle of need and solidarity; the cost-efficiency principle. Appealing to Sweden experience, the author concludes that in today's difficult environmental situation and taking into account the large number of poor countries where the distribution of healthcare funds may "suffer" from poor economic condition, the developed and more stable states partially bear the burden of responsibility for poor countries (to assist them during and after natural disasters, epidemics, man-made disasters, etc.).

The problem of the morality crisis is raised by the author again, he presents not simply "bare" facts and reflections on choices, but true stories in which people were constrained and forced to make life-changing decisions.

Summing up the author's considerations a new question arises – Whether the second Part of this book contradicts the first Part? Can we use moral theories to make recommendations that will not be adhered to in practice? Does this show that if people do not adhere to them, then

¹⁶ Tännsjö (2015)

such theories are wrong? Caused by one's irrational choices behavior may lead to a collapse in reality. Millions of people smoke, despite the proof of the brutal health effects that, probably, most smokers would like to get rid of this bad habit. Almost two thirds of Americans are obese or pre-obese, many people have never joined retirement savings programs at their companies, and so on. The correct answer to the given questions is rather connected to the behavioural science and becomes clearer when we realize that a theory with no proof in real life has more in common with our personal failures and psychologies, than with any flaws of moral theories.

The book by Torbjörn Tännsjö is very appealing because it raises complex economic and political issues of resource distribution precisely from an ethical and philosophical points of view. In our perpetually changing world, people turn to philosophy that can help them live through the "rough" time of political turmoil or extreme climatic catastrophe. The book "SETTING HEALTH-CARE PRIORITIES" may become a guide and transfer experience and recommendations not only to people, that take part in practice of recovering priorities in medicine, but to everybody who see the world in extreme flow – financial, geopolitical, in the flow of climate change.

REFERENCES

- Tännsjö, T. (2010) *From Reasons to Norms: On the Basic Question in Ethics* Dordrecht: Springer.
- Tännsjö, T. (2019) *Setting Health-Care Priorities* New York: Oxford University Press.
- Tännsjö, T. (2015) *Taking Life. Three Theories on the Ethics of Killing* New York: Oxford University Press, 2015.
- Tännsjö, T. (2008) *Understanding Ethics: An Introduction to Moral Theory* 2nd ed., Edinburgh: Edinburgh University Press Ltd.
- Cookson, R. and Dolan, P. (2000) "Principles of Justice in Health Care Rationing". *Journal of Medical Ethics* 26, no. 5: 323-29.
- Jecker, N. S. and Schneiderman, L. J. (1992) "Futility and rationing". *The American Journal of Medicine*, Volume 92, Issue 2: 189-196.
- Locke, J. (1689) *An Essay Concerning Human Understanding* Oxford University Press.

- McMahan, J. (2002) *The Ethics of Killing. Problems at the Margins of Life*
Oxford: Oxford University Press.
- Nozick, R. (1974) *Anarchy, State, and Utopia*. New York: Basic Books.
- Rawls, J. (1987) "The Idea of an Overlapping Consensus". *Oxford Journal of Legal Studies*, Vol. 7, No. 1 Spring: 1-25.
- Parfit, D. (1984) *Reasons and Persons*. Oxford: Clarendon Press.

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BUDUĆNOST MORALNIH TEORIJA:
RAZMIŠLJAJUĆI O KNJIZI „POSTAVLJANJE
PRIORITETA U ZDRAVSTVENOJ ZAŠTITI“
TORBJERNA TENŠEA

Sažetak: Monografija Torbjerna Tenšea „Postavljanje prioriteta u zdravstvenoj zaštiti“ jasno demonstrira svoju poziciju u najsuptilnijim detaljima koji uključuju studije slučaja. Čini se da je pomoć koju pruža naročito vredna – ne manje ni kada je reč o istraživačkim svrhama, odnosno o onima koji su zainteresovani za sveobuhvatni pregled plauzibilnih moralnih teorija i prakse pravedne raspodele na polju zdravstvene zaštite.

Autorov pristup podstiče na angažovanje najprimenljivijih moralnih teorija koje pokušavaju da reše važni problem deljenja oskudnih sredstava u zdravstvenoj zaštiti. Knjiga nema za cilj da razvije jednu izdvojenu ispravnu i delotvornu moralnu teoriju pravednog deljenja resursa, nego pre svega raspravlja o dostizanju saglasnosti povodom odlučivanja o raspodeli na osnovu temeljno razmotrenih različitih teorija.

Apel za populacionu etiku u ovom radu naglašava razliku između pristupa orijentisanog ka pacijentu u situaciji kada su medicinska sredstva ograničena i raspodele sredstava u populaciji uopšte. Knjiga predstavlja autorove stavove povodom otvorenih problema u bioetici: produžavanja života terminalnih pacijenata; „pravo na smrt“ (eutanzija); moralni aspekt tehnologija za

potpomognutu reprodukciju; uzaludan medicinski tretman; stav prema abortusu itd.

Ključne reči: moralna teorija, utilitarizam, maksimin/leksimin teorija, egalitarizam, prioritizam, populaciona etika, distributivna pravda, oskudni medicinski resursi, zbir sreće, idealna i neidealna teorija, trijaža u situacijama masovne nesreće

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