# The Plausibility of Prioritarianism and Pluralism in a Pandemic Jille Niang - s1395114

#### Introduction

There exists a plurality of ethical principles we can use to judge and justify outcomes or actions. We might conceive of such principles as representing either duties we ought to follow, or as claims to represent a moral value. Some principles are more plausible than others. This paper argues that the priority view, as defined by Derek Parfit, is not plausible. To show where the priority view fails we will examine its application within the context of vaccine distribution during a pandemic.

During the recent covid pandemic many countries prioritised certain groups for vaccination. In many cases, the people prioritised for vaccinations are those in a more vulnerable position with respect towards the disease. Many countries are also dealing with an issue of unclaimed vaccines during the pandemic. <sup>234</sup> Vaccine hesitancy seems to be another issue, including in first world nations, and so this raises the question of what should be done with unclaimed vaccines. <sup>56</sup> Seeing as how vaccines have an expiration date, we

<sup>&</sup>lt;sup>1</sup> "Coronavirus vaccines if you're affected by terminal illness." Marie Curie Organisation, 2021. Accessible via:<a href="https://www.mariecurie.org.uk/help/support/coronavirus/vaccine-coronavirus">https://www.mariecurie.org.uk/help/support/coronavirus/vaccine-coronavirus</a>> Last Accessed 31 may

<sup>&</sup>lt;sup>2</sup> Genevieve Beauchemin, and Alexandra Mae jones. "Vaccination no-shows: Why are thousands of appointments going unfilled?" CTVNEWS, 2021. Accessible via:

<sup>&</sup>lt;a href="https://www.ctvnews.ca/health/coronavirus/vaccination-no-shows-why-are-thousands-of-appointments-going-">https://www.ctvnews.ca/health/coronavirus/vaccination-no-shows-why-are-thousands-of-appointments-goingunfilled-1.5377278> Last accessed 31 may 2021.

<sup>&</sup>lt;sup>3</sup> Erin Alberty, and Leia Larsen. "Thousands of Utah's coronavirus vaccine doses are waiting to be claimed." The Salt Lake Tribune, 2021. Accessible via:

<sup>&</sup>lt;https://www.sltrib.com/news/2021/04/29/thousands-utahs/> Last accessed 31 may 2021.

Kimberlee Kruesi. "Extent of COVID-19 vaccine waste remains largely unknown." Associated press, abcnews, 2021. Accessible via:

<sup>&</sup>lt;a href="https://abcnews.go.com/Health/wireStory/extent-covid-19-vaccine-waste-remains-largely-unknown-thttps://abcnews.go.com/Health/wireStory/extent-covid-19-vaccine-waste-remains-largely-unknown-thttps://abcnews.go.com/Health/wireStory/extent-covid-19-vaccine-waste-remains-largely-unknown-thttps://abcnews.go.com/Health/wireStory/extent-covid-19-vaccine-waste-remains-largely-unknown-thttps://abcnews.go.com/Health/wireStory/extent-covid-19-vaccine-waste-remains-largely-unknown-thttps://abcnews.go.com/Health/wireStory/extent-covid-19-vaccine-waste-remains-largely-unknown-thttps://abcnews.go.com/Health/wireStory/extent-covid-19-vaccine-waste-remains-largely-unknown-thttps://abcnews.go.com/Health/wireStory/extent-covid-19-vaccine-waste-remains-largely-unknown-thttps://abcnews.go.com/Health/wireStory/extent-covid-19-vaccine-waste-remains-largely-unknown-thttps://abcnews.go.com/Health/wireStory/extent-covid-19-vaccine-waste-remains-largely-unknown-thttps://abcnews.go.com/Health/wireStory/extent-covid-19-vaccine-waste-remains-largely-unknown-thttps://abcnews.go.com/Health/wireStory/extent-covid-19-vaccine-waste-remains-largely-unknown-tht-go.com/Health/wireStory/extent-covid-19-vaccine-waste-remains-largely-unknown-tht-go.com/Health/wireStory-waste-remains-largely-unknown-tht-go.com/Health/wireStory-waste-remains-largely-unknown-tht-go.com/Health/wireStory-waste-remains-largely-unknown-th-go.com/Health/wireStory-waste-remains-largely-unknown-th-go.com/Health/wireStory-waste-remains-largely-unknown-th-go.com/Health/wireStory-waste-remains-largely-unknown-th-go.com/Health/wireStory-waste-remains-largely-unknown-th-go.com/Health/wireStory-waste-remains-largely-unknown-th-go.com/Health/wireStory-waste-remains-largely-unknown-th-go.com/Health/wireStory-waste-remains-largely-unknown-th-go.com/Health/wireStory-waste-remains-largely-unknown-th-go.com/Health/wireStory-waste-remains-largely-unknown-th-go.com/Health/wireStory-waste-remains-largely-unknown-th-go.com/Health/wireStory-waste-remains-largely-unknown-th-go.com/Healt 76467539> Last accessed 31 may 2021.

<sup>&</sup>lt;sup>5</sup> Mike Stobbe, and Hannah Fingerhut. "AP-NORC poll: A third of US adults skeptical of COVID shot." Associated press, 2021. Accessible via: <a href="https://apnews.com/article/ap-norc-poll-3rd-adult-skeptical-vaccine-">https://apnews.com/article/ap-norc-poll-3rd-adult-skeptical-vaccine-</a> 3779574a6d45d38cfc1d8615eb176b2d> Last accessed 31 may 2021.

<sup>&</sup>lt;sup>6</sup> "Covid: Australia's vaccine hesitancy worries medical experts." BBC, 2021. Accessible via: <a href="https://www.bbc.com/news/world-australia-57181038">https://www.bbc.com/news/world-australia-57181038</a>> Last accessed 31 may 2021.

cannot keep these vaccines reserved for the prioritised forever. It is at this point that we have a choice. We can either:

- (A) Allow those outside the prioritised group to make use of the unclaimed vaccines or
- (B) Keep the vaccines in reserve for the prioritised risking their expiration.

In this example, in choosing A we would allow those outside of the priority group to 'jump the queue.' This solution was proposed by major American pharmaceutical corporation CVS, and has been adopted by others as well. This solution is attractive for several reasons. First, we dramatically reduce the risk of vaccine hesitancy lowering the total number of vaccinated. Second, even though these prioritised are now still unvaccinated their general risk decreases because there are more vaccinated people within the society they live in. This would lower the chances they contract the disease. In short, it seems to me that option A gives us the better future prospects for everyone involved. Assuming that at least one of those who failed to show up did so deliberately, choosing option B would necessarily leave us with a lower total number of vaccinated individuals than choosing option A. It then follows that a society that picks option B would be at a higher risk of outbreak than a society that picks A.

There are many different ways to characterise our choosing of option A. We could be utilitarians, and reason that since we run too much risk losing utility in option B, we should prefer A. We could also argue that since everyone deserves an equal chance for vaccination, we employ a fair lottery system instead. This would make us chance egalitarians. Whatever our concern is, it outweighs our other concern towards helping those who are prioritised and by extension generally worse off. This mediating between multiple concerns or principles is pluralist. We acknowledge that there are multiple competing and conflicting moral principles, and we must mediate between them.

<sup>&</sup>lt;sup>7</sup> Allie Hogan. "This is Who Can Get the Leftover Vaccine at Walgreens, CVS, & Walmart." Bestlife, 2021. Accessible via: <a href="https://bestlifeonline.com/leftover-vaccine-pharmacies-news/">https://bestlifeonline.com/leftover-vaccine-pharmacies-news/</a>> Last Accessed 31 may 2021.

<sup>&</sup>lt;sup>8</sup> This is under the assumption that people are not compelled by force to be vaccinated. Certainly, that would solve this issue, but that opens up quite a different ethical discussion than the one aimed at in this paper.

Ideally, we would have a single principle or view to inform us either on how we should go about distribution, or on what a morally justifiable distribution would look like. In that case we could dispense with all the mediating between concerns. Derek Parfit presents his priority view as a complete view. A complete view means that we do not need to appeal to any considerations outside of the view itself. The priority view itself contains everything we need, according to Parfit. The priority view itself holds that *benefits to the worse off matter more than benefits to those better off*, and has gained some traction within bioethics. As mentioned before, this particular ethic is clearly present within most current vaccine policies (see section one), and as such deserves evaluation. It certainly would be convenient if we could appeal to prioritarianism alone, without needing to consider other views, and still get acceptable results.

In this paper I will argue that, contrary to Parfit, prioritarianism is not best understood as a complete view, but instead requires a pluralist deontological(deontic hereafter) interpretation to become tenable. In that sense, the priority view should just be one of many views considered when making decisions. This is because the priority view on its own suffers from several flaws, which become pronounced especially under teleological(telic hereafter) interpretations. In order to expose these flaws, the first section will outline the ethical challenges involved in justifying jumping the queue, introduce the distinction between telic and deontic principles, as well as provide context for principles of distribution within bioethics. This section will also introduce the levelling-down objection, which the priority view was conceived to address in particular. In section two, I will outline what the priority view is by describing its core claims and outline how, according to Parfit, it distinguishes itself from egalitarianism. This section will also discuss the first problem with

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<sup>&</sup>lt;sup>9</sup> Derek Parfit, 'Equality or Priority?', in *The Ideal of Equality*, edited by Matthew Clayton and Andrew Williams (Palgrave Macmillan, 2002), 103.

<sup>&</sup>lt;sup>10</sup> Lasse Nielsen, 'Pandemic Prioritarianism', *Journal of Medical Ethics*, 4 february 2021, medethics-2020-106910, https://doi.org/10.1136/medethics-2020-106910.https://doi.org/10.1136/medethics-2020-106910. 1.

prioritarianism, namely that the degree to which we ought to prioritize the worst off is either unclear or implausible, which renders the view difficult to adopt. Section three discusses a general problem in ethics, namely that it is unclear who exactly the worst off are. Via several prioritarian interpretations, I will argue that identifying the worst off, whilst possible, leaves us with either implausible courses of action to follow or must cause us to give up on applying universal scope within our priority view. Without universal scope, the priority view cannot be taken as complete. Section four discusses a problem with prioritarianism in particular, namely that of accounting for variable populations. Drawing on the work of Campbell Brown we will see that we cannot use a simple interpretation of prioritarianism without opening ourselves up to either untenable conclusions or succumbing to a variation of the repugnant conclusion. If we deviate from the simple interpretation however, we will see that we seem to veer away helping the worst off. Section five discusses how prioritarians have trouble accounting for uncertain prospects. Through the work of Wlodek Rabinowicz we will see that when prospects are considered the priority view seems to fall to a version of the levelling-down objection. In order to meet this objection, prioritarians are either forced towards a pluralist interpretation of the priority view, or must decouple morality from prudence(here defined as risk management). Section six goes on to explore some of the implications decoupling morality from prudence causes under teleological interpretations of prioritarianism, and concludes that doing so is not tenable. Instead we may look at deontic interpretations of prioritarianism. Section seven discusses prioritarianism's need for exact description or risk the levelling-down objection. Another problem raised by Martin Weber is the failing of prioritarianism to properly take separateness of persons into account. We will see that in order to solve this problem we must adopt a deontological interpretation of prioritarianism. Deontic interpretations of prioritarianism seem to be functionally equivalent to interpretations of deontic egalitarianism. If accurate, that would leave us with little reason to prefer one over

the other. Finally, section eight will offer some concluding remarks as to why the priority view should not be taken as a complete view, but is instead best applied in a pluralist deontic ethical framework.

## 1 - Jumping the Queue and Bioethics

Before we examine a proper case of vaccine prioritisation, I will first outline a few ethical principles with which to evaluate such cases. I will then explain the levelling-down objection and how it relates to jumping the queue. It is important to first understand the problem that Parfit was trying to avoid when constructing his priority view. When we examine a typical priority list, we will see that it is no purely prioritarian implementation. The reason for this, as the rest of this paper will argue, is that Parfit's interpretation of the priority view is still vulnerable to the levelling-down objection, albeit slightly different variants.

## 1.1 Three General approaches and Levelling down

To start with a simple example first, we can discuss three ways to conceive of a distribution principle for vaccines. Ideally, we would vaccinate everyone at once. However, since we lack both the ability to produce vaccines at such scale, as well as the infrastructure to distribute them, we are forced to make a decision as to who gets vaccinated first. A utilitarian proposal would be to prioritise those we could least afford to lose. This would then put us in a better position to provide vaccinations to the rest. In this case, that would mean those producing and administering the vaccinations ought to get priority. An immediate objection to this idea would be one of fairness, as egalitarians might object that prioritising vaccinations in this way would contribute to inequality. Since those who are producing more utility are likely to be better off, the result would be a situation where those who are better off gain thereby

contributing to inequality. Another objection might be that it is unclear why producing greater utility entitles one to greater priority ranking.

An egalitarian proposal would be to make use of a lottery system, whereby every person is given an equal chance to 'win' a priority spot for vaccination. Such a system seems fair in a basic sense, but pragmatically would run into challenges. Besides, it might be argued that it is not fair for those who carry greater risk of severe consequences after infection to be given the same chance as those who carry less risk. There do exist ways to adjust such a lottery, and we will discuss them in section five. It could also be argued that an egalitarian should be more concerned with promoting equality in the world, rather than go for equal chance. For these egalitarians distributing the vaccines in such a way that there would be less inequality after distribution would take precedence. However, neither the egalitarian proposals nor the utilitarian one seem to take into account the actual risk of damage the potential infected might suffer.

