Saving Lives From the Badness of Death

Follow-up workshop, University of Oxford

Wednesday June 1st 2016

Fraenkel room, Corpus Christi College

8:30 to 9:00	Coffee & Tea/ Informal gathering
9:00 to 9:15	Welcome
9:15 to 10:00	How Much Better Than Death is Ordinary Survival? *Ivar Labukt* Commentator: Timothy Campbell (10 min) Author's response (5 min)
10:00 to 10:15	Break
10:15 to 11:00	Does Death Represent a Welfare Loss? *Carl Tollef Solberg* Commentator: Ivar Labukt (10 min) Author's response (5 min)
11:00 to 11:15	Break
11:15 to 12:00	Death Early in Life *Jeff McMahan* Commentator: John Broome (10 min) Author's response (5 min)
12:00 to 13:30	Lunch at Quod Brasserie (92-94 High St.)
13:30 to 14:15	The Time-Relative Interest Account and the Life Comparative Account: Implications for Summary Measures of Population Health and Priority *Ole Frithjof Norheim* Commentator: Jeff McMahan (10 min) Author's response (5 min)
14:15 to 14:30	Break
14:30 to 15:15	Life Years at Stake: Justifying and Modelling Acquisition of Life-Potential for DALYs *Andreas Mogensen* Commentator: Michelle Hutchinson (10 min)

	Author's response (5 min)
15:15 to 15:30	Coffee & Tea
15:30 to 16:15	The Comparative Badness of Death for Children and Adults *Espen Gamlund* Commentator: Andreas Mogensen (10 min) Author's response (5 min)
16:15 to 16:30	Break
16:30 to 17:15	Healthcare Rationing and the Badness of Death *Timothy Campbell* Commentator: Mathias Barra (10 min) Author's response (5 min)

19:00 Dinner (to be announced)

Abstracts

Ole Frithjof Norheim, *"The Time-Relative Interest Account and the Life Comparative Account: Implications for Summary Measures of Population Health and Priority Setting in Health Care"*

How do we assign value to saving people from death or improving their health? Does age matter? The chapter is divided in two parts. First, I present the work of the third Norwegian committee on priority setting in the health services. The committee proposed three criteria for priority setting – health gain, resource use, and health loss – and justified the choice by egalitarian and prioritarian arguments. The report created substantial public debate and was also met with criticism. Second, I present lessons learned from presenting complex normative arguments in the public sphere. There seems to be a widespread view that saving a life has equal value, regardless of age. I argue that if age-neutral criteria for priority setting were universalized, this would have counter-intuitive implications for population health. More normative work needs to be done to clarify the value of saving people from death at different ages.

Carl Tollef Solberg, *"Does Death Represent a Welfare Loss?"*
Does death represent a welfare loss? The aim of my paper is to provide an answer to that question. Two views will be discussed. Call Epicureanism the view that death represents no welfare loss for those who die. Call Deprivationism the view that death represents a welfare loss for those who die. Epicureanism can be defended on the basis of at least three arguments: *The experience argument, the time argument* and *the symmetry argument*. I will critically discuss these arguments and present some objections. Moreover, I will discuss some implications of Epicureanism with regard to welfare and health priorities. Finally, I propose that Deprivationism is preferable to Epicureanism.

Ivar Russøy Labukt, *"How Much Better Than Death is Ordinary Survival?"*

I argue that death is less bad from a personal or egoistic point of view than what is usually assumed. This is because ordinary human survival is less important from a personal or egoistic point of view than what is usually assumed. I proceed by critically examining four philosophical theories of what survival is and why it matters: (1) non-reductionism, (2) the psychological continuity view, (3) the continuity of consciousness view, and (4) the physical continuity view. In the final section, I argue that policy choices about the prevention of deaths should not be made solely on the basis of the personal badness of death.

