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?

Benatar 1997: Just Healthcare beyond Individualism – Challenges for North American Bioethics

* Autonomy has been given lots of support and leverage (patients have a good amount vs. physicians)
* Justice w.r.t. resource allocation has less support!
  + Due to high-profiles given to technological interventions @ beginning and end of life.
  + Focus on ‘individual liberty’ and the ‘free market’ eclipses considerations of ‘social justice’
    - How can we compare and contrast these two concerns against each other?
  + Self determination, civil and political rights, free trade are HIGHLY prized
    - Socioeconomic rights, government control w.r.t. healthcare, and civic responsibilities are FEARED and UNDEREMPHASIZED
    - Concern about excessive state power, potentially subject to public accountability through the democratic process, however, seems to have been, traded for the progressive accumulation of (almost anarchic) power by private corporations that have been freed from accountability by "deregulation”
* Huge annual expenditure of healthcare (10x per capita GNP of half of worlds population)
  + Yet can’t, or CHOOSES not to provide basic minimum healthcare package?
  + Why are health expenditures so high, but outcomes so poor?
  + CANNOT treat healthcare as another commodity to be traded for profit in the marketplace
* What is/Where is consistency in the overriding of individual choices by state interest in protecting life?
  + If state interests in life can be used to override individual interest for the alleged benefit of the public good, why is this not used as an argument for the role universal access to healthcare could play in shaping a cohesive society respectful of autonomous citizens and the common good?
  + This links very closely with restrictions and bans on abortion in MO and other states.
  + “A society that has elevated the admirable concept of individual liberty to a level that (with the best of intentions for individuals) seems to undermine the concept of community to the detriment of both society at large and many of its citizens.”

Schminke & Ambrose 1997: The Effect of Ethical Frameworks on Perceptions of Organizational Justice

* Research focuses on PROCESS concerns and OUTCOME concerns
  + Relatively similar to “deontological” ethics and “utilitarian” ethics
* Shows that individual ethical frameworks do indeed change how people perceive whether or not an organization is just.
  + Ethical formalists = sensitive to procedural justice
  + Ethical utilitarians = sensitive to distributive justice.
* Distributive Justice:
  + Seen as how people feel about the distribution of outcomes
* Procedural Justice:
  + Seen as how people feel about the process by which these ethical outcome allocation decisions are made!
* Again, focuses on the contrast between utilitarian (outcome-based) and formalistic (rules/process based) decisions.

Process and Outcomes in Justice Research

* Early work in ‘justice’ morality focuses on ‘distributed fairness’ (perceived fairness of outcome distributions!)
  + In organizations, distributive justice focuses on perceptions of equity.
  + Mostly, reactions to pay equity and inequity, although also experienced in job challenge, job security, supervision, office space, and layoffs.
* Research on the fairness of outcomes shows that this perception directly affects attitudes and behaviors.
* Thibaut and Walker (1975): Even when people receive individually unfavorable outcomes, the outcome is seen as MORE positive when they believe the process by which it was determined was fair
  + Input into a decision process increases individuals perception of the fairness of the process (Lind, Kanfer, Early; 1990)
  + Procedural fairness is applicable in many settings (drug testing, slection testing, discipline, budget decisions, recruiting, etc.)
* In comparison… Distributive justice has been mostly ignored (Greenberg 1990; 1993)
* The two constructs are related but distinct.
  + Perceptions of distributive justice and perceptions of procedural justice may affect each other.
  + Research also suggests that they interact!
    - Procedural justice = stronger impact when outcome is unfair, distributive justice = stronger impact when the procedure is unfair.
    - “For example, an individual may receive a promotion she deserves, but may not feel the process allowed her adequate input prior to the decision. If she focuses on the outcome, she is likely to assess the situation as fair. If she focuses on the process, she is likely to assess the situation as unfair.”

