

## HSS317: Ethics/Assignment-6/06-April-2020/20171059/CSE

We are living in unprecedented times indeed. The ongoing Covid pandemic has infected more than a million and killed tens of thousands, thereby placing an extraordinary amount of stress on the healthcare infrastructure of the seriously infected countries. Even the developed countries, like the USA, do not have as many ventilators as may be required. The medical equipment and resources are limited. Would it be wrong to deny medical care just because hospitals are overwhelmed? Let us assume to be Kantians in our approach to this ethical dilemma.

Immanuel Kant said that the morality of an action ought to be based on whether **the action itself is right or wrong and not on its consequences**, thereby going against the entire concept of consequentialism. He labelled an action moral or immoral depending on the motive behind it. A utilitarian would certainly disapprove of this because in the utilitarian realm, actions that result in overall happiness are deemed morally correct. It is the outcome that determines the morality of the action. These two strands of thought - the deontological and the utilitarian approach - can result in very different decisions.

Before we begin to construct deontological guidelines for medical practitioners, let us look at the classic **‘duty to warn’ vs ‘duty to protect’** debate to better understand the utilitarian and Kantian approaches. For instance, let us assume that a person ‘X’ has been infected with HIV/AIDS/any other transmissible disease. He goes to the doctor, who confirms the presence of the virus and prescribes the treatment. X is a risk to the society because the disease may spread, endangering the people living in his neighbourhood. The doctor wishes to warn the neighbours to remain vigilant and careful. However, X does not want to disclose this because of the stigma attached with such diseases or any other personal reason, which confuses the doctor. Yes, **the doctor ‘ought to’ warn the other people about him, but he also ‘ought to’ respect the confidentiality between him and his patient.**

Since we have assumed to be Kantian, let’s take the deontological approach and abide by our duty to maintain confidentiality. We, as doctors, should respect the privacy of our patients. So we treat X, tell him to stay quarantined in his home and we do not warn the other people. 5 days later, X foolishly decides to throw a party in his home because he thinks he has gotten over the infection. He calls his neighbours, who gladly come by to have some fun and end up getting infected. Was it really that important for us to keep it a secret while knowing that it could easily infect other people as well? Yes, the chances are low that X would be careless and infect others. But nevertheless, **the chances do exist**, however minimal, and puts others’ lives at risk. If we were to not warn the third parties about the risk of transmission, it would increase their chances of catching the disease, thereby reducing the level of happiness. Yes, the confidentiality agreement would be broken, but many lives would be saved. **Life is**

**certainly more valuable than someone's reputation or ego. Clearly, the deontological approach fails here.**

Coming back to the current scenario, let us assume that the city hospital gets overwhelmed with coronavirus cases. Due to the limited resources and number of doctors, the hospital can only treat 100 people for the virus that day. But unfortunately, there are 150 people who are in need of medical treatment. Since we are deontologists here, we believe that morality is determined by the act itself, and not on the consequences. So we believe that every individual's life is equally valuable and everyone should have equal access to healthcare. **But this is physically impossible! The hospital just doesn't have the bandwidth to treat 150 people!** This theory cannot hold but when it is simply impossible to treat everybody. Yes, we ought to provide everyone with equal opportunities and we ought not to deny anyone medical care. But Kant himself said that **"ought implies can" and if one cannot do an action it cannot be obligatory!**<sup>1</sup> When it is physically impossible to treat 150 people, the 'can' changes to 'cannot' and the deontological theory cannot hold.

In such scenarios, it is essential to employ the utilitarian approach and attempt to maximise the level of happiness by treating as many as possible. **Those that are more critical ought to be prioritised over the less critical ones,** as the former have more chances of dying than the latter. This way, we decrease the number of deaths and hence, increase the overall happiness of the society. When resources are scarce, not everyone can receive life-saving care even though they're entitled to it, because it's simply not feasible. **So we have to make the best out of what we have in hand and try to save as many lives as possible.**

The deontological approach to treat everyone equally would not be possible when there isn't enough medical equipment. Yes, it would then lead to preferential treatments and doctors would have to create a list of patients in order of precedence. Say for instance, person 'A' is critically ill and exhibiting symptoms of pneumonia and person 'B' has a mild cough with slight fever. The hospital decides to treat A first as the symptoms are severe and may result in his death. Unfortunately, B was at the bottom of the list and the hospital had to deny treatment to her. Yes, she was denied medical attention, but that's because the hospital was full! B, not matter how cold or cruel she is, would agree that A was in more need of attention than she was. It was A's life that was at stake and B's condition wasn't that serious. It's a very difficult decision to make, but when resources are restricted, employing the utilitarian approach is indispensable. Resources must be distributed such that maximum number of lives are saved. **It isn't ethical to deny someone treatment, but when there is no other viable option, it becomes necessary.**

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<sup>1</sup> Quoting Anders Sandberg, <https://qz.com/1821843/ethicists-agree-on-who-should-get-treated-first-for-coronavirus/>