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- Can a state compel moral action?
- Who should get scarce medical goods if not all can have them?
- Must I wear a mask to reduce the harm I may cause to others?
- Should social worth or utility determine access?
- Must I risk my life to care for others?
- Is it fair that the disease burden falls on marginalized and historically disadvantaged Black and Brown communities?
- Can I burden shift by paying others to take risks?
- Can we sacrifice older workers for the sake of younger ones?
- Can we return to work if many will sicken or die?
- Must the carceral state release prisoners?
- Can the wealthy flee the city?
- How much must an intervention be tested before it is released?

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- Health care disparities and class, race and geographic lines.
- Legacy of research and health care delivery injustice (Tuskegee.)
- Faltering local hospitals (Case in point, Michael Reese, then Mercy Hospitals on Chicago South Side.)
- Underfunding across the board for all public health systems.
- Lack of pandemic readiness at the CDC despite dozens of reports.
- A segment of the population already in despair

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- "Never-ending nightmare": The hospitals where the ICU occupancy stayed high
- **"Not a single ICU bed free, doctors and nurses bone tired – southern Illinois battles a virus and 'a plethora of disinformation'"**
- "A COVID Surge Is Overwhelming U.S. Hospitals, Raising Fears Of Rationed Care"
- **"Covid Overload: U.S. Hospitals Are Running Out of Beds for Patients"**

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- Many Americans were not used to scarcity in health care delivery
- In fact, the spectre of "death panels" was a critical issue in the rejection of a single payer systems, and in the attack on the Affordable Care Act of 2009.

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- "As more Americans delve into the disturbing details of the nationalized health care plan that the current administration is rushing through Congress, our collective jaw is dropping, and we're saying not just no, but hell no!"

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- "The Democrats promise that a government health care system will reduce the cost of health care, but as the economist Thomas Sowell has pointed out, government health care will not reduce the cost; it will simply refuse to pay the cost. And who will suffer the most when they ration care? The sick, the elderly, and the disabled, of course. The America I know and love is not one in which my parents or my baby with Down Syndrome will have to stand in front of Obama's 'death panel' so his bureaucrats can decide, based on a subjective judgment of their 'level of productivity in society,' whether they are worthy of health care.
- Such a system is downright evil."

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- Health care insurance covered most interactions
- Drugs were in plentiful supply
- ICU beds were available
- Non-emergency surgery was a simple fact of scheduling it

- * still not the case for uninsured, or for many minorities populations, or for mental illness.

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- Complex triage systems drawn up!
- News coverage of systems for triage!
- Charts and ranking systems based on QALYS

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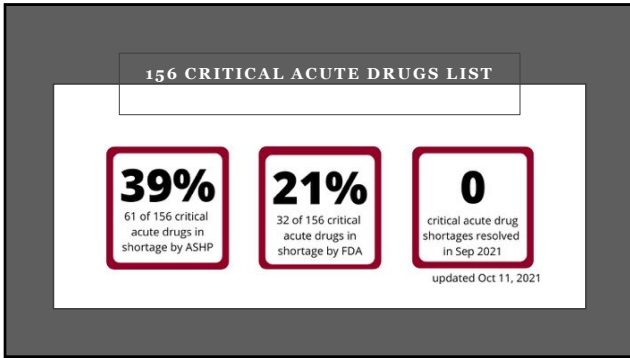
• Fair Allocation of Scarce Medical Resources in the Time of Covid-19

New England Journal of Medicine
List of authors: Ezekiel J. Emanuel, M.D., Ph.D.,
• Govind Persad, J.D., Ph.D.,
• Ross Upshur, M.D.,
• Beatriz Thome, M.D., M.P.H., Ph.D.,
• et al.

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- Even a conservative estimate shows that the health needs created by the coronavirus pandemic go well beyond the capacity of U.S. hospitals. According to the American Hospital Association, there were 5198 community hospitals and 209 federal hospitals in the United States in 2018. In the community hospitals, there were 792,417 beds, with 3532 emergency departments and 96,500 ICU beds, of which 23,000 were neonatal and 5100 pediatric, leaving just under 68,400 ICU beds of all types for the adult population. Other estimates of ICU bed capacity, which try to account for purported undercounting in the American Hospital Association data, show a total of 85,000 adult ICU beds of all types.