Process and Outcomes in Ethics Research

* Individual differences exist in how people deal with/assess moral judgement in ethics
  + Several taxonomies exist to delineate these ethical frameworks (Brady 1985, Kohlberg 1984, Velasquez 1992)
  + They share the belief that stable individual differences in ethical ideology affect individual ethical judgements
* Formalist approaches: Process oriented, individuals subscribe to a ‘set of rules and principles’ to guide behavior, actions are ethical or unethical based on how well they conform to these rules!
* Utilitarian approaches: Outcome oriented, people define ethical actions as those that create the greatest ‘net social good’ (under whose calculation?, very subjective). Actions cannot be identified as ethical; only their outcomes can.
* Note that these are roughly synonymous with Deontology and Teleology (the two major ethical principles)
  + Fine grained distinction exists, such as act/rule formalism or utilitarianism, but is unnecessary at this level of consideration.
  + Originally considered to be relatively separate ends of a continuum, however, Brady and Wheeler (1996) finds that they are not, but instead independent subdimensions (can be high or low on both!)
    - Note: Must consider and measure each of these separately, and theorize as to which would generally fall in line with support or rejection of UHC

Integrated Model of Ethics/Fairness:

* Ethics research focuses on individuals and how beliefs affect perceptions of organizations
* Justice research focuses on situations and how attributions of situations affect individual perceptions of organizations.
  + Hypothesis: Different predisposition for people to view the world based on their preference towards one or another ethical framework.
  + Affects how they view general organizations and outcomes as well, including those w/ fairness of procedures/distribution of outcomes.
* There is difference sensitivity to perception of equity (Huseman, Hatfield, Miles 1987)
  + Rasinki (1987) finds that individual preferences for proportionality or egalitarianism affects how they weigh procedural or distributive justice in judging the ‘fairness’ of government policy!
  + Propose that people are most sensitive to aspects of organizational decisions that match their ethical orientations (formalism, utilitarianism, or BOTH!). Seen as a MODERATING effect of ethical framework on the relationship between organizational decisions and their perceived framework
    - Two ways it can manifest: Relationship between organizational procedures and their perceived fairness should be stronger for STRONG formalists (those who base opinions on what is right on rules of action)
    - Relationship between distribution of organizational outcomes and their fairness should be stronger for STRONG utilitarians (those who base opinions of what is right on outcomes of actions)
  + Perhaps we can frame UHC received as either the result of certain given procedures/rules of action (Formalism), or… whether or not those who received UHC had a good outcome (Utility)

Methods

* Respondents from 11 midwestern organizations w/ various business concerns.
  + Including hospital/university/govt. organizations.
* 73% response rate, with avg age 38.
* 4 main variables that affect perceptions of organizational justice:
  + Ethical formalism
  + Ethical utilitarianism
  + Procedural justice
  + Distributive justice
    - The first two are individual difference variables, the latter two are experimentally manipulated through scenarios that reflected procedurally just or unjust and distributively just or unjust organizational actions.
* Each survey pack had instructions and demographic questions, then questions presented in random order:
  + Assessment of individual ethical frameworks
  + Scenario describing a moral activity (up for promotion)
    - Both procedural and distributive justice were manipulated
  + Followed by assessment of respondent’s perception of the fairness of the process and the outcome.
  + Lastly, measures of perceptions of the respondents own organization, including perceptions of procedural and distributive justice.

Measures

* Ethical Predispositions:
  + Character traits version of the Measure of Ethical Viewpoints (Brady & Wheeler, 1996): Measures the extent to which respondents display utilitarian or formalist ethical predispositions.
    - Perhaps look to see if there are more updated measures?
  + Note: two factors account for 42% of data variance:
    - Utilitarianism at 26%, and Formalism, at 16.7%.
    - Utilitarianism and Formalism scores are calculated by averaging responses for both sets of items.
* Scenario-Based procedural and distributive justice:
  + Procedural and distributive justice were between-subjects manipulations:
    - 4 possible scenarios:
      * Procedurally just, distributively just
      * Procedurally just, distributively unjust
      * Procedurally unjust, distributively just
      * Procedurally unjust, distributively unjust
    - In the high procedural justice scenario – both people involved in the promotion decision are allowed input into the decision-making process
    - In the low procedural justice scenario – only the co-worker is allowed input into the process, NOT the main person up for promotion!
    - In the high distributive justice scenario – individual with a better objective performance is awarded the promotion!
    - In the low distribution justice scenario – individual with a better performance is NOT awarded the promotion.
  + Think of how to adapt these 4 scenarios to various forms of UHC, specific HBP plans (input or no input?).
  + Pilot tests were used to confirm that procedural and distributive justice manipulations were perceived as intended! This is vital to the procedure.
* Finally asked questions that assess their reaction/perception of the scenario:
  + How fair was the method the supervisor used to make the decision (assessed perception of procedural fairness)
  + How fair was the decision/How fair was Chris’ outcome? (measured perceived distributive fairness)

Barilan & Brusa 2007: Human rights and bioethics