Instead, we might look to prioritise our population based upon their risk of suffering severe consequences upon infection. In a basic sense, this would include all those whose immune system is likely to be compromised, either due to age or some form of impairment. In this regard, we would be giving priority to those who are *worst off* with regards to likely consequences upon infection. This carries the obvious benefit of minimising potential harm for those with most to lose. If we hold that benefiting those who are worse off matters more, that would make us prioritarians. These three approaches are simplified versions of utilitarian, egalitarian, and prioritarian reasoning and can be phrased into principles like so:

- (U) We should distribute benefits in such a way so as to maximise utility.
- (E) We should distribute benefits in such a way so as to maximise equality.
- (P) We should distribute benefits in such a way so as to maximise benefits to the worst off.

Phrased as they are now, these principles can be interpreted as duties or as guidelines for justifiable action, and as such are action guiding. Under such an interpretation we would be deontological ethicists and would follow a rule-based ethic. Deontic theories are often best understood in opposition to consequentialism, and as such concerns itself less with outcomes. If we instead wish to push the claim that *helping those who are worse off is more valuable* further into meta-ethics, we would then hold the position that our chosen principle represents a moral good. Teleological ethical theories are committed to appealing to values to explain right and wrong, and as consequentialists they judge outcomes. With some rephrasing we can also create telic version of the previous three principles, like so:

- (Ut) Distributing utilities in such a way that we maximise the total utility is morally good
- (Et) Distributing utilities in such a way that we maximise equality is morally good
- (Pt) Distributing utilities in such a way that we maximise benefits to the worst off is morally good.

One example of judging such outcomes is found in telic egalitarianism, which appeals to the intrinsic badness of inequality to guide action. <sup>12</sup> In this case we hold that equality, besides its effects upon the world, has value as a moral good. Inequality, conversely, carries intrinsic moral badness. Since telic egalitarians hold the position that inequality is intrinsically a bad thing, a common criticism of this telic approach is that it leaves one vulnerable to the levelling-down objection. To illustrate the problem, consider the following case:

- (1) Everyone at 100
- (2) Half at 110 and half at 120
- (3) Half at 105 and half at 150

<sup>11</sup> Larry Alexander, and Michael Moore. "Deontological Ethics." (Metaphysics Research Lab, Stanford university, 2020). Accessible via: <<u>https://plato.stanford.edu/entries/ethics-deontological/</u>> Last accessed 31 May 2021.

<sup>&</sup>lt;sup>12</sup> Derek Parfit, 'Equality or Priority?', in *The Ideal of Equality*, edited by Matthew Clayton and Andrew Williams (Palgrave Macmillan, 2002), 94.

If we believe equality to be an intrinsic good, we have reason to prefer (1) over (2) and (3), even though compared to the other two situations no one is better off in terms of utility. In other words, we have levelled down to a worse outcome. According to Parfit, another way to characterise this objection is in terms of what he refers to as a personaffecting claim. 13 The claim holds that if an outcome is worse for no one, it cannot be in any way worse.<sup>14</sup> It is then reasoned that even if we eliminate (3) or (2) as an option, telic egalitarians must still be inclined towards picking (1) due to the lack of inequality. Utilitarians on the other hand would certainly prefer (3) over (1) and (2) due to the fact that it has the greatest sum total of utility. Prioritarians however prefer (2) over (1) and (3). This is due to the fact that the worst off are at a higher level than in the other two cases. This choice, whilst certainly not without merit, does show the tendency for prioritarianism to disregard total gains, in favour of gains to the worst off. This is relevant, because it opens the priority view up to a version of the levelling-down objection. We will delve into further examples in the next section, where we outline the priority view in more detail. For now, it may help to look at what bioethicists themselves propose as far as principles of distribution are concerned.

### 1.2 Pluralism in Bioethics

Pluralism seems to be the norm amongst bioethicists. Persad et al. outline 8 principles for the allocation of scarce medical resources, and place them into four categories, and advocates for what he refers to as multi principle allocation systems. <sup>15</sup> The four categories represent core ethical values; treating people equally, favouring the worst off, maximising

<sup>13</sup> Derek Parfit, 'Equality or Priority?', in *The Ideal of Equality*, edited by Matthew Clayton and Andrew

Williams (Palgrave Macmillan, 2002), 114. <sup>14</sup> Ibid. <sup>15</sup> Govind Persad, Alan Wertheimer, and Ezekiel J Emanuel, 'Principles for Allocation of Scarce Medical

Interventions', The Lancet 373, no. 9661 (january 2009): 423-31, https://doi.org/10.1016/S0140-6736(09)60137-9. 423.

total benefits, and promoting and rewarding social usefulness. <sup>16</sup> Immediately, we may connect the first three categories with the egalitarian, prioritarian, and utilitarian ethics respectively. Promoting and rewarding social usefulness as a fourth category is argued to consist of two main principles. It has instrumental value, in that it helps to promote other important values by helping those who would perpetuate them. <sup>17</sup> It is also based on a notion of reciprocity, in that we reward those who have in the past helped promote and implement important values. Multiprinciple allocation systems would then take all these into account and give them different relevance depending on the medical context. <sup>18</sup> This is because according to Persad et al. none of the eight principles within the categories recognise all morally relevant values, and some recognise irrelevant values. <sup>19</sup>

We do not need to discuss all eight principles, but we will look at what Persad et al. claim about the prioritarian principles. The two prioritarian principles Persad et al. examine are the *sickest first* and *youngest first*.<sup>20</sup> Persad is rather negative in his evaluation of the sickest first, pointing out three core issues with the principle. The first issue cited is that it applies even when only minor gains at high cost can be achieved.<sup>21</sup> Second, evaluating on the basis of sickest first forces us to base our choice of allocation based upon how sick someone is at the current time.<sup>22</sup> This would seem to assume that those who are not currently ill, can still be saved at a later time. Persad et al. point out that in a situation of true scarcity, this is no guarantee.<sup>23</sup> Third, in a situation of genuine scarcity, treating one person necessarily

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<sup>&</sup>lt;sup>16</sup> Govind Persad, Alan Wertheimer, and Ezekiel J Emanuel, 'Principles for Allocation of Scarce Medical Interventions', *The Lancet* 373, no. 9661 (january 2009): 423–31, <a href="https://doi.org/10.1016/S0140-6736(09)60137-9">https://doi.org/10.1016/S0140-6736(09)60137-9</a>. 423.

<sup>&</sup>lt;sup>17</sup> Ibid. 425.

<sup>&</sup>lt;sup>18</sup> Ibid. 429.

<sup>&</sup>lt;sup>19</sup> Ibid.

<sup>&</sup>lt;sup>20</sup> Ibid. 424.

<sup>&</sup>lt;sup>21</sup> Ibid. 424.

<sup>&</sup>lt;sup>22</sup> Ibid. 425.

<sup>&</sup>lt;sup>23</sup> Ibid.

means depriving another of treatment.<sup>24</sup> Since the evaluation is only based on current sickness this would ignore those who might become more ill in the future. For these three reasons Persad et al. argue that this principle is inherently flawed and inconsistent with the core idea of priority to the worst off, and should not be considered for multi principle allocation systems.<sup>25</sup>

The second principle of youngest first fairs a bit better under the scrutiny of persad et al. One criticism levelled is that when a strict interpretation is followed, the principle forces us to direct scarce resources to infants. <sup>26</sup> According to Persad et al. this ignores the intuition that the death of a 20-year-old is worse than that of a 2-month-old. This is because the 20year-old has a more developed personality and a deeper investment of others has been made in them.<sup>27</sup> A second criticism is that the youngest first principle excludes older people. Still, Persad et al. are open to the possibility of employing the principle within a multiprinciple allocation system.<sup>28</sup>

Summarised, the two principles both suffer the problem of ignoring other principles relevant to resource allocation. The sickest-first does so by not taking any future considerations into account. It would also seem to commit us to helping those with little prospect for gain, which violates the principle of maximising utility. The second principle ignores the principle of equality, due to the fact that it categorically excludes older people. Persad et al. leave open what such a multi principle allocation system might exactly look like. For now, it should be clear why a pluralist ethic is favoured amongst bioethicists. It allows for the mediation between multiple concerns to avoid undesirable results.

<sup>24</sup> Govind Persad, Alan Wertheimer, and Ezekiel J Emanuel, 'Principles for Allocation of Scarce Medical Interventions', The Lancet 373, no. 9661 (january 2009): 423–31, https://doi.org/10.1016/S0140-6736(09)60137-9. 425. <sup>25</sup> Ibid.

<sup>&</sup>lt;sup>26</sup> Ibid.

<sup>&</sup>lt;sup>27</sup> Ibid.

<sup>&</sup>lt;sup>28</sup> Ibid.

## 1.3 A Typical Priority List

We can recognize this pluralist ethic at work even in the initial priority distribution of the covid vaccines. Consider the following list of citizens prioritised for vaccination by the NHS:

Vaccines will be offered to everyone soon. People most at risk of coronavirus get them

first. This includes:

- people aged 32 and over
- people who are at high risk from coronavirus (clinically extremely vulnerable)
- people who are at moderate risk from coronavirus (clinically vulnerable)
- people who live and work in care homes
- health and social care workers
- people who have a learning disability
- people who are a main carer for someone at higher risk of coronavirus
- people who receive Carer's Allowance.<sup>29</sup>

The first three categories all seem in some way to relate to those who carry more risk. The first because those over a certain age carry higher risk of severe health repercussions. We may safely call these prioritarian. The second and third specify those who are vulnerable especially in terms of clinical vulnerability. These three could all be termed prioritarian because they prioritise those with the most risk. The fourth could also be termed prioritarian because it gives priority to those in close proximity to those who carry more risk due to their age. The fifth group gets priority on a basis of maximising utility. Health and social care workers are generally not the worst off in terms of severity of illness, but since they are in contact with many people who might be vulnerable we ought to vaccinate them to minimise chances they infect any of the vulnerable. The seventh and eighth point follow in this same vein, except the seventh appeals to those at high risk, and the eighth appeals to those who are caring for one who's likely vulnerable. The sixth category is harder to place, as it is neither utilitarian nor prioritarian per sé. Perhaps one could argue that those with a learning disability are worse off than those without one, but how this is relevant to disease prevention is not

<sup>&</sup>lt;sup>29</sup> "Coronavirus vaccines if you're affected by terminal illness." Marie Curie Organisation, 2021. Accessible via:<<a href="https://www.mariecurie.org.uk/help/support/coronavirus/vaccine-coronavirus">https://www.mariecurie.org.uk/help/support/coronavirus/vaccine-coronavirus</a>> Last Accessed 31 may 2021.

entirely clear. It's exact placement is not particularly relevant, but this list does go to show the pluralistic nature of our vaccine prioritisation. In this case, the two main principles appealed to seem to be utilitarianism and prioritarianism. It is not in this initial vaccine distribution that we find the problems for prioritarianism however, but rather when we consider what we ought to do when those who we prioritise do not claim their vaccination dose. Another interesting thing of note is that there is a special section dedicated to the terminally ill, as one may see they are not on the list and are not prioritised. Again concerns outside of the prioritarian ones seem to play a part. Nevertheless, the focus on prioritising those who are at greater risk for vaccination is clear.

## 1.4 Jumping the Queue

It is now that we will properly introduce the case already mentioned in the introduction, where I stated that there is a problem of unclaimed vaccines. Among those people prioritised for vaccination a number have failed to show up for their vaccination. Whatever reasons they have for this, the result is that there are now a number of unclaimed vaccines which would be in danger of expiration. We then have a choice, where we either:

(A) Allow those outside the prioritised group to make use of the unclaimed vaccines

or

(B) Keep the vaccines in reserve for the prioritised and risk their expiration.

Since an expired vaccine is useless, there is an obvious incentive to make sure they are put to use. Recently, American pharmacy chain CVS started allowing customers not

<sup>30</sup> "Coronavirus vaccines if you're affected by terminal illness." Marie Curie Organisation, 2021. Accessible via:<<a href="https://www.mariecurie.org.uk/help/support/coronavirus/vaccine-coronavirus">https://www.mariecurie.org.uk/help/support/coronavirus/vaccine-coronavirus</a>> Last Accessed 31 may 2021.

registered for priority to receive unclaimed vaccines.<sup>31</sup> After which, should there be leftovers, these would be distributed amongst the CVS staff. The reasoning for doing so was mainly prudential in nature, going along the following lines:

- 1. Vaccines have an expiration date.
- 2. An expired vaccine should not be used, and it therefore represents lost utility that otherwise could have been used.
- 3. It is better that a vaccine is used, rather than not.
- 4. There are reserved vaccines that will go unclaimed by their intended recipients.
- 5. A number of these recipients display vaccine hesitancy, and therefore are unlikely to collect.
- 6. To allow vaccines to expire incurs greater risk to the population, as opposed to not using them. This is due to increased exposure time to the virus with fewer vaccinated people then there otherwise would have been.
- 7. Minimising risk of outbreak outweighs our commitment to the queue.
- 8. Therefore, we should allow the unprioritized to jump the queue and receive an unclaimed vaccine on a first come first serve basis.

If it is true that viruses need time and hosts in order to spread, then decreasing the availability of these factors to the virus would likewise limit its potential to cause any further damage. In other words, we ought to be careful that we act in such a way that we bring about both the decrease in the amount of potential time for infection, as well as limit the pool of potential hosts to which the virus might spread. To achieve the latter, we must vaccinate as many people as possible. To achieve the former, we must also do so as quickly as possible. One way to conceive of the solution given here is that we implement the egalitarian principle of *first come first serve*. <sup>32</sup> As the name implies, since we allow shoppers to claim these vaccines, the leftovers would be handed out on a first come first serve basis. Considering vaccines are scarce, we can be reasonably sure that there will be enough demand amongst the non prioritized to deplete the leftovers. Also, since these would be people who show up of their own accord, there is no issue with vaccine hesitancy.

