

Should we prioritize health care workers during pandemics?

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Legal background: the ethical platform

- Part of Swedish health care law since 1997
- Aims to say how priorities in health care should be done on all levels...
- Rests on three principles

Legal background: the ethical platform

- Rests on three principles:
- The principle of human dignity
- The principle of need and solidarity
- The principle of cost effectiveness
- In that order

The principle of human dignity

- A formal principle of justice...
- ...coupled with a list of aspects that are explicitly stated as forbidden to take into account in priority setting and distribution in health care

The principle of human dignity

- List of aspects forbidden:
 - Usual grounds of discrimination (sex, gender, ethnicity, religion...)
 - Social and economic position
 - Past unhealthy behaviour (no responsibility)
 - Chronological age

The principle of human dignity

- As it seems then, the principle of human dignity is incompatible with prioritizing health care personnel...

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- ...since we are not allowed to prioritize with reference to social position...

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- ...since we are not allowed to prioritize with reference to social position...
- ...and not in accordance with past merits (responsibilism) (although there may be other grounds)...
- (but there may be exceptions compatible with the platform...)

The moral question remains...

- ...*should* health care workers be prioritized (at least when there is some sort of crisis like a pandemic)?

The Needs-Solidarity principle

- The greater the healthcare need, the greater the claim to healthcare resources (at least if the health care resources really can benefit the patients in question).

The Cost-Effectiveness principle

- Healthcare interventions should have a reasonable balance between cost and effect in terms of improved health and increased quality of life.

Should health care workers be prioritized?

- The question was debated in public and academic fora from early on in the pandemics...
- ...to many it was almost self-evident that the answer is "yes" ...
- ...but the reasons/arguments provided differed.

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- Some grounds for prioritizing HCW supports the former but not the latter...

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- Second, the question is under what circumstances HCW should be prioritized?
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Three kinds of arguments/considerations

- Instrumental considerations of usefulness or utility (consequentialist)
- Considerations of need or equity (justice-based)
- Considerations of reciprocity (justice-based)

Considerations of usefulness

- If properly trained HCW is prioritised to health care they are more likely to stay or get back faster to their work, in which they are essential to reduce the overall health impact of the pandemic since HCW is a limited resource.
- So prioritizing HCW will, in the end, lead to a net gain of health and saved life years in total.

Considerations of usefulness: 4 problems

- 1) Lack of evidence for the factual claim
- Some evidence for the claim that HCW are more affected than many other occupations (Nguyen LH, Drew DA, Graham MS, et al 2020)
- But no clear evidence for the claim that there is a causal link between prioritizing HCW and gaining health or life-years

Considerations of usefulness: 4 problems

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- 2) But even if the factual claim is correct: how much should HCW be prioritized compared to i) other useful occupations and ii) other grounds of prioritization?
- i) How about e.g. safety personnel ensuring that distances are kept, police enforcing pandemic rules, public officials at authorities formulating and communicating pandemic rules, etc.?

Considerations of usefulness: 4 problems

- 2) But even if the factual claim is correct: how much should HCW be prioritized compared to i) other useful occupations and ii) other grounds of prioritization?
- ii) How should usefulness be balanced against other factors, e.g. need and effect of treatment for the patient in question?

Considerations of usefulness: 4 problems

- 3) What HCW should be prioritized?
- "All those working with covid-19-patients" not aligned with the rationale: it should be all those and only those useful (in proportion to their usefulness).

Considerations of usefulness: 4 problems

- 4) Moral problem: *should* useful persons be prioritized?
- Again: against the principle of human dignity
- Often, those unfortunate enough to be “non-useful” also most in need of health care

Considerations of need

- Patients should be prioritized on the basis of need: the greater the need, the higher the priority.
- The magnitude of need is determined (at least partly) by the severity of the condition.
- When it comes to preventive measures, such as vaccines, severity is plausibly determined by risk for disease.

Considerations of need

- Risk, in turn, is determined by size of probability and size of negative outcome.
- While there are no grounds for claiming that HCP would get more severely ill if affected with COVID-19 than the average citizen, there are grounds for claiming that HCP have a higher probability of contracting COVID-19.
- Hence, there is a needs-based claim to prioritize HCP, at least to some extent when it comes to vaccination.

Considerations of need

- The principle of does not tell is how the probability-factor and the negative effect-factor should be weighed against each other.
- Compared to HCP, older people would score higher on the negative effect-factor and lower on the probability-factor.
- How to weigh probability against damage is one of the many issues that will need to be addressed in the future.

Considerations of reciprocity

- Has intuitive appeal: HCW are assigned by society to take risks to reduce risk and harm to others and, therefore, they have a special claim to be protected against these very risks.

Considerations of reciprocity

- Two (or perhaps three) kinds of justice-based reasons for accepting considerations of reciprocity:
- The contractualist idea that society or the state asks HCP to take risks (e.g. of being infected) and a fair service in return is that society provides extra protection for these very risks (Walker 2010).

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Considerations of reciprocity

- Two (or perhaps three) kinds of justice-based reasons for accepting considerations of reciprocity:
- The desert-based backward-looking idea that HCP should get something in return for the sacrifices made in the line of duty (Persad G, Wertheimer A, Emanuel EJ 2009).
- Then we should prioritize all those who are so deserving (and how much?)...

Considerations of reciprocity

- Both contractualist and desert-based theories of justice are (highly) questionable...
- ...especially in health care...
- ...either we have to accept desert-based priority setting for everyone or no one...

Should HCW be prioritized in pandemics?

- The basis for saying yes is surprisingly weak.
- Claims of usefulness needs to be elaborated and supported...
- ..claims of desert are morally dubious.
- From the point of view of the platform, the most promising line of reasoning is with reference to the principle of need...
- ...but then it only works to buttress priority of vaccinations and probably not to a large extent.

Thank you!