EthxWeb Search Results

Search Detail:
Result=("9.4".PC.) AND (@YD >= "20000000")
2=1 : 
Documents: 1 - 325 of 1161

Document 1
Vogel, Lauren
Can rationing possibly be rational?
Georgetown users check Georgetown Journal Finder for access to full text

Document 2
Rosoff, Philip M; DeCamp, Matthew
Preparing for an influenza pandemic: are some people more equal than others?
Abstract: Planning for a severe influenza pandemic entails facing many substantive public health challenges, especially in the area of the distribution of insufficient supplies of materials and personnel. It is anticipated that rationing of health care resources will be required, thus demanding that choices be made about which individuals should receive potentially life-saving care when not all who can be saved can be served.
Georgetown users check Georgetown Journal Finder for access to full text

Document 3
Wynia, Matthew K; Goold, Susan Dorr
Fairness and the public's role in defining decent benefits.
Georgetown users check Georgetown Journal Finder for access to full text

Document 4
Schneiderman, Lawrence J
Rationing just medical care.
The American journal of bioethics : AJOB 2011 Jul; 11(7): 7-14
Abstract: U.S. politicians and policymakers have been preoccupied with how to pay for health care. Hardly any thought has been given to what should be paid for—as though health care is a commodity that needs no examination—or what health outcomes should receive priority in a just society, i.e., rationing. I present a rationing proposal, consistent with U.S. culture and traditions, that deals not with "health care," the terminology used in the current debate, but with the more modest and limited topic of medical care. Integral to this rationing proposal—which allows scope to individual choice and at the same time recognizes the interdependence of the individual and society—is a definition of a "decent minimum," the basic package of medical treatments everyone should have access to in a just society. I apply it to a specific example, diabetes mellitus, and track it through a person's life span.
Document 5
Churchill, Larry R
Rationing, rightness, and distinctively human goods.
Georgetown users check Georgetown Journal Finder for access to full text

Document 6
Paris, John J
Rationing: a "decent minimum" or a "consumer driven" health care system?
The American journal of bioethics : AJOB 2011 Jul; 11(7): 16-8
Georgetown users check Georgetown Journal Finder for access to full text

Document 7
Klein, David Alan
Evaluating social value: on the intersection of mortality and economics in the distribution of publicly funded medical care.
Georgetown users check Georgetown Journal Finder for access to full text

Document 8
Stark, Meredith
Shifting the focus of rationing discussions.
Georgetown users check Georgetown Journal Finder for access to full text

Document 9
Fine, Robert
Rationing or stewardship in pursuit of just medical reform.
Georgetown users check Georgetown Journal Finder for access to full text

Document 10
Ram-Tiktin, Efrat
A decent minimum for everyone as a sufficiency of basic human functional capabilities.
Georgetown users check Georgetown Journal Finder for access to full text
Document 11
Dineen, Christina
Finding the right way to ration.
The American journal of bioethics : AJOB 2011 Jul; 11(7): 26-8
Georgetown users check Georgetown Journal Finder for access to full text

Document 12
Friedman, Alexander W
Rationing and social value judgments.
Georgetown users check Georgetown Journal Finder for access to full text

Document 13
McCullough, Melissa
The solitary and indestructible American cowboy: is this symbolic hero standing in the way of universal health care in America and riding roughshod over it in the UK?
The American journal of bioethics : AJOB 2011 Jul; 11(7): 30-1
Georgetown users check Georgetown Journal Finder for access to full text

Document 14
Koch, Tom
Care, compassion, or cost: redefining the basis of treatment in ethics and law.
Abstract: There are in two assumptions inherent in this issue's theme, both inimical to the traditional goals of medicine and to the standards of care it proposed. First, the idea that treatment must be limited for some (but not others) on the basis of cost was born in the early literature of bioethics. Second, that there is a quantifiable and diagnostically predictable period at the "end-of-life" where treatment is "futile," and therefore not worth supporting in a context of scarcity grew out of bioethics's construction of allocative protocols in the 1990s. This paper traces the history of these ideas as constructs grounded in neither natural scarcity nor in firm diagnostic categories. Their relation to issues of care is therefore suspect.
Georgetown users check Georgetown Journal Finder for access to full text

Document 15
Fleck, Leonard M
Just caring: health care rationing, terminal illness, and the medically least well off.
Abstract: What does it mean to be a "just" and "caring" society in meeting the health care needs of the terminally ill when we have only limited resources to meet virtually unlimited health care needs? That question is the focus of this essay. Put another way: relative to all the other health care needs in our society, especially the need for lifesaving or life-prolonging health care, how high a priority ought the health care needs of persons who are terminally ill have? On the one hand, we might see the terminally ill as being among the "medically least well off" and therefore deserving very high priority. On the other hand, we might see them as squandering vast medical resources for marginal medical benefits, thereby denying needed resources to others who would benefit much more. We begin the essay by
making a number of morally relevant distinctions with regard to the category of "being terminally ill." We note, given contemporary medicine, that individuals may be terminally ill several times in the course of a life. Not all such circumstances make equal just claims to needed health care. We also note that our conceptions of health care justice are ultimately incapable of making very fine-grained, morally justified rationing judgments in complex medical circumstances. We conclude that we must finally rely upon fair processes of rational democratic deliberation to articulate such judgments for our own future, possibly terminally ill selves, thereby undercutting the rhetoric of "death panels."

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 16**

Hawryluck, Laura; Bouali, Redouane; Meth, Nathalie Danjoux

**Multi-professional recommendations for access and utilization of critical care services: towards consistency in practice and ethical decision-making processes.**


**Abstract:** Multiprofessional guidelines for fair access to and use of adult critical care services are desperately needed to define a consistent transparent standard of care: when such therapies have the potential to benefit and help a patient as they journey with illness and when they cannot.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 17**

Aronsohn, Andrew; Jensen, Donald

**Distributive justice and the arrival of direct-acting antivirals: who should be first in line?**

Hepatology (Baltimore, Md.) 2011 Jun; 53(6): 1789-91

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 18**

Fenton, Elizabeth

**Mind the Gap: ethical issues of private treatment in the public health system.**

The New Zealand medical journal 2011 May 13; 124(1334): 89-96

**Abstract:** The funding of expensive new cancer treatments is a difficult health policy issue in New Zealand and around the world. Since the public health system cannot afford to fund every new treatment, complex decisions must be made about which treatments to fund publicly, and whether and how to make unfunded treatments available to people who may wish to fund them themselves. One recent proposal is that unfunded treatments be made available to patients privately through the local public hospital. Although ultimately declined by the health minister, this proposal merits serious debate, since it is likely to continue to attract attention as a policy option. While the integration of public and private delivery systems has clear benefits for patients with the means to purchase additional treatments, its overall effect may be to exacerbate existing inequities in the New Zealand health sector.

This paper briefly explores the wider ramifications of such schemes as part of the ongoing public discussion that should inform the development of health policy on this issue.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 19**

Lampert, Rachel; Hayes, David

**Pacemakers and end-of-life decisions.**

JAMA : the journal of the American Medical Association 2011 May 11; 305(18): 1858-9; author reply 1859
Document 20

Tønnessen, Siri; Nortvedt, Per; Førde, Reidun

Rationing home-based nursing care: professional ethical implications.
Nursing ethics 2011 May; 18(3): 386-96

Abstract: The purpose of this study was to investigate nurses' decisions about priorities in home-based nursing care. Qualitative research interviews were conducted with 17 nurses in home-based care. The interviews were analyzed and interpreted according to a hermeneutic methodology. Nurses describe clinical priorities in home-based care as rationing care to mind the gap between an extensive workload and staff shortages. By organizing home-based care according to tight time schedules, the nurses are able to provide care for as many patients as possible. Furthermore, legal norms set boundaries for clinical priority decisions, resulting in marginalized care. Hence, rationing care jeopardizes important values in the nurse-patient relationship, in particular the value of individualized and inclusive nursing care. The findings are highly relevant for clinical practice, since they have major implications for provision of nursing care. They revive debates about the protection of values and standards of care, and nurses' role and responsibility when resources are limited.

Document 21

Rogers, Jamie; Kelly, Ursula A

Feminist intersectionality: bringing social justice to health disparities research.
Nursing ethics 2011 May; 18(3): 397-407

Abstract: The principles of autonomy, beneficence, non-maleficence, and justice are well established ethical principles in health research. Of these principles, justice has received less attention by health researchers. The purpose of this article is to broaden the discussion of health research ethics, particularly the ethical principle of justice, to include societal considerations—who and what are studied and why?—and to critique current applications of ethical principles within this broader view. We will use a feminist intersectional approach in the context of health disparities research to firmly establish inseparable links between health research ethics, social action, and social justice. The aim is to provide an ethical approach to health disparities research that simultaneously describes and seeks to eliminate health disparities.

Document 22

Albisser Schleger, Heidi; Oehninger, Nicole R; Reiter-Theil, Stella

Avoiding bias in medical ethical decision-making. Lessons to be learnt from psychology research.
Medicine, health care, and philosophy 2011 May; 14(2): 155-62

Abstract: When ethical decisions have to be taken in critical, complex medical situations, they often involve decisions that set the course for or against life-sustaining treatments. Therefore the decisions have far-reaching consequences for the patients, their relatives, and often for the clinical staff. Although the rich psychology literature provides evidence that reasoning may be affected by undesired influences that may undermine the quality of the decision outcome, not much attention has been given to this phenomenon in health care or ethics consultation. In this paper, we aim to contribute to the sensitization of the problem of systematic reasoning biases by showing how exemplary individual and group biases can affect the quality of decision-making on an individual and group level. We are addressing clinical ethicists as well as clinicians who guide complex decision-making processes of ethical significance. Knowledge regarding exemplary group psychological biases (e.g. conformity bias), and individual biases (e.g. stereotypes), will be taken from the disciplines of social psychology and cognitive decision science and considered in the field of ethical decision-making. Finally we discuss the influence of intuitive versus analytical (systematical) reasoning on the validity of ethical decision-making.
Document 23
Gordijn, Bert; Ten Have, Henk
Prioritisation in healthcare--still muddling through.
Medicine, health care, and philosophy 2011 May; 14(2): 109-10
Georgetown users check Georgetown Journal Finder for access to full text

Document 24
Hofmann, Paul B
7 factors complicate ethical resource allocation decisions: we should be more aware of the issues most likely to produce conflicts.
Georgetown users check Georgetown Journal Finder for access to full text

Document 25
Tandon, Ashutosh
Ailing medical services in India.
Indian journal of medical ethics 2011 Apr-Jun; 8(2): 128-9
Georgetown users check Georgetown Journal Finder for access to full text

Document 26
Goodyear-Smith, Felicity
The relativistic, naturalistic nature of ethics and other issues.
Journal of primary health care 2011 March 1; 3(1): 2-3
Georgetown users check Georgetown Journal Finder for access to full text

Document 27
Turner, Nikki
We should give the influenza vaccine to elderly patients in rest homes who are suffering from severe dementia: No. [debate]
Journal of primary health care 2011 March 1; 3(1): 60-1
Georgetown users check Georgetown Journal Finder for access to full text

Document 28
Skirbekk, Helge; Nortvedt, Per
Making a difference: a qualitative study on care and priority setting in health care.
Abstract: The focus of the study is the conflict between care and concern for particular patients, versus considerations that take impartial considerations of justice to be central to moral deliberations. To examine these questions we have conducted qualitative interviews with health professionals in Norwegian hospitals. We found a value norm that implicitly seemed to overrule all others, the norm of 'making a difference for the patients'. We will examine what such a statement implies, aiming to shed some light over moral dilemmas interwoven in bedside
rationing.

Georgetown users check Georgetown Journal Finder for access to full text

---

Document 29
Mikochik, Stephen L
**Rationing human life: health care reform and people with disabilities.**
Issues in law & medicine 2011 Spring; 26(3): 199-205

*Abstract*: Peter Singer has proposed health care rationing that includes an invidious discrimination against people with disabilities. Unfortunately, Congress has codified the potential for such discrimination in the 2010 Patient Protection and Affordable Care Act. But why should any public official have the discretion to treat the lives of people with disabilities as of "lower value" than the lives of anyone else. There must be a comprehensive limitation in the law against the misuse of comparative clinical effectiveness research to support the rationing of human life.

Georgetown users check Georgetown Journal Finder for access to full text

---

Document 30
Velasco Garrido, Marcial; Zentner, Annette; Busse, Reinhard
**The effects of gatekeeping: a systematic review of the literature.**

*Abstract*: To assess the effects of physician-centred gatekeeping on health, health care utilization, and costs by conducting a systematic review of the literature.

Georgetown users check Georgetown Journal Finder for access to full text

---

Document 31
Callahan, Daniel
**Rationing: theory, politics, and passions.**
The Hastings Center report 2011 Mar-Apr; 41(2): 23-7

Find in a library

Georgetown users check Georgetown Journal Finder for access to full text

---

Document 32
Frangenberg, Elmar H
**A Good Samaritan inspired foundation for a fair health care system.**
Medicine, health care, and philosophy 2011 Feb; 14(1): 73-9

*Abstract*: Distributive justice on the income and on the service aspects is the most vexing modern day problem for the creation and maintenance of an all inclusive health care system. A pervasive problem of all current schemes is the lack of effective cost control, which continues to result in increasing burdens for all public and private stakeholders. This proposal posits that the responsibility and financial obligation to achieve an ideal outcome of equal and affordable access and benefits for all citizens is misplaced. The Good Samaritan demonstrated basic ethical principles, which are revisited, elaborated and integrated into a new approach to health care. The participants are limited to individual contributors and beneficiaries and organized as a citizen carried, closed, independent, and self-sufficient self-governing cooperative for their own and the benefit of a minority of disadvantaged health care consumers. The government assumes oversight, provides arbitration, enforces democratic decision making, a scheme of progressive taxation, a separate and transparent accounting system, and a balance between income and reinvestment in health care. The results are a fair distribution of cost, its effective control, and increased individual motivation to take on responsibility for personal health as a private good and a sharpened focus towards community health. At the sociopolitical level the government as well as employers are released from the inappropriate burden of catering to individual health.
Document 33
Emmerich, Nathan

**Anti-theory in action? Planning for pandemics, triage and ICU or: how not to bite a bullet.**
Medicine, health care, and philosophy 2011 Feb; 14(1): 91-100

**Abstract:** Anti-theory is a multi-faceted critique of moral theory which, it appears, is undergoing something of reassessment. In a recent paper Hämäläinen discusses the relevance of an anti-theoretical perspective for the activity of applied ethics. This paper explores her view of anti-theory. In particular I examine its relevance for understanding the formal guidance on pandemic flu planning issues by the Department of Health (DoH) in the UK and some subsequent discussions around triage and reverse triage decisions which may be considered by both Primary and Secondary Care Trusts (PCTs and SCTs) (On the division between Primary and Secondary Care Trusts in the UK National Health Service see: http://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhsstructure.aspx [Accessed August 2010]). in setting their own policies and which may face clinicians in the eventuality of a pandemic. Following Hämäläinen in contrasting reflective equilibrium with her anti-theory inspired suggestion of an instrumental approach to moral theory in practice I demonstrate how this understanding complements the diversity of our intuitive moral judgements. Consequently I suggest that this anti-theoretical instrumental approach is in greater accord with the conditions under which such policy planning and decision making is, or will be, made. Furthermore, on the grounds of keeping open the ethical dimensions of medical practice in conditions of uncertainty, i.e. during a pandemic, I suggest that the anti-theoretical instrumental perspective is, ethically, the preferable approach to producing such policies and guidelines.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 34
Buynx, Alena M; Friedrich, Daniel R; Schöne-Seifert, Bettina

**Ethics and effectiveness: rationing healthcare by thresholds of minimum effectiveness.**
BMJ (Clinical research ed.) 2011 January 17; 342: d54

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 35
Huilgol, Nagraj

**Distributive justice and public private participation.**

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 36
Latham, Stephen R

**The "real-life" death panel, reformed.**
The Hastings Center report 2011 Jan-Feb; 41(1): 1 p following 52

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 37
Iserson, Kenneth V
The rapid ethical decision-making model: critical medical interventions in resource-poor environments.

Georgetown users check Georgetown Journal Finder for access to full text

Document 38
Porz, R; Zimmermann, H; Exadaktylos, A K
[Ethics, empiricism and uncertainty]. = Ethik, Empirik und Unsicherheit.
Deutsche medizinische Wochenschrift (1946) 2011 Jan; 136(1-2): 45-6

Abstract: Accidents can lead to difficult boundary situations. Such situations often take place in the emergency units. The medical team thus often and inevitably faces professional uncertainty in their decision-making. It is essential to communicate these uncertainties within the medical team, instead of downplaying or overriding existential hurdles in decision-making. Acknowledging uncertainties might lead to alert and prudent decisions. Thus uncertainty can have ethical value in treatment or withdrawal of treatment. It does not need to be covered in evidence-based arguments, especially as some singular situations of individual tragedies cannot be grasped in terms of evidence-based medicine.