<sup>&</sup>lt;sup>31</sup> Allie Hogan. "This is Who Can Get the Leftover Vaccine at Walgreens, CVS, & Walmart." Bestlife, 2021. Accessible via: <a href="https://bestlifeonline.com/leftover-vaccine-pharmacies-news/">https://bestlifeonline.com/leftover-vaccine-pharmacies-news/</a>> Last Accessed 31 may 2021.

Govind Persad, Alan Wertheimer, and Ezekiel J Emanuel, 'Principles for Allocation of Scarce Medical Interventions', *The Lancet* 373, no. 9661 (january 2009): 423–31, <a href="https://doi.org/10.1016/S0140-6736(09)60137-9">https://doi.org/10.1016/S0140-6736(09)60137-9</a>. 424.

I argued earlier this option was attractive, because it allows us to maximise the benefits of our vaccines whilst minimising the risk of further outbreak. To choose option B in this case seems likely to lead to a lower number of total vaccinated and hence a bigger risk of outbreak. If we want to interpret prioritarianism as a complete view, the question becomes whether we are committed to choosing option B, or whether we can find some rationale to justify us choosing A. Should the prioritarian view be committed to option B, we would have to provide reasons that running the risk of wasting vaccines is somehow worth it. If we cannot do so, then we would have to acknowledge that the interpretation of prioritarianism as a complete view is untenable.

2 - Parfit's Prioritarianism and Jumping the Queue
Before we apply the priority view to our case of jumping the queue, we must define
prioritarianism properly. In its most basic phrasing, the priority view holds that *benefitting*people matters more the worse off they are.<sup>33</sup>As I mentioned before, the priority view can
take both telic and deontic interpretations. Before we delve into that distinction however, we should look at the core claims of the priority as defined by Parfit:

### 2.1 Defining Parfit's Prioritarianism

The following 8 principles can be taken as the first principles of the priority view, or an axiology, as taken from Parfit.

The priority view holds that:

- (P1) It is morally more important to benefit the people who are worse off.
- (P2) We do not believe in equality.
- (P3) Benefits are good, and matter more the worse off the people who receive them.
  - (P4) It is bad that people are worse off than they might have been.
  - (P5) We are concerned only with people's absolute levels, not relative levels.
  - (P6) We employ a universal scope.

<sup>33</sup> Derek Parfit, 'Equality or Priority?', in *The Ideal of Equality*, edited by Matthew Clayton and Andrew Williams (Palgrave Macmillan, 2002), 101.

- (P7) Urgency of benefitting does not depend on the relation between people, but only on their absolute level.
  - (P8) It is more urgent to help the worst off, even when we can help them less.<sup>34</sup>

P1 represents the main claim of the priority view. It informs both what we ought to value on a moral level, that being benefits to the worse off over benefits to the better off, and how we ought to judge what actions of distribution are justified.

P2 is made by Parfitt specifically to distinguish prioritarianism from egalitarianism.<sup>35</sup> Unlike egalitarians, prioritarians do not value equality. Parfit points out that benefitting the worst off as a course of action is likely to increase equality, and as such we can be said to aim for equality, but prioritarians do not hold it as a value.<sup>36</sup>

P3 describes the relation between benefits and their recipients. Parfit argues that telic egalitarians need to appeal to the principle of utility in order to arrive at the position that inequality is bad and that benefits are good, thus making them pluralist.<sup>37</sup> In contrast, the priority view does not need to appeal to other principles, and as such can be taken as a complete view.<sup>38</sup> Parfit states that it can be regarded as the only principle we need.<sup>39</sup> If it is true that it is the only principle we need, we should be able to get proper results without appealing to outside principles. If it is not true, and we do need other principles, this would mean we are pluralist of some form.

P4 relates to P2 in the following way. Prioritarians do not think it in itself unjust or bad that some are worse off than others, but rather that it is unjust or bad that some are worse off than they might have been. <sup>40</sup> As such, we do not measure how badly off one is by their

<sup>&</sup>lt;sup>34</sup> Derek Parfit, 'Equality or Priority?', in *The Ideal of Equality*, edited by Matthew Clayton and Andrew Williams (Palgrave Macmillan, 2002), 101.

<sup>&</sup>lt;sup>35</sup> Ibid. 100.

<sup>&</sup>lt;sup>36</sup> Ibid.

<sup>&</sup>lt;sup>37</sup> Ibid. 104.

<sup>&</sup>lt;sup>38</sup> Ibid. 103.

<sup>&</sup>lt;sup>39</sup> Ibid. 104.

<sup>&</sup>lt;sup>40</sup> Ibid.

relation to others in terms of equality, but rather by measuring them against some absolute standard, as outlined by P5.

P5 holds that we must measure the worst off by an absolute standard. What exactly this standard ought to be will be discussed in the next two sections, but we will see that the priority view runs into problems here.

P6 is fairly simple, in that prioritarianism considers everyone as a candidate for the worst off, regardless of their relation to one another. This is because we would not want to limit who we could possibly help. P7 makes explicit that our need to help the worst off cannot be influenced by the relative position of the others.

P8 is a reinforcement of P7. Prioritarian urgency to help the worst off is not affected either by how the others in society relate to the worst off, nor by how much we can actually help them.

There is a ninth principle that can be adopted within the priority view, but one need not necessarily do so. This principle can be termed the *principle of diminishing moral utility*, and it is related to similar utilitarian principle, the *principle of diminishing marginal utility*:

(DMaU): Resources to the better off will benefit these people less than those same resources to the worse off.<sup>41</sup>

This is a utilitarian strategy of aiming at equality, where much like prioritarians the utilitarians now have a path of justification, even though they do not hold equality as a value. Prioritarians can employ a moral version the principle of diminishing moral utility:

(P9) -(DMoU): Resources to the better off is less beneficial than those same resources to the better off on a moral level. 42

<sup>42</sup> Ibid.

<sup>&</sup>lt;sup>41</sup> Derek Parfit, 'Equality or Priority?', in *The Ideal of Equality*, edited by Matthew Clayton and Andrew Williams (Palgrave Macmillan, 2002), 105.

DMoU can be taken as adding a moral dimension to DMaU and an optional P9, but P8 shows that cannot always be the case. It is not possible that benefits distributed to the worst off both confer more benefit, and yet do not do so providing we help them less. If it is more important that we help people even when we can help them less, we can assume this is so under the assumption these same resources could have gone to someone better off to help them more. Prioritarians can reject DMaU and safely still hold P8 and P9. We can believe that our help matters more on a moral level, even though we get less return on investment in terms of pure utility. Still, we should keep in mind that there seems to be a tension between DMaU and P8.

Summarised, the priority view holds that it matters more to benefit people the worse off they are. In measuring how badly off people are we compare them to an absolute standard, and not to the level of other people. This particular feature also seems responsible for much of the trouble the complete view of prioritarianism faces. The value of benefiting those who are worse off, is not based upon the actual value of the help we may provide. Parfit points out that this particular point is what separates prioritarianism from utilitarianism, as a utilitarian might argue we ought to help the worst off *because* we can help them more. The idea here is a person who is worse off has more need and use for these benefits then the better off, and that therefore these benefits would make a comparatively larger difference in their lives. The priority view does not make use of this justification however, as P8 shows we should help the worse off even if we can help them less. This gives us an interesting result when applied to our case of jumping the queue.

## 2.2 Jumping the Queue and the Levelling-Down Objection

On this initial reading, we can see that prioritarians will have very little reason to choose option A when we consider our case of jumping the queue. Since benefits to the worst

<sup>43</sup> Derek Parfit, 'Equality or Priority?', in *The Ideal of Equality*, edited by Matthew Clayton and Andrew Williams (Palgrave Macmillan, 2002), 100.

off matter more and our ability to provide help does not factor into whether or not we should provide said help, we seem to be driven towards option B. P4 seems to give us the most wiggle room. If we hold that *it is bad that people are worse off than they might have been*, we could try to argue that if we chose B, this course of action likely leaves everyone worse off than they otherwise may have been. Still, this argument would also apply to those who are worse off, considering they are at increased risk of outbreak too. As such, it could be said that even on the basis of P4, we have a greater commitment of helping those who are worse off. To explicate the problem consider the following example:

1) Everyone at 50

2) Worst off at 50 rest at 200

3) Worst off at 60 rest at 200

4) Worst off at 61 rest at 70

Out of these four outcomes, strict prioritarians would prefer option 4. This is due to the fact that option 4 has the highest value for the worst off. In the previous section I described how egalitarians fall to the levelling-down objection. Again, should we limit the choices here to outcome 1 and 2, egalitarians have reason to prefer option 1 due to greater equality. Prioritarianism can safely choose option 2 because people's levels relative to one another are irrelevant. Things do get murkier for prioritarianism when asked to choose between option 3 and 4, precisely because people's levels to one another are irrelevant. Parfit states that the priority view does not tell us how much priority we should give to the worse off, and that benefits to the better off could outweigh them if sufficient. We ought to simply use our judgement, according to Parfit, who refers to it as intuitionist in a Rawlsian sense. It may turn out that using our judgement is not such a simple matter. Consider the following cases:

<sup>45</sup> Ibid.

<sup>&</sup>lt;sup>44</sup> Derek Parfit, 'Equality or Priority?', in *The Ideal of Equality*, edited by Matthew Clayton and Andrew Williams (Palgrave Macmillan, 2002), 101.

5) Worst off at 1 rest at 200

6) Worst off at 1 rest at 100

7) Worst off at 2 rest at 50

When given the choice between these three options, the priority view seems to prefer option 7 over 6 and 5. Option 7 has the least total utility out of both scenarios, but since the worse off are marginally better off than in the other two scenarios it seems 7 must be preferred. This raises the question of when benefits to the better off do outweigh those to the worst off, but as Parfit states this is a matter of intuition. It is here that the first problem with prioritarianism becomes apparent. Specifically, it is unclear to what degree we should prioritise the worst off. We could argue that we ought to adhere to a strict interpretation, and always prioritise the worst off, but that seems implausible. Under that ruling no matter how high we place the value of *the rest*, we could simply have the alternate scenario marginally raise the utility of the worst off comparatively:

8) Worst off at X+1 rest at Y where Y>X+1

9) Worst off at X rest at Z where Z > Y

Plug in whatever real numbers you like. Assuming the relation holds where Z is a higher number than Y, and Y is simultaneously greater than X+1, in all cases strict prioritarians will choose 8 over 9. If that were so, there would be no room for the intuition that Parfit allows in the first place, so this cannot be how we are meant to take the priority view. Should we choose to do so however, it seems that we must accept choosing marginal benefits to the worse off over considerable benefits to the rest.

<sup>&</sup>lt;sup>46</sup> One might argue that since Parfit claims his view is meant to be taken on an intuitionist basis, this in effect already betrays the fact that it is not a complete moral view. Intuitions would certainly appeal to considerations outside of the priority view. This would open the door to pluralism. Interestingly, Parfit makes the appeal to Rawlsian intuitionism on page 101, yet puts forth the priority view as a complete view on page 104. This, as well as the rest of the argumentation in his piece, leads me to believe that Parfit does not fully appreciate the implications of allowing such intuitionism into his theory. The mechanics of how exactly this intuitionism opens the door to pluralism will be explained in the course of the paper.

We could be less strict and propose a third option C. Prioritarians care about wellbeing, so our priority ranking would start by identifying the worst off from a wellbeing standpoint in society and prioritise them for vaccination. Now consider what it is that we ought to do when vaccines go unclaimed. If we want to preserve the original priority ranking, we must keep the vaccines in reserve in case we have a chance to administer them. Since benefits to the worse off matter more than benefits to the better off, there is no reason for the prioritarian to consider allowing queue jumping. Still, we might argue that since these people failed to show up, this counts as enough effort put forth on our part and that we should now move onto those who are next in line.

Introducing such a system could be done under a Leximin ordering. We might conclude the unclaimed should go to those next in line. Assuming that we leave out those who already did not attend, we would then prioritise the next group of people:

(A) Allow those outside the prioritised group to make use of the unclaimed vaccines via first come first serve.

Or

- (B) Keep the vaccines in reserve for the prioritised and risk their expiration Or
- (C) We look towards those next in line of priority and distribute unclaimed vaccines to them.

Option C carries more risk than option A, as well as time investment. Also, we still risk vaccines going unclaimed with our new group. We could then repeat the process of course, all the while lessening the total number of unclaimed vaccines. The question then becomes whether this is feasible to do before the expiration date. A second question might also be whether this particular investment of time and resources is worth it. The answer to both questions depends on one's standpoint, but my own answer to both questions would be no. For one, a pandemic naturally puts a strain on a healthcare system. As such, the manner in which we spend our time and resources matters quite a bit and compared to our prudential

solution A it seems to require both more time and effort, as well as carry a bigger risk of failure.

These reasons lead me to conclude that, at least this simple version of the priority view in both its strict and more moderate interpretation cannot satisfactorily make an argument for option A. There are of course more nuanced interpretations of prioritarianism, but before we explore the specific ones in greater depth, it is important to first get clear one basic distinction we can apply to ethics interpretations as a whole.

## 2.3 Teleological and Deontological Ethical Theories

I mentioned earlier that the priority view has both telic and deontic interpretations. This distinction seperates what is morally good from what actions are justifiable or what duties we have. Parfit himself acknowledges the distinction, but states it is irrelevant for the purposes of the argumentation in the essay itself and does not elaborate on it much. <sup>47</sup> Still, I think the distinction is worth drawing. Parfit does so himself when claiming telic egalitarianism suffers from levelling down, but that deontic egalitarianism does not. <sup>48</sup> We will see that in our case of jumping the queue, we get a similar result where justifying the prudential option becomes nearly impossible as telic prioritarians. Deontic prioritarianism, in similar fashion to deontic egalitarianism as we will see, can justify jumping the queue.