Jeff McMahan, "Death Early in Life"
In earlier work I defended a view of the badness of death that I called the Time-Relative Interest Account. In my presentation at the conference, I will briefly explain why I was led to this account and also explore its implications for the badness of early death. I will attempt to respond to some objections advanced by Ben Bradley and will then conclude by mentioning some worries of my own concerning the account's apparent inability to explain the importance of euthanasia in cases in which there would be great psychological discontinuity between an individual now and that same individual in the future when she would experience great suffering

Timothy Campbell, "Distributive Ethics and the Badness of Death"
I show that any attempt to set priorities in health by appealing to an account of the badness of death will have at least one of the following four undesirable consequences: (1) We ought to save a healthy newborn infant rather than a healthy young adult from death, if death would deprive the infant of twice as much good life as it would the young adult; (2) We ought to let certain healthy (and morally innocent) individuals die earlier rather than later, even if this entails that they have less good life overall, and even if no one else is affected by the timing of their deaths; (3) We ought to give *fewer* years of good life to some individuals rather than *more* years of good life to others, even if there are no morally relevant differences between these individuals (e.g., no difference in health or psychological and cognitive development); (4) The relation 'ought to choose rather than' is cyclic: There are at least three alternatives, x, y, and z, such that we ought to choose x rather than y, y rather than z, and z rather than x. I consider several possible responses to this problem, but refrain from making a final judgment about which of (1)—(4) is least counterintuitive.

Espen Gamlund, "The Comparative Badness of Death for Children and Adults"
Each year policy makers around the world must make hard decisions about how to allocate scarce healthcare resources. Given the scarcity of many life-saving interventions, such as vaccines, beds in intensive care units, or organs for transplant, making allocation decisions entails determining who lives and who dies. Interventions that are successful in preventing death save people's lives. One relevant aspect of such allocation decisions concerns the relative importance of death at different ages. How should we value the prevention of deaths at different ages? The purpose of this chapter is to critically examine three allocation principles and their underlying moral foundations: a strict youngest first principle, prioritizing infants, a youngest first principle, prioritizing young children, and a modified youngest first principle, prioritizing adolescents and young adults. A deeper justification for these principles can be found in different accounts of the badness of death. My claim is that a strict youngest first principle can draw support from a deprivation account, a youngest first principle can draw support from a gradualist account, and a modified youngest first principle can draw support from a complete lives account. I conclude that youngest first allocation should be our favored choice.

Andreas Mogensen, *"Life Years at Stake: Justifying and Modelling Acquisition of Life-Potential for DALYs"*
In quantifying the global burden of disease (GBD) in terms of Disability Adjusted Life Years (DALYs), we must determine both *Years of Life Lost* (YLLs) and *Years Lost to Disability* (YLDs). In setting priorities for global health, many have felt that YLLs should not always simply equal life-expectancy at death. For example, it is widely believed that it is more important to save the lives of young adults than the lives of neonates, even if saving the younger person would save more life-years overall. To this end, Jamison et al. recommend the use of a DALY metric that incorporates *Acquisition of Life Potential* (ALP). When an individual dies, the YLLs that would otherwise be counted are multiplied by the value of the ALP function, which rises gradually from 0 to 1 during the first stages of an individual's life. Jamison et al. do not provide a detailed philosophical justification for the use of gradual ALP. The purpose of this essay is explain why I believe the Time-Relative Interest Account represents the most plausible ethical basis for the ALP approach and to describe tentatively how we might model the acquisition of life-potential in light of this view.

List of Participants

Mathias Barra, Akershus University Hospital, tenured researcher, PhD mathematical logic, working on health axiology.

John Broome, University of Oxford, professor emeritus in philosophy, author of *Weighing Lives (OUP)*.

Timothy Campbell, University of Stockholm, postdoc in philosophy, working on applied ethics.

Espen Gamlund, University of Bergen & CSMN, associate professor of philosophy, working on topics in moral and political philosophy.

Michelle Hutchinson, University of Oxford, defended her doctoral dissertation "The Ethics of Extending and Creating Life" in 2014. Executive director of Giving What We Can.

Ivar Russøy Labukt, University of Tromsø, associate professor of philosophy, working on hedonism and political theory.

Jeff McMahan, Oxford University, professor of philosophy, author of *The Ethics of Killing: Problems at the Margins of Life* (OUP).

Andreas Mogensen, Oxford University, associate professor of philosophy, working on ethics.

Ole Frithjof Norheim, University of Bergen & Harvard University, professor of medical ethics, co-editor of *Inequalities in Health, Concepts, Measures, and Ethics* (OUP).

Carl Tollef Solberg, University of Bergen & CSMN, PhD-candidate in medical ethics, working on badness of death and priorities in health.

Preben Sørheim, University of Bergen, MA philosophy, working on badness of death and welfare.