



Cobin D. Soelberg
Class Standing: Senior
Major: Philosophy/Chemistry
Provo, UT
E-Mail:
c.soelberg@m.cc.utah.edu



Faculty Mentor:
Leslie Pickering Francis
Department of Philosophy &
The School of Law
E-Mail:
francisl@law.utah.edu

The Ethical Implications of Using Age as a Factor in Health Care Delivery

In order to begin this research project it was first necessary to look at several key questions. Of primary importance Dr. Francis had to answer the question, "Is it truly necessary to ration healthcare under any circumstances?" There are currently many individuals in the United States and elsewhere who hold that rationing is unnecessary. However, under closer scrutiny one begins to see the problematic outcome of such a response. In the United States alone there are over 44 million Americans, nearly 1 in 6, who do not have basic access to health care. As if that were not concern enough, the cost of providing care to those with access continues to escalate each year.

We claim that it is necessary to establish a system of rationing. Because health care is a fundamental opportunity good, comparable to education, access is necessary for all individuals. Furthermore, with the current budget constraints on health care dollars the need to establish a just system of distribution is painfully evident. In light of these two problems it becomes possible to understand that justice requires a rationing system be established to ensure access to all individuals.

Several philosophers have proposed solutions to this problem. Two of the more notable theories come from Norman Daniels and Daniel Callahan. Daniels proposes what is known as the Prudential Lifespan Account. Under Daniels' account individuals, with several limiting constraints, are given an allocation of health care resources. Each individual is then free to decide at what time points and on what types of care she wants to use these benefits.

sounds like an extraordinary solution there are others that claim this plan, while theoretically sound, could not be practically implemented. Another benefit of implementing this type of system is that one can see that use of age as a factor in health care can be seen as rational and just. On a strictly utilitarian model outcomes for those over 65 are greatly diminished. However, by supplementing this argument, which is suspect to many criticisms, with the Prudential Account then one has a system where the individual chooses the time periods in her life where the healthcare dollars are actually used.

Callahan proposes what is a more drastic account of rationing. Callahan argues that there need to be hard and fast rules laid down for rationing. In his account, Callahan establishes these rules and in so doing, also makes a strong case for using age as a factor. The strength of Callahan's argument lies in the redefinition of life and death. Callahan argues that medicine has treated death as the enemy not realizing that death is part of the cycle of life. Callahan argues for a more pervasive change to the societal view towards death. Callahan envisions a society where death is seen as part of life and not as something to fight off at any cost.

The challenge for this research is to balance these two authors' views while promoting a system of rationing that is just. We argue that by starting out with Daniels' Prudential Account and combining it with a larger scale societal change in attitudes towards the purpose of medical treatment, especially regarding end of life care, these larger goals