According to Parfit the priority view can accommodate both telic and deontic interpretations. <sup>49</sup>

Applying the same rules as we did to egalitarianism we can determine that the telic interpretation of prioritarianism would be something along the lines of: *Benefits to the worse* off carry more intrinsic moral weight than benefits to the better off. In this case, we are

<sup>&</sup>lt;sup>47</sup> Derek Parfit, 'Equality or Priority?', in *The Ideal of Equality*, edited by Matthew Clayton and Andrew Williams (Palgrave Macmillan, 2002), 105.

<sup>&</sup>lt;sup>48</sup> Ibid. 99.

<sup>&</sup>lt;sup>49</sup> Ibid. 104-5.

speaking of moral weight in terms of it being a primary value, much like equality is for telic egalitarians.

Following the distinction, deontic prioritarianism gives us the idea that benefitting those worse off matters more as an action guiding principle. It is a ground where upon we might justify an action taken. Deontic egalitarians believe we should aim for equality, not because this would intrinsically make the outcome better, but for some other moral reason such as justice. Should the pursuit of equality hinder justice, by appointing benefits to those who do not deserve them for example, we have a reason to not pursue equality. Likewise, deontic prioritarianism advocates helping the worst off as a duty in service of some other moral value.

In order to avoid the levelling-down objection deontic egalitarians can argue that whatever ideal they pursue outweighs their duty to level down. This would then seem to open the door to other considerations playing into our decision making process. Parfit terms this pluralist, and contrasts this with prioritarianism as a complete view. <sup>51</sup> To me, this raises the question of whether deontic prioritarianism is vulnerable to a similar designation. Can prioritarians maintain that this is still the priority view only? Since, as deontic egalitarians, we justify our actions based upon their effects, perhaps with some notion of social justice in mind, deontic prioritarians might likewise claim that benefitting the worst off is not in itself good, but it's effects are. <sup>52</sup> If there are too many occasions wherein deontic prioritarians refuse their prioritarian duty on the grounds it conflicts with their chosen ideal, then at some point the deontic prioritarian might as well be pluralist of some form. Telic prioritarians escape this question to the extent that they can hold onto prioritarianism as a complete view.

<sup>&</sup>lt;sup>50</sup> Derek Parfit, 'Equality or Priority?', in *The Ideal of Equality*, edited by Matthew Clayton and Andrew Williams (Palgrave Macmillan, 2002), 88.

<sup>&</sup>lt;sup>51</sup> Ibid. 103.

<sup>&</sup>lt;sup>52</sup> Ibid. 88.

Telic prioritarianism is the stronger of the two claims as it pertains not ju\st what we ought to do, but also to what is morally good. Helping the worse off is a moral good, so it would seem telic prioritarianism also has a stronger commitment to P8. Unlike its deontic counterpart, we seem to have less room to compromise with other considerations. If we do, we would deliberately be choosing the less morally beneficial option between the two.

As we will see in the coming sections, telic prioritarians face at least three problems they cannot answer without making an appeal to pluralism. The first problem is that telic prioritarians have issues accounting for variable populations without preferring levelled down states, and will be discussed in section four. The second issue is that telic prioritarianism has issues dealing with outcomes which carry uncertainty. It might then also be that this brand of prioritarianism seems to be particularly resistant to the notion of prudence as we will see in section five. The implications of this divergence between morality and prudence will be discussed in section six. The third problem is that telic prioritarians have trouble accounting for the separateness of persons, as we will discuss in section seven.

Prioritarians, as we will come to see, are faced with the matter of weighing our commitment to helping those worst off against other commitments we might have. As Parfit suggests, we may use our intuition to answer these matters. When we do this, we will see that the plausible solutions tend to be pluralist in nature. When we adhere to prioritarianism as a complete view however, we seem to be unduly committed to helping the worst off in what could be represented as levelled down states. We will delve into telic prioritarianism in greater detail in sections four to six. Section seven is dedicated to deontic prioritarianism. First it is important to look at a weakness that both interpretations share. Namely, that it is not at all clear who the worst off are in the first place.

### 3. Defining the Worst Off is Problematic in General

Before we continue with identifying problems with prioritarianism specifically, there is a more general problem both the prioritarians and their competition need a solution for.

Namely, in any sort of moral theory that employs notions of those better and worse off we need a method to determine who they are. Simply appealing to intuition really only gets us so far in this case. Determining what factors are relevant per situation (or more ideally, in general) is not easily decided. Section 3.1 explores three intuitive, yet conflicting prioritarian interpretations of the worst off. Whilst we are using prioritarians interpretations to illustrate the issues with determining who the worst off are, these issues brought up are not exclusive to a prioritarian ethic. Egalitarianism and utilitarianism face the same issue. We will delve into an issue specific to the priority view in section four.

## 3.1 Three Prioritarian Interpretations of Who the Worst Off Are

I mentioned earlier that prioritarianism measures who the worst off are by an absolute standard of wellbeing. This begs a question. What is that standard? Failing to provide an account of such a standard myself, we may instead turn towards bioethics, where these questions have been discussed in depth. Not surprisingly, the field of bioethics has yet to provide a unified answer to such a question. Lasse Nielsen provides an overview of three interpretations of prioritarianism in the medical field. These are social justice prioritarianism, severity prioritarianism, and age weighted prioritarianism.

Social justice prioritarianism is characterised by its focus on identifying the worst off on a wide social dimension, and implies a moral duty to protect the wellbeing of those who are socially disadvantaged. Nielsen proposes this approach on either a consequentialist, or

<sup>&</sup>lt;sup>53</sup> Lasse Nielsen, 'Pandemic Prioritarianism', *Journal of Medical Ethics*, 4 february 2021, medethics-2020-106910, https://doi.org/10.1136/medethics-2020-106910.https://doi.org/10.1136/medethics-2020-106910. 1. <sup>54</sup> Ibid.

contractualist basis.<sup>55</sup> Social standing is thought to have a great impact on the vulnerability of persons within a pandemic situation, and therefore we have a special duty of care to those worst off. Poor people are likely to live closer to one another for example, which drives up their risk for contagion.<sup>56</sup> When phrased as either a deontic or telic principle we get:

(DSJP) We have a duty to distribute utilities in such a way as to benefit those who are worse off in terms of social standing.

(TSJP) Distributing utilities to those who are worse off in terms of social standing matters more morally than distributing utilities to those who are better off.

Notable is that this particular interpretation is surely pluralist in nature. The appeal to social standing seems to invoke egalitarian considerations. Social standing is necessarily measured on a relative scale, as there cannot be a society of only a singular person.

Prioritarianism however, as per P5, employs an absolute scale, not a relative scale. Therefore, the extent to which social justice prioritarianism considers the social dimension must necessarily appeal to considerations outside the priority view, and therefore this interpretation must be pluralist.

Next, Severity prioritarianism gives priority according to severity of illness, and implies we have a moral duty towards those who are most severely ill, or at least those who are most likely to be. <sup>57</sup> On this interpretation we take the severity of illness into consideration when creating our account of the worst off. Termed *sickest first* by Persad et al., we saw that this interpretation suffers from being somewhat limited in plausibility due to only considering those who are injured in the present. Still, since being severely ill makes one's life worse for obvious reasons, it should not be surprising that it too can be used as a measure to determine a priority ranking. Again, were we to rephrase it as either a telic or deontic principle we would get:

Lasse Nielsen, 'Pandemic Prioritarianism', *Journal of Medical Ethics*, 4 february 2021, medethics-2020-106910, https://doi.org/10.1136/medethics-2020-106910.https://doi.org/10.1136/medethics-2020-106910. 2. <sup>56</sup> Ibid.

<sup>&</sup>lt;sup>57</sup> Ibid. 1.

(DSP) We have a duty to distribute utilities in such a way as to benefit those who are worse off in terms of severity of illness.

(TSP) Distributing utilities to those who are worse off in terms of severity of illness matters more morally than distributing utilities to those who are better off.

We could modify these principles so as to include those who are most at risk of the illness, instead of those who are most ill. It makes no difference to the following objection. Even between these two interpretations, the fact that they diverge in terms of expected priority rankings should be clear. Surely there will be persons amongst the socially advantaged who would still rank among those most ill. Another question is whether this interpretation can be made without appealing to a relative scale. Quantifying injury on an absolute scale seems somewhat arbitrary to me. In practice I would imagine this would be done by comparing the state of patients open to receiving the utilities. This would imply that at least some measure of relative scale would have to be used as comparisons between patients form the basis of such a scale. Whether it is possible to construct a form of severity prioritarianism that purely measures on an absolute standard is a question beyond this paper, but any such account seems likely to be highly controversial.

Age-weighted prioritarianism is the third interpretation provided by Nielsen, and it holds that young people are relatively worse off than older people. <sup>58</sup> This third interpretation too has a moral duty of care, towards the young in this case. The measurements that are often used in these cases are known as *quality adjusted life years*, or QALY for short. Phrased into either telic or deontic principles we get:

(DAWP) We have a duty to distribute utilities in such a way as to maximise QALY.

(TAWP) Distributing utilities in such a way as to maximise QALY matters more morally than distributing in such a way that would not maximise QALY.

<sup>&</sup>lt;sup>58</sup> Lasse Nielsen, 'Pandemic Prioritarianism', *Journal of Medical Ethics*, 4 february 2021, medethics-2020-106910, https://doi.org/10.1136/medethics-2020-106910.https://doi.org/10.1136/medethics-2020-106910. 1.

A typical claim for either DAWP or TAWP would be that, given the choice between giving a 20 and 40-year old 30 more years of life, we should choose the 20-year-old because their extra life years would be of a higher quality. This would be because they would presumably be in a healthier state and be able to spend those extra 30 years enjoying a higher quality of existence living to 50, than the 40-year-old would living until 70.

Still, it is not obvious how we can apply QALY without simultaneously taking on pluralist considerations. It could be argued that since the 40-year-old has less potential for QALY in the first place this means that they are worse off. Telic prioritarianism holds that benefits to the worse off matter more than benefits to less worse off. This is the core value of telic prioritarianism. However, if one identifies worse off people in terms of expected QALY, it turns out that we have to invoke other values to explain things like quality of life.

Therefore, we cannot infer a QALY standard for identifying the worse off, from the axiology of telic prioritarianism, and – once again – it turns out that we have to be pluralists.

## 3.2 The Worst Off on a Global Scale

Notable about all three views is that, whilst they all are representations of the prioritarian view, they all would designate a different segment of the population as the worst off. Nielsen goes on to argue for social justice prioritarianism, including for prudential reasons.<sup>59</sup> This is all well and good for a pluralist prioritarian, as Nielsen seems to be. For those who want to hold to prioritarianism as a complete view however, there is a problem with the interpretations of prioritarianism as outlined thus far in this section, besides the looming pluralism.

It could be argued that Nielsen is not applying a universal scope in his considerations, as it does not seem to address these concerns on a global scale. This is problematic for the

Lasse Nielsen, 'Pandemic Prioritarianism', *Journal of Medical Ethics*, 4 february 2021, medethics-2020-106910, https://doi.org/10.1136/medethics-2020-106910.https://doi.org/10.1136/medethics-2020-106910. 3.

complete prioritarian as when we recall core prioritarian claim P6, we are meant to employ a universal scope. If we try to do so, the work of Bridget Pratt and Adnan Hyder would seem to suggest that on a global scale, we ought to identify the worst off based on countries and subnational populations. Another point of note is that in doing so, they discuss two methods of identifying the worst off which both again yield disparate results, despite overlap. Pratt and Hyder themselves make no effort to adjudicate between the two views, but the main takeaway for now is that from a global perspective, the worst off can generally be identified as those in the third world. 2

We cannot reasonably expect any nation to value foreign citizenry over its own.

Jumping the queue seems all but impossible when we take Pratt and Hyder's answer. In fact, we do not seem to have much reason to help anyone outside of those in the third world. The application of a universal scope seems implausible in many scenarios. We could restrict our scope to the level of an individual nation, but this seems to detract from the notion of universal scope Parfit seems to pursue.

As I mentioned at the start of this section, identifying the worst off is a problem for ethics in general. As such, it may be unfair to expect prioritarians to come up with a final answer to the question of who the worst off are. Still, it must be noted that as their ethic centralizes on benefitting the worst off, they need at least a plausible answer to the question. There is another problem with employing a universal scope however, namely that it may be too wide in a time sense. If we are meant to employ a universal scope this raises the question

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<sup>&</sup>lt;sup>60</sup> Bridget Pratt and Adnan A. Hyder, 'How Can Health Systems Research Reach the Worst-off? A Conceptual Exploration', *BMC Health Services Research* 16, no. S7 (november 2016): 619, <a href="https://doi.org/10.1186/s12913-016-1868-6">https://doi.org/10.1186/s12913-016-1868-6</a>. 143.

<sup>&</sup>lt;sup>61</sup> Ibid. 153

<sup>&</sup>lt;sup>62</sup> This claim should not be too controversial, and is also confirmed by the work of Daniel Sharp and Joseph Millum in Daniel Sharp and Joseph Millum, 'Prioritarianism for Global Health Investments: Identifying the Worst Off: Prioritarianism for Global Health Investments', *Journal of Applied Philosophy* 35, no. 1 (february 2018): 112–32, https://doi.org/10.1111/japp.12142.

of whether we are meant to account for people who might not exist yet, as the term implies we might have to.

