



The Scholl Institute of Bioethics is a nonprofit, Judeo-Christian organization that addresses bioethical issues including euthanasia, physician-assisted-suicide, the withholding or withdrawing of food and water from non-dying patients, brain death, organ transplantation, genetic engineering, and the rights of disabled or mentally ill persons.

## Not Enough for Everyone

By Elizabeth Hanink BSN.

Just the word “rationing” evokes fear in many people. Add the word “medical” and you can count on a particularly visceral response. We all want to think that there is enough of everything to go around, and when it comes to medical care, we usually assume that is the case. But as the ongoing pandemic has laid bare, there really isn’t always enough for everybody, and it is likely some people don’t get what they need. This is just a fact of medicine as practiced even in developed countries. Insurers, governments, and individuals all use rationing to save money. The question then is not whether there are adequate supplies, but rather “Why not?” followed closely by “Who can lay claim to the scarce goods?”

To answer the first question: because resources cost money, and there are limits to what we are willing to pay for. Any society has multiple demands made on its citizens: a strong defense, solid infrastructure, accessible education, and so forth. And what is adequate in “peacetime” may not satisfy during times of assault, whether the assault be from a foreign nation, or a rapidly changing virus, or a once-in-five-hundred-years ice storm. How much we prepare for such events is a product of past experience and the wisdom we hope resides in our leaders. Certainly warehouses stocked with

items of finite utility make only so much sense. There are bound to be shortfalls in the crunch.

What is most vexing, though, is that in the first days of the crunch, how do we allocate what we have today, before the community can rev up production to satisfy everyone? Multiple theories surface. Some argue that the only thought should be to do the most good for the most people, a sort of utilitarian approach. Others argue that those with the best prospect of survival should be treated first. Still others would base the allocation

on whose life, if saved, would be the longest. Or the best. Which person if left untreated might be most likely to spread contagion? Or die? Who might be treated with less intervention? And, of course,

several of these considerations might pull in conflicting directions.

Almost everyone can agree that we don’t want a strictly first-come-first-served basis for treatment. Nor do we want a society in which those who are rich or powerful automatically get treatment before everyone else. Secrecy surrounding decisions is also not good. But there can still be room for disagreement among reasonable and good people. Add to that the inevitable mistakes and misjudgments that come with pressure and haste.

*“How do we allocate what we have?”*

In many institutions there are “tools” or “patient priority scores” that help with decision making, just as in the larger society there are experts who can help “think through” the process of determining who gets care first and most comprehensively. In the case of Covid-19, it makes much sense to make clinical judgments based on the urgency of the patient’s condition along with other medical conditions that might impact survival in the short-term. Another valid consideration needs to be the likelihood of survival with or without intervention. Our job as members of the public who adhere to a Judeo-Christian ethic is to be sure that these tools and policies reflect the fundamental principles of a just society. We need to work to see that decisions are made by those who honor the true source of all life.

Among the basic truths that Scholl espouses are, first, the divinely given worth of each person. We are each made in the image and likeness of God. No one person’s life is worth less than another’s, regardless of age or disability. If a pre-existing condition has no bearing on short-term survival from Covid-19, it is immoral to exclude a person from optimal care if available.

Secondly, no one life is expendable for the “common good.” If we decide that this or that person may benefit more from access to a ventilator, we must be sure that that decision is not because another’s life is less worth saving. This is not to say it is unfair to make a priority of those individuals who make contributions to the welfare of others who are dependent upon them, or who are most likely to be exposed, like first-responders, front-line doctors, and respiratory therapists, along with nurses and such.

Socio-economic status should also not be a determinant of who gets care. Nor should citizenship or immigration status. Especially with regard to epidemics, this sort of discrimination is short-sighted as well as immoral. Likewise, it is wrong for a nation with ample resources to develop a vaccine and then limit it to its own

citizens, while poorer countries with no ability to produce their own go lacking.

When all is said and done, Scholl remains a staunch advocate for life. And if death is inevitable, and therapy is of no further benefit, still each person retains the basic dignity bestowed by our Creator. The best possible care should still be given until the moment of a person’s passing to eternal life.

*By Elizabeth Hanink BSN, former member of the Executive Committee of Scholl*

For more information go to: [www.schollbioethics.org](http://www.schollbioethics.org)

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One of Scholl’s primary objectives for 2021 is to increase our outreach via technology and social media. To that end, we are looking for people to join our team, as Executive Committee members or not, who believe in the right to life, that is protecting human life from conception to natural death. Ideally, we need people who have the skill set to manage the website, send out topical emails, set up podcasts, manage social media accounts, etc... We also need help in the areas of legislative affairs/analysis and fundraising. If you have been putting volunteerism on the back burner and are looking for a worthy cause, we urge you to consider sharing your talents with the Scholl team. Please contact President Betty Odello at [info@schollbioethics.org](mailto:info@schollbioethics.org) or by phone at (818) 620-0102 for information. Thank you and God Bless.