Georgetown users check Georgetown Journal Finder for access to full text

Document 39
United States. Congress
VA HEALTH CARE: NEED FOR MORE TRANSPARENCY IN NEW RESOURCE ALLOCATION PROCESS AND FOR WRITTEN POLICIES ON MONITORING RESOURCES : REPORT TO CONGRESSIONAL REQUESTERS

http://www.gao.gov/new.items/d11426.pdf (link may be outdated)

Document 40
C Rispel, Laetitia; Padarath, Ashnie; Walt, Gill
Strengthening health systems for equity and social justice in South Africa: the 24th anniversary of the Centre for Health Policy.
Journal of public health policy 2011; 32 Suppl 1: S1-9

Georgetown users check Georgetown Journal Finder for access to full text

Document 41
Anderson, Malcolm; Richardson, Jeff; McKie, John; Iezzi, Angelo; Khan, Munir
The relevance of personal characteristics in health care rationing: what the Australian public thinks and why.
American journal of economics and sociology 2011; 70(1): 131-51

Abstract: This article examines the preferences of the general public in Australia regarding health care resource allocation. While previous studies have revealed that the public is willing to give priority to particular groups of patients based on their personal characteristics, the present article goes beyond previous efforts in attempting to explain these results. In the present study, there was strong support among respondents for giving ?equal priority? to people regardless of their personal characteristics. However, respondents did reveal a preference for married patients over single, for children over adults, for carers of children and the elderly, sole breadwinners, and good community contributors. Further, they would give a lower priority to those perceived as ?self-harmers??smokers, individuals with unhealthy diets, and those who rarely exercise. Variation in the answers according to broad economic and social beliefs across seven different categories (?factors?) influenced the pattern of the public's attitudes towards rationing.
The Principal Components Analysis (PCA) indicated that most of the items in our survey are associated with seven factors that explain or capture much of the variation. These relate to a patient's avoidance of self-harm behaviors (Safe Living), their Life Style (diet, exercise, etc.), their contribution to the community through caring for others (Caring), their talents (Gifted), their sexual behavior (Sexuality), their age and marital status (Family), and whether they are an Australian citizen or employed (Citizen). The strength of social preferences?e.g., how strongly respondents would ?discriminate? against a recreational drug user or preference a person with a healthy diet?is related to the particular class of preferences.

Georgetown users check Georgetown Journal Finder for access to full text

---

**Document 42**

Jonas, Monique  
**Obesity, autonomy and the harm principle.**  
Journal of primary health care 2010 December 1; 2(4): 343-6

Georgetown users check Georgetown Journal Finder for access to full text

---

**Document 43**

Kotalik, Jaro  
**Examining the suitability of the principle of subsidiarity for bioethics.**  
Kennedy Institute of Ethics journal 2010 Dec; 20(4): 371-90

**Abstract:** The political and social principle of subsidiarity can be useful as a general principle of bioethics. The principle states that only those decisions and tasks that cannot be effectively decided upon or performed by a supported or subsidized lower level authority ought to be relegated to a more central or higher authority. The concept of subsidiarity has been embedded tacitly in Western political thought for two millennia, but it has been articulated expressly only in the twentieth century. The principle has unique strengths: it is the only principle that addresses the issue of locus of decision making; it is strongly linked to human dignity, democracy, and solidarity; and it can assist in reaching agreements on the common good. There are also potential drawbacks that need to be taken into account when developing rules and guidelines for the principle's application in bioethics. The principle is particularly helpful in public health ethics, but it is also of use in the ethics of personal care and human research ethics.

Georgetown users check Georgetown Journal Finder for access to full text

---

**Document 44**

Furnham, Adrian; Loganathan, Niroosha; McClelland, Alastair  
**Allocating scarce medical resources to the overweight.**  

**Abstract:** A programmatic research effort investigated how lay people weigh information on hypothetical patients when making decisions regarding the allocation of scarce medical resources. This study is partly replicative and partly innovative, and looks particularly at whether overweight patients would be discriminated against in allocating resources.

Georgetown users check Georgetown Journal Finder for access to full text

---

**Document 45**

Armstrong, Russell  
**Fairness and equity in the provision of anti-retroviral therapy: some reflections from Lesotho.**  
Developing world bioethics 2010 Dec; 10(3): 129-40

**Abstract:** The number of people in immediate need of anti-retroviral treatment (ART) in the southern African region continues to significantly exceed the capacity of health systems there to provide it. Approaches to this complex rationing dilemma have evolved in different directions. The ethical concepts of fairness and equity have been
suggested as a basis to guide the development of approaches to select patients for ART. This article reports the results of a case study on patient selection at a rural ART clinic in Lesotho. The purpose of the study was to examine whether or not such concepts had relevance or operative value for a treatment team providing ART in rural Lesotho. The study found that while concepts of fairness and equity were relevant to the work of the treatment team, patient selection practices did not necessarily reflect what these concepts entail. The idea of fairness as a structured, formalized selection process did not figure in the approach to ART provision at the site. A less formal, 'first-come-first-served' approach was adopted. While there was knowledge among some team members that social, economic or geographic conditions inhibit individuals and groups from gaining access to ART and that this was inequitable, it was felt that there was little they could do to try to mediate the impact of these conditions. The study's findings pose important questions about the approach to ART programming in resource constrained settings. The findings also question the relevance of trying to achieve fairness and equity when the gap between need for care and capacity to provide it remains so large.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 46**

Shebaya, Sirine; Sutherland, Andrea; Levine, Orin; Faden, Ruth

*Alternatives to national average income data as eligibility criteria for international subsidies: a social justice perspective.*

Developing world bioethics 2010 Dec; 10(3): 141-9

**Abstract:** Current strategies to address global inequities in access to life-saving vaccines use averaged national income data to determine eligibility. While largely successful in the lowest income countries, we argue that this approach could lead to significant inefficiencies from the standpoint of justice if applied to middle-income countries, where income inequalities are large and lead to national averages that obscure truly needy populations. Instead, we suggest alternative indicators more sensitive to social justice concerns that merit consideration by policy-makers developing new initiatives to redress health inequities in middle-income countries.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 47**

Tuba, Mary; Sandoy, Ingvild F; Bloch, Paul; Byskov, Jens

*Fairness and legitimacy of decisions during delivery of malaria services and ITN [insecticide-treated net] interventions in Zambia.*

Malaria journal 2010 November 1; 9: 309

**Abstract:** Malaria is the leading cause of morbidity and the second leading cause of mortality in Zambia. Perceptions of fairness and legitimacy of decisions relating to distribution of ITNs were assessed in a district in Zambia. The study was conducted within the framework of RESponse to ACcountable priority setting for Trust in health systems (REACT), a north-south collaborative action research study, which evaluates the Accountability for Reasonableness (AFR) approach to priority setting in Zambia, Tanzania and Kenya.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 48**

Condit, Donald P.

*Health-care counter-reform*

The Linacre Quarterly 2010 November; 77(4): 426-444

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 49**
**Hope, Tony; Østerdal, Lars Peter; Hasman, Andreas**  
**An inquiry into the principles of needs-based allocation of health care.**  
Bioethics 2010 Nov; 24(9): 470-80

**Abstract:** The concept of need is often proposed as providing an additional or alternative criterion to cost-effectiveness in making allocation decisions in health care. If it is to be of practical value it must be sufficiently precisely characterized to be useful to decision makers. This will require both an account of how degree of need for an intervention is to be determined and a prioritization rule that clarifies how degree of need and the cost of the intervention interact in determining the relative priority of the intervention. Three common features of health care interventions must be accommodated in a comprehensive theory of need: the probabilistic nature of prognosis (with and without the intervention); the time course of effects; and the fact that the most effective treatments often combine more than one intervention. These common features are problematic for the concept of need. We outline various approaches to prioritization on the basis of need and argue that some approaches are more promising than others.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Sharkey, Kerith; Gillam, Lynn**  
**Should patients with self-inflicted illness receive lower priority in access to healthcare resources? Mapping out the debate.**  

**Abstract:** The distribution of scarce healthcare resources is an increasingly important issue due to factors such as expensive 'high tech' medicine, longer life expectancies and the rising prevalence of chronic illness. Furthermore, in the current healthcare context lifestyle-related factors such as high blood pressure, tobacco use and obesity are believed to contribute significantly to the global burden of disease. As such, this paper focuses on an ongoing debate in the academic literature regarding the role of responsibility for illness in healthcare resource allocation: should patients with self-caused illness receive lower priority in access to healthcare resources? This paper critically describes the lower priority debate's 12 key arguments and maps out their relationships. This analysis reveals that most arguments have been refuted and that the debate has stalled and remains unresolved. In conclusion, we suggest progression could be achieved by inviting multidisciplinary input from a range of stakeholders for the development of evidence-based critical evaluations of existing arguments and the development of novel arguments, including the outstanding rebuttals.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Peacock, Stuart J; Mitton, Craig; Ruta, Danny; Donaldson, Cam; Bate, Angela; Hedden, Lindsay**  
**Priority setting in healthcare: towards guidelines for the program budgeting and marginal analysis framework.**  
Expert review of pharmacoeconomics & outcomes research 2010 Oct; 10(5): 539-52

**Abstract:** Economists' approaches to priority setting focus on the principles of opportunity cost, marginal analysis and choice under scarcity. These approaches are based on the premise that it is possible to design a rational priority setting system that will produce legitimate changes in resource allocation. However, beyond issuing guidance at the national level, economic approaches to priority setting have had only a moderate impact in practice. In particular, local health service organizations - such as health authorities, health maintenance organizations, hospitals and healthcare trusts - have had difficulty implementing evidence from economic appraisals. Yet, in the context of
making decisions between competing claims on scarce health service resources, economic tools and thinking have much to offer. The purpose of this article is to describe and discuss ten evidence-based guidelines for the successful design and implementation of a program budgeting and marginal analysis (PBMA) priority setting exercise. PBMA is a framework that explicitly recognizes the need to balance pragmatic and ethical considerations with economic rationality when making resource allocation decisions. While the ten guidelines are drawn from the PBMA framework, they may be generalized across a range of economic approaches to priority setting.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 53

Pauker, Stephen G; Wong, John B

**How (should) physicians think?: a journey from behavioral economics to the bedside.**


Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 54

Rosenthal, M Sara

**Ethical issues in radioisotope shortages: rationing and priority setting.**

*Journal of nuclear medicine technology* 2010 Sep; 38(3): 117-20

**Abstract:** In recent years, shortages of radioisotopes that cannot be stockpiled have created a scenario in which they may be considered, periodically, a scarce medical resource. This discussion focuses on the just allocation of medical radioisotopes and presents the dominant ethical frameworks for rationing and priority setting in the patient populations most affected. Priority setting is necessary when demand for a scarce resource exceeds supply. On completion of this article, the reader will be able to describe the origins of rationing and priority setting in medicine, as well as ethically sound frameworks for rationing. Finally, the process for priority setting and the need for transparency of this process in the nuclear medicine setting are outlined.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 55

Marckmann, G

**[Ethical basis of priority setting in healthcare]. = Ethische Grundlagen der Priorisierung im Gesundheitswesen.**

*Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz* 2010 Sep; 53(9): 867-73

**Abstract:** The debate about priorities in healthcare has also started in Germany. Because of the special moral significance of health and healthcare, priority setting in healthcare also involves ethical issues. After clarifying the relationship between priority setting and rationing, I first discuss whether it is ethically acceptable or even mandated to set priorities in healthcare. If this first question is answered with "yes", the following question is how the priorities can be determined in an ethically defensible way. I will try to show that it is impossible to justify priorities in healthcare within a liberal theory of justice that is neutral towards substantive conceptions of the good life. We rather need a deliberative decision process about how we want to live in the face of illness, suffering, and death. Only by reference to a substantial concept of a good life is it possible to define and justify healthcare priorities. A national priority-setting commission could play an important role in stimulating this deliberation and developing general recommendations according to which criteria and procedures priorities should be set in the German healthcare system. The application of this general framework requires the cooperation of medical scientific and physician organizations.

Georgetown users check [Georgetown Journal Finder](#) for access to full text
Raspe, H
Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz 2010 Sep; 53(9): 874-81

Abstract: While setting priorities in healthcare has been discussed internationally for about 25 years, attempts to even start a discussion in Germany have failed for more than a decade. On the contrary, the topic was and still is actively suppressed. In this respect, one helpful mechanism is to deliberately or carelessly confuse prioritization with rationing, a German taboo-word. The national healthcare debate again and again neglects the question on what to spend Germany's still very considerable resources. This helps our health politicians to continue to live the postulate that everybody should have immediate, unrestricted access to all medically indicated healthcare. Attempts to distinguish between priority setting and rationing as two entirely distinct programs based on prioritization models from Sweden, England, and Oregon/USA are presented. While discussing possible objects, levels, criteria, ethics, and normative implications of priority setting in healthcare, recent recommendations of a permanent vaccination committee (STIKO) are used as an example.

Georgetown users check Georgetown Journal Finder for access to full text

Diederich, A; Schreier, M
Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz 2010 Sep; 53(9): 896-902

Abstract: In order to accomplish broad acceptance of priority setting in healthcare, a public debate seems essential, in particular, including the preferences of the general public. In Germany, objections to public involvement are to some extent based on the perception that individuals have an inherent personal bias and cannot represent interests other than their own. The following excerpt from a more comprehensive study reports on the acceptance of personal responsibility as a criterion for prioritizing. A mixed-methods design is used for combining a qualitative interview study and a quantitative survey representative of the German public. Both the interview study and the survey demonstrate that behavior that is harmful to one's health is generally accepted as a criterion for posteriorizing patients, mostly regardless of self interest. In addition, the interview study shows reasons for acceptance or refusal of the self-inflicted behavior criterion.

Georgetown users check Georgetown Journal Finder for access to full text

Metz, John P; Winter, Robin O
Mass critical care ethics: black and white, or grey?
Family medicine 2010 Sep; 42(8): 587-8

Strech, Daniel; Hurst, Samia; Danis, Marion
The role of ethics committees and ethics consultation in allocation decisions: a 4-stage process.
Medical care 2010 Sep; 48(9): 821-6

Abstract: BACKGROUND: Decisions about the allocation and rationing of medical interventions likely occur in all health care systems worldwide. So far very little attention has been given to the question of what role ethics consultation and ethics committees could or should play in questions of allocation at the hospital level.
OBJECTIVES AND METHODS: This article argues for the need for ethics consultation in rationing decisions using empirical data about the status quo and the inherent nature of bedside rationing. Subsequently, it introduces a 4-stage process for establishing and conducting ethics consultation in rationing questions with systematic reference to
core elements of procedural justice. RESULTS: Qualitative and quantitative findings show a significant demand for ethics consultation expressed directly by doctors, as well as additional indirect evidence of such a need as indicated by ethically challenging circumstances of inconsistent and structurally disadvantaged rationing decisions. To address this need, we suggest 4 stages for establishing and conducting ethics consultation in rationing questions we recommend: (1) training, (2) identifying actual scarcity-related problems at clinics, (3) supporting decision-making, and (4) evaluation. CONCLUSION: This process of ethics consultation regarding rationing decisions would facilitate the achievement of several practical goals: (i) encouragement of an awareness and understanding of ethical problems in bedside rationing, (ii) encouragement of achieving efficiency along with rationing, (iii) reinforcement of consistency in inter- and intraindividual decision-making, (iv) encouragement of explicit reflection and justification of the prioritization criteria taken into consideration, (v) improvement in internal (in-house) and external transparency, and (vi) prevention of the misuse of the corresponding consulting structures.

Georgetown users check Georgetown Journal Finder for access to full text

---

### Document 60
Lippert-Rasmussen, Kasper; Lauridsen, Sigurd

**Justice and the allocation of healthcare resources: should indirect, non-health effects count?**

Medicine, health care, and philosophy 2010 Aug; 13(3): 237-46

**Abstract:** Alternative allocations of a fixed bundle of healthcare resources often involve significantly different indirect, non-health effects. The question arises whether these effects must figure in accounts of the conditions under which a distribution of healthcare resources is morally justifiable. In this article we defend a Scanlonian, affirmative answer to this question: healthcare resource managers should sometimes select an allocation which has worse direct, health-related effects but better indirect, nonhealth effects; they should do this when the interests served by such a policy are more urgent than the healthcare interests better served by an alternative allocation. We note that there is a prima facie case for the claim that such benefits (and costs) are relevant—i.e. they are real benefits, and in other contexts our decisions can permissibly be guided by them. We then proceed to rebut three lines of argument that might be thought to defeat this prima facie case: they appeal to fairness, the Kantian Formula of Humanity as an End in Itself, and the equal moral worth of persons, respectively.

Georgetown users check Georgetown Journal Finder for access to full text

---

### Document 61
Nelson, Mark T

**Y and Z are not off the hook: the survival lottery made fairer.**


**Abstract:** In this article I show that the argument in John Harris's famous "Survival Lottery" paper cannot be right. Even if we grant Harris's assumptions—of the justifiability of such a lottery, the correctness of maximizing consequentialism, the indistinguishability between killing and letting die, the practical and political feasibility of such a scheme—the argument still will not yield the conclusion that Harris wants. On his own terms, the medically needy should be less favored (and more vulnerable to being killed), than Harris suggests.

Georgetown users check Georgetown Journal Finder for access to full text

---

### Document 62
Sachs, Benjamin

**Lingering problems of currency and scope in Daniels's argument for a societal obligation to meet health needs.**


**Abstract:** Norman Daniels's new book, Just Health, brings together his decades of work on the problem of justice and health. It improves on earlier writings by discussing how we can meet health needs fairly when we cannot meet them all and by attending to the implications of the socioeconomic determinants of health. In this article I return to the core idea around which the entire theory is built: that the principle of equality of opportunity grounds a societal obligation to meet health needs. I point, first, that nowhere does Daniels say just what version of that principle he
accepts. I then proceed to construct a principle on his behalf, based on a faithful reading of Just Health. Once we actually nail down the principle, I argue, we will find that there are two problems: it is implausible in itself, and it fails to ground a societal obligation to meet health needs.