## 4. The Problem of Variable Populations.

All the examples of interpretations discussed so far have one thing in common, namely that they assume a static population. Vaccination prioritisation, especially during a pandemic, certainly would influence both *which* as well as how many people exist. Imagine a person passing away due to the disease who would have otherwise gone on to reproduce. If we assume vaccination would have saved this person, we cannot escape the notion that we in some way must account for possible people. Campbell Brown makes the case that at least under simple prioritarianism, there are several features that once formalised make it untenable when we consider that the actions we take have influence on both *which* and *how many* people exist.<sup>63</sup> He also offers a solution in the form of what he calls positive prioritarianism.

## 4.1 Simple Prioritarianism

Simple prioritarianism is the view that there is a single weighting function of utility (or whatever the preferred metric for determining the worse off). This weighting function has a strictly concave form when plotted:

 $<sup>^{63}</sup>$  Campbell Brown, 'Prioritarianism for Variable Populations', *Philosophical Studies* 134, no. 3 (29 may 2007): 325–61, <a href="https://doi.org/10.1007/s11098-005-0897-5">https://doi.org/10.1007/s11098-005-0897-5</a>. 325.

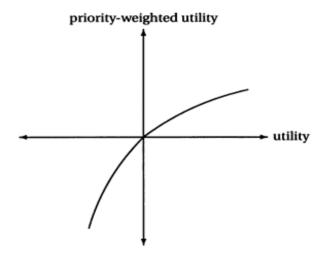


Figure 1. Prioritarian utility weighting function.

To explain what we are looking at, the X-axis represents the utility a person has. The Y-axis represents priority weighted-utility, which in the simplest terms, is the form of utility prioritarians want to maximise. As one gains in utility, the average gain in prioritarian-weighted utility drops. This particular function curves down as it rises, representing the idea that those at lower levels of utility have greater prioritarian weight. In other words, the more utility one has, the less benefits to that person will add to their priority weighted utility. This can be used as a measuring stick as when given the choice between two outcomes. We can choose the outcome with greater priority-weighted utility. To provide an example consider the following choice.

We have two groups of people at differing levels of utility, and 10 units of utility to distribute.

Say benefits to the worse off count for 2, whereas benefits to the better off only count for 1.1. This can be our weight in this example:

Initial situation: A) 10 and B) 25 We can then choose to distribute 10 units to either A or B, giving us the following outcomes when judged purely on total utility.

<sup>&</sup>lt;sup>64</sup> Campbell Brown, 'Prioritarianism for Variable Populations', *Philosophical Studies* 134, no. 3 (29 may 2007): 325–61, https://doi.org/10.1007/s11098-005-0897-5. 331.

Utility value: 1. A) 20 and B) 25 or 2.A) 10 and B) 35

When we adjust for the weighting of how much value these benefits give us on a prioritarian scale however, the same choice between A and B gives us the following values:

Priority-weighted value: 1.A) 30 and B) 25 or 2.A) 10 and B) 36

When we measure priority-weighted value, we must compare between the two outcomes and see which one has a higher total priority-weighted value. In this case that is option 1, as its total of 55 is greater than the total of 46 option two gives. As this example shows, simple prioritarianism seems to aim at equality. Brown informs us that there is a plausible condition that simple prioritarianism fails to meet:

"The first condition – Unrestricted Domain – requires that we be able to determine an ordering of possible outcomes for any logically possible assignment of utilities to the people in those outcomes." <sup>65</sup>

Unrestricted domain is chosen as a condition on the grounds that we do not want to be restricted by our possible choices in profiles of utility functions before we start. If we do restrict it, we run the risk of a profile we consider to be correct to be a priori excluded. 66 When we think of a utility profile, we can imagine a set of facts as proposed by a particular worldview. For example, a hedonist might measure wellbeing in terms of experienced pleasure and pain avoided. If this worldview/profile is logically possible, then applying our weighting function will yield an ordering of outcomes. For the hedonist, those with the most pleasure experienced and least pain would be at the top, and those opposite would be at the bottom.

We would not want to restrict what possible profiles we can use to assess who the worst off might be. A corollary is that this would also leave open the possibility of finding a

<sup>&</sup>lt;sup>65</sup> Campbell Brown, 'Prioritarianism for Variable Populations', *Philosophical Studies* 134, nr. 3 (29 may 2007): 325–61, https://doi.org/10.1007/s11098-005-0897-5. 326.

There is a second restriction discussed by Brown, RFC invariance, but seeing as how Brown does not entertain the notion of rejecting it, citing grim prospects if we do, I will not discuss it here.

66 Ibid. 332.

weighting function that would be acceptable to all, because of the fact we are not a priori excluding any profile other than those who are logically impossible. If we do have to restrict the domain, this means that whatever order of outcomes we generate, we can virtually guarantee disagreement from those whose views were restricted.

The requirement of unrestricted domain holds that any logically possible profile of utility functions is admissible, so that the function must always yield an ordering of outcomes regardless of the profile that is chosen. Since these profiles represent standards of wellbeing, and every logically possible one is admitted, this creates problems. There are bound to be many inaccurate profiles, as well as contradictory ones. We can imagine a logically possible profile that would order people as the worst off based upon their height because they are most vulnerable to lightning strikes in open fields, but the ordering of outcomes such a profile provides are not likely to match any reasonable interpretation of the worst off. As such, we could call this 'inaccurate'.

To illustrate how profiles could be contradictory, consider two simplified opposed interpretations of age-weighted prioritarianism:

(AWPo) We should prioritise the old because they are more vulnerable, and the young are more likely to recover from diseases

(AWPy) We should prioritise the young because this would maximise QALY, and the old are not likely to gain more from the same benefits

Both these simplified interpretations are logically possible, but they certainly are contradictory in that they advocate for opposing actions. We cannot account for both of these interpretations with the same distribution curve. We could restrict the domain by excluding orderings based upon vulnerability, for example. If we do, we could then give preference to

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<sup>&</sup>lt;sup>67</sup> Campbell Brown, 'Prioritarianism for Variable Populations', *Philosophical Studies* 134, no. 3 (29 may 2007): 325–61, <a href="https://doi.org/10.1007/s11098-005-0897-5">https://doi.org/10.1007/s11098-005-0897-5</a>. 331.

<sup>&</sup>lt;sup>68</sup> Ibid. 332.

AWPy, but then we give up neutrality between the different competing profiles, as well as the possibility of finding a weighting function acceptable to all.

If we wish to save simple prioritarianism, we must restrict the domain. We could do so by either excluding negative or positive utilities. When we think of negative utilities, we may think of things in one's life which detract from the quality of the one living it. Be it physical harm, or monetary debt, these are the things that reduce our quality of life. Positive utilities are more intuitive, as these are the types of utilities we have thus far been discussing, in that they add value to one's quality of life.

Suppose we only care to measure positive utilities, and completely exclude negative utilities. We then open ourselves up to the repugnant conclusion:

Repugnant conclusion: We are given an initial state of 1 million people, each at value 1. We can then affect change to transform our society in one of two options.

Society 1: 10 million people at value 10

Society 2: 10 billion people at value 1

Total value: 100 million Total value: 10 billion

First our choice affects those who exist, as well as those who might exist. Since we care about total value, this implies that we should favour society 2. This would then mean that we ought to prefer a world with many people living near worthless lives other than a smaller society with a significantly higher floor. This repugnant conclusion was originally directed towards utilitarianism by Parfit himself, and can be rephrased as follows:

For any society X where its people N enjoy a quality of life A, we can imagine another

society Y where its people M, provided M is sufficiently larger than N, have a quality of life B, where B is significantly lower than A, and where society Y will have a greater sum total of utilities

Much like utilitarians with utility in general, the prioritarian focus on increasing total priorityweighted utility opens them up to the repugnant conclusion. With negative utilities excluded prioritarians have no reason to consider how the quality of life of the people in society 2 might be worse than those in society 1. Excluding negative utilities carries further implications as well.

If we dismiss the notion of negative utilities, there are many intuitions that we can now longer cover. In this instance, the zero line of our graph represents the boundary between lives worth living, and those not so. <sup>69</sup> Brown himself gives an example of a woman giving birth knowing that the child is set up for a miserable life. <sup>70</sup> We are asked to imagine a woman who has the choice to either birth or abort. This particular woman suffers from an inheritable disease such that, should the child be born, it would have a short miserable life filled with terrible pain and suffering. Brown points out that many would argue that it is wrong to conceive in such an instance, because the life of said child would unduly add negative utility. <sup>71</sup> Suppose we wish to avoid complications like this and instead exclude positive utilities. Prioritarianism then faces a conundrum akin to the repugnant conclusion. <sup>72</sup>

Brown refers to this conundrum as the *nauseating conclusion*. <sup>73</sup> If we consider that we only care about those things that detract value from lives, and once again we only care about the sum total in a society, the lower one in this case, we get the following:

Nauseating conclusion: Initial state 1 million, each at -1.

Society 1: 1 million at -100 Society 2: 1 billion at -10
Total value: -100 million Total value: -10 billion

Once again, if we care about the sum total of negative utility, and as proper prioritarians we do, we would have to argue that the lives of those in society 2 are worse, even though they have significantly less negative utility per capita. We now must prefer society 1. In other words, we deliberately have fewer people lead significantly worse lives,

<sup>&</sup>lt;sup>69</sup> Campbell Brown, 'Prioritarianism for Variable Populations', *Philosophical Studies* 134, no. 3 (29 may 2007): 325–61, <a href="https://doi.org/10.1007/s11098-005-0897-5">https://doi.org/10.1007/s11098-005-0897-5</a>. 337.

<sup>&</sup>lt;sup>70</sup> Ibid. 337.

<sup>&</sup>lt;sup>71</sup> Ibid.

<sup>&</sup>lt;sup>72</sup> Ibid. 339-40.

<sup>&</sup>lt;sup>73</sup> Ibid. 340.

rather than have more people lead better lives. We may conclude that excluding positive utilities does not seem to hold much promise.

We have seen that when we exclude negative utilities, prioritarianism is open to the repugnant conclusion and favours society 2. Conversely, when we exclude positive utilities, prioritarianism seems to prefer society 1 and is open to the nauseating conclusion. This illustrates the contradictory nature of simple prioritarianism, which seems untenable when excluding either positive or negative utilities. This is why we would prefer to have an unrestricted domain, but even then prioritarians cannot escape the fact that they would now need to adjudicate between contradictory profiles.

## 4.2 Positive Prioritarianism

Brown then proposes another interpretation he refers to as positive prioritarianism, distinct from simple prioritarianism on the basis that it employs an S shaped utility function, as opposed to the strictly concave utility function of simple prioritarianism: <sup>74</sup>

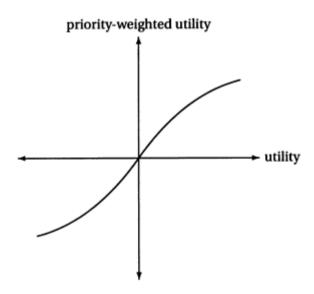


Figure 3. Positive prioritarian utility weighting function.

Consider the fact that under such an S shaped curve, prioritarian utility value gains not only slow down most for those with the highest utility, but also for those with the lowest. In that sense, the greatest gains in utility value can be made with regard to those who are towards the middle of the X-axis, and consequently those with average levels of utility. One implication of such a curve is that when it comes to those below the zero-line, we actually ought to give priority to those *better off*. Brown himself points out that this interpretation bears a resemblance to the medical practice of *triage*. To

In the classic sense, when triage is applied we divide people in three categories: those who will die without help, those who will live only with treatment, and those who will die regardless of whether they receive treatment. This seems to go against core prioritarian claim P5, that holds we measure people by their absolute level. We should then prioritise them accordingly, but in this case we deliberately are encouraged to forgo helping those at the bottom of the distribution in favour of those towards the middle i.e. those who are better off. Since it prioritises the better off as a rule when under the zero-line, it could be doubted to what extent the commitment to helping the better off remains. Whatever this prioritarian view is exactly, it does diverge from the complete view as outlined by Parfit on the basis that it favours helping those who are better off than the worst off as a rule.

To summarise the issues of defining the worst off, the first problem is that it is unclear which standard of wellbeing to use. This problem compounds when we realise that what standard we use influences directly the action we ought to take. Prioritarianism also does not seem to be able to deal with the idea of variable populations in a simple fashion, as demonstrated by the nauseating conclusion, and the work of Campbell Brown on this topic.

Our most promising prospect for an interpretation that allows for jumping the queue is

<sup>&</sup>lt;sup>76</sup> Campbell Brown, 'Prioritarianism for Variable Populations', *Philosophical Studies* 134, no. 3 (29 may 2007): 325–61, <a href="https://doi.org/10.1007/s11098-005-0897-5">https://doi.org/10.1007/s11098-005-0897-5</a>. 343.

<sup>77</sup> Ibid.

<sup>&</sup>lt;sup>78</sup> Ibid.

positive prioritarianism, but this interpretation seems to compromise on prioritarian commitments. In fact it seems to take on more of an approach of prudence, as its resemblance to triage indicates. There is one last problem I would like to bring up where it regards the scope of the priority view.

If we take the universal scope as practical guidance, then it becomes almost impossible for any first world nation to justify vaccinating its own population ahead of any of those in the third world. Now, we might hold that there is something noble about a nation selflessly putting another before itself in this manner, and that might very well be true, it does not seem particularly likely for this to come to pass. Also, whether it is a moral good for a nation to put other populations ahead of its own, is not clear to me. I would argue that such an action might violate the duties of that state towards its own citizenry. Especially under contractualist theory, it is hard to imagine what could justify prioritising those not under contract with the nation. Linking back to our problem of unclaimed vaccines, applying a universal scope to this situation seems to suggest we ought to send them to the third world. Concerns of efficiency and pragmatism aside, applying a universal scope seems to preclude that we allow any jumping of the queue.

