Moral Decisions/Ethics Notes:

Tseng 2021: Deontological or Utilitarian? An Eternal Ethical Dilemma in Outbreak

* Focuses on the two main ethical theories, deontological and utilitarian.
  + Hard to balance between these two ethical theories.
* Note: Ethics are not just moral choices but also the judgements behind these choices.
* Classic: Belmont Report – Three core principles
  + Autonomy
    - Respect for persons, both by informing them what is happening, and protecting those with lower autonomy
  + Beneficence
    - Respect people’s decisions, protect them from harm, and ensure well-being
  + Justice
    - Resources/efforts/contributions and merits should be ALLOCATED EQUALLY to people, no matter the race, religion, gender, etc.
    - This clearly doesn’t happen “as-is” so we can point to this as a major weakness/concern of ethical healthcare theory
* The current split of moral principles can lead to conflict/difficulty in reaching a conclusion.
  + Deontological ethics are inclined to be patient-centered; consequences are not used to justify means.
    - Is this the source of the conflict b/w people wanting others to have good care (utilitarianism) vs. wanting people to only have care if they ‘deserve’ it or have done it the ‘right way’ (deontology?)
  + Utilitarian ethics are inclined to be society-centered; this values care for the greatest welfare for the greatest number of human beings; Thus, the outcomes determine the means.
* Both deontological and utilitarian ethics have strengths and weaknesses.
  + For example: during pandemic/epidemic, both ethical theories should be considered, but it is possible for one to ‘override’ the other, which leads to controversy.
* Utilitarian Ethics:
  + Consequentialist ethical theories; maximize utility and prioritize public happiness.
    - “Doing bad things w/ good outcomes can be good!”
    - Utilitarian ethics can lead to some harmed for the ‘good of all’
  + “From a utilitarian perspective, medical resources are finite and there is a need to distribute them appropriately, to reach maximum health care benefit for greatest number of people”
* Deontological Ethics:
  + AKA Universal Moral Obligations – no harm is allowed even if it may lead to good outcomes!
  + Whether an action is moral is evaluated by the nature of the action, not it’s consequences.
* Utilitarianism has a fault in that you CANNOT correctly predict the outcome of every action, and the action itself might have a bad consequence.

Utilitarianism is seen as the preference when you have to ration care (Organ donation)

* Do people support UHC based on their support for utilitarian vs deontological ethics?
  + Providing medical care can be seen both deontologically (people need medical care and it is ethical to give that to them
  + Can also be seen as utilitarianism (people want others to have medical care because it’s a net benefit for society)
* Attacking UHC
  + Deontological: People should not be given handouts, need to ‘earn their keep’, people can get healthcare from their job – if they were part of society and being productive they WOULD have healthcare (suffering from no healthcare is a choice and consequence).
  + UHC is bad because we need high privatized healthcare spending in order to push forward innovation

Wagner 2015: NURSING ETHICS AND DISASTER TRIAGE - APPLYING UTILITARIAN ETHICAL THEORY

* This paper focuses on ‘disaster’ striking wherein normal procedures need to be modified
  + Is this triage mindset appropriate? Perhaps expansion of treatment that is cheap for manufacturers but expensive for consumers (insulin)
* Compare and contrast
  + The ‘4 ethical principles (autonomy, beneficence, nonmaleficence, and justice)
  + Utilitarian ethical theory
    - “Making a life or death decision that a patient will consume too many resources and must go into the dead or dying category runs counter to the moral intuition of most people and most nurses, as well as counter to the typical ethical principles that normally inform daily nursing practice.
* Triage is used every day in Emergency Depts. Worldwide
  + How would people react if healthcare were distributed according to the Emergency Severity Index Scale (5 level triage system) instead of ability/willingness to pay?
* In a “disaster” triage does NOT use the ESI system, because resources become SCARE quickly, thus, the goal is maximum good for most people through most efficient utilization of resources.
  + This is similar to utilitarian ethical theory!
  + The process here is in direct contrast to system used in emergency departments! If someone is doing very badly in an ED, they are taken care of first and EVERYTHING is done to try to save that person, no matter the resources.
  + In a disaster… critically ill patients with minimal chance of survival are NOT given resources, primarily comfort care and pain control.
* Covers the conflict between caring for every patient, and doing the most good for the most people.
  + What are contemporary criticisms of both utilitarianism and deontological thinking?