Georgetown users check Georgetown Journal Finder for access to full text

---

Document 63

Lindemann, Hilde

**Risky business.**
The Hastings Center report 2010 Jul-Aug; 40(4): 4

Georgetown users check Georgetown Journal Finder for access to full text

---

Document 64

Siegel, Mark D; Prigerson, Holly G

**The perception gap: race, religion, and prognosis in the ICU.**
*Chest* 2010 Jul; 138(1): 8-9

Georgetown users check Georgetown Journal Finder for access to full text

---

Document 65

Eastman, Nigel; Philips, Barbara; Rhodes, Andrew

**Triaging for adult critical care in the event of overwhelming need.**
*Intensive care medicine* 2010 Jun; 36(6): 1076-82

**Abstract:** INTRODUCTION: Predictions of the need for critical care within the H1N1 influenza pandemic suggested overwhelming need beyond potential resources, necessitating rationing of care via triaging. METHOD: The triage model described was derived from informed discourse within a conjoined NHS and University Clinical Ethics Committee, supplemented by specialists in intensive care and infectious diseases. THE MODEL: The triage methodology described is justified ethically primarily upon 'utilitarian' principles within an aggregate public health model, with additional reference to 'fairness'. Advantages of such a model, which partially suspends usual clinical judgment applied to individuals in favour of also utilizing organ failure scores, include minimization of aggregate influenza morbidity and mortality, and minimization of psychological stress upon staff making triaging decisions. Legally, in England and Wales, the model is uncontentious as regards rationing of admission to critical care; however, the law adopts 'futility' as the core justification for withdrawal of treatment, applied to the individual, thus failing to allow for rationing through triaging individuals out of critical care in the interest of other patients with better chances of survival. There is therefore a mismatch between a clinically and ethically acceptable model of triaging, based upon a public health approach, and the law, based upon the paradigm of the individual patient. CONCLUSION: The good fortune that the H1N1 pandemic was less severe than predicted, allowing time for calm consideration, debate and decision making about what model of triaging should be adopted whenever it might be necessary in the future. It is in the interest of the health of the nation, and government, to decide upon a critical care triaging model while there is not an imminent health service crisis.

Georgetown users check Georgetown Journal Finder for access to full text

---

Document 66

Reynolds, L Raymond; Rosenthal, M Sara

**Are we providing ethical care for the severely obese?**
*Southern medical journal* 2010 Jun; 103(6): 498-9

Georgetown users check Georgetown Journal Finder for access to full text
**Document 67**

Collier, Roger

*New York enacts surrogate decision-making legislation for incapacitated patients.*

CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne 2010 May 18; 182(8): E331-2

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 68**

Bhattacharya, Dhrubajyoti; Hodge, James G., Jr.; Courtney, Brooke

*Public health emergencies and legal standards of care. [letter and reply]*

JAMA: The Journal of the American Medical Association 2010 May 12; 303(18): 1811; author reply 1811-1812

Georgetown users check [Georgetown Journal Finder](#) for access to full text

[http://jama.ama-assn.org/content/vol303/issue18/](http://jama.ama-assn.org/content/vol303/issue18/) (link may be outdated)

---

**Document 69**

Petrini, Carlo

*Triage in public health emergencies: ethical issues.*

Internal and emergency medicine 2010 Apr; 5(2): 137-44

*Abstract:* General concepts about medical disasters, public health and triage are outlined. Triage is described in the context of public health emergencies and disaster settings, and the main ethical values at stake in triage are discussed. Possible conflicts between competing values are outlined. Special attention is given to possible conflicts between the protection of individual interests (typical of clinical ethics), and the pursuit of collective interests (typical of public health and triage). Hippocratic ethics is compared to utilitarian ethics and to perspectives that emphasize the principle of justice. Three ethical attitudes are suggested that may contribute to a resolution of competing values: protection of human dignity, precaution and, especially, solidarity. Personalism promotes the collective good by safeguarding and giving value to the well-being of each individual. A personalistic perspective is suggested as a way to deepen the concept of solidarity as a pillar both of clinical and public health ethics.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 70**

Wolfensberger, Wolf

*How to comport ourselves in an era of shrinking resources.*

Intellectual and developmental disabilities 2010 Apr; 48(2): 148-62

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 71**

Kerstein, Samuel J.; Bognar, Greg

*Complete lives in the balance.*

American Journal of Bioethics 2010 April; 10(4): 37-45

*Abstract:* The allocation of scarce health care resources such as flu treatment or organs for transplant presents stark problems of distributive justice. Persad, Wertheimer, and Emanuel have recently proposed a novel system for such allocation. Their "complete lives system" incorporates several principles, including ones that prescribe saving the most lives, preserving the most life-years, and giving priority to persons between 15 and 40 years old. This paper argues that the system lacks adequate moral foundations. Persad and colleagues' defense of giving priority to those
between 15 and 40 leaves them open to the charge that they discriminate unfairly against children. Second, the paper contends that the complete lives system fails to provide meaningful practical guidance in central cases, since it contains no method for balancing its principles when they conflict. Finally, the paper proposes a new method for balancing principles of saving the most lives and maximizing life-years.

Georgetown users check Georgetown Journal Finder for access to full text

http://www.bioethics.net/journal/issues.php (link may be outdated)

* Article  Document 72
Persad, Govind C.; Wertheimer, Alan; Emanuel, Ezekiel J.
**Standing by our principles: meaningful guidance, moral foundations, and multi-principle methodology in medical scarcity.**

Georgetown users check Georgetown Journal Finder for access to full text

http://www.bioethics.net/journal/issues.php (link may be outdated)

* Article  Document 73
McMillan, John; Hope, Tony
**Balancing principles, QALYs, and the straw men of resource allocation.**
American Journal of Bioethics 2010 April; 10(4): 48-50

Georgetown users check Georgetown Journal Finder for access to full text

http://www.bioethics.net/journal/issues.php (link may be outdated)

* Article  Document 74
Menzel, Paul T.
**Complete lives, short lives, and the challenge of legitimacy.**
American Journal of Bioethics 2010 April; 10(4): 50-52

Georgetown users check Georgetown Journal Finder for access to full text

http://www.bioethics.net/journal/issues.php (link may be outdated)

* Article  Document 75
Sayeed, Sadath A.
**Assessing the modified youngest-first principle and the idea of non-persons at the bedside: a clinical perspective.**
American Journal of Bioethics 2010 April; 10(4): 52-54

Georgetown users check Georgetown Journal Finder for access to full text

http://www.bioethics.net/journal/issues.php (link may be outdated)

* Article  Document 76
Vawter, Dorothy E.; Garrett, J. Eline; Gervais, Karen G.; Prehn, Angela Witt; DeBruin, Debra A.

**Dueling ethical frameworks for allocating health resources.**
American Journal of Bioethics 2010 April; 10(4): 54-56

Georgetown users check [Georgetown Journal Finder](http://www.bioethics.net/journal/issues.php) for access to full text

---

Document 77
Nord, Erik

**Balancing relevant criteria in allocating scarce life-saving interventions.**
American Journal of Bioethics 2010 April; 10(4): 56-58

Georgetown users check [Georgetown Journal Finder](http://www.bioethics.net/journal/issues.php) for access to full text

---

Document 78
Friedman, Alexander

**Complete lives, incomplete theories.**
American Journal of Bioethics 2010 April; 10(4): 58-60

Georgetown users check [Georgetown Journal Finder](http://www.bioethics.net/journal/issues.php) for access to full text

---

Document 79
Norheim, Ole Frithjof

**Priority to the young or to those with least lifetime health?**
American Journal of Bioethics 2010 April; 10(4): 60-61

Georgetown users check [Georgetown Journal Finder](http://www.bioethics.net/journal/issues.php) for access to full text

---

Document 80
Kirsch, Thomas D.; Moon, Margaret R.

**A piece of my mind. The line.**
JAMA: The Journal of the American Medical Association 2010 March 10; 303(10): 921-922

Georgetown users check [Georgetown Journal Finder](http://jama.ama-assn.org) for access to full text

---

Document 81
Brock, Dan; Rehmann-Sutter, Christoph; Tambyah, Paul Ananth

**Republication: In That Case: Distributing scarce oseltamivir in an Avian flu pandemic [case study and responses]**
Andrén-Sandberg, Ake; Permert, Johan

Läkartidningen 2010 February 17-23; 107(7): 412-413

Akhtar, Jamshed

A framework for advancing equity in health for Pakistan [editorial]

Owen-Smith, Amanda; Coast, Joanna; Donovan, Jenny

Are patients receiving enough information about healthcare rationing? A qualitative study.
Journal of Medical Ethics 2010 February; 36(2): 88-92

Abstract: BACKGROUND: There is broad international agreement from clinicians and academics that healthcare rationing should be undertaken as explicitly as possible, and the BMA have publicly supported the call for more accountable priority setting for some time. However, studies in the UK and elsewhere suggest that clinicians experience a number of barriers to rationing openly, and the information needs of patients at the point of provision are largely unknown. METHODOLOGY: In-depth interviews were undertaken with NHS professionals working at the community level of provision, and with patients and professionals receiving or providing treatment for morbid obesity and breast cancer (n=52). RESULTS: Nearly all patients wanted to know about healthcare rationing and had high expectations of their clinical professionals to provide all relevant information about treatment options. However, professionals did not always understand these information requirements, and cases of implicit rationing were common. The existence of relevant national guidance was not always known about, meaning that patients were often reliant on other sources of information about treatment options, which included the popular media, the internet, patient advocacy groups and informal networks of support. DISCUSSION: Clinical professionals need to understand patients' need for detailed information when it comes to rationing, and to understand that they are the main gateway for this to be provided. However, disclosure could be distressing for both patients and professionals, and thus the most sensitive and acceptable ways to make this information available requires further investigation.
accountable priority setting for some time. However, studies in the UK and elsewhere suggest that clinicians experience a number of barriers to rationing openly, and the information needs of patients at the point of provision are largely unknown. METHODOLOGY: In-depth interviews were undertaken with NHS professionals working at the community level of provision, and with patients and professionals receiving or providing treatment for morbid obesity and breast cancer (n=52). RESULTS: Nearly all patients wanted to know about healthcare rationing and had high expectations of their clinical professionals to provide all relevant information about treatment options. However, professionals did not always understand these information requirements, and cases of implicit rationing were common. The existence of relevant national guidance was not always known about, meaning that patients were often reliant on other sources of information about treatment options, which included the popular media, the internet, patient advocacy groups and informal networks of support. DISCUSSION: Clinical professionals need to understand patients' need for detailed information when it comes to rationing, and to understand that they are the main gateway for this to be provided. However, disclosure could be distressing for both patients and professionals, and thus the most sensitive and acceptable ways to make this information available requires further investigation.

http://jme.bmj.com/content/36/2.toc (link may be outdated)

Document 86

Buijsen, Martin

_Just Caring. Health Care Rationing and Democratic Deliberation, by F. Fleck [book review]_

Medicine, Health Care, and Philosophy 2010 February; 13(1): 97-98

Document 87

Macauley, Robert

_Conflicts in duty caused by expensive drugs_

Medical Ethics Newsletter [Lahey Clinic] 2010 Winter; 17(1): 3

Document 88

Ersoy, Nermin; Akpinar, Aslihan

_Turkish nurses' decision making in the distribution of intensive care beds._

Nursing Ethics 2010 January;17(1): 87-98

Abstract: The aim of this study was to assess the opinions and role of intensive care unit (ICU) nurses regarding the distribution of ICU beds. We conducted this research among 30% of the attendees at two ICU congresses in Turkey. A self-administered questionnaire was used, which included 13 cases and allocation criteria. Of the total (136 nurses), 53.7% participated in admission/discharge decisions. The most important criterion was quality of life as viewed by the physician; the least important was the patient's social status. According to the findings, the nurses thought that medical benefit and avoiding discrimination were important. On the other hand their ignorance of patients' autonomous preferences arouses suspicions about these nurses' role in advocating for patients' rights. For this reason, nurses' role in allocation decisions should be clearly described and should also be the basis on which intensive care nurses' duties in allocation decisions should be determined.

Document 89
Browne, Alister

The ethics of aggressive discharge planning.

Georgetown users check Georgetown Journal Finder for access to full text

Farrar, Jocelyn A.

Pandemic influenza: allocating scarce critical care resources.

Georgetown users check Georgetown Journal Finder for access to full text

Jones, Terry L.; Yoder, Linda

Economic theory and nursing administration research–is this a good combination?
Nursing Forum 2010 January; 45(1): 40-53

Abstract: TOPIC: Economic theory is used to describe and explain decision making in the context of scarce resources. PURPOSE: This paper presents two applications of economic theory to the delivery of nursing services in acute care hospitals and evaluates its usefulness in guiding nursing administration research. SOURCES OF INFORMATION: The description of economic theory and the proposed applications for nursing are based on current nursing, healthcare, and economic literature. Evaluation of the potential usefulness of economic theory in guiding nursing administration research is based on the criteria of significance and testability as described by Fawcett and Downs. CONCLUSIONS: While economic theory can be very useful in explaining how decisions about nursing time allocation and nursing care production are made, it will not address the issue of how they should be made. Normative theories and ethical frameworks also must be incorporated in the decision-making process around these issues. Economic theory and nursing administration are a good fit when balanced with the values and goals of nursing.

Georgetown users check Georgetown Journal Finder for access to full text

Owen-Smith, Amanda; Coast, Joanna; Donovan, Jenny

The desirability of being open about health care rationing decisions: findings from a qualitative study of patients and clinical professionals.

Abstract: OBJECTIVE: To understand the views of patients and professionals about how feasible and appropriate it is to make health care rationing decisions openly at the consultation level. METHODS: Thirty-one patients and 21 health care professionals were asked about their experiences of implicit and explicit rationing during in-depth interviews structured around two clinical case studies (morbid obesity and breast cancer). Sampling was undertaken theoretically and data analysis was carried out using constant comparison. RESULTS: Patients had a broad awareness of health care rationing and nearly all said they wanted to know how financial factors affected the provision of their health care. However, the experience of explicit rationing could be distressing and one patient regretted having been told. Despite a firm commitment to the ideal of being open with patients about rationing, in practice, clinical professionals encountered a number of ethical and practical barriers to making such decisions explicitly, meaning that implicit methods were frequently adopted. CONCLUSIONS: The results suggest that moves in the UK and elsewhere to undertake rationing more explicitly are in line with the preferences of the majority of patients and professionals. However, the potential for distress caused through rationing openly means that further research is needed to understand whether explicitness is always the best approach at the consultation level, and professionals need further training and support to deal with the stressful nature of making rationing decisions openly.

Georgetown users check Georgetown Journal Finder for access to full text
Document 93
Hirose, Iwao
Should we select people randomly?
Bioethics 2010 January; 24(1): 45-46

Georgetown users check Georgetown Journal Finder for access to full text

http://www3.interscience.wiley.com/journal/123210643/issue (link may be outdated)

Document 94
Ubel, Peter A. and Daniels, Norman
DeVos Medical Ethics Colloquy; Grand Valley State University; [and] Richard and Helen DeVos Foundation
RATIONING VS. RATIONALIZING HEALTHCARE: DEVOS MEDICAL ETHICS COLLOQUY

Document 95
United States. Government Accountability Office
EMERGENCY PREPAREDNESS: STATE EFFORTS TO PLAN FOR MEDICAL SURGE COULD BENEFIT FROM SHARED GUIDANCE FOR ALLOCATING SCARCE MEDICAL RESOURCES : TESTIMONY BEFORE THE SUBCOMMITTEE ON MANAGEMENT, INVESTIGATIONS, AND OVERSIGHT, COMMITTEE ON HOMELAND SECURITY, HOUSE OF REPRESENTATIVES

http://www.gao.gov/new.items/d10381t.pdf (link may be outdated)

Document 96
Segall, Schlomi
HEALTH, LUCK, AND JUSTICE
Call number: RA418 .S412 2010

Document 97
Petrini, C
Ethical approaches to triage in public health emergencies.
La Clinica terapeutica 2010; 161(5): 471-4
Abstract: General concepts and about medical disasters, public health and triage are outlined. Ethical values at stake are summarized. A special attention is given to conflicts between protection of individual interests (typical of clinical ethics) and collective interests (typical of public health and triage). Hippocratic ethics is compared to utilitarian ethics and to perspectives that emphasize the principle of justice. Three attitudes are suggested: protection of human dignity, precaution, solidarity. A personalistic perspective is suggested to deepen solidarity as a pillar both of clinical and public health ethics.

Georgetown users check Georgetown Journal Finder for access to full text
Document 98

Zydziunaite, Vilma; Suominen, Tarja; Astedt-Kurki, Päivi; Lepaite, Daiva

Ethical dilemmas concerning decision-making within health care leadership: a systematic literature review.
Medicina (Kaunas, Lithuania) 2010; 46(9): 595-603

Abstract: The objective was to describe the research methods and research focuses on ethical dilemmas concerning decision-making within health care leadership.