This problem of applying a universal scope compounds when we consider the stipulation that we ought to help people more, even when we can help them less. To maintain P8, it requires that we can give an account as to that helping less means. A simple way to consider this is that we should distribute utilities to the worst off, even if these are of less use to them compared to others. This is justified on the basis that it still matters more, since what little improvement they have made outweighs the more substantial gains the better off would

get. This particular account does not seem to fully capture our case of unclaimed vaccines however.<sup>79</sup> In this case, there is an element of risk that must be accounted for.

## 5. Telic Prioritarianism and Risk Management

Telic prioritarians think that helping those who are worse off is an intrinsic moral good. When we introduce risk into the equation, we might initially think this changes little for the prioritarian. P8 holds that helping the worse off matters more even when we can help them less. It follows then that even if the risk in helping the worse off is greater, this changes little to our commitment. 5.1 discusses a prioritarian lottery system of vaccine distribution. We will see that simply adding in the element of chance in distribution itself already presents issues for prioritarianism. In section 5.2 we will explore what happens when trying to account for risks in the form of prospects instead of outcomes. We will see that it is here that the telic priority view diverges from prudence.

## **5.1 Prioritarian Lottery**

To start off with, we might look at how telic prioritarians might propose we distribute vaccines in the first place. This is not only a prioritarian proposal as egalitarians favour the idea of lotteries as well, but for our purposes we might as well look at a prioritarian interpretation. <sup>80</sup> Martin Peterson advocates for the idea of a prioritarian lottery. This is done on that basis that, regardless of who we prioritise, everyone should have *some* chance to receive a vaccine. <sup>81</sup> Peterson specifically cites moral concerns when doing so, including in

<sup>&</sup>lt;sup>79</sup> Derek Parfit, 'Equality or Priority?', in *The Ideal of Equality*, edited by Matthew Clayton and Andrew Williams (Palgrave Macmillan, 2002), 88.

<sup>&</sup>lt;sup>80</sup> Govind Persad, Alan Wertheimer, and Ezekiel J Emanuel, 'Principles for Allocation of Scarce Medical Interventions', *The Lancet* 373, no. 9661 (january 2009): 423–31, <a href="https://doi.org/10.1016/S0140-6736(09)60137-9">https://doi.org/10.1016/S0140-6736(09)60137-9</a>. 425.

<sup>&</sup>lt;sup>81</sup> Martin Peterson, 'THE MORAL IMPORTANCE OF SELECTING PEOPLE RANDOMLY', *Bioethics* 22, no. 6 (july 2008): 321–27, <a href="https://doi.org/10.1111/j.1467-8519.2008.00636.x">https://doi.org/10.1111/j.1467-8519.2008.00636.x</a>. 326.

the title of his work, and therefore we may consider this interpretation telic at least in part.<sup>82</sup> One feature of this lottery is that those who rank higher in priority can have the lottery adjusted so that there is a higher likelihood they are selected. Still, we should not prioritise them outright, as Peterson explains:

"Arguably, each person should be granted some chance of being rescued; all of us have morally significant interests that ought to be given at least some weight. More precisely put, the moral difference between having no chance at all of being saved and having some chance is much more important, from a moral point of view, than the difference between having, say, a .4 or .5 chance of being saved." <sup>83</sup>

Holding to this standard, there we run into two problems. The first, is that if we choose to do a lottery, we must expect as prioritarians that we would end up selecting fewer of the worst off for vaccination then if we were to compile the list according to some standard ourselves. Since we include the better off in the lottery, more of them would be selected. If instead we pick ourselves, we could exclude those better off. This concern is outweighed by the appeal to everyone having at least some chance, which seems egalitarian in nature. Second, if we do decide to adjust weighting in the lottery, most people by definition are not the worst off. Consequently, for most people this lottery is now weighted against them. Ironically, this would make them worse off, at least in the regard of vaccination, then the worse off.

We also seem to have no real justification to jump the queue. If anything, we might entertain the idea that we redo the lottery with any unclaimed vaccines. But once again, there is only so many times one can do this before the time runs out. Apart from that, there is also an element of absconding responsibility. If we push away important decisions, such as who gets vaccinated and decide to leave them to chance because, in our view, we have a moral requirement to do so, then it becomes hard to justify our meddling with said chances. If we do, we run the risk of the following.

<sup>&</sup>lt;sup>82</sup> Martin Peterson, 'THE MORAL IMPORTANCE OF SELECTING PEOPLE RANDOMLY', *Bioethics* 22, no. 6 (july 2008): 321–27, <a href="https://doi.org/10.1111/j.1467-8519.2008.00636.x">https://doi.org/10.1111/j.1467-8519.2008.00636.x</a>. 326-7. <sup>83</sup> Ibid. 326.

- (1) In certain cases, we should leave decisions up to chance, and not interfere because it would be unfair to take away one's chances.
- (2) In one such case, we have two groups unequal in size but equal in moral weight.
- (3) If we allow these different totals to go into the lottery unadjusted, one side would be unfairly favoured.
- (4) Therefore, we should interfere and adjust the weighted chances.
- (5) Therefore, in these cases, we should interfere via the medium of taking away certain people's chances in favour of others.
- (6) Therefore, we should interfere in cases we shouldn't interfere in.

For these reasons, the idea of a lottery as a method is unattractive. Besides, in our case of jumping the queue, there is an element of risk assessment. It is here that prioritarianism's issues with prudence become apparent. Wlodek Rabinowicz explores this argumentation from a telic perspective and concludes that prudential concerns about risk can diverge from prioritarian moral concerns.<sup>84</sup>

# 5.2 The Divergence between Prudence and Morality

The distinction between outcomes and prospects is important here. Outcomes are guaranteed, whilst prospects carry uncertainty. Rabinowicz suggests that we define individual goodness as expectational. Rabinowicz defines expectational as the utility value assigned to a prospect as a weighted sum of the utilities as assigned to its possible outcomes under the utility function. Simply put, we add together all the utility of all the outcomes the prospect might have weighted by their respective probabilities. We can then derive a value for this called 'expectational goodness', which prioritarians ought to maximise. Consequently, we could compare two prospects like so:

# Initial position of 5

Prospect A: either 1 or 10 prospect B: either 10 or 100

Wlodek Rabinowicz, 'Prioritarianism and Uncertainty', in *Exploring Practical Philosophy: From Action to Values*, by Dan Egonsson, Jonas Josefsson, and Toni Rønnow-Rasmussen, edited by Dan Egonsson et al., 1st print. (Routledge, 2018), 139–65, <a href="https://doi.org/10.4324/9781315212234-9">https://doi.org/10.4324/9781315212234-9</a>.
 Ibid. 3.

Assuming both outcomes are equally probably, we can calculate the total expectational value

Total expectational value: 11 Total expectational value: 110

In this simple example we can see that when presented with binary options we can reasonably deduce that B is the better prospect, as not only does it have a higher total value in the worst case, it also has a higher total expectational value by 100. In practice however, modelling these things quickly becomes rather complex.

If we apply this to our case of jumping the queue, we would end up with a situation where prioritarians start to face a dilemma. If helping the better off matters more on a moral level, at what point does the expectation of failing to help outweigh our duty to help. To illustrate this consider the following:

We have an initial situation with two groups (a=1 & b=5). We can then pick from two options A & B, wherein the first we are strict prioritarians and do not allow jumping the queue. We can then distribute 2 units of utility. This will result in one of two equally likely outcomes.

The problem here is that regardless of which option one chooses, one in effect risks greater harm to the worst off. If we pick option A, the worst off are likely exposed to greater risk of outbreak. Assuming vaccines go unclaimed and expire, there will be a lower total percentage of the population that has been vaccinated, as opposed to if we went with option B. However, the total number of vaccinated worst off is also likely to be higher. If we pick option B, the risk of outbreak to the worst off in general decreases, yet we do risk being able to help fewer. I could see cases being made for either side in terms of which is more morally admirable. Option B has the higher total expectational value at 16, and is therefore the more prudent option. Rabinowicz concludes that, at least on his conception of the priority view, morality

will have to be divorced from prudence for exactly this reason.. <sup>86</sup> We might then still ask, which is morally better? Rabinowicz suggests the following as an answer:

"Prioritarians who take seriously the distinction between prospects and outcomes must instead opt for the "grand" interpretation of outcomes. The outcomes must be comprehensive possible worlds, which, in principle, contain a determinate answer to every question of fact. Otherwise, if an outcome might just as well be seen as a prospect, with larger magnification, it would be difficult to defend a theory that treats prospects and outcomes differently. Thus, the question arises: Can a prioritarian assume the existence of univocal (i.e. representation-independent) betterness orderings on grand outcomes?" \*\*

Grand interpretations of outcomes can best be thought of in the following way.

Suppose we have an initial situation of some value. We are then given two possible courses of action to alter the initial situation. The outcomes these courses of action lead to are uncertain to a degree, but for our purposes we will keep it simple and say every outcome only has two ways it can turn out:

```
Initial situation: ((A=1) \& (B=10))
Assume either outcome in course 1 or 2 is equally likely i.e. 50%.
Situation 1 Situation 2
Course 1: either ((A=10) \& (B=10)) or ((A=5) \& (B=20))
Course 2: either ((A=20) \& (B=10)) or ((A=30) \& (B=-10))
```

If we want to construct a grand outcome of this simple situation, we first would have to assess the value of each outcome in course 1 and 2. These outcomes would then have to be weighted by their respective probability as a sum in order to account for the notion of risk. Simply said, we add together the values of all the different outcomes a course of action can produce and compare these to one another. As we can see in the example above, under simple addition, course B is to be preferred as its sum total of 50 is higher than course 2's total of 45.

<sup>&</sup>lt;sup>86</sup> Wlodek Rabinowicz, 'Prioritarianism and Uncertainty', in *Exploring Practical Philosophy: From Action to Values*, by Dan Egonsson, Jonas Josefsson, and Toni Rønnow-Rasmussen, edited by Dan Egonsson et al., 1st print. (Routledge, 2018), 139–65, <a href="https://doi.org/10.4324/9781315212234-9">https://doi.org/10.4324/9781315212234-9</a>. 18. <sup>87</sup> Ibid. 19.

Another way to calculate total expectational value, would be to assume a total of 100 cases, and since we have equal chances of either situation 1 or 2 coming to pass, multiply all outcomes of Course 1 by 50 and get a grand total of the outcomes of course 1. In this case (50 x 10) +  $(50 \times 10) + (50 \times 5) + (50 \times 20) = 2250$ . For situation 2 we can do the same, and we get  $(50 \times 20) + (50 \times 10) + (50 \times 30) + (50 \times -10) = 2500$ . In other words, the expectational value of situation 2 is higher.

It could then be argued that prioritarians are committed to course 2, seeing as how it contains higher gains for the worse off. This would be at the cost of exposing B to a high chance of losing. Still, we can argue this is justified if we wish to defend prioritarianism as a telic position. Under deontic interpretations, as we will discuss in the next section, this becomes problematic as our duty seems to start conflicting with other important duties such as no harm. Real life accounts of prospects also tend to be much more complex than the example above.

We can complicate the calculations further and start adding weighting to the help received, or start messing with the actual risk factor, but I think the point that dealing with prospects is not a simple matter for complete prioritarians is now clear. If we conceive of prudence as being the mental faculty responsible for risk management, we must conclude that what is prudent, and what is moral do not always agree. Important to observe is that, from the initial situation, there is no one worse off in course 1 no matter what happens. This makes it the more prudent option because we do not risk anyone being worse off than they were previously. Prioritarians are committed to course 2 due to the higher total expectational value. Consequently, they also accept a 50% likelihood that B's quality of life will decrease drastically. It is in this sense that morality must be decoupled from prudence, as Raboniwicz puts it.

This distinction between outcomes and prospects is where the divergence between prioritarian morality and prudence becomes most evident. Rabinowicz acknowledges that under his interpretation of the priority view he would have to conceive of morality and prudence as separate. Rabinowicz acknowledges that under his interpretation of the priority view he would have to conceive of morality and prudence as separate. In his view, we could still insist that the less prudent course of action is still more morally valuable. This claim is dubious. For one, we would need to argue that taking the risk is better. Second, it cannot simply be better in our view, but rather in everyone's view. Rabinowicz calls this univocal. We saw that Brown attempts to account for a similar notion via the unrestricted domain. Under a simple interpretation of prioritarianism this proved to be untenable, and as such Rabinowicz's question is answered, for simple prioritarianism at least. Under simple prioritarianism it seems we cannot assume the existence of univocal betterness outcomes as shown via the repugnant and nauseating conclusions. There may be a way to represent such betterness orderings, but whether this is feasible is a second question.

Assuming we can represent such orderings, it is unlikely we would all be persuaded before the expiration dates become an issue. Another problem with assuming univocity of betterness orderings is its relation to preference. Preference is generally thought to imply a degree of subjectivity. If true, the prioritarian would have to prove the following in order to maintain their claim. First, the prioritarian must construct a betterness ordering whilst accounting for the subjective elements within preference. Second, this ordering must stand up to any criticism, including those basing themselves in subjectivity. Again, a tall task.