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FDA IS CALLING A RECENT DRUG SHORTAGE AN URGENT PUBLIC HEALTH CRISIS

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- Leading drugs for cardiovascular care; cancer treatment; and antibiotics.
- Also short on common items- potassium chloride, certain types of saline units, etc.

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- As scarcity continues, and as supply chain problems deepen the crisis over drugs and test kits, and instruments.
- As health care workers despair or quit
- We need to look at allocation endemicity and whether it is acceptable.

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- "Leave aside the windblown avenues of an empty, joyless city, the generation-defining joblessness that has shifted so many from precarity to outright peril. To what extent did the market-drive, efficiency-obsessed culture of hospital administration contribute to the crisis?"
- Siddhartha Mukherjee, "After the Storm," *New Yorker*, May 4, 2020

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- "According to new data published today by the AAMC (Association of American Medical Colleges), the United States could see an estimated shortage of between 37,800 and 124,000 physicians by 2034, including shortfalls in both primary and specialty care.
- Jun 11, 2021"

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- *Uneven distribution.* Some regions may face a mismatch of supply and demand (not enough PCPs practicing in rural or impoverished areas, for example).
- *Incomplete coverage.* With the uninsured rate now rising to [12.9%](#), [13%](#) of the population, a significant number of people simply can't afford to access primary care.

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- *Inconvenient hours.* In many markets, primary care still isn't available on evenings, nights, and weekends.
- *Inflexible care models.* Most markets still rely on PCPs to deliver primary care in a physician's office – even though physician assistants and nurse practitioners can deliver much primary care at a lower cost and equally high quality.

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- *Payer aversion.* Some practices may limit the number of new patients they are willing to take on from Medicare, Medicaid, and other public programs because such patients are supposedly "unprofitable."
- *Inefficient use of physician labor.* Estimates of physician productivity suggest that 20% to 30% or more of a physician's available capacity is absorbed by clinical documentation, electronic medical record (EMR) inputs, and other compliance-related work.

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EVEN BEFORE COVID-19

- Given the growing demand for healthcare services across a [multitude of specialties](#), reports project that 1.2 million new registered nurses (RNs) will be needed by 2030 to address the current shortage.

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- ***'Nursing Is in Crisis': Staff Shortages Put Patients at Risk***
- "When hospitals are understaffed, people die," one expert warned as the U.S. health systems reach a breaking point in the face of the Delta variant.

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MAKING MORE SKILLED WORKERS

- Smaller medical schools?
- Cut backs in nursing schools?
- Artificial scarcity.

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- In 2008, research in an Analysis in Brief (AIB) comparing the economic diversity of U.S. medical school matriculants with U.S. Census data found that “more than three-quarters of medical students came from families in the top two quintiles of family income.” This AIB replicates that previous research and methodology to provide updated parental income data from 2007 through 2017.

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- The AAMC explains that the percentage of medical students from families in the highest quintile of household income has not dropped below 48 percent since 1987—half of students come from the richest 20 percent of the population—while the percentage of students from the lowest quintile has never risen above 5.5 percent. Moreover, the percentage of entering medical students from families in the highest quintile of household income increased from 50.8 percent to 55.2 percent between 2000 and 2005.

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- **“Hollowed-Out Public Health System Faces More Cuts Amid Virus**
- The U.S. public health system has been starved for decades and lacks the resources necessary to confront the worst health crisis in a century.”
- Kaiser Health News, July 1, 2020

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- Even before the pandemic struck, local public health agencies had **lost almost a quarter** of their overall workforce since 2008 — a reduction of almost 60,000 workers, according to national associations of health officials. The agencies’ main source of federal funding — the Centers for Disease Control and Prevention’s **emergency preparedness budget** — had been **cut 30 percent since 2003**. The Trump administration had proposed slicing even deeper.

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- According to public health expert David Himmelstein at CUNY’s Hunter College, global consensus is that, at minimum, 6 percent of a nation’s health spending should be devoted to public health efforts. The United States, he said, has never spent more than half that much.

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- Public hospitals, and clinics, mental health and long-term care congregate settings
- But also public transport, surely buses and trains, but also airlines, courts, government offices, etc.