Georgetown users check Georgetown Journal Finder for access to full text

Document 99

Kapp, Marshall B

Health care technology, health care rationing, and older Americans: enough already!
Care management journals : Journal of case management ; The journal of long term home health care 2010; 11(4): 245-8

Georgetown users check Georgetown Journal Finder for access to full text

Document 100

Hurst, Samia A

Clinical indication as an ethical appraisal: the example of imaging before middle ear surgery.
ORL; journal for oto-rhino-laryngology and its related specialties 2010; 72(3): 138-43; discussion 144

Abstract: Asking whether imaging is indicated before middle ear surgery requires us to examine the question of indication more generally.

Georgetown users check Georgetown Journal Finder for access to full text

Document 101

Hurst, Samia A

General comments on this issue: how much good does it take to make a real difference?
ORL; journal for oto-rhino-laryngology and its related specialties 2010; 72(3): 178-9

Georgetown users check Georgetown Journal Finder for access to full text

Document 102

Schöne-Seifert, Bettina

Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen 2010; 104(5): 360-4

Abstract: Due to the ageing of our society and the enduring progress of medicine it will no longer be possible to provide universal access to everything health care providers could potentially offer. Therefore, we need a debate on legitimate health care claims and fair distribution of medical resources under conditions of scarcity - hence on matters of social justice. This paper will look at some general ethical aspects and some specific proposals for fair criteria of rationing in health care.

Georgetown users check Georgetown Journal Finder for access to full text
**Document 103**

Höffe, Otfried

[Should the affluent society be allowed to ration health?] = Darf eine Überflussgesellschaft Gesundheit rationieren?

Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen 2010 104(3): 196-202

**Abstract:** The title of this paper is not, as it might suggest at first glance, just a rhetorical question. It is, rather, a serious one, which I will examine in five steps: (1) No matter how affluent a society may be, it will never manage to overcome what I call "the anthropological law of scarcity". (2) Because of this anthropological law societies have to decide how to respond to it. This implies questions about the where and what of rationing--one possible candidate is the healthcare system. (3) A reasonable way of dealing with these issues, I propose, is based on the moral attitude of prudence. (4) Wherever the threat of unbound covetousness (pleonexia) arises prudence stimulates counter-forces. (5) Finally, I consider the question of how a society should deal with scarcity from the normative perspective of justice.

Georgetown users check [Georgetown Journal Finder](http://georgetownjournalfinder.com) for access to full text

**Document 104**

Katz, Meir

Towards a new moral paradigm in health care delivery: accounting for individuals.

American journal of law & medicine 2010 36(1): 78-135

**Abstract:** For years, commentators have debated how to most appropriately allocate scarce medical resources over large populations. In this paper, I abstract the major rationing schema into three general approaches: rationing by price, quantity, and prioritization. Each has both normative appeal and considerable weakness. After exploring them, I present what some commentators have termed the "moral paradigm" as an alternative to broader philosophies designed to encapsulate the universe of options available to allocators (often termed the market, professional, and political paradigms). While not itself an abstraction of any specific viable rationing scheme, it provides a strong basis for the development of a new scheme that offers considerable moral and political appeal often absent from traditionally employed rationing schema. As I explain, the moral paradigm, in its strong, absolute, and uncompromising version, is economically untenable. This paper articulates a modified version of the moral paradigm that is pluralist in nature rather than absolute. It appeals to the moral, emotional, and irrational sensibilities of each individual person. The moral paradigm, so articulated, can complement any health care delivery system that policymakers adopt. It functions by granting individuals the ability to appeal to an administrative adjudicatory board designated for this purpose. The adjudicatory board would have the expertise and power to act in response to the complaints of individual aggrieved patients, including those complaints that stem from the moral, religious, ethical, emotional, irrational, or other subjective positions of the patient, and would have plenary power to affirm the denial of access to medical care or to mandate the provision of such care. The board must be designed to facilitate its intended function while creating structural limitations on abuse of power and other excess. I make some specific suggestions on matters of structure and function in the hope of demonstrating both that this adjudicatory model can function and that it can do so immediately, regardless of the underlying health care delivery system or its theoretical underpinnings.

Georgetown users check [Georgetown Journal Finder](http://georgetownjournalfinder.com) for access to full text

**Document 105**

Menzel, Paul T.

Just access to health care and pharmaceuticals


Call number: HF5387 .O95 2010

**Document 106**

Moran, Michael D
Just say 'No' to Soylent Green medicine—you'll be glad you did.
The American heart hospital journal 2009 Winter; 7(2): E106-8

Georgetown users check Georgetown Journal Finder for access to full text

*  Document 107
Blinderman, Craig
Palliative care, public health and justice: setting priorities in resource poor countries.
Developing World Bioethics 2009 December; 9(3): 105-110
Abstract: Many countries have not considered palliative care a public health problem. With limited resources, disease-oriented therapies and prevention measures take priority. In this paper, I intend to describe the moral framework for considering palliative care as a public health priority in resource-poor countries. A distributive theory of justice for health care should consider integrative palliative care as morally required as it contributes to improving normal functioning and preserving opportunities for the individual. For patients requiring terminal care, we are guided less by principles of justice and more by the duty to relieve suffering and society's commitment to protecting the professional's obligation to uphold principles of beneficence, compassion and non-abandonment. A fair deliberation process is necessary to allow these strong moral commitments to serve as reasons when setting priorities in resource poor countries.

Georgetown users check Georgetown Journal Finder for access to full text

http://www3.interscience.wiley.com/journal/117981440/home (link may be outdated)

*  Document 108
Marshall, John L.
Fighting a smarter war on cancer

http://www.washingtonpost.com (link may be outdated)

*  Document 109
McNeil, Donald G., Jr.
Shifting vaccine for flu to elderly
New York Times 2009 November 24; p. D1, D6

http://www.nytimes.com (link may be outdated)

*  Document 110
McNeil, Donald G., Jr.
65? Back of the line, pal
New York Times 2009 November 22l; p. WK5

http://www.nytimes.com (link may be outdated)

*  Document 111
The cross-cultural importance of satisfying vital needs.
Bioethics 2009 November; 23(9): 486-496

Abstract: Ethical beliefs may vary across cultures but there are things that must be valued as preconditions to any cultural practice. Physical and mental abilities vital to believing, valuing and practising a culture are such preconditions and it is always important to protect them. If one is to practise a distinct culture, she must at least have these basic abilities. Access to basic healthcare is one way to ensure that vital abilities are protected. John Rawls argued that access to all-purpose primary goods must be ensured. Amartya Sen and Martha Nussbaum claim that universal capabilities are what resources are meant to enable. Len Doyal and Ian Gough identify physical health and autonomy as basic needs of every person in every culture. When we disagree on what to prioritize, when resources to satisfy competing demands are scarce, our common needs can provide a point of normative convergence. Need-based rationing, however, has been criticized for being too indeterminate to give guidance for deciding which healthcare services to prioritize and for tending to create a bottomless-pit problem. But there is a difference between needing something (first-order need) and needing to have the ability to need (second-order need). Even if we disagree about which first-order need to prioritize, we must accept the importance of satisfying our second-order need to have the ability to value things. We all have a second-order need for basic healthcare as a means to protect our vital abilities even if we differ in what our cultures consider to be particular first-order needs.

http://www3.interscience.wiley.com/journal/122612825/issue (link may be outdated)
Document 116
Fink, Sheri
Worst case: choosing who gets the breath of life
New York Times 2009 October 25; p. WK3

Document 117
Parker-Pope, Tara
Benefits and risks of cancer screening are not always clear, experts say
New York Times 2009 October 22; p. A26

Document 118
Kolata, Gina
Cancer group has concerns on screenings; analysis finds benefit to be overstated

Document 119
Kristof, Nicholas D.
Dad's life or yours? You choose. [op-ed]
New York Times 2009 October 4; p. WK9

Document 120
Kaufman, Sharon R
Making longevity in an aging society: linking ethical sensibility and Medicare spending.
Medical anthropology 2009 Oct ; 28(4): 317-25
Abstract: An aging society, a growing array of life-extending medical interventions, Medicare policy, and an ethic of individual decision making together contribute to the deepening societal tension in the United States between controlling health care costs and enabling health consumer use of life-sustaining technologies. The activities that constitute longevity making, like so many other sociomedical practices, comprise a site for the governing of life and the emergence of new forms of ethical comportment and social participation. Those activities—including the necessity of treating risk, the difficulty of saying "no" to evidence-based interventions, and the responsibility of choosing among clinical options—also lie at the heart of debates about health care rationing and reform. Cardiac procedures, organ transplantation, and cancer treatments are three examples of medicine's success in extending life
and are emblematic of the existential and societal quandaries that result. A perspective from medical anthropology shows the ways in which the making of life is linked to health care spending and the ongoing debates about age-based rationing.

Document 121
Mankiw, N. Gregory
**Why health care will never be equal**
New York Times 2009 September 20; p. BU5

[http://www.nytimes.com](http://www.nytimes.com) (link may be outdated)

Document 122
Cressey, Daniel
**Life in the balance [news feature]**
Nature 2009 September 17; 461(7262): 336-339

[http://www.nature.com/nature/](http://www.nature.com/nature/) (link may be outdated)

Document 123
Rubino, Francesco; Purnell, Jonathan Q.; Flum, David R.
**Access to bariatric surgery and patients with diabetes. [letter and reply]**

[http://jama.ama-assn.org/content/vol302/issue10/](http://jama.ama-assn.org/content/vol302/issue10/) (link may be outdated)

Document 124
Wall, Anji E.
**Solidarity: an alternative justice in health care policy debate**
Health Care Ethics USA [electronic] 2009 Fall; 17(4): 2-5

[http://www.chausa.org/Pub/MainNav/News/HCEthics/](http://www.chausa.org/Pub/MainNav/News/HCEthics/) (link may be outdated)

Document 125
Norheim, Ole Frithjof
**A note on Brock: prioritarianism, egalitarianism and the distribution of life years.**
Journal of Medical Ethics 2009 September; 35(9): 565-569

**Abstract:** The moral philosopher Dan Brock has argued that equality of health outcomes "even if achievable" is problematic as a goal in its own right-because it is open to the levelling down objection. The levelling down objection
to egalitarianism has received surprisingly little attention in the bioethics literature on distribution of health and healthcare and deserves more attention. This paper discusses and accepts an example given by Brock showing that prioritarianism and egalitarianism may judge distributions of health outcomes differently. We should accept that levelling down is never a good thing, all things considered, but that equality often is. By discussing variants of Brock’s example, it is demonstrated that if equality, prioritarianism and aggregation are combined, as in a population-wide summary measure of health, such as the health achievement index, this combined set of principles is not open to levelling down. The paper suggests—although a more thorough investigation of the properties of the achievement index is needed—that this measure (a) is always sensitive to inequality in health, (b) is always sensitive to average health, (c) can assign priority to those with lowest health outcomes and (d) is not sensitive to levelling down. Levelling down is not an embarrassment for egalitarians if they adopt a pluralist theory that integrates fairness with goodness. Equality is not the only value egalitarians promote. But equality is so important that we should not reject it.

Georgetown users check Georgetown Journal Finder for access to full text

http://jme.bmj.com (link may be outdated)

Document 126
McCaughey, Betsy
Obama's health rationer-in-chief [editorial]
Wall Street Journal 2009 August 27; p. A15

www.wallstreetjournal.com (link may be outdated)

Document 127
Buntin, John
Live or die? That was for the panel to decide
Washington Post 2009 August 23; p. B3

http://www.washingtonpost.com (link may be outdated)

Document 128
Wheeler, Robert
Priority patients in a pandemonium
BMJ: British Medical Journal 2009 August 22; 339(7718): 461

http://www.bmj.com (link may be outdated)

Document 129
Meier, barry
When one size doesn't fit all: for a diabetes treatment, a guideline became a pitfall
New York Times 2009 August 18; p. B1, B4

http://www.nytimes.com (link may be outdated)
Douthat, Ross

**Telling grandma "no" [op-ed]**

[http://www.nytimes.com](http://www.nytimes.com) (link may be outdated)

---

Coombes, Rebecca

**Doctors call for guidance on prioritising A/H1N1 critically ill [news]**
BMJ: British Medical Journal 2009 August 1; 339(7715): 257

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

[http://www.bmj.com](http://www.bmj.com) (link may be outdated)

---

Halvorsen, K.; Førde, R.; Nortvedt, P.

**The principle of justice in patient priorities in the intensive care unit: the role of significant others.**
Journal of Medical Ethics 2009 August; 35(8): 483-487

*Abstract:* BACKGROUND: Theoretically, the principle of justice is strong in healthcare priorities both nationally and internationally. Research, however, has indicated that questions can be raised as to how this principle is dealt with in clinical intensive care. OBJECTIVE: The objective of this article is to examine how significant others may affect the principle of justice in the medical treatment and nursing care of intensive care patients. METHOD: Field observations and in-depth interviews with physicians and nurses in intensive care units (ICU). Emphasis was placed on eliciting the underlying rationale for prioritisations in clinical intensive care with particular focus on clinicians' considerations when limiting ICU treatment. RESULTS: Significant others could induce an unintentional discrimination of ICU patients. Family members who were demanding received more time and attention for both the patient and themselves. Patients' and families' status and position and/or an interesting medical diagnosis seemed to govern the clinicians' priorities of patients and families—consciously as well as unconsciously. The clinicians emphasised that patient information given through families was important. However, patients' preferences and values conveyed to clinicians through their families were not always taken seriously. This even applied in cases with very serious prognoses and an explicit patient wish to forego life-prolonging treatment. CONCLUSION: The principle of justice was violated when qualified attention was given to significant others, and through this also to patients. Attention given to significant others was influenced by the healthcare workers' professional and personal values, attitudes and interests.

Georgetown users check [Georgetown Journal Finder](http://jme.bmj.com) for access to full text

[http://jme.bmj.com](http://jme.bmj.com) (link may be outdated)

---

Baerøe, Kristine

**Priority-setting in healthcare: a framework for reasonable clinical judgements.**
Journal of Medical Ethics 2009 August; 35(8): 488-496

*Abstract:* What are the criteria for reasonable clinical judgements? The reasonableness of macro-level decision-making has been much discussed, but little attention has been paid to the reasonableness of applying guidelines generated at a macro-level to individual cases. This paper considers a framework for reasonable clinical decision-making that will capture cases where relevant guidelines cannot reasonably be followed. There are three main sections. (1) Individual claims on healthcare from the point of view of concerns about equity are analysed. (2) The
demands of responsibility and equity on professional clinical performance are discussed, and how the combination of these demands emerges into seven requirements that constitute the framework is explored. Since this framework is developed to assist in reasonable clinical decision-making, practical implications of all these requirements are also suggested. (3) Challenges concerning the framework are discussed. First, a crucial presumption that the framework relies upon is considered-namely, clinicians' willingness to justify their decisions as requested. Then how public deliberation may influence clinical decision-making is discussed. Next is a consideration of how clinicians' need to have confidence in their own judgements in order to perform in a manner worthy of trust would be compatible with adherence to the framework supported by public deliberation. It is concluded that fair distribution in the interplay between macro- and micro-level considerations can be secured by legitimising procedures on each level, by ensuring well-organised and continuing public debate and by basing individual clinical judgements upon well-justified and principled normative bases.

Georgetown users check Georgetown Journal Finder for access to full text

http://jme.bmj.com (link may be outdated)
Document 138
Caplan, Arthur L.
Is disease eradication ethical?
Lancet 2009 June 27-July 3; 373(9682): 2192-2193

Georgetown users check Georgetown Journal Finder for access to full text

http://www.thelancet.com/journals/lancet/ (link may be outdated)

Document 139
Meier, Barry
Hospital in Memphis says it did Jobs's liver surgery

http://www.nytimes.com (link may be outdated)

Document 140
Arinaminpathy, Nimalan; Savulescu, J.; McLean, Angela R.
Effective use of a limited antiviral stockpile for pandemic influenza

Abstract: Just allocation of resources for control of infectious diseases can be profoundly influenced by the dynamics of those diseases. In this paper we discuss the use of antiviral drugs for treatment of pandemic influenza. While the primary effect of such drugs is to alleviate and shorten the duration of symptoms for treated individuals, they can have a secondary effect of reducing transmission in the community. However, existing stockpiles may be insufficient for all clinical cases. Here we use simple mathematical models to present scenarios where the optimum policies to minimise morbidity and mortality, with a limited drug stockpile, are not always the most intuitively obvious and may conflict with theories of justice. We discuss ethical implications of these findings.