Rabinowicz doesn't seem overly optimistic himself, with the strongest claim in the affirmative he is willing to make being that the view is not doomed from the start.<sup>89</sup>

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<sup>&</sup>lt;sup>88</sup> Wlodek Rabinowicz, 'Prioritarianism and Uncertainty', in *Exploring Practical Philosophy: From Action to Values*, by Dan Egonsson, Jonas Josefsson, and Toni Rønnow-Rasmussen, edited by Dan Egonsson et al., 1st print. (Routledge, 2018), 139–65, <a href="https://doi.org/10.4324/9781315212234-9">https://doi.org/10.4324/9781315212234-9</a>. 18.</a>
<sup>89</sup> Ibid. 19.

Telic prioritarianism has problems dealing with risky prospects. The stricter we wish to adhere to the notion that helping the worse off is a moral good, the less room we have to compromise on the expectational benefits. Arguably, in the case of unclaimed vaccines we would have even greater reason to keep them in reserve in case their intended target comes for them. Since they are the worst off, and they have just missed the opportunity to receive benefits, this would lead to an outcome wherein they are worse off than they otherwise might have been due to increased exposure time. In this sense, helping them now carries even greater moral weight.

Should the prioritarian wish to defend the course of action this interpretation of telic prioritarianism advocates, they would have to produce one of these grand outcomes, which would then have to stand up to scrutiny. It is at this point that we may ask a question. If a course of action is likely to be worse for everyone, and better for no one, how could it be an improvement? In the first section I mentioned one way of conceiving of levelling-down objection is through the person affecting view, which holds:

(PA) If an outcome is worse for no one, it cannot be in any way worse.

PA by itself does not account for prospects, as it only considers outcomes. We can modify the principle to include risk into the probabilistic person-affecting view:

(PPA) If an outcome is likely not worse for anyone, it likely cannot be in any way worse.

This version is weaker than the standard view, but it must be that way to account for risk. It can also be said that the only way for such an outcome to be worse, would be for there to indeed be someone who is worse off. Nevertheless, its implications are no less severe. Prioritarians cannot avoid violating the person-affecting view when we start considering prospects. Consequently, they are open to the levelling-down objection. Since telic

prioritarianism breaks with prudence, we seem to be committed to taking more risk, as shown by the prioritarian commitment to course 2. Perhaps taking course 2 can be justified in the grand scheme of things, but even producing the framework in the form of grand outcomes to do so is. Failing that, we need to address what the ramifications of decoupling prudence from morality entail.

## 6.Responsibility, Prudence, and Pluralism

Telic prioritarianism seems to be stuck between choosing what is moral and choosing what is prudent. In order to give a sketch as to what this might look like, imagine a prioritarian moral saint lacking prudence. Assuming this person could identify the worst off, they would likely pour all their time, energy, and resources into helping them. Taking prudence out of the picture, such a moral saint would be compelled to do so, to the point where they themselves would become destitute. Arguably, a saint who is prudent would not allow themselves to be in that position, for they can do more good when they have the means to do so. Is our first moral saint morally superior to the second? They would certainly be more extreme in their commitment but are also likely to end up having done less good overall than our second saint.

#### 6.1 Adding Responsibility to the Priority View

So perhaps we need some method to incorporate responsibility. We could argue that taking inordinate risk is irresponsible. When we do, we will see that pluralism again rears its head. We might look instead at a proposal for a prioritarian theory of risk via the work of Wikman-Svahn and Lindblom. They argue for *responsibility-catering prioritarianism*:

(RCP) The more irresponsible a person acts, the less important our duty to help them even if they are the worst off.

In doing so, Wikman-Svahn and Lindblom consult a list made by Cranor as their guide. They conclude that an ethical theory of risk must be able to evaluate options in a way that accounts for the requirements of efficiency, equity, and responsibility. 90 I am not going to delve too deeply into this theory itself, but will point out that in order to accommodate for risk, they must appeal to considerations outside of the priority view, namely responsibility and efficiency. The latter of these two especially seems close to prudence. But even the first consideration seems to an extent to be a step away from prioritarianism as a complete view.

To add responsibility to the consideration, in a way also suggests that there are now instances wherein we should deny benefits to those based upon how responsible they are for their situation. Another interesting implication is that it divorces responsibility from the considerations of whether someone is worse off. The analysis of who is the worst off and who is the most irresponsible must therefore be done separately.. The example of smokers versus non-smokers is raised, with the understanding that smokers are responsible for their choice to do so. This of course exposes them to greater risk, and all else being equal, we ought to therefore prioritise another person who does not smoke. 91 Also, it could be argued that the smoker is worse off due to the fact that they have acted irresponsibly.

Finally, there remains the problem of determining in what cases we ought to let responsibility matter in the first place:

"The question of when and how responsibility ought to matter is a complex moral issue, and there might be classes of decisions that should not be sensitive to responsibility. For example, it could be argued that health care for smokers is precisely a policy area where responsibility should not matter because health care should be equally available to all"92

<sup>90</sup> Per Wikman-Svahn and Lars Lindblom, 'Toward a Responsibility-Catering Prioritarian Ethical Theory of Risk', Science and Engineering Ethics 25, no. 3 (june 2019): 655-70, https://doi.org/10.1007/s11948-018-0036-2. 656. <sup>91</sup>Ibid. 667.

<sup>&</sup>lt;sup>92</sup> Ibid. 668.

Again, we can see the appeal to a value outside that of the priority view. In this case equality is appealed to as a reason why we should not account for responsibility. In bringing in these egalitarian considerations our view has now become pluralist. Telic prioritarians have issues dealing with prospects involving risks and must justify themselves based upon outcomes. To do so, whilst not impossible, would certainly be an undertaking of epic proportions, as it would require a comprehensive account of all possible outcomes. We might instead choose to appeal to outside principles, but when we do so, we compromise prioritarianism as a complete view. Before we turn to interpretations of deontic prioritarianism however, I would like to explore some of the implications of decoupling morality from prudence first, as I think it helps to put into context the sacrifice we make when we do so.

Prudence is a tricky concept to define. Perhaps, following Rabinowicz, we must conceive of it as separate from morality. This is problematic, as I pointed out earlier with the moral saints, because it commits one to taking many unnecessary risks. This then prompts the question whether there is something inherently immoral about acting rashly and without consideration for what might go wrong. This makes it especially problematic for a consequentialist ethic, as telic prioritarianism wants to be. If we are to evaluate whether an outcome is good, surely, we ought to be able to evaluate whether the prospects associated with it are worth the risk. Typically, this is where prudence would come in, and play a mediating role. We saw that in accounting for risk, telic prioritarians must appeal to outside concepts in order to supplement their view.

If we disagree that we ought to separate prudence from morality, however, things get more problematic. Suppose we hold an interpretation of prudence as the Catholics do, and

conceive of it as a mediating force between the other virtues. <sup>93</sup> This would in effect make us pluralists. If this is true, telic prioritarianism is wholly incompatible with not only prudence, but any pluralist framework in general.

Of course, we do not need to take exactly such a definition of prudence, and we may instead choose to define it more in terms of reason and risk management. Even then the question remains of how these concepts ought to be exempted from moral reasoning.

Going back to our example of jumping the queue, the actual value of vaccines is perhaps also partially to blame for the trouble facing the priority view. Taking into account all the ways in which a vaccine provides value to those who take it is a herculean task in and of itself. In order to make a proper estimation however, we would also need to provide an account of all the ways in which people both benefit from others being vaccinated in their place, as well as how their risk now increases for missing their own vaccination. Justifying a jumping of the queue for telic prioritarians must become a matter of constructing a grand outcome that would show that it would be the best course of action in prioritarian terms

#### 6.2 The Application of Prioritariansim within Pluralist Thought

From the pluralist perspective, the question ought to be what purpose incorporating the priority view in their ethical constellations serves. There are two ways wherein the priority view becomes untenable from a pluralist perspective. The first, is that if the priority view leads to an undesirable outcome, then at least in that case incorporating the priority view serves no purpose. The second, weaker way, is if there is another ethical theory which can cover the same conceptual ground and provide the same result. In this case, it would be up to the ethicist in question on whether they would want to adopt the priority view or the

<sup>&</sup>lt;sup>93</sup> Christopher Kaczor and SJ Sherman Thomas, *Thomas Aquinas on the Cardinal Virtues : A Summa of the Summa on Prudence, Justice, Temperance, and Courage* (Washington, DC: Catholic University of America Press, 2020).

 $<sup>\</sup>frac{https://login.ezproxy.leidenuniv.nl:2443/login?URL=http://search.ebscohost.com/login.aspx?direct=true\&db=e0}{00xww\&AN=2668007\&site=ehost-live}.\ 3.$ 

competitor. As we will see in the coming section, this is likely the case with deontic prioritarianism.

Of course, much of the trouble arises from the notion that prioritarianism is a complete view.

The problem is not that it fails to answer the question of how utilities ought to be distributed, nor that it would necessarily fail to deliver an account of why actions are good. The main problem is that the results we get are impractical, and whilst they may be more morally righteous, the cost to pay may be too high. In most cases where we can in some way avoid to level down in terms of risk, it is inevitably by appealing to outside views and principles. It is at this point that I would reiterate my claim that finding a satisfactory solution to these issues is not solved so easily by simply using our judgement, as Parfit suggested we should.

It should also be noted that prudence, in and of itself can be taken too far. Under the interpretation that we ought to minimise risk in distribution, our distribution process would be unrecognisable. Minimising risk at all costs, would almost force us to choose who gets vaccinated first on a basis of proximity towards the actual vaccine at the point of manufacturing. Since the people closest to it have the highest likelihood of having the virus administered without extra complications, to act strictly according to prudence would hardly allow us to prioritise anyone based upon any criteria we might find relevant to the situation of a pandemic. Strictly relying on prudence itself doesn't seem feasible either. Still, if we wish to adhere to a prioritarian ethic which excludes both prudence and pluralism, the complete view, the results generated when we start involving risk seem untenable.

Telic prioritarianism wishes to adhere to the notion that helping those who are better off is morally more valuable to helping those who are worse off. Since the degree to which we should value it more is left unspecified however, we cannot be sure how to weigh this against risk. If we wish to adhere to prioritarianism as the primary virtue however, we see

that we really have no reasonable point of stopping helping the worse off over the better off, as long as there is some potential gain. In this sense, the priority view seems to be predisposed towards high risk-taking action. Any ways we have discussed to ameliorate this inevitably invoke some pluralist concerns. With this in mind, we may now discuss the deontic version of prioritarianism.

## 7. Deontic prioritarianism and Risk Management

As deontic prioritarians we consider our duty to help the worse off to weigh heavier than our duties to those better off. Simply because our duty weighs higher does not mean that helping the worse off must be chosen in all circumstances. Other duties, if sufficiently pressing, can outweigh our duty to help the worst off. On the face of it, deontic prioritarianism seems promising to our problem of jumping the queue. We are not committed to the position that helping prioritising the better off is always better all things considered. Deontic prioritarianism does have a problem however. It can be hard to see why we should choose it over competitors like deontic egalitarianism.

Michael Weber introduces prioritarianism as a corrective to egalitarianism and utilitarianism. 94 In doing so, he argues that prioritarianism is not necessarily subject to the levelling-down objection, but that inexact descriptions of the view allow for levelled down states to be preferred in prioritarian terms. 95 Weber uses histograms to make the point, but we can do so using numbers too. The reasoning here appeals to the logical notion of transitivity and can be explained in the following way:

Imagine two groups of people a and b. We are then to imagine three different scenarios

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<sup>&</sup>lt;sup>94</sup> Michael Weber, 'Prioritarianism: Prioritarianism', *Philosophy Compass* 9, no. 11 (november 2014): 756–68, https://doi.org/10.1111/phc3.12175. 756. 95 Ibid. 760.

wherein we assign a very high priority to the worst off. Situation A can be considered the initial situation where both groups a and b are equally large.

Situation: A: 
$$(a = 50, b = 25)$$
  
B:  $(a = 25, b^1 = 20, b^2 = 60)$   
C:  $(a = 25, b^1 = 25, b^2 = 25)$ 

We then imagine that situation A changes into situation B, where the worst off in A, being b, have been split up again into two more equal groups  $b^1$  and  $b^2$ . We can then assign a high value to utility gained by the worst off. For the sake of argument, let's say changes in their lives count for ten times as much as changes to others so as to mimic high priority to the worst off. In moving from situation A to B group a loses 25 in utility total, as they are brought down from 50 to 25. Half of group B gains 35 which multiplied by 10 counts for 350. B also loses 5 utility times ten for 50 total utility lost to the worst off. This totals up to 350 - 50 - 25 = 275 utility gains for the worst off under a heavy prioritarian weighting, whereas only 75 utility was lost by the others. As such we have a net benefit of 275 utilities, specifically under prioritarian valuation. It is when we move from B to C that a situation of levelling down occurs.

When we move from B to C the utility value of those in group a does not change. b<sup>1</sup> gains 5 utility weighted times 10 for a total of 50. Our other group b<sup>2</sup> however lost 35, but since they are now no longer the worst off, their loss is not multiplied. This leaves us with 50 - 35 = 15 total utility gains when we weigh utility to the worst off higher. As such, it can be argued that prioritarians should prefer B over A, but also should prefer C over B, because in both cases the gains in prioritarian value are worth it. If we then apply a principle of transitivity, it can be stated that since priotarians prefer B over A and C over B, they must then hold that C should be preferred over A. If we look at our totals however, we can see that C compared to A represents a levelled down state. This particular situation could of course be avoided if we specified that our prioritarian gains should count for less than ten times as

much, but this then begs the question of exactly how much. As such, Weber concludes that prioritarian descriptions need to be precise, otherwise they open themselves up to this type of levelling-down objection. This is a similar conclusion to the one reached by Rabinowicz in that we require a high degree of precision in our account of outcomes and prioritarian value in order to avoid dealing with the issue of levelling down. This is what separates such welldefined prioritarianism from those interpretations where we might need to level down. So again, prioritarians seem to have a need for great specificity.

This does become a problem when we start to consider the distinction between interpersonal and intrapersonal cases. Suppose we are in a situation where we know that we are likely to suffer one of two illnesses. A severe one, and a mild one. We have an equal chance of suffering both of them, and we can distribute utility to alleviate symptoms. We may only attempt to do so for one disease however. Regardless of which illness we alleviate, the total increase in utility is the same. The difference would be the total valuation of quality of life. Under prioritarian reasoning then, we ought to maximise expected utility, so in this case we should choose to go for the severe disease. If we instead conceive of the same scenario with multiple people given the same choice, we are now still motivated to choose alleviating the severe illness.<sup>96</sup>

It can therefore be said that telic prioritarianism at least shares a problem with utilitarianism, in that it does not acknowledge the moral separateness of persons. 97 If we take this view we cannot account for a practice like triage, for example. Since prioritarianism holds that benefits count more when the recipient is worse off, in absolute terms, they cannot recognise the potential moral shift going from a separate individual to a group.

<sup>&</sup>lt;sup>96</sup> Michael Weber, 'Prioritarianism: Prioritarianism', *Philosophy Compass* 9, no. 11 (november 2014): 756–68, https://doi.org/10.1111/phc3.12175. 761. 97 Ibid. 762.

Weber points out the solution to the problem of moving from the intrapersonal to the interpersonal. <sup>98</sup> If we move towards a deontic interpretation we can avoid the problem and such a solution is offered by Williams. <sup>99</sup> Restrictive prioritarianism maintains the idea that we should maximise total weighted utility, but not at all costs. Specifically, he does so by claiming we should restrict the priority view to interpersonal conflict only, whereas for intrapersonal conflict he seems to advocate some form of utility principle as those interpersonal cases ought to have their utility maximised. <sup>100</sup> Divorcing the interpersonal from the intrapersonal certainly would do much to circumvent the criticism that the priority view does not acknowledge the separateness of persons. It does however again seem to limit the universal scope the priority view sought to have, as we can now no longer evaluate the intrapersonal.

In doing so, we must dispense with the notion that prioritarianism is a complete view. Much like how Parfit claims deontic egalitarianism avoids the levelling-down objection by appealing to an outside principle, the priority view must do the same here. For the egalitarians Parfit claims this means their view is pluralist, and by implication incomplete. Deontic prioritariansim seems to follow suit, as with William's restrictive prioritarianism. Therefore, it could be reasoned that such a view is likewise pluralist.

This is perhaps the strongest case one can make for a practical application of a prioritarian ethic. It is done at the cost of becoming pluralist however. Since we are now no longer committed to defending helping the worst off as a moral good, we are now only given the tasks of justifying action with this as one of our primary operating principles, as well as mediating between our duty to benefit the worst off and other duties we might have.

<sup>&</sup>lt;sup>98</sup> Michael Weber, 'Prioritarianism: Prioritarianism', *Philosophy Compass* 9, no. 11 (november 2014): 756–68, <a href="https://doi.org/10.1111/phc3.12175">https://doi.org/10.1111/phc3.12175</a>. 763.

<sup>&</sup>lt;sup>99</sup> Ibid.

<sup>100</sup> Ibid.

This does in a sense, solve the problem of jumping the queue. We could simply appeal to the notion that *all things considered* it would be better to avoid running the risk of letting the vaccines expire, and may propose jumping the queue by appealing to a notion of prudence for instance.

One issue however, is that we could employ exactly the same line of reasoning as deontic egalitarians. We could first argue that in order to achieve equality, we ought to prioritise the worst off, because gains for them would do the most to accomplish that. Then when presented with prudential concerns, we could again appeal to pluralism. So it seems that moving to a deontic interpretation, whilst fruitful in one sense, effectively renders the priority view as equivalent to deontic egalitarianism. Granted, this is not necessarily an indictment, but it does prove that the priority view has trouble distinguishing itself from the competition as far as its capacities to be action guiding.

### 8. Conclusion

In conceiving the prioritarian view, Parfit has not been explicit in outlining many features, relying on intuitionist notions of judgement instead. This leaves much of prioritarianism undefined, in particular who it is that we should classify as the worst off. The relevance of this problem cannot be ignored, as it would affect the course of action we should take on both deontic and telic interpretations. This is pervasive throughout all iterations of prioritarianism but, granting that such an account of wellbeing can be generated, could conceivably be avoided. Achieving such an account is no easy task however as we shown via the problem of variable populations and the issues surrounding risk management.

Two solutions were discussed. In the first, we decouple morality from prudence, and take the position that whilst a course of action may not be prudential, it would still in a grand outcome be better from a moral point of view. The second solution appeals to a more pluralist

mindset, and incorporates notions of efficiency and responsibility, which might otherwise be considered as prudence. Even on this pluralist approach however, the matter of the actual application of responsibility as a weighting factor remains open to questions.

When we move to deontic prioritarianism we find perhaps the most successful interpretation of prioritarianism. The only drawback is that it seems to be functionally equivalent to deontic egalitarianism. Still prioritarians may find this an acceptable alternative when they consider such the utility such an interpretation allows with regard to the acknowledgement of the separateness of persons and avoiding the levelling-down objections. Many of the issues prioritarianism faces seem to stem from the claim I labelled P5. The focus only on absolute levels, as opposed to also incorporating some notion of relativity, seems to allow for the generation of many situations wherein prioritarians seem forced to level down.

I also advanced the notion that, especially telic versions of prioritarianism, may find themselves incompatible with any sort of pluralist framework. This may not be problematic for the philosophers, but the resulting incompatibility with notions such as prudence would lead such interpretations to be problematic, especially when applied to a medical field. This point is in large part dependent on one's personal conception of prudence, but the prospect of risk management and morality diverging has nasty implications regardless of one's definition of prudence.

In conclusion, and as a result of the previous four considerations, I conclude that prioritarianism when interpreted as a complete view leaves us unable to satisfactorily pick courses of action during a pandemic situation. As many ways as we tried to, we could not generate a non-pluralist prioritarian view which could account for jumping the queue. Telic prioritarianism suffers from its inability to account for variable populations and risk management. Both factors are highly relevant during a pandemic, but it should be noted that the deontic interpretation of prioritarianism, whilst certainly interchangeable with deontic

egalitarianism, is still very much a justifiable position to hold. There is a truth to the notion that we have a greater duty to those who are worse off, but we may also frame this duty in terms of our commitment to equality. To prove that there is truly greater moral value to helping those who are worse off as opposed to another moral value, is technically possible, but seems unlikely to happen. Unless such proof is provided, it becomes difficult to justify the risk the complete priority view commits us to. The verdict then, is that the complete priority view is not tenable. Any plausible interpretation (including some of the ones discussed in this paper) seem to necessarily incorporate some pluralist principle in an effort to compensate for the deficiencies of the priority view. It seems we still have quite some mediating between principles in our future.

## 9. Bibliography

- Alexander, Larry and Michael Moore, "Deontological Ethics", The Stanford
   Encyclopedia of Philosophy (Winter 2020 Edition), Edward N. Zalta (ed.), accessible
   via: <a href="https://plato.stanford.edu/archives/win2020/entries/ethics-deontological/">https://plato.stanford.edu/archives/win2020/entries/ethics-deontological/</a>>. Last accessed 31 may 2021.
- Beauchemin, Genevieve, and Mae Jones, Alexandra. "Vaccination no-shows: Why are thousands of appointments going unfilled?" CTVNEWS, 2021. Accessible via: <a href="https://www.ctvnews.ca/health/coronavirus/vaccination-no-shows-why-are-thousands-of-appointments-going-unfilled-1.5377278">https://www.ctvnews.ca/health/coronavirus/vaccination-no-shows-why-are-thousands-of-appointments-going-unfilled-1.5377278</a>> Last accessed 31 may 2021.
- Brown, Campbell. 'Prioritarianism for Variable Populations'. *Philosophical Studies* 134, no. 3 (29 may 2007): 325–61. <a href="https://doi.org/10.1007/s11098-005-0897-5">https://doi.org/10.1007/s11098-005-0897-5</a>.
- Erin Alberty, and Leia Larsen. "Thousands of Utah's coronavirus vaccine doses are waiting to be claimed." The Salt Lake Tribune, 2021. Accessible via:

- <a href="https://www.sltrib.com/news/2021/04/29/thousands-utahs/">https://www.sltrib.com/news/2021/04/29/thousands-utahs/</a> Last accessed 31 may 2021.
- Hogan, Allie. "This is Who Can Get the Leftover Vaccine at Walgreens, CVS, & Walmart." Bestlife, 2021. Accessible via: <a href="https://bestlifeonline.com/leftover-vaccine-pharmacies-news/">https://bestlifeonline.com/leftover-vaccine-pharmacies-news/</a>> Last Accessed 31 may 2021
- Kaczor, Christopher, and Sherman, Thomas. Thomas Aquinas on the Cardinal
   Virtues: A Summa of the Summa on Prudence, Justice, Temperance, and Courage.
   Washington, DC: Catholic University of America Press, 2020.
   <a href="https://login.ezproxy.leidenuniv.nl:2443/login?URL=http://search.ebscohost.com/login.aspx?direct=true&db=e000xww&AN=2668007&site=ehost-live">https://search.ebscohost.com/login.aspx?direct=true&db=e000xww&AN=2668007&site=ehost-live</a>.
- Kruesi, Kimberlee. "Extent of COVID-19 vaccine waste remains largely unknown."
   Associated press, abcnews, 2021. Accessible via:
   <a href="https://abcnews.go.com/Health/wireStory/extent-covid-19-vaccine-waste-remains-largely-unknown-76467539">https://abcnews.go.com/Health/wireStory/extent-covid-19-vaccine-waste-remains-largely-unknown-76467539</a>> Last accessed 31 may 2021.
- Nielsen, Lasse. 'Pandemic Prioritarianism'. *Journal of Medical Ethics*, 4 february 2021, medethics-2020-106910. <a href="https://doi.org/10.1136/medethics-2020-106910">https://doi.org/10.1136/medethics-2020-106910</a>.
- Parfit, Derek. 'Equality or Priority?' In *The Ideal of Equality*, edited by Matthew Clayton and Andrew Williams, 81–125. Palgrave Macmillan, 2002.
- Persad, Govind, Alan Wertheimer, and Ezekiel J Emanuel. 'Principles for Allocation of Scarce Medical Interventions'. *The Lancet* 373, no. 9661 (january 2009): 423–31. <a href="https://doi.org/10.1016/S0140-6736(09)60137-9">https://doi.org/10.1016/S0140-6736(09)60137-9</a>.
- Peterson, Martin. 'THE MORAL IMPORTANCE OF SELECTING PEOPLE RANDOMLY'. *Bioethics* 22, no. 6 (july 2008): 321–27. https://doi.org/10.1111/j.1467-8519.2008.00636.x.
- Pratt, Bridget, and Adnan A. Hyder. 'How Can Health Systems Research Reach the

- Worst-off? A Conceptual Exploration'. *BMC Health Services Research* 16, no. S7 (november 2016): 619. https://doi.org/10.1186/s12913-016-1868-6.
- Rabinowicz, Wlodek. 'Prioritarianism and Uncertainty'. In *Exploring Practical Philosophy: From Action to Values*, by Dan Egonsson, Jonas Josefsson, and Toni Rønnow-Rasmussen, 139–65. Edited by Dan Egonsson, Jonas Josefsson, Björn Petersson, and Toni Rønnow-Rasmussen, 1st print. Routledge, 2018. <a href="https://doi.org/10.4324/9781315212234-9">https://doi.org/10.4324/9781315212234-9</a>.
- Sharp, Daniel, and Joseph Millum. 'Prioritarianism for Global Health Investments: Identifying the Worst Off: Prioritarianism for Global Health Investments'. *Journal of Applied Philosophy* 35, no. 1 (february 2018): 112–32.

  <a href="https://doi.org/10.1111/japp.12142">https://doi.org/10.1111/japp.12142</a>.
- Stobbe, Mike, and Fingerhut, Hannah. "AP-NORC poll: A third of US adults skeptical of COVID shot." Associated press, 2021. Accessible via:
   <a href="https://apnews.com/article/ap-norc-poll-3rd-adult-skeptical-vaccine-3779574a6d45d38cfc1d8615eb176b2d">https://apnews.com/article/ap-norc-poll-3rd-adult-skeptical-vaccine-3779574a6d45d38cfc1d8615eb176b2d</a>> Last accessed 31 may 2021.
- Weber, Michael. 'Prioritarianism: Prioritarianism'. *Philosophy Compass* 9, no. 11 (november 2014): 756–68. https://doi.org/10.1111/phc3.12175.
- Wikman-Svahn, Per, and Lars Lindblom. 'Toward a Responsibility-Catering
   Prioritarian Ethical Theory of Risk'. Science and Engineering Ethics 25, no. 3 (june 2019): 655–70. https://doi.org/10.1007/s11948-018-0036-2.
- Unknown, Unknown. "Covid: Australia's vaccine hesitancy worries medical experts."

  BBC, 2021. Accessible via: <a href="https://www.bbc.com/news/world-australia-57181038">https://www.bbc.com/news/world-australia-57181038</a>>
  Last accessed 31 may 2021.
- Unknown, Unknown. "Coronavirus vaccines if you're affected by terminal illness."
   Marie Curie Organisation, 2021. Accessible

via:<<u>https://www.mariecurie.org.uk/help/support/coronavirus/vaccine-coronavirus</u>>
Last Accessed 31 may 2021