
Debate

A plea for a touch of idealism: reply to P Whitaker

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Author's abstract

This reply to P Whitaker's 'Resource allocation: a plea for a touch of realism' acknowledges that health-care ethics should be relevant to events in the real world, but questions the extent to which philosophical inquiry should be confined to parameters determined by existing socio-political forces.

The reading of the daily paper is the morning prayer of the realist.

G W F Hegel (1)

Whitaker's plea for a 'touch of realism' in discussions of health care allocation introduces a criterion of relevance according to which theoretical conclusions in medical ethics should be relevant to 'events in the real world' (2). Whitaker also argues that Lewis and Charny's (3) proposal to allocate resources on the basis of opinion surveys is not relevant in the real world and that my reply (4), 'in failing to discuss the relevance and interpretation of Lewis and Charny's results ... legitimises their conclusions'.

Whitaker's appeal to relevance has considerable merit and is close to a view I have endorsed elsewhere (5), although it does raise problems for philosophers of the kind that Hegel had in mind in the above quotation; namely that the restriction of philosophical inquiry to a given socio-political reality carries with it a risk of endorsing that reality. However, it should be stressed that in my reply to Lewis and Charny the remarks about 'taking the accuracy ... of the survey for granted' and accepting the 'relevance of its questions' were not intended as an endorsement of their conclusions but as an attempt to focus upon particular objections to the use of opinion surveys in the context of resource allocation. These objections should have met with Whitaker's approval as they indicated that in the real world a scheme to promote democracy by means of abstractly formulated preferences is likely to backfire in the face of prejudice and misinformation

Key words

Realism; idealism; resource allocation; health-care decision-making.

about therapy options, chance of success and the social worth of those competing for resources. My criticism of Lewis and Charny was based on a notion of socio-political reality, according to which a more democratic provision of health care is not derived from mechanisms which reflect public opinion but by informed and realistic discussion of the choices available. It might also be argued that democracy would be better served by mechanisms which facilitate a review of the overall level of health care provision, rather than by mechanisms which merely implement decisions confined to parameters of health expenditure determined by politicians and planners.

It is very likely that a democratic approach to questions concerning the overall level of resources would very much transform decisions related to competition for resources, such that in many areas of health provision questions like 'who should you treat when you can't treat both?' would be rendered irrelevant. By limiting their respondents to a preference of only one out of two patients to be treated the Cardiff survey presents a caricature of democratic involvement.

Whitaker is correct in arguing that in the real world utilitarian considerations of the 'greater good' are frequently challenged. Commenting on a decision by a USA authority to transfer funds from a child's liver transplant facility to another area of need, Cory Franklin pointed out that 'when we consider the plight of the child who dies without an organ transplant because funding has been re-routed to a "greater good" we are in fact witnessing the discriminatory aspect of utilitarianism' (6). Most societies practise some form of discrimination, and appeals to the 'greater good' simply reinforce this. 'It is well documented', says Franklin, 'that the indigent, certain racial groups, and those with less access to the media are less likely to receive organ transplants' (7). Examples of this kind reveal the inherent restrictedness of proposals to elicit responses based on notions concerning the 'greater good'. It is the *potential* for discrimination which casts doubt on the relevance of utilitarianism as a just criterion for resource allocation in the real world.

Whitaker's paper concludes with the question: 'Who is promoting an atmosphere of increasing reluctance to finance escalating health care costs?' This

question and the answer to it reaffirms the socio-political nature of these issues. Reluctance to finance health care is bound up with political decisions with which therapists in the real world have to live. This is where a strictly realist criterion of relevance encounters substantive ethical problems. A realistic tailoring of ethical principles to existing resource provision may be practically necessary, and a sound strategy should consider the level of available resources. This is clearly in line with Whitaker's insistence that 'moral philosophers must frame their discussions around axioms derived from the real world'. But the line between realism and acquiescence is hard to maintain. Behind Hegel's sneer at realism is the recognition that the appeal to what *is* as a criterion of philosophical relevance is bound up with an imposition of limits upon what philosophers can say about what *ought to be*. In this respect it is not realism but a 'touch of Hegelian idealism' that is of value when addressing ethical problems concerning resource allocation. For it is not the business of philosophers and ethicists, even unwittingly, to provide justification for cost-conscious politicians and planners, by restricting their inquiries to the parameters of health care allocation imposed by socio-political forces in the real world. Of course reality should provide a criterion of relevance, but whilst the starting point of any philosophical inquiry should be geared to existing reality that inquiry is only relevant insofar as it can become the starting point for a new departure. The relevance of philosophy to resource

allocation is not in its acquiescence to what *is*, but in its critical understanding of reality with a view to its transformation. Whitaker's plea for a 'touch of realism' stands as an acceptable rebuttal of Lewis and Charny's proposal, but if philosophers are seriously to address problems of resource allocation they will have to transcend discussions which are confined to existing levels of provision and subject the politico-social edifice of health-care decision-making to a thorough appraisal.

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References

- (1) Hegel G W F. In: Hoffmeister J, ed. *Dokumente zu Hegel's entwicklung*. Stuttgart: Fromman, 1936:360.
- (2) Whitaker P. Resource allocation: a plea for a touch of realism. *Journal of medical ethics* 1990; 3:129-131.
- (3) Lewis P A, Charny M. Which of two individuals do you treat when only their ages are different and you can't treat both? *Journal of medical ethics* 1989; 1:28-32.
- (4) Lamb D. Priorities in health care: reply to Lewis and Charny. *Journal of medical ethics* 1989; 1:33-34.
- (5) Lamb D. *Ethics and organ transplants*. London: Routledge, 1990.
- (6) Franklin C. Commentary. *Hastings Center report* 1988; Dec: 35-36.
- (7) See reference (6): 35.

News and notes

Medicine and literature

A conference on the medical humanities will be held on Saturday October 27th 1990 at the Postgraduate Medical Centre, University of Glasgow.

For further information please contact: Professor R S Downie, Department of Philosophy, The University of Glasgow, Glasgow.

News and notes

History of medical ethics: 19th century

A Wellcome Symposium on the History of Medicine will be held on Friday 7th December 1990.

For further information and registration form please contact: Frieda Houser, Wellcome Institute for the History of Medicine, 183 Euston Road, London NW1 2BN. Telephone: 071-383 4252.