

Grow the pie, or the resource shuffle? Commentary on Munthe, Fumagalli and Malmqvist

John Rawls's 'just savings' principle is among the better-known attempts to outline how we should balance the claims of the present with the claims future generations on resources. A central element of Rawls's approach involves endorsing a sufficientarian approach, where our central obligation is to ensure "the conditions needed to establish and to preserve a just basic structure".[1]

This engaging paper by Christian Munthe, Davide Fumagalli and Erik Malmqvist ('the authors') does not explicitly mention Rawls's work on this issue.[2] Still, there are parallels in their aim to generate a "sustainability principle" for healthcare systems. Whereas current principles for allocating healthcare resources operate within "allocation rounds", the authors defend the broadening of our focus to the relations between rounds—particularly how decisions in one period can affect our choice range in the next. Where Rawls is concerned about future generations, the authors' concern is with future sets of patients. Our present decisions may generate system 'dynamics' which are either positive—where "more resources per health need" become available—or negative—where (otherwise justified) decisions taken now leave us with less bang for our buck in the future. The paper's important and compelling central claim is that we have an obligation to consider the long-term sustainability of our healthcare system.

Although not explicitly distinguished, their discussion highlights two ways our current choices can affect future options. First, some choices increase or decrease the total efficacy of our resources. For instance: the resources we spend on vaccination now will save a greater amount later. More interestingly, the authors point to this dynamic in antibiotic resistance: prescribing antibiotics may be justified using standard *intra*-round considerations like need and efficacy. But the effect on later rounds (a reduced inability to treat more serious cases), often weakens its justification considerably.

There are also cases where we must decide whether to use resources to generate health-related benefits now or in the future. For instance, the authors note that healthcare systems often prioritize drugs with modest or uncertain effects because they may benefit patients with severe conditions. But, they suggest, this generates a "negative balance" of unmet healthcare needs which must be met in the future.

The issue of investing in less efficient or uncertain treatments for the worst off is already one which has considerable attention in the existing literature.[3] The problem the authors highlight—that resources spent on these drugs could instead go to more efficiently-treatable individuals—is an issue that already exists within allocation rounds. They are right to note that we should also consider those individuals in the future who might be treated, and that this gains support from some of the very principles already used in healthcare allocation, such as equality of treatment and consideration of need.

But this raises some uncertainty on my part about what the idea of 'dynamics' is supposed to capture. The authors suggest that positive dynamics involve increasing the value that an allocation round can generate. Assume we can either give a modest benefit to Anushka, who is very badly off, or a greater

benefit to Bella and Chun, who are somewhat better off. The authors suggest that if we treat Anushka, the negative balance of Bella and Chun's need transfers to the following allocation round. But untreated health needs will only fail to transfer if the patient recovers, dies, or becomes untreatable. If we instead treat Bella and Chun, *Anushka's* unmet need is transferred. By stipulation, the cost of these unmet needs is the same.

One might say this misses the point: Anushka's treatment is less efficient, and so should also lose out to more efficient treatments in the following round. Thus, it should not be transferred at all: Anushka should be left untreated and, since treating her was the less efficient choice, we have a net gain over the two years. This ignores the question of prioritarian weighting. If Anushka's status as worst off generates a prioritarian weighting for her treatment that outweighs the extra efficiency of treating Bella and Chun, it will still have that weighting next year. On the other hand, if that weighting is insufficient to warrant preferring Anushka's treatment over more efficient options next year, then it should not do so this year either. Thus, we would get the result that Anushka should not be treated, but without appeal to negative dynamics.

Similarly, the authors suggest various ways to operationalise system dynamics, including the idea of 'Rational Savings', which involves "withdraw[ing]...resources from this allocation round...for future use". But this again seems to involve merely moving resources around: taking money from one fiscal year and putting it into the next does not, as far as I can see, have a positive effect on the total efficacy of resources across the two years.

Considering this also made me wonder about the scope of these proposals: would the authors support more unorthodox approaches to 'grow the pie', such as having a healthcare system invest some of its (monetary) resources in financial institutions or property portfolios in order to grow the total sum, forgoing £1000 of health value today to £2000 worth later. One problem with such an approach might be knowing when to stop; why not apply the same logic to our £2000? This will depend in part on the overall goal of considering system dynamics: is it to maximise the total amount of health value (weighted by equality and need) that we can generate, regardless of the time it occurs? Or is it closer to Rawls's sufficientarian approach, where our aim should be to protect a 'functional' health system? Recognizing the limits of what any one article can do, I look forward to future work where the authors might engage with such extensions of their important proposal.

[1] John Rawls. 2001. *Justice as Fairness*. Cambridge, MA: Harvard University Press

[2] Christian Munthe, Davide Fumagalli and Erik Malmqvist. Forthcoming. A sustainability principle for the ethics of healthcare resource allocation. *Journal of Medical Ethics*.

[3] Andrew Dylan. 2015. Carrying NICE over the threshold. www.nice.org.uk/news/blog/carrying-nice-over-the-threshold