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- Are of long duration
- Are not easily solved
- Will require massive federal spending
- A clarification of agency, expertise, and authority

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THE WIDESPREAD COLLAPSE OF THE ACT OF CONSUMPTION

- "Across the country, Americans' expectations of speedy service and easy access to consumer products have been crushed like a Styrofoam container in a trash compactor. Time for some new, more realistic expectations."
- Washington Post, Oct. 18, 2021

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- In the late 1990s, a shift in the idea of a public hospital as a source of community well-being, a place for equity and mercy.
- To a place that was a business that needed, if not to make a profit, at least to be able to provide competitive salaries for physicians and health care administrators.
- A shift to new management ideas that had been promoted in industrial production
 - just in time supply rationales
 - rewards for budget cuts

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Ethan Porter

- "The consumer citizen is, firstly, a person who devotes much of his time to things besides citizenship. More specifically the consumer citizen is a person who spends a lot of his life shopping and making consumer decisions. Most people don't spend much time thinking about, say, monetary policy, but they make many choices every day about what to buy or not buy...As a result of this, people develop habits and techniques as consumers, and those habits and techniques shape the decisions they make".

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- Scarcity in the case of a shared social good under conditions of social difficulty can be an event for a shared morality and create unity.
- But scarcity in the marketplace just creates competition.
- health care is just another product, and patients are consumers.
- *This is the American Idol Effect. And in a meta event, you get to vote among the voting shows for the best show.*

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- "Mortality from deaths of despair far surpasses anything seen in America since the dawn of the 20th century. The recent increase has primarily been driven by an unprecedented epidemic of drug overdoses, but even excluding those deaths, the combined mortality rate from suicides and alcohol-related deaths is higher than at any point in more than 100 years. Suicides have not been so common since 1938, and one has to go back to the 1910s to find mortality from alcohol-related deaths as high as today's."


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- After a decade in which expertise is degraded in favor of popularity
- **"done enough research,"** "I have done research" = do the research"
- "The problem is that most people simply don't know how to do their own research, especially when it comes to understanding the complexities of medical science." CNN

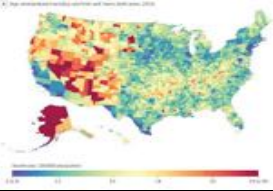
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- **Congress Is Investigating McKinsey Over Its Role in the Opioid Crisis**
- By advising opioid makers and "the federal agency regulating their conduct," McKinsey "may have had a significant negative impact on Americans' health," the committee said.
- **Opioid Manufacturer Purdue Pharma Pleads Guilty to Fraud and Kickback Conspiracies**
- "Purdue admitted that it marketed and sold its dangerous opioid products to healthcare providers, even though it had reason to believe those providers were diverting them to abusers." "The company lied to the Drug Enforcement Administration about steps it had taken to prevent such diversion, fraudulently increasing the amount of its products it was permitted to sell. Purdue also paid kickbacks to providers to encourage them to prescribe even more of its products."

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OUR SITUATION IS APORETIC

- We live in a time of great uncertainty.

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- Ethicists believe that we are "condemned to act," meaning that we have to make moral choices as moral agents in all that we do
- AND that it is this action that defines our characters as persons; and as nations.
- One cannot not act- this is what moral philosophy calls "our plight."

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- Rights of the individual vs the collective
- Autonomy vs. heteronomy
- Justice under conditions of scarcity
- Role of personal responsibility
- Truth vs. a Noble Lie in policymaking
- Ownership of bodies and the question of embodiment
- The concept of the greater good
- What do our actions make of us? What virtues are important for civic life?

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There is a throughline that runs through the pandemic.
It is the economic disparity of modernity and the market.

This is why it feels like the health care system is the Titanic and the virus is the iceberg and why the efforts by bioethicists to allocate deck chairs seems so futile.

The deep lack of trust between people and their doctors- the only scientists they may know- extends the catastrophe.

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- Defense of scientific method
- Responsibility for being a scientist

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- Entrance into "the space of appearance" (Arendt)
- Willingness to stand up to irrational or ill-informed arguments

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- In the locations of responsibility, a duty emerges for leadership
- In your realm- medical education-
- Expanding the number of places even if it comes as a personal sacrifice

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- Morton
- Snow

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- University of Chicago
- Organizers of this meeting
- Society of Academic Associations of Anesthesiology and Perioperative Medicine (SAAAPM)

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