Georgetown users check Georgetown Journal Finder for access to full text

Document 141
Verweij, Marcel
Moral principles for allocating scarce medical resources in an influenza epidemic
Journal of Bioethical Inquiry 2009 June; 6(2): 159-169

Abstract: One of the societal problems in a new influenza pandemic will be how to use the scarce medical resources that are available for prevention and treatment, and what medical, epidemiological and ethical justifications can be given for the choices that have to be made. Many things may become scarce: personal protective equipment, antiviral drugs, hospital beds, mechanical ventilation, vaccination, etc. In this paper I discuss two general ethical principles for priority setting (utility and equity) and explain how these principles will often point in diverging directions. Moreover, each of these principles can be understood in different, again often competing, ways. Notwithstanding these controversies and conflicts, in the context of pandemic response there are at least some points of convergence: several policies can be justified by appeal to different ethical principles and theories. Convergence may be found with respect to a focus on saving the most lives (instead of other aggregative accounts); giving priority antiviral prophylaxis and therapy for life-saving pandemic responders; and, partly depending on epidemiology of the pandemic, to prioritise vaccination of children. Although decision-making about access to intensive care will involve choices with immediate tragic implications, the ethical complexity of these choices is relatively modest (although decisions will not be easy): there are persuasive moral reasons for giving priority to patients who are expected to benefit most within the shortest time. Finally, in the last section I tentatively argue that constraints on people’s freedom, as necessary for an effective public health approach, may support giving somewhat more weight to saving the most lives, than to concerns of equity.
Lauridsen, Sigurd

**Administrative gatekeeping -- a third way between unrestricted patient advocacy and bedside rationing.**

*Bioethics* 2009 June; 23(5): 311-320

**Abstract:** The inevitable need for rationing of healthcare has apparently presented the medical profession with the dilemma of choosing the lesser of two evils. Physicians appear to be obliged to adopt either an implausible version of traditional professional ethics or an equally problematic ethics of bedside rationing. The former requires unrestricted advocacy of patients but prompts distrust, moral hazard and unfairness. The latter commits physicians to rationing at the bedside; but it is bound to introduce unfair inequalities among patients and lack of political accountability towards citizens. In this paper I shall argue that this dilemma is false, since a third intermediate alternative exists. This alternative, which I term 'administrative gatekeeping', makes it possible for physicians to be involved in rationing while at the same time being genuine advocates of their patients. According to this ideal, physicians are required to follow fair rules of rationing adopted at higher organizational levels within healthcare systems. At the same time, however, they are prohibited from including considerations of cost in their clinical decisions.

---

Cheng, Maria

**British agency makes tough choices on costly drugs; cap for an additional year of life is usually $47,000**

*Washington Post* 2009 May 26; p. E6

http://www.washingtonpost.com (link may be outdated)

---

Tuffs, Annette

**German doctors' leader calls for debate on rationing services [news]**

*BMJ: British Medical Journal* 2009 May 23; 338(7705): 1234

http://www.bmj.com (link may be outdated)

---

Ali, Adam M.

**Obama's team on health care [letter]**

*BMJ: British Medical Journal* 2009 May 16; 338(7704): 1160

http://www.bmj.com (link may be outdated)
Meier, Barry
**New effort reopens a medical minefield**
New York Times 2009 May 7; p. B1, B4

http://www.nytimes.com (link may be outdated)

Valtonen, Hannu
**Patient characteristics and fairness.**

Georgetown users check Georgetown Journal Finder for access to full text

Ubel, Peter A.
**When bad advice is the best advice**
New York Times 2009 April 28; p. D5

http://www.nytimes.com (link may be outdated)

Baker, Tim; Baker, Peter; Gandjour, Afschin; Persad, Govind; Wertheimer, Alan; Emanuel, Ezekiel J.
**Ethical criteria for allocating health-care resources. [letters and reply]**
Lancet 2009 April 25; 373(9673): 1424-1426

Georgetown users check Georgetown Journal Finder for access to full text

http://www.thelancet.com/journals/lancet/issue/current (link may be outdated)

Danis, Marion; Hurst, Samia A.
**Developing the capacity of ethics consultants to promote just resource allocation**
American Journal of Bioethics 2009 April; 9(4): 37-39

Georgetown users check Georgetown Journal Finder for access to full text

http://www.bioethics.net/journal/ (link may be outdated)
Maxwell, Bruce

**Just compassion: implications for the ethics of the scarcity paradigm in clinical healthcare provision.**
Journal of Medical Ethics 2009 April; 35(4): 219-223

**Abstract:** Primary care givers commonly interpret shortages of time with patients as placing them between a rock and a hard place in respect of their professional obligations to fairly distribute available healthcare resources (justice) and to offer a quality of attentive care appropriate to patients' states of personal vulnerability (compassion). The author argues that this a false and highly misleading conceptualisation of the basic structure of the ethical dilemma raised by the rationing of time in clinical settings. Drawing on an analysis of the Aristotelian virtue of nemesis, or "the sense of justice", it is argued that, far from being a moral orientation distinct from justice, compassion is a justice response insofar as it is conceptualised as a rational, appropriate response to others' adversity. The author then proceeds to point out that the perspective on justice and compassion as attributes of healthcare professionalism suggests a novel critical viewpoint on the ethics of managed forms of clinical rationing and the "scarcity paradigm" they engender: clinical conditions where primary care givers' time is intentionally rendered a commodity in chronically short supply run a deficit of justice, because they fail to make adequate accommodations for the provision of the quality of care human beings deserve in situations of illness and injury, and when they are dying.

Georgetown users check [Georgetown Journal Finder](http://jme.bmj.com) for access to full text

[http://jme.bmj.com](http://jme.bmj.com) (link may be outdated)

Abelson, Reed

**A health plan for all and the concerns it raises**

[http://www.nytimes.com](http://www.nytimes.com) (link may be outdated)

Pear, Robert

**Insurers offer to soften a key rate-setting policy**

[http://www.nytimes.com](http://www.nytimes.com) (link may be outdated)

Bodansky, D.M.S.

**Ethical dilemmas in triage: a perspective from the Jewish philosophical tradition**
Ethics and Medicine 2009 Spring; 25(1): 49-56

Georgetown users check [Georgetown Journal Finder](http://jme.bmj.com) for access to full text

[http://jme.bmj.com](http://jme.bmj.com) (link may be outdated)

Rohde, Jonathan

**Law, Legitimacy and the Rationing of Health Care: A Contextual and Comparative Perspective, by Keith Syrett**
[book review]
Georgetown users check Georgetown Journal Finder for access to full text

Document 157
Bin Nun, Gabi; Afek, Amon
Medical ethics and economics in the era of insufficient resources
Harefuah 2009 March; 148(3): 144-148, 212
Georgetown users check Georgetown Journal Finder for access to full text

Document 158
Depine, Santos
The role of government and competing priorities in minority populations and developing nations.
Ethnicity and Disease 2009 Spring; 19(1 Suppl 1): S1-73-9
Georgetown users check Georgetown Journal Finder for access to full text

Document 159
Barnett, Daniel J.; Taylor, Holly A.; Hodge, James G.; Links, Jonathan M.
Resource allocation on the frontlines of public health preparedness and response: report of a summit on legal and ethical issues.
Public Health Reports 2009 March-April; 124(2): 295-303
Georgetown users check Georgetown Journal Finder for access to full text

Document 160
Omar, Faisal; Tinghög, Gustav; Tinghög, Petter; Carlsson, Per
Attitudes towards priority-setting and rationing in healthcare -- an exploratory survey of Swedish medical students.
Georgetown users check Georgetown Journal Finder for access to full text

Document 161
Brock, Dan W.
Cost-effectiveness and disability discrimination
Georgetown users check Georgetown Journal Finder for access to full text

Document 162
Hughes, Jonathan; Walker, Tom
The rule of rescue in clinical practice
Clinical Ethics 2009 March; 4(1): 50-54
Abstract: People often have a strong intuitive sense that we ought to rescue those in serious need, even in cases where we could produce better outcomes by acting in other ways. It has become common in such cases to refer to this as the Rule of Rescue. Within the medical field this rule has predominantly been discussed in relation to decisions about whether to fund particular treatments. While, in this setting, the arguments in favour of the Rule of Rescue have generally been found to be unconvincing, there are some reasons for thinking that it may have more of a role to play at the clinical level. In this article, we examine three lines that such reasoning might take. In each case, we argue that the reasons given do not support the adoption of a Rule of Rescue in clinical practice.

http://ce.rsmjournals.com/ (link may be outdated)

Document 163
Tarkan, Laurie
New oral cancer tests: crucial or wasteful?
New York Times 2009 February 3; p. D1, D6
http://www.nytimes.com (link may be outdated)

Document 164
Siegel, Mark D.; Alfano, Sandra L.,
The ethics of quality improvement research.
Critical Care Medicine 2009 February; 37(2): 791-702
Georgetown users check Georgetown Journal Finder for access to full text

Document 165
Persad, Govind; Wertheimer, Alan; Emanuel, Ezekiel J.
Principles for allocation of scarce medical interventions.
Lancet 2009 January 31-February 6; 373(9661): 423-431
Abstract: Allocation of very scarce medical interventions such as organs and vaccines is a persistent ethical challenge. We evaluate eight simple allocation principles that can be classified into four categories: treating people equally, favouring the worst-off, maximising total benefits, and promoting and rewarding social usefulness. No single principle is sufficient to incorporate all morally relevant considerations and therefore individual principles must be combined into multiprinciple allocation systems. We evaluate three systems: the United Network for Organ Sharing points systems, quality-adjusted life-years, and disability-adjusted life-years. We recommend an alternative system-the complete lives system-which prioritises younger people who have not yet lived a complete life, and also incorporates prognosis, save the most lives, lottery, and instrumental value principles.

http://www.thelancet.com/journals/lancet (link may be outdated)

Document 166
Speight, Jane; Reaney, Matt
Rationing: it would be NICE to consider patients' views
BMJ:British Medical Journal 2009 January 31; 338(7689): 297
Georgetown users check Georgetown Journal Finder for access to full text
Document 167

Drummond, Michael; Mason, Anne

**Rationing new medicines in the UK [editorial]**

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

Document 168

White, Douglas B.; Katz, Mitchell H.; Luce, John M.; Lo, Bernard

**Who should receive life support during a public health emergency? Using ethical principles to improve allocation decisions**

Georgetown users check [Georgetown Journal Finder](http://www.annals.org) for access to full text

Document 169

Kamm, F.M.

**Aggregation, allocating scarce resources, and the disabled**

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

Document 170

Andreu, Adina; Johnson, Larry W. Beard, Edward L., Jr.

**Conversations in ethics: allocation of scarce resources.**

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

Document 171

Brauer, S.

**Age rationing and prudential lifespan account in Norman Daniels' Just health.**
Journal of Medical Ethics 2009 January; 35(1): 27-31

**Abstract:** Could age be a valid criterion for rationing? In Just health, Norman Daniels argues that under certain circumstances age rationing is prudent, and therefore a morally permissible strategy to tackle the problem of resource scarcity. Crucial to his argument is the distinction between two problem-settings of intergenerational equity: equity among age groups and equity among birth cohorts. While fairness between age groups can involve unequal benefit treatment in different life stages, fairness between birth cohorts implies enjoying approximate equality in benefit ratios. Although both questions of fairness are distinct, the resolution of the one depends on resolution of the other. In this paper, I investigate whether Daniels' account of age rationing could be defended as a fair way of setting limits to healthcare entitlements. I will focus on two main points. First, I will consider whether the age group problem could be resolved without appealing to a conception of the good. Second, I will demonstrate that the connection
between the age group problem and the birth cohort problem runs deeper than Daniels initially thought—and that it ultimately suggests a method for prioritisation in problem solving strategies.

Georgetown users check Georgetown Journal Finder for access to full text

http://www.jmedethics.com (link may be outdated)

* Article

Document 172

Schefczyk, M.
The multiple self objection to the prudential lifespan account.

Abstract: Multiple self approaches purport that to have equal concern about all stages of one's life is not a requirement of rationality. This poses a challenge to the prudential lifespan account which Norman Daniels advocates in Just health: meeting health needs fairly. Daniels has criticised the multiple self approach in earlier works, most extensively in Am I my parents keeper? In Just health, he only takes up the issue except in one footnote, presumably because he is convinced that his preceding discussions settled the matter. This article argues that Daniels underestimates the force of the multiple self objection to prudential lifespan account.

Georgetown users check Georgetown Journal Finder for access to full text

http://www.jmedethics.com (link may be outdated)

* Article

Document 173

Farrant, Anthony

The fair innings argument and increasing life spans.
Journal of Medical Ethics 2009 January; 35(1): 53-56

Abstract: The fair innings argument maintains that for healthcare resources to be distributed fairly every person should receive sufficient healthcare to provide them with the opportunity to live in good health for a normal span of years. What constitutes a normal span of years is often defined as life expectancy at birth, but this criterion fails to provide adequate grounds for the equal distribution of healthcare across and between generations. A more suitable criterion for the normal life span is the idea that the human life span is biologically limited. Many current gerontological theories argue that the biological limit to human life spans is related to the ageing process. If technological advances in medicine can retard the ageing process by treating and preventing the diseases and disorders associated with it, human longevity will be limited only by the developments in and the successful application of medicine. In consequence, the fair innings argument will no longer be able to justify denying people healthcare resources because they have lived longer than the normal life span.

Georgetown users check Georgetown Journal Finder for access to full text

http://www.jmedethics.com (link may be outdated)

* Article

Document 174

Johri, Mira; Damschroder, L.J.; Zikmund-Fisher, B.J.; Kim, S.Y.H.; Ubel, P.A.

Can a moral reasoning exercise improve response quality to surveys of healthcare priorities?
Journal of Medical Ethics 2009 January; 35(1): 57-64

Abstract: OBJECTIVE: To determine whether a moral reasoning exercise can improve response quality to surveys of healthcare priorities METHODS: A randomised internet survey focussing on patient age in healthcare allocation was repeated twice. From 2574 internet panel members from the USA and Canada, 2020 (79%) completed the baseline survey and 1247 (62%) completed the follow-up. We elicited respondent preferences for age via five allocation scenarios. In each scenario, a hypothetical health planner made a decision to fund one of two programmes identical except for average patient age (35 vs 65 years). Half of the respondents (intervention group) were randomly assigned to receive an additional moral reasoning exercise. Responses were elicited again 7 weeks later. Numerical scores ranging from -5 (strongest preference for younger patients) to +5 (strongest preference for older patients); 0
indicates no age preference. Response quality was assessed by propensity to choose extreme or neutral values, internal consistency, temporal stability and appeal to prejudicial factors. RESULTS: With the exception of a scenario offering palliative care, respondents preferred offering scarce resources to younger patients in all clinical contexts. This preference for younger patients was weaker in the intervention group. Indicators of response quality favoured the intervention group. CONCLUSIONS: Although people generally prefer allocating scarce resources to young patients over older ones, these preferences are significantly reduced when participants are encouraged to reflect carefully on a wide range of moral principles. A moral reasoning exercise is a promising strategy to improve response quality to surveys of healthcare priorities.

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

http://www.jmedethics.com (link may be outdated)

---

**Document 175**

Fleck, Leonard M.

*JUST CARING: HEALTH CARE RATIONING AND DEMOCRATIC DELIBERATION*


Call number: [RA410.53 .F62 2009](http://www.jmedethics.com)

**Document 176**

Kelly, Brent Robert

*WHO WILL CARE FOR GRANDMA? CRITIQUING AGEISM IN MEDICINE*


Call number: [RA410.5 .K44 2009](http://www.jmedethics.com)

**Document 177**

Bloomfield, Eric L

*The ethics of rationing of critical care services: should technology assessment play a role?*

Anesthesiology research and practice 2009; 2009: 915197

**Abstract:** The costs of health care continue to increase rapidly and steeply in the United States. One area of great expense is that of intensive care units (ICUs). The causes of inflation have not been addressed effectively. ICU resources could become stretched such that they may no longer be available. This paper discusses some of the ethics and concerns behind decision making when providing ICU services in the United States. In particular, the use of electronic records with decision making tools, risk-analysis methods, and documentation of patient wishes for extraordinary care may help with better utilization of resources in the future.

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

**Document 178**

Soldini, M; Anastasi, S

*[Triage in the emergency department. Practical and ethical issues]. = Il Triage nel Dipartimento di Emergenza. Percorsi operativi e problematiche etiche.*

La Clinica terapeutica 2009; 160(3): 223-32

**Abstract:** Triage is a complex and dynamic decisional process composed of sequential actions and necessary evaluations in order to establish the priority of access to medical attention in emergency care. In the Triage not only medical-biological knowledge is important but also the methods that together are inspired by ethical models. Following the historical considerations and after having brought out the methods and practice used in various countries and also having underlined the personal experience of the Emergency Department of the Emergency Department of the University Policlinic of the "Sapienza" University of Rome (Italy), the biggest hospital in Europe, the authors emphasized the nursing care in the "triage" and support the necessity of an adequate training period not only to acquire the technical knowledge required but also the psychological and social interaction as well as moral
and practical competence. By "practical" we intend it to be explicitly a dimension in which moral competence has been acquired in using concrete first person action in a virtuous way towards the betterment of the sick person using the best modes of justice.

Georgetown users check Georgetown Journal Finder for access to full text

* Document 179
Werntoft, Elisabet; Edberg, Anna-Karin
The views of physicians and politicians concerning age-related prioritisation in healthcare.

Georgetown users check Georgetown Journal Finder for access to full text

* Document 180
Meyer, Thorsten; Raspe, Heiner
Prioritization in health care—a discussion takes a journey = Priorisierung im Gesundheitswesen—eine Diskussion nimmt Fahrt auf.
Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen 2009; 103(2): 73-74

Georgetown users check Georgetown Journal Finder for access to full text

* Document 181
Meyer, Thorsten
Relationship between prioritisation and rationing—two models = Zusammenhang zwischen Priorisierung und Rationierung—zwei Modelle.
Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen 2009; 103(2): 80-84

Georgetown users check Georgetown Journal Finder for access to full text

* Document 182
Lübbe, Weyma
Post-utilitarianism and the Prioritisation Debate = Postutilitarismus in der Priorisierungsdebatte.
Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen 2009; 103(2): 99-103

Georgetown users check Georgetown Journal Finder for access to full text

* Document 183
Bonney, Wilfred
Is it appropriate, or ethical, to use health data collected for the purpose of direct patient care to develop computerized predictive decision support tools?
Studies in Health Technology and Informatics 2009; 143(): 115-121

Georgetown users check Georgetown Journal Finder for access to full text

* Document 184
Ward, Paul R.
The relevance of equity in health care for primary care: creating and sustaining a 'fair go, for a fair innings'.

Quality in Primary Care 2009; 17(1): 49-54

Georgetown users check Georgetown Journal Finder for access to full text

* Chapter Document 185
Wickler, Daniel; Marchand, Sarah

Society's allocation of resources for health
Call number: R724.C616 2009

* Chapter Document 186
Harris, John

Deciding between parents
Call number: R724.C616 2009

* Chapter Document 187
Grosse, Scott D.

Cost-effectiveness as a criterion for newborn screening policy decisions
Call number: RJ255.6.D55 E84 2009

* Chapter Document 188
Baily, Mary Ann

Fair distribution of newborn screening costs and benefits
Call number: RJ255.6.D55 E84 2009

* Chapter Document 189
Buyx, Alena M.

Allocating healthcare resources: the role of personal responsibility
Call number: BJ1581.2.E85 2009 v. 4

* Chapter Document 190
Groenhoult, Ruth E.

Scarce resources and Christian compassion
Call number: R725.56.G76 2009
* **Document 191**
Hackler, Chris

**Is rationing of health care ethically defensible?**
Call number: R724 .M66 2009

* **Document 192**
Fisher, Johnna, ed.

**Allocation of scarce medical resources**
In her: Biomedical Ethics: A Canadian Focus. Don Mills, Ont.: Oxford University Press, 2009: 397-457
Call number: R724 .B56 2009

* **Document 193**
Steinbock, Bonnie; London, Alex John; Arras, John D., eds.

**Allocation, social justice, and health policy**
Call number: R724 .E788 2009

* **Document 194**
Harris, Gardiner

**British balance benefit vs. cost of latest drugs; system seen as model; but protests lead panel to reconsider denial in some cases**
New York Times 2008 December 3; p. A1, A18

[http://www.nytimes.com](http://www.nytimes.com) (link may be outdated)

* **Document 195**
Buyx, Alena M.

**Personal responsibility for health as a rationing criterion: why we don't like it and why maybe we should.**
Journal of Medical Ethics 2008 December; 34(12): 871-874

**Abstract:** Whether it is fair to use personal responsibility of patients for their own health as a rationing criterion in healthcare is a controversial matter. A host of difficulties are associated with the concept of personal responsibility in the field of medicine. These include, in particular, theoretical considerations of justice and such practical issues as multiple causal factors in medicine and freedom of health behaviour. In the article, personal responsibility is evaluated from the perspective of several theories of justice. It is argued that in a healthcare system based on both equality of opportunity and solidarity, responsible health behaviour can -- in principle -- be justifiably expected. While the practical problems associated with personal responsibility are important, they do not warrant the common knee-jerk refusal to think more deeply about responsibility for health as a means of allocating healthcare resources. In conclusion, the possibility of introducing personal responsibility as a fair rationing criterion is briefly sketched.

Georgetown users check [Georgetown Journal Finder](http://jme.bmj.com/content/vol34/issue12/) for access to full text

[http://jme.bmj.com/content/vol34/issue12/](http://jme.bmj.com/content/vol34/issue12/) (link may be outdated)
**Document 196**

Boldt, J.; Schöllhorn, T.

*Ethics and monetary values. Influence of economical aspects on decision-making in intensive care = Ethik und Monetik. Einfluss ökonomischer Aspekte auf Entscheidungsprozesse in der Intensivmedizin.*

Der Anaesthesist 2008 November; 57(11): 1075-1082; quiz 1083

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 197**

Halvorsen, Kristin; Førde, Reidun; Nortvedt, Per

*Professional challenges of bedside rationing in intensive care*

Nursing Ethics 2008 November; 15(6): 715-728

**Abstract:** As the pressure on available health care resources grows, an increasing moral challenge in intensive care is to secure a fair distribution of nursing care and medical treatment. The aim of this article is to explore how limited resources influence nursing care and medical treatment in intensive care, and to explore whether intensive care unit clinicians use national prioritization criteria in clinical deliberations. The study used a qualitative approach including participant observation and in-depth interviews with intensive care unit physicians and nurses working at the bedside. Scarcity of resources regularly led to suboptimal professional standards of medical treatment and nursing care. The clinicians experienced a rising dilemma in that very ill patients with a low likelihood of survival were given advanced and expensive treatment. The clinicians rarely referred to national priority criteria as a rationale for bedside priorities. Because prioritization was carried out implicitly, and most likely partly without the clinician's conscious awareness, central patient rights such as justice and equality could be at risk.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 198**

Nygren, Peter; Sandman, Lars

*Ar du ung så ska du få, men är du gammal så får du gå. Om ålderns betydelse för terapival och prioriteringar vid cancer = [If you are young you get it, but if you are old you are left out. The significance of age for choice of treatment and priorities in cancer care]*

Läkartidningen 2008 November; 105(47): 3417-3419

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 199**

Moore, Alison

*The time of their lives.*

Health Service Journal 2008 Oct 30; 20-22

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 200**

Baillie, Lesley

*Mixed-sex wards and patient dignity: nurses and patients perspectives.*

British Journal of Nursing 2008 October 23 - November 12; 17(19): 1220-1225

Georgetown users check [Georgetown Journal Finder](#) for access to full text
**Document 201**
Norheim, Ole Frithjof; Daniels, Norman; Sabin, James E.; Donaldson, Cam; Bate, Angela; Brambleby, Peter; Waldner, Howard

Moving forward on rationing
BMJ: British Medical Journal 2008 October 18; 337(7675): 903-906

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

**Document 202**
Dorr Goold, Susan; Baum, Nancy M.

Where are we in the rationing debate? Improved tools and public participation can inform fair systems [editorial]
BMJ: British Medical Journal 2008 October 18; 337(7675): 883-884

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

**Document 203**
Parrish, A.; Blockman, M.

Clinical excellence and the NICEties of value-based priority setting.
South African Medical Journal = Suid-Afrikaanse tydskrif vir geneeskunde 2008 October; 98(10): 758, 760-761

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

**Document 204**
Bawaskar, H.S.

Why should doctors go to rural areas? [letter]
Indian Journal of Medical Ethics 2008 October-December; 5(4): 199

Georgetown users check [Georgetown Journal Finder](http://www.ijme.in) for access to full text

**Document 205**
Stone, Peter

On fair lotteries
Social Theory and Practice 2008 October; 34(4): 573-590

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

**Document 206**
Zbar, Ross I.S.; Taylor, Lisa D.; Canady, John W.

Ethical issues for the plastic surgeon in a tumultuous health care system: dissecting the anatomy of a
**Document 207**
Banja, John
**But who will take care of the janitors?**
American Journal of Bioethics 2008 October; 8(10): 20-21
Georgetown users check [Georgetown Journal Finder](http://bioethics.net) for access to full text

[http://bioethics.net](http://bioethics.net) (link may be outdated)

**Document 208**
Christakis, Nicholas A.
**Valuing the well connected: should the healthcare system favour people whose treatment is more likely to also benefit those around them?**
BMJ: British Medical Journal 2008 September 27; 337(7672): 725
Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

[http://www.bmj.com](http://www.bmj.com) (link may be outdated)

**Document 209**
Lauridsen, Sigurd M.R.; Norup, Michael; Rossel, Peter
**Bedside rationing by general practitioners: a postal survey in the Danish public healthcare system.**
BMC Health Services Research 2008 September 22; 8: 192
Georgetown users check [Georgetown Journal Finder](http://www.biomedcentral.com/1472-6963/8/192) for access to full text

[http://www.biomedcentral.com/1472-6963/8/192](http://www.biomedcentral.com/1472-6963/8/192) (link may be outdated)

**Document 210**
Marmot, Michael
**Health in a just society [review of Just Health: Meeting Health Needs Fairly, by Norman Daniels]**
Georgetown users check [Georgetown Journal Finder](http://thelancet.com/journals/lancet) for access to full text

[http://thelancet.com/journals/lancet](http://thelancet.com/journals/lancet) (link may be outdated)

**Document 211**
Skiles, Martha Priedeman; Scott, Kathryn D.; Young, Collette
**When the cat is out of the bag: a case study in public health rationing in Oregon during the 2004-2005 influenza vaccine shortage.**
Georgetown users check [Georgetown Journal Finder](http://www.paul-ribs.org/journals) for access to full text

[http://www.paul-ribs.org/journals](http://www.paul-ribs.org/journals) (link may be outdated)
**Document 212**

Newdick, Christopher

*Solidarity, rights and social welfare in the NHS -- resisting the tide of bioethics?*


**Abstract:** What are social welfare rights? On the one hand, Rawls, Nozick and Dworkin emphasise individual rights rather than community interests. On the other, the idea of "solidarity" is so imprecise and contentious, that it offers a poor foundation for a theory of collective rights. This article analyses the nature and content of rights to solidarity via the experience of resource allocation in the National Health Service in the U.K.. Contrary to popular currents of contemporary bioethics, it argues for a stronger sense of institutional ethics capable of balancing individual claims to substantive rights with the need for solidarity and social cohesion in the community as a whole.

**Document 213**

Buijsen, Martin

*The meaning of "justice" in health care*


**Abstract:** Health care is a scarce good. How should it be distributed? What is--in other words--the meaning of '(distributive) justice' in the context of health care? History of thought handed down two very different notions of justice: to each according to merit v. to each according to need. Although both reflect intuitive notions of general consciousness, ultimately they are diametrically opposed. Analysis of human rights law reveals a unique and rather uncompromising notion of justice in the 'sphere' of health care. Just distribution of health care is distribution according to (objective) need. Market forces are currently being introduced in the Dutch social health care system. Upon reflection, however, it becomes clear that the reforms amount to the introduction of the merit criterion. In the political debates leading up to the reform program financial considerations dominated. Unfortunately, the more fundamental issue was never addressed. The appropriateness of merit as a criterion of distribution in the context of health care was never really considered.

**Document 214**

Hasman, A.; McIntosh, E.; Hope, T.

*What reasons do those with practical experience use in deciding on priorities for healthcare resources? A qualitative study*

Journal of Medical Ethics 2008 September; 34(9): 658-663

**Abstract:** Background: Priority setting is necessary in current healthcare services. Discussion of fair process has highlighted the value of developing reasons for allocation decisions on the basis of experience gained from real cases. Aim: To identify the reasons that those with experience of real decision-making concerning resource allocation think relevant in deciding on the priority of a new but expensive drug treatment. Methods: Semistructured interviews with members of committees with responsibility for making resource allocation decisions at a local level in the British National Health Service, analysed using modified grounded theory. Results: 22 interviews were carried out. 14 reasons were identified. Four reasons were almost universally considered most important: cost effectiveness; clinical effectiveness; equality and gross cost. No one reason was considered dominant. Some considerations, such as political directives and fear of litigation, were thought by many participants to distort decision-making. There was a substantial lack of agreement over the relevance of some reasons, such as the absence of alternative treatment for the condition. Conclusions: There is a clear consensus on the importance and role of a limited number of reasons in allocation decisions among participants. A focus on the process of decision-making, however, does not obviate the need for those involved in the process to engage with problematical ethical issues, nor for the importance of further ethical analysis.
**Document 215**
Gruskin, Sofia; Daniels, Norman
**Process is the point: justice and human rights: priority setting and fair deliberative process**
American Journal of Public Health 2008 September; 98(9): 1573-1577
**Abstract:** Most people responsible for setting priorities in health have considerable expertise relevant to deciding how to use resources effectively and the kinds of improvements that should be emphasized. Most are also concerned with distributing improvements equitably. Accordingly, they often invoke human rights or principles of distributive justice to legitimize choices that create winners and losers. We propose an approach that draws on the strengths of both perspectives as a way to add legitimacy to efforts to set priorities in health. Our proposal provides a process for setting priorities but is not a formula or an algorithm for generating particular priorities. We propose an approach that would do away with the process through which priorities are set and decisions made, and suggest the value of a focus on the process of legitimizing these decisions.

**Document 216**
Meltzer, Martin I.
**Health economics and prioritising health care**

**Document 217**
Welcome clinical leadership at NICE [editorial]

**Document 218**
Menadue, John
**What is the health service for?**
Medical Journal of Australia 2008 August 4; 189(3): 170-171

**Document 219**
Graham, Katherine
**Herceptin, Pharmac and the New Zealand district health boards: keeping abreast of the code of health and disability services consumers’ rights?**
* Document 220
Potera, Carol
**In a disaster, who gets critical care? And who decides?**
American Journal of Nursing 2008 August; 108(8): 19

* Document 221
Lindström, Håkan; Waldau, Susanne
**Ethically acceptable prioritisation of childless couples and treatment rationing: "accountability for reasonableness".**
European Journal of Obstetrics, Gynecology, and Reproductive Biology 2008 August; 139(2): 176-186

* Document 222
Schrecker, Ted
**Denaturalizing scarcity: a strategy of enquiry for public-health ethics.**

* Document 223
Holt, G. Richard
**Making difficult ethical decisions in patient care during natural disasters and other mass casualty events.**
Otolaryngology – Head and Neck Surgery 2008 August; 139(2): 181-186

* Document 224
Claxton, K.; Culyer, A.J.
**Not a NICE fallacy: a reply to Dr. Quigley**
Journal of Medical Ethics 2008 August; 34(8): 598-601

**Abstract:** A repudiation of Muireann Quigley’s argument that the National Institute for Health and Clinical Excellence (NICE) values and assesses the worth of people’s lives; together with an alternative account of what it appears that NICE actually does, why these procedures are not unreasonable and some of the unresolved problems, especially when making interpersonal comparisons of health, which remain for NICE or, indeed, anyone seeking to determine the contents of the benefits bundles of a public health insurance programme such as the NHS. Some other ethically dubious propositions by Dr. Quigley are also rejected.
Document 225

Halvorsen, K.; Slettebø, Å; Nortvedt, P.; Pederson, R.; Kirkevold, M.; Nordhaug, M.; Brinchmann, B.S.

**Priority dilemmas in dialysis: the impact of old age**

Journal of Medical Ethics 2008 August; 34(8): 585-589

**Abstract:** Aim: This study explores priority dilemmas in dialysis treatment and care offered elderly patients within the Norwegian public healthcare system. Background: Inadequate healthcare due to advanced age is frequently reported in Norway. The Norwegian guidelines for healthcare priorities state that age alone is not a relevant criterion. However, chronological age, if it affects the risk or effect of medical treatment, can be a legitimate criterion. Method: A qualitative approach is used. Data were collected through semistructured interviews and analysed through hermeneutical content analysis. The informants were five physicians and four nurses from dialysis wards. Findings: Pressing priority dilemmas centre around decision-making concerning withholding and withdrawal of dialysis treatment. Advanced age is rarely an absolute or sole priority criterion. It seems, however, that advanced age appears to be a more subtle criterion in relation with, for example, comorbidity, functional status and cognitive impairment. Nurses primarily prioritise specialised dialysis care and not comprehensive nursing care. The complex needs of elderly patients are therefore often not always met. Conclusions: Clinical priorities should be made more transparent in order to secure legitimate and fair resource allocation in dialysis treatment and care. Difficult decisions concerning withholding or withdrawal of dialysis ought to be openly discussed within the healthcare team as well as with patients and significant others. The biomedical focus and limitations on comprehensive care during dialysis should be debated.

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text.

[http://www.jmedethics.com](http://www.jmedethics.com) (link may be outdated)

---

Document 226

Metz, Thaddeus

**Respect for persons permits prioritizing treatment for HIV/AIDS**

Developing World Bioethics 2008 August; 8(2): 89-103

**Abstract:** I defend a certain claim about rationing in the context of HIV/AIDS, namely, the ‘priority thesis’ that the state of a developing country with a high rate of HIV should provide highly active anti-retroviral treatment (HAART) to those who would die without it, even if doing so would require not treating most other life-threatening diseases. More specifically, I defend the priority thesis in a negative way, by refuting two influential and important arguments against it inspired by the Kantian principle of respect for persons. The ‘equality argument’ more or less maintains that prioritizing treatment for HIV/AIDS would objectionably treat those who suffer from it as more important than those who do not. The ‘responsibility argument’ says, roughly, that to ration life-saving treatment by prioritizing those with HIV would wrongly fail to hold people responsible for their actions, since most people infected with HIV could have avoided the foreseeable harm of infection. While it appears that a Kantian must think that one of these two arguments is sound, I maintain that, in fact, respect for persons grounds neither the equality nor responsibility argument against prioritizing HAART and hence at least permits doing so. If this negative defence of the priority thesis succeeds, then conceptual space is opened up for the possibility that respect for persons requires prioritizing HAART, which argument I sketch in the conclusion as something to articulate and defend in future work.

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text.

---

Document 227


**Guidance on Allocating and Targeting Pandemic Influenza Vaccine**


[http://www.pandemicflu.gov/vaccine/allocationguidance.pdf](http://www.pandemicflu.gov/vaccine/allocationguidance.pdf) (link may be outdated)
Document 228
Hartocollis, Anemona
Rise seen in medical efforts to improve very long lives
http://www.nytimes.com (link may be outdated)

Document 229
Abelson, Reed
Advocating a treatment, but denied access to it; fairness to patients leads to conflict
http://www.nytimes.com (link may be outdated)

Document 230
Wilson, Jennifer Fisher
Oregon surpasses struggles of early reform and develops a road map for future success
Annals of Internal Medicine 2008 July 15; 149(2): 149-152
Georgetown users check Georgetown Journal Finder for access to full text
http://www.annals.org (link may be outdated)

Document 231
Kolata, Gina; Pollack, Andrew
In costly cancer drug, hope and a dilemma: some pay up to $100,000 a year for Avastin's arguable benefits
http://www.nytimes.com (link may be outdated)

Document 232
Bruni, Rebecca A.; Laupacis, Andreas; Martin, Douglas K.
Public engagement in setting priorities in health care
CMAJ/JAMC: Canadian Medical Association Journal 2008 July 1; 179(1): 15-18
Georgetown users check Georgetown Journal Finder for access to full text
http://www.cmaj.ca (link may be outdated)

Document 233
Pandemic strikes--who receives no treatment?
ED Management 2008 July; 20(7): 76-77
* [Document 234](#)

**Szalados, James E.**

**Of triage, bean counting, advocacy, and ethical conflict at end-of-life.**

Critical Care Medicine 2008 July; 36(7): 2202-2203

Georgetown users check [Georgetown Journal Finder](#) for access to full text


* [Document 235](#)

**Cookson, R.; McCabe, C.; Tsuchiya, A.**

**Public healthcare resource allocation and the Rule of Rescue**

Journal of Medical Ethics 2008 July; 34(7): 540-544

**Abstract:** In healthcare, a tension sometimes arises between the injunction to do as much good as possible with scarce resources and the injunction to rescue identifiable individuals in immediate peril, regardless of cost (the "Rule of Rescue"). This tension can generate serious ethical and political difficulties for public policy makers faced with making explicit decisions about the public funding of controversial health technologies, such as costly new cancer drugs. In this paper we explore the appropriate role of the Rule of Rescue in public resource allocation decisions by health technology funding advisory bodies such as the National Institute for Health and Clinical Excellence. We consider practical approaches to operationalising the Rule of Rescue from Australia and the UK before examining the relevance of individual moral imperatives to public policy making. We conclude that whilst public policy makers in a humane society should facilitate exceptional departures from a cost effectiveness norm in clinical decisions about identified individuals, it is not so obvious that they should, as a matter of national public policy, exempt any one group of unidentified individuals within society from the rules of opportunity cost at the expense of all others.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

[http://www.jmedethics.com](http://www.jmedethics.com) (link may be outdated)


* [Document 236](#)

**Schlander, M.**

**The use of cost-effectiveness by the National Institute for Health and Clinical Excellence (NICE): not yet an exemplar of a deliberative process**

Journal of Medical Ethics 2008 July; 34(7): 534-539

**Abstract:** Democratic societies find it difficult to reach consensus concerning principles for healthcare distribution in the face of resource constraints. At the same time the need for legitimacy of allocation decisions has been recognised. Against this background, the National Institute for Health and Clinical Excellence (NICE) aspires to meet the principles of procedural justice, specifically the conditions of accountability for reasonableness as espoused by Daniels and Sabin, that is, publicity, relevance, revisions and appeal, and enforcement. Although NICE has adopted a highly standardised approach and continuously publishes key documents on its website, its technology appraisal programme does not fulfil the publicity condition of accountability for reasonableness. Economic models are not made sufficiently transparent to enable public scrutiny, and decision criteria other than cost-effectiveness remain enigmatic. NICE's reliance on cost-utility analysis and "plausible" cost-per-quality-adjusted life year (QALY) benchmarks further raises serious issues with regard to the relevance condition of accountability for reasonableness. This is illustrated by counterintuitive cost-per-QALY rankings that are difficult to justify using reflective equilibrium methods, and by the current debate surrounding expensive therapies for rare diseases ("orphan" treatments). In addition, an excessive focus on QALYs may stand in the way of exploiting the best available effectiveness evidence. The NICE mechanism for revision and appeals is also more restrictive than provided in accountability for reasonableness. As to the enforcement condition, no effective quality assurance processes are in place for technology assessments, and implementation of guidance remains imperfect. NICE, despite impressive efforts, appears to have a long way to go before meeting the conditions of accountability for reasonableness.

Georgetown users check [Georgetown Journal Finder](#) for access to full text
The other Copenhagen Consensus
Lancet 2008 June 7-13; 371(9628): 1888
Georgetown users check Georgetown Journal Finder for access to full text

Royal care for some of India's patients, neglect for others
New York Times 2008 June 1; WK3

Ärztliches Handeln bei Mittelknappheit

Bioterrorism and public law: the ethics of scarce medical resource allocation in mass casualty situations
Georgetown Journal of Legal Ethics 2008 Summer; 21(3): 795-826

Rational rationing? [editorial]
Clinical Ethics 2008 June; 3(2): 53-54

The high price of a medical miracle; If health care costs are trimmed, who will be deprived of treatment?
Washington Post 2008 May 27; p. F6
Access to high cost medicines in Australia: ethical perspectives.

Abstract: ABSTRACT: Access to "high cost medicines" through Australia's Pharmaceutical Benefits Scheme (PBS) is tightly regulated. It is inherently difficult to apply any criteria-based system of control in a way that provides a fair balance between efficient use of limited resources for community needs and equitable individual access to care. We suggest, in relation to very high cost medicines, that the present arrangements be re-considered in order to overcome potential inequities. The biological agents for the treatment of rheumatoid arthritis are used as an example by which to discuss the ethical issues associated with the current scheme. Consideration of ethical aspects of the PBS and similar programs is important in order to achieve the fairest outcomes for individual patients, as well as for the community.

Democrats warn about hospital capacity; House panel criticizes Medicaid moves, cites cities' inability to handle attack

Definitive care for the critically ill during a disaster: a framework for allocation of scarce resources in mass critical care: from a task force for mass critical care summit meeting, January 26-27, 2007, Chicago, IL.

Do you need to stay in school to get a kidney transplant?

Evidence and ethics.
Nortvedt, P.; Pedersen, R.; Grøthe, K.H.; Nordhaug, M.; Kirkevold, M.; Slettebø, Å.; Brinchmann, B.S.; Andersen, B.

Clinical prioritisations of healthcare for the aged — professional roles
Journal of Medical Ethics 2008 May; 34(5): 332-335

Abstract: BACKGROUND: Although fair distribution of healthcare services for older patients is an important challenge, qualitative research exploring clinicians' considerations in clinical prioritisation within this field is scarce. OBJECTIVES: To explore how clinicians understand their professional role in clinical prioritisations in healthcare services for old patients. DESIGN: A semi-structured interview-guide was employed to interview 45 clinicians working with older patients. The interviews were analysed qualitatively using hermeneutical content analysis. PARTICIPANTS: 20 physicians and 25 nurses working in public hospitals and nursing homes in different parts of Norway. Results and INTERPRETATIONS: The clinicians struggle with not being able to attend to the comprehensive needs of older patients, and being unfaithful to professional ideals and expectations. There is a tendency towards lowering the standards and narrowing the role of the clinician. This is done in order to secure the vital needs of the patient, but is at the expense of good practice and holistic role modelling. Increased specialisation, advances and increase in medical interventions, economical incentives, organisational structures, and biomedical paradigms, may all contribute to a narrowing of the clinicians' role. CONCLUSION: Distributing healthcare services in a fair way is generally not described as integral to the clinicians' role in clinical prioritisations. If considerations of justice are not included in clinicians' role, it is likely that others will shape major parts of their roles and responsibilities in clinical prioritisations. Fair distribution of healthcare services for older patients is possible only if clinicians accept responsibility in these questions.

Westerberg, Brian D.; Pijl, Sipke; McDonald, Michael

Ethical considerations in resource allocation in a cochlear implant program.

Good, Linda

Ethical decision making in disaster triage.
Journal of Emergency Nursing 2008 April; 34(2): 112-115

Hurst, S.A.; Reiter-Theil, S.; Slowther, A.-M.; Pegoraro, R.; Forde, R.; Danis, M.

Should ethics consultants help clinicians face scarcity in their practice?
Journal of Medical Ethics 2008 April; 34(4): 241-246

Abstract: In an international survey of rationing we have found that European physicians encounter scarcity-related ethical difficulties, and are dissatisfied with the resolution of many of these cases. Here we further examine survey results to explore whether ethics support services would be potentially useful in addressing scarcity related ethical dilemmas. Results indicate that while the type of help offered by ethics support services was considered helpful by
physicians, they rarely referred difficulties regarding scarcity to ethics consultation. We propose that ethics consultants could assist physicians by making the process less difficult, and by contributing to decisions being more ethically justifiable. Expertise in bringing considerations of justice to bear on real cases could also be useful in recognising an unjust limit, as opposed to a merely frustrating limit. Though these situations are unlikely to be among the most frequently referred to ethics support services, ethics consultants should be prepared to address them.

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

http://www.jmedethics.com (link may be outdated)

* Document 252

Pedersen, R.; Nortvedt, P.; Nordhaug, M.; Slettebø, Å.; Grøthe, K.H.; Kirkevold, M.; Brinchmann, B.S.; Andersen, B.

**In quest of justice? Clinical prioritisation in healthcare for the aged**

Journal of Medical Ethics 2008 April; 34(4): 230-235

**Abstract:** Background: A fair distribution of healthcare services for older patients is an important challenge, but qualitative research exploring clinicians’ consideration in daily clinical prioritisation in healthcare services for the aged is scarce. Objectives: To explore what kind of criteria, values, and other relevant considerations are important in clinical prioritisations in healthcare services for older patients. Design: A semi-structured interview-guide was used to interview 45 clinicians working with older patients. The interviews were analysed qualitatively using hermeneutical content analysis and template organising style. Participants: 20 physicians and 25 nurses working in public hospitals and nursing homes in different parts of Norway. Results and interpretations: Important dilemmas relate to under-provision of community care and comprehensive approaches, and over-utilisation of certain specialised services. Overt ageism is generally not reported, but the healthcare services for the aged seem to be inadequate due to more subtle processes, for example, dominating considerations and ideals and operating conditions that do not pay sufficient attention to older patients’ needs and considerations of justice. Clinical prioritisations are described as being dominated by adapting traditional biomedical approaches to the operating conditions. Many of the clinicians indicate that there is a potential for improving end of life decisions and for reducing exaggerated use of life-prolonging treatment and hospitalisations. Conclusion: The interviews in this study indicate that considerations of justice and patients’ perspectives should be given more attention to strike a balance between specialised medical approaches and more general and comprehensive approaches in healthcare services for older patients.

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

http://www.jmedethics.com (link may be outdated)

* Document 253

Dean, Cornelia


http://www.nytimes.com (link may be outdated)

* Document 254

Pinho, Micaela Moreira


Cadernos de Saúde Pública 2008 March; 24(3): 687-689

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

http://www.jmedethics.com (link may be outdated)
**Document 255**
Pinho, Micaela Moreira

*Rationing health care services: an inherent issue* = *Racionamento dos cuidados de saúde: problemática inerente.*

Cadernos de Saúde Pública 2008 March; 24(3): 690-695

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 256**
Fortes, Paulo Antonio de Carvalho

*Bioethics reflection on prioritization and rationing of health care: between social utility and equity* = *Reflexão bioética sobre a priorização e o racionamento de cuidados de saúde: entre a utilidade social e a eqüidade.*

Cadernos de Saúde Pública 2008 March; 24(3): 696-701

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 257**
Veiga, Paula Alexandra Correia Veloso

*Forum: rationing health care services. Postscript* = *Fórum: racionamento dos cuidados de saúde. Posfácio.*

Cadernos de Saúde Pública 2008 March; 24(3): 708-709

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 258**
Hasman, Andreas

*The accountability problem of the National Institute for Health and Clinical Excellence*


Abstract: The paper is a reflection on some of the ethical issues relating to decisions on the availability of new drugs made by the British National Institute for Health and Clinical Excellence (NICE). It outlines the way in which the Institute and its advisory committees make decisions on the funding of new treatments by the National Health Service and discusses the proposition that the organisational structures and methods of the Institute give rise to an accountability problem. It is suggested that NICE should simplify the way decisions are made, take proactive steps to better inform the public about the advantages and limitations of its approach, and provide a clearer distinction between the Institute itself and the appeal panels, which consider objections to its decisions.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 259**
ter Meulen, Ruud

*Is rationing the inevitable consequence of medical advance?*


Abstract: The past decades have seen an impressive advance in medical technology. However, there are concerns about the growing costs of medical technology and the need to ration health care services. Some economists argue that the use of technology might be expensive now but that it would be unwise to ration technological advances as they will save money in the long-term. The author argues that increased productivity in health care does not necessarily lead to reduction of costs. In fact, it has often resulted in increased costs because such innovations made possible a widening of the indications for the treatment. Rationing of medical technology is inevitable, as further advances of technology will lead to higher pressures on the financing of the public health care system and the increased removal from the basic package of long-term care services for chronic conditions, the provision of which is
an important responsibility of our society.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 260**

Westin, Shannon N.; Bustillos, Dan; Gano, Jacalyn B.; Fields, Margaret M.; Coker, Ann L.; Sun, Charlotte C.; Ramondetta, Lois M.

**Social factors affecting treatment of cervical cancer: ethical issues and policy implications.**

Obstetrics and Gynecology 2008 March; 111(3): 747-751

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 261**

Denier, Yvonne

**Mind the gap! Three approaches to scarcity in health care**

Medicine, Health Care and Philosophy 2008 March; 11(1): 73-87

**Abstract:** This paper addresses two ways in which scarcity in health care turns up and three ways in which this dual condition of scarcity can be approached. The first approach is the economic approach, which focuses on the causes of cost-increase in health care and on developing various mechanisms of rationing and priority-setting in health care. The second approach is the justice approach, which interprets scarcity as one of the Humean 'Circumstances of Justice.' Whereas these approaches interpret scarcity as a given fact, the third approach casts doubt on this interpretation. Rather, it interprets scarcity as a social, anthropological, and technologically induced construction of Modernity. This paper supports the theories of Hans Achterhuis, Ivan Illich, and Nicholas Xenos but also further elaborates their views with regard to health care by offering an approach to scarcity that interprets it as an economic translation of finitude. I argue that this approach, which entails a contemporary revaluation of the ancient Socratic attitude on human life and finitude, will be better able to deal with the pressing contemporary issues of setting limits on health care because it mitigates contemporary health care's tendency toward infinity in meeting - and creating - health care needs.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 262**

Etengoff, David

**Triage in halacha: the threat of an avian flu pandemic**

Journal of Halacha and Contemporary Society 2008 Spring; (55): 74-90

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 263**

Chambers, John C.; Silverstein, Gerry

**Doctors and climate change: impact of medical ethics [letters]**

BMJ: British Medical Journal 2008 February 9; 336(7639): 291-292

Georgetown users check [Georgetown Journal Finder](#) for access to full text

[http://www.bmj.com](http://www.bmj.com) (link may be outdated)

---

**Document 264**
Ward, Nicholas S.; Teno, Joan M.; Curtis, J. Randall; Rubenfeld, Gordon D.; Levy, Mitchell M.  
**Perceptions of cost constraints, resource limitations, and rationing in United States intensive care units: results of a national survey**  
Critical Care Medicine 2008 February; 36(2): 471-476

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 265  
O’Laughlin, Daniel T.; Hick, John L.  
**Ethical issues in resource triage.**  
Respiratory Care 2008 February; 53(2): 190-197; discussion 197-200

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 266  
Hussey, Peter; Anderson, Gerard; Berthelot, Jean-Marie; Feek, Colin; Kelley, Edward; Osborn, Robin; Raleigh, Veena; Epstein, Arnold  
**Trends in socioeconomic disparities in health care quality in four countries**  

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 267  
Friedman, Alex  
**Beyond accountability for reasonableness**  
Bioethics 2008 February; 22(2): 101-112  
**Abstract:** This paper is a critique of Norman Daniels’ and James Sabin's 'Accountability for Reasonableness' framework for making priority-setting decisions in health care in the face of widespread disagreement about values. Accountability for Reasonableness has been rapidly gaining worldwide acceptance, arguably to the point of becoming the dominant paradigm in the field of health policy. The framework attempts to set ground rules for a procedure that ensures that whatever decisions result will be fair, reasonable, and legitimate to the extent that even those who would be adversely affected will have reason to abide by them. I argue that the framework's four conditions are inadequate to this task. While we certainly require a fair and legitimate procedure for making priority setting decisions in health care despite a lack of consensus on relevant ethical and political issues, we must significantly revise the four conditions, and we cannot avoid facing our substantive disagreements head on if we hope to arrive at decisions that would (and should) be acceptable to everyone. I offer two suggestions. First, there is need for greater public involvement in all stages of deliberation. Second, we should give up on the idea that we can simplify the task of democratic deliberation by disallowing particular kinds or reasons and types of reasoning. Reasons of all kinds should be on the table, but then should be judged on their merits, such as consistency, plausibility and explanatory power, without any regard for their alleged sources of authority.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 268  
Strech, Daniel; Synofzik, Matthis; Marckmann, Georg  
**How physicians allocate scarce resources at the bedside: a systematic review of qualitative studies**  
**Abstract:** Although rationing of scarce health-care resources is inevitable in clinical practice, there is still limited and scattered information about how physicians perceive and execute this bedside rationing (BSR) and how it can be performed in an ethically fair way. This review gives a systematic overview on physicians' perspectives on influences, strategies, and consequences of health-care rationing. Relevant references as identified by
systematically screening major electronic databases and manuscript references were synthesized by thematic analysis. Retrieved studies focused on themes that fell under three major headings: (i) conditions and influences of BSR, (ii) strategies of BSR, and (iii) consequences of BSR. The range of themes indicates that physicians’ rationing behavior is highly variable, strongly influenced by context-related factors, and consists mainly of implicit rationing strategies. Torn between patient advocacy and the obligation to contain costs, physicians experience various role conflicts. The development of explicit rationing strategies seems necessary to avoid arbitrary BSR and allow a fair allocation of health-care resources.

Georgetown users check [Georgetown Journal Finder](http://jmp.oxfordjournals.org) for access to full text

---

**Document 269**

Parent, Henry

*La pédagogie de la complexité et l'éloge de la responsabilité: libre propos [Teaching complexity and praising responsibility: commentary]*

Les Cahiers du Comité Consultatif National d'Éthique pour les Sciences de la Vie et de la Santé 2008 January-March; (54): 38

Georgetown users check [Georgetown Journal Finder](http://jmp.oxfordjournals.org) for access to full text

---

**Document 270**

Couty, Édouard

*La dimension éthique et humaine: une force pour l'hôpital public: libre propos [The ethical and human dimensions: a strength for the public hospital: commentary]*

Les Cahiers du Comité Consultatif National d'Éthique pour les Sciences de la Vie et de la Santé 2008 January-March; (54): 36-37

Georgetown users check [Georgetown Journal Finder](http://jmp.oxfordjournals.org) for access to full text

---

**Document 271**

Evin, Claude

*Un avis qui nous engage: libre propos [An opinion that gets our notice: commentary]*

Les Cahiers du Comité Consultatif National d'Éthique pour les Sciences de la Vie et de la Santé 2008 January-March; (54): 35

Georgetown users check [Georgetown Journal Finder](http://jmp.oxfordjournals.org) for access to full text

---

**Document 272**

Houssin, Didier

*Libre propos en reaction à l'avis du Comité consultatif national d'éthique sur "Santé, éthique et argent: les enjeux éthiques de la contrainte budgétaire sur les dépenses de santé en milieu hospitalier" (Avis 101) [Commentary in response to the opinion of the National Consultative Committee of Ethics on "Health, ethics and money: the ethical stakes of budgetary restraint on health expenses in a hospital environment"]*

Les Cahiers du Comité Consultatif National d'Éthique pour les Sciences de la Vie et de la Santé 2008 January-March; (54): 34

Georgetown users check [Georgetown Journal Finder](http://jmp.oxfordjournals.org) for access to full text
France. Comité Consultatif National d'Éthique pour les Sciences de la Vie et de la Santé

Santé, éthique et argent: les enjeux éthiques de la contrainte budgétaire sur les dépenses de santé en milieu hospitalier [Health, ethics and money: the ethical stakes of budgetary restraint on health expenses in a hospital environment.]
Les Cahiers du Comité Consultatif National d'Éthique pour les Sciences de la Vie et de la Santé 2008 January-March; (54): 2-16

Georgetown users check Georgetown Journal Finder for access to full text

Sicard, Didier

De l'efficience économique à l'éthique [From economic efficiency to ethics] [editorial]
Les Cahiers du Comité Consultatif National d'Éthique pour les Sciences de la Vie et de la Santé 2008 January-March; (54): 1

Georgetown users check Georgetown Journal Finder for access to full text

Satz, Ani B.

Toward solving the health care crisis: the paradoxical case for universal access to high technology
Yale Journal of Health Policy, Law, and Ethics 2008 Winter; 8(1): 93-143

Georgetown users check Georgetown Journal Finder for access to full text

Urquhart, Bonnie; Mitton, Craig; Peacock, Stuart

Introducing priority setting and resource allocation in home and community care programs.

Georgetown users check Georgetown Journal Finder for access to full text

Cary, Sue; Schroeder, Kim

Caring for patients on kidney dialysis in a disaster: lessons from Baton Rouge after Hurricane Katrina

Georgetown users check Georgetown Journal Finder for access to full text

Feiring, E.

Lifestyle, responsibility and justice
Journal of Medical Ethics 2008 January; 34(1): 33-36

Georgetown users check Georgetown Journal Finder for access to full text
Provincial Health Ethics Network (PHEN)
Abstract: Dr. Robert M. Veatch "explores the values and tensions implicit in resource allocation decisions and offers a framework for ethical decision-making." [description from PHEN site]
Munson, Ronald, ed.  
**Scarce medical resources**
Call number: R724 .I57 2008

* Document 286
Schwartz, Alan; Bergus, George  
**Social values**
Call number: R723.5 .S37 2008

* Document 287
Berliner, Howard S.  
**The movement of services out of the hospital.**  
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 288
Nickel, James W.  
**Rights and the exceptionally vulnerable**
Call number: QH438.7 .G462 2008

* Document 289
Bærøe, Kristine  
**Priority setting in health care: on the relation between reasonable choices on the micro-level and the macro-level**
*Theoretical Medicine and Bioethics* 2008; 29(2): 87-102
**Abstract:** There has been much discussion about how to obtain legitimacy at macro-level priority setting in health care by use of fair procedures, but how should we consider priority setting by individual clinicians or health workers at the micro-level? Despite the fact that just health care totally hinges upon their decisions, surprisingly little attention seems being paid to the legitimacy of these decisions. This paper addresses the following question: what are the conditions that have to be met in order to ensure that individual claims on health care are well aligned with an overall concept of just health care? Drawing upon a distinction between individual and aggregated needs, I argue that even though we assume the legitimacy of macro-level guidelines, this legitimacy is not directly transferable to decisions at micro-level simply by adherence to the guidelines' recommendation. Further, I argue that individual claims are subject to the formal principle of equality and the demands of vertical and horizontal equity in a way that gives context- and patient-related equity concerns precedence over equity concerns captured at the macro-level. I conclude that if we aim to achieve just health care, we need to develop a complementary framework for legitimising individual judgment of patients' claims on health care resources. Moreover, I suggest the basic structure of such a framework.
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 290
Principles versus procedures in making health care coverage decisions: addressing inevitable conflicts
Theoretical Medicine and Bioethics 2008; 29(2): 73-85

Abstract: It has been suggested that focusing on procedures when setting priorities for health care avoids the conflicts that arise when attempting to agree on principles. A prominent example of this approach is "accountability for reasonableness." We will argue that the same problem arises with procedural accounts; reasonable people will disagree about central elements in the process. We consider the procedural condition of appeal process and three examples of conflicts over coverage decisions: a patients' rights law in Norway, health technologies coverage recommendations in the UK, and care withheld by HMOs in the US. In each case a process is at the center of controversy, illustrating the difficulties in establishing procedures that are widely accepted as legitimate. Further work must be done in developing procedural frameworks.

Georgetown users check Georgetown Journal Finder for access to full text

* Chapter Document 291
Martin, Douglas K.; Gibson, Jennifer L.; Singer, Peter A.
Priority setting
Call number: QH332 .C36 2008

* Article Document 292
Baxter, Nancy N.
Equal for whom? Addressing disparities in the Canadian medical system must become a national priority
CMAJ/JAMC: Canadian Medical Association Journal 2007 December 4; 177(12): 1522-1523

* Article Document 293
Bierman, Arlene S.
Sex matters: gender disparities in quality and outcomes of care
CMAJ/JAMC: Canadian Medical Association Journal 2007 December 4; 177(12): 1520-1521

* Article Document 294
Fowler, Robert A.; Sabur, Natasha; Li, Ping; Juurlink, David N.; Pinto, Ruxandra; Hladunewich, Michelle A.; Adhikari, Neill K.J.; Sibbald, William J.; Martin, Claudio M.
Sex- and age-based differences in the delivery and outcomes of critical care
CMAJ/JAMC: Canadian Medical Association Journal 2007 December 4; 177(12): 1513-1519

* Article Document 295
Fan, Eddy; Needham, Dale M.
Deciding who to admit to a critical care unit [editorial]
BMJ: British Medical Journal 2007 December 1; 335(7630): 1103-1104
The World Health Organization on health inequality, inequity, and social determinants of health.

Managing to manage healthcare resources in the English NHS? What can health economics teach? What can health economics learn?
Health Policy 2007 December; 84(2-3): 249-261

Priority-setting for healthcare: who, how, and is it fair?
Health Policy 2007 December; 84(2-3): 220-233

Regulation of direct supplemental payments for services covered by the public health insurance in a comparative perspective

Teaching medical students about fair distribution of healthcare resources
Journal of Medical Ethics 2007 December; 33(12): 737-741

Abstract: Healthcare package decisions are complex. Different judgements about effectiveness, cost-effectiveness and disease burden influence the decision-making process. Moreover, different concepts of justice generate different ideas about fair distribution of healthcare resources. This paper presents a decision model that is used in medical school in order to familiarise medical students with the different concepts of justice and the ethical dimension of making concrete choices. The model is based on the four-stage decision model developed in the Netherlands by the Dunning Committee and the discussion that followed its presentation in 1991. Having to deal with 10 medical services, students working with the model learn to discern and integrate four different ideas of distributive justice that are integrated in a flow chart: libertarian, communitarian, egalitarian and utilitarian.
Document 301
Lauridsen, S.M.R.; Norup, M.S.; Rossel, P.J.H.

The secret art of managing healthcare expenses: investigating implicit rationing and autonomy in public healthcare systems
Journal of Medical Ethics 2007 December; 33(12): 704-707

Abstract: Rationing healthcare is a difficult task, which includes preventing patients from accessing potentially beneficial treatments. Proponents of implicit rationing argue that politicians cannot resist pressure from strong patient groups for treatments and conclude that physicians should ration without informing patients or the public. The authors subdivide this specific programme of implicit rationing, or "hidden rationing", into local hidden rationing, unsophisticated global hidden rationing and sophisticated global hidden rationing. They evaluate the appropriateness of these methods of rationing from the perspectives of individual and political autonomy and conclude that local hidden rationing and unsophisticated global hidden rationing clearly violate patients' individual autonomy, that is, their right to participate in medical decision-making. While sophisticated global hidden rationing avoids this charge, the authors point out that it nonetheless violates the political autonomy of patients, that is, their right to engage in public affairs as citizens. A defence of any of the forms of hidden rationing is therefore considered to be incompatible with a defence of autonomy.

Georgetown users check Georgetown Journal Finder for access to full text

Document 302
Yap, Joel; Celi, Leo Anthony

Elderly access to medical care: should age be a factor in deciding management?
New Zealand Medical Journal 2007 November 30; 120(1266): U2838

Georgetown users check Georgetown Journal Finder for access to full text

Document 303
Kelly, Jacinta

Literature review: decision-making regarding slow resuscitation

Georgetown users check Georgetown Journal Finder for access to full text

Document 304
Gallego, Gisselle; Taylor, Susan Joyce; Brien, Jo-anne Elizabeth

Priority setting for high cost medications (HCMs) in public hospitals in Australia: a case study
Health Policy 2007 November; 84(1): 58-66

Georgetown users check Georgetown Journal Finder for access to full text

Document 305
United States. Department of Health and Human Services [HHS] [PandemicFlu.Gov]

Draft Guidance on Allocating and Targeting Pandemic Influenza Vaccine
Threshold considerations in fair allocation of health resources: justice beyond scarcity

Alvarez, Allen Andrew A.

Abstract: Application of egalitarian and prioritarian accounts of health resource allocation in low-income countries have both been criticized for implying distribution outcomes that allow decreasing/undermining health gains and for tolerating unacceptable standards of health care and health status that result from such allocation schemes. Insufficient health care and severe deprivation of health resources are difficult to accept even when justified by aggregative efficiency or legitimized by fair deliberative process in pursuing equality and priority oriented outcomes. I affirm the sufficiencyarian argument that, given extreme scarcity of public health resources in low-income countries, neither health status equality between populations nor priority for the worse off is normatively adequate. Nevertheless, the threshold norm alone need not be the sole consideration when a country's total health budget is extremely scarce. Threshold considerations are necessary in developing a theory of fair distribution of health resources that is sensitive to the lexically prior norm of sufficiency. Based on the intuition that shares must not be taken away from those who barely achieve a minimal level of health, I argue that assessments based on standards of minimal physical/mental health must be developed to evaluate the sufficiency of the total resources of health systems in low-income countries prior to pursuing equality, priority, and efficiency based resource allocation. I also begin to examine how threshold sensitive health resource assessment could be used in the Philippines.

Toward the rational and equitable use of bariatric surgery

Flum, David R.; Khan, Tipu V.; Dellinger, E. Patchen

Justice in the allocation of health care resources: the debate about criteria

Hogan, Bridget

Priority setting and the ethics of resource allocation within VA healthcare facilities: results of a survey

Foglia, Mary Beth; Pearlman, Robert A.; Bottrell, Melissa M.; Altemose, Jane A.; Fox, Ellen

Brezina, Paul R.; Moskop, John C.
**Document 311**

Spike, Jeffrey P.

**Responding to requests for dialysis for severely demented and brain injured patients.**

Seminars in Dialysis 2007 September-October; 20(5): 387-390

Georgetown users check Georgetown Journal Finder for access to full text

**Document 312**

Ubel, Peter A.

**Confessions of a bedside rater: commentary on Hurst and Danis**

Kennedy Institute of Ethics Journal 2007 September; 17(3): 267-269

*Abstract:* Samia Hurst and Marion Danis provide a thoughtful framework for how to judge the morality of bedside rationing decisions. In this commentary, I applaud Hurst and Danis for advancing the level of debate about bedside rationing. But when I attempt to apply the framework to my own clinical practice, I conclude that the framework comes up short.

Georgetown users check Georgetown Journal Finder for access to full text

**Document 313**

Hurst, Samia A.; Danis, Marion

**A framework for rationing by clinical judgment**

Kennedy Institute of Ethics Journal 2007 September; 17(3): 247-266

*Abstract:* Although rationing by clinical judgment is controversial, its acceptability partly depends on how it is practiced. In this paper, rationing by clinical judgment is defined in three different circumstances that represent increasingly wider circles of resource pools in which the rationing decision takes place: triage during acute shortage, comparison to other potential patients in a context of limited but not immediately strained resources, and determination of whether expected benefit of an intervention is deemed sufficient to warrant its cost by reference to published population based thresholds. Notions of procedural justice are applied along with an analytical framework of six minimal requisites in order to facilitate fair bedside rationing: (1) a closed system that offers reciprocity, (2) attention to general concerns of justice, (3) respect for individual variations, (4) application of a consistent process, (5) explicitness, and (6) review of decisions. The process could be monitored for its applicability and appropriateness.

Georgetown users check Georgetown Journal Finder for access to full text

**Document 314**

Hunter, David

**Am I my brother’s gatekeeper? Professional ethics and the prioritisation of healthcare**

Journal of Medical Ethics 2007 September; 33(9): 522-526

*Abstract:* At the 5th International Conference on Priorities in Health Care in Wellington, New Zealand, 2004, one resonating theme was that for priority setting to be effective, it has to include clinicians in both decision making and the enforcement of those decisions. There was, however, a disturbing undertone to this theme, namely that doctors, in particular, were unjustifiably thwarting good systems of prioritising scarce healthcare resources. This undertone seems unfair precisely because doctors may, and in some cases do, feel obligated by their professional ethics to remain uninvolved either in deciding priorities and in some cases in enforcing them. I will argue that the professional role of a doctor ought not be considered inconsistent with the role of a priority setter or enforcer, as long as one
crucial element is in place, a rationally coherent and broadly justifiable regime for prioritising healthcare. Given this I conclude both that prioritisation and doctoring are not incompatible under certain conditions, and that the education of healthcare professionals ought to include material on distributive justice in healthcare.

http://www.jmedethics.com (link may be outdated)
**Document 320**
Quigley, Muireann

**A NICE fallacy [comment]**
Journal of Medical Ethics 2007 August; 33(8): 465-466

**Abstract:** A response is given to the claim by Claxton and Culyer, who stated that the policies of the National Institute for Health and Clinical Excellence (NICE) do not evaluate patients rather than treatments. The argument is made that the use of values such as quality of life and life-years is ethically dubious when used to choose which patients ought to receive treatments in the National Health Service (NHS).

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

**Document 321**
Claxton, Karl; Culyer, Anthony J.

**Rights, responsibilities and NICE: a rejoinder to Harris**
Journal of Medical Ethics 2007 August; 33(8): 462-464

**Abstract:** Harris' reply to our defence of the National Institute for Clinical Excellence's (NICE) current cost-effectiveness procedures contains two further errors. First, he wrongly draws a conclusion from the fact that NICE does not and cannot evaluate all possible uses of healthcare resources at any one time and generally cannot know which National Health Service (NHS) activities would be displaced or which groups of patients would have to forgo health benefits: the inference is that no estimate is or can be made by NICE of the benefits to be forgone. This is a non-sequitur. Second, he asserts that it is a flaw at the heart of the use of quality-adjusted life years (QALYