



Triage and Justice: The Ethics of Rationing Life-Saving Medical Resources.

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but, unfortunately, does not follow it up with a discussion of the current controversy over the scientific status of evolutionary theory.

The final two chapters contain helpful accounts of Darwinian and socio-biological accounts of human morality. Darwin is shown to be very sophisticated on these matters, though he is criticized for failing to appreciate the role played by reason in moral life, and the importance of individual rights, justice, and political liberty among human values. Contemporary sociobiology is praised for its advances over Darwin's theory on these points. Even though ethics cannot be "biologized," if that means explained completely in terms of biological functions, Murphy argues that sociobiological findings can nevertheless be relevant to ethical inquiry. If one accepts John Rawls's view that "our ethical theories are ultimately grounded in basic pretheoretical intuitions or convictions" which have their roots in our biological nature, "then biology surely does have *some* bearing on these theories because the starting points are in fact never ultimately transcended" (p. 109; emphasis in original). Murphy is on firm ground here, if one accepts his earlier criticism of attempts to ground morality in either pure reason or divine commands.

He concludes that our moral values are relative to our evolved biological dispositions and needs but does not consider such relativism disturbing. Species needs and dispositions are quite stable over long periods of time and can serve to bind humans to one another rather than divide them.

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Winslow, Gerald R. *Triage and Justice: The Ethics of Rationing Life-saving Medical Resources*.

Berkeley: University of California Press, 1982. Pp. xi + 228. \$19.95 (cloth).

As Napoleon's armies advanced, they carried with them the civil and political reforms of the French Revolution. They also carried Napoleon's chief medical officer, Baron Dominique Jean Larrey, who sought to reform the allocation of scarce medical resources and came up with the principle of sorting out casualties on the basis of medical need, without regard to rank or distinction.

Larrey's principle is splendidly egalitarian and must have been a great advance on previous practice. But would Larrey really have given no precedence to a great general—Napoleon himself, perhaps—whose contribution to the success of a campaign would be so much more than that of a common soldier? The problems of rationing scarce medical resources, even then, were not so simple. They are still more complex today.

Gerald Winslow deals with these problems clearly and carefully. He traces the history of the concept of triage from Larrey through the First and Second World Wars and up to the much-discussed admissions committee at the Seattle Artificial Kidney Center. Then he sets up two cases to illustrate the different situations in which triage may have to be used: planning the response to a major earthquake disaster in San Francisco and deciding who would have access to a Totally Implantable Artificial Heart which, if it should prove feasible at all, will be a very expensive medical resource.

Winslow uses these cases to assess suggestions about the principles that should govern triage. He distinguishes five broadly utilitarian principles and five broadly egalitarian ones. The merits of each principle are discussed, and the views of other commentators are noted. Winslow then applies a Rawlsian model to see what "rational contractors" would make of these principles.

Winslow concludes by favoring some kind of "equal access" principle, qualified and limited in various ways (for instance, in an earthquake situation nurses would be treated first so that they could help other victims). I was not convinced by Winslow's reasons for reaching this conclusion. For example, he rejects Marc Basson's argument that all members of society, including the worst-off, will benefit by a system that saves those who have most to contribute to society. A rational contractor, Basson argues, would accept such a system since the probability of any individual's needing scarce medical resources and missing out because of this system is very low. On the other hand, since all members of society can expect to benefit from the contributions of those saved, the probability of benefit is very high. Against this, Winslow says: "What Basson seems to ignore is that just this line of reasoning, with its implied calculations of probability, is supposed to be prevented in the original position." That may be true as a description of Rawls's original position, but it is a notorious weakness in Rawls's theory, not in Basson's argument. Why on earth would rational contractors disregard well-grounded probability calculations?

Despite this and other doubts about some of Winslow's conclusions, his book is so informative, so well-written, and so open in its acknowledgment of the difficulties of the topic that it can confidently be added to the growing list of works that show the value of applying careful reasoning to practical moral dilemmas.

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Putnam, Hilary. *Reason, Truth and History*.

New York: Cambridge University Press, 1981. Pp. xii + 222. \$29.50 (cloth); \$9.95 (paper).

This book continues the philosophical themes and arguments Putnam first presented in his *Meaning and the Moral Sciences* (1978). But unlike the earlier book, which consists of the text of six lectures (the John Locke Lectures given at Oxford in 1976) and three independent papers, the present volume is a single unified work with a sustained argument extending through nine chapters. While Putnam claims to develop a positive conception of rationality, the thrust of his argument throughout remains negative. He begins the preface by declaring that his aim "is to break the stranglehold which a number of dichotomies appear to have on the thinking of both philosophers and laymen. Chief among these is the dichotomy between objective and subjective views of truth and reason." This dichotomy is not "chief" merely in the sense of being the most influential but also in the sense of being the bifurcation that underlies all the others. Philosophical disputes that turn on simple either/or choices between, e.g., ahistorical unchanging canons of rationality and cultural relativism, realism and verification, physicalism and mentalism, facts and values, assume that standards of truth and rationality must be either wholly objective or wholly subjective. Chapter I is devoted to an argument

Search the ASPR TRACIE Resource Library and view tailored Topic Collections comprised of current healthcare system preparedness resources. In this classic text, the author lays out model ethical frameworks for allocation of scarce, lifesaving resources. Rate: Favorite: Login to rate, favorite, and comments on the article. Comments 0. Toggle Open/Close. News of life-saving ventilators being rationed, hospitals issuing blanket "Do Not Resuscitate" orders and politicians suggesting that some human lives are expendable in service of the economy have highlighted the importance of an ethical framework for decision-making during the coronavirus pandemic. What used to be theoretical, textbook exercises have become real-life dilemmas for overburdened or soon-to-be-overburdened health care systems. Fewer difficult moral decisions around triage and rationing would need to be made if public health justice issues were better addressed, according to Hille Haker, a professor of ethics at Loyola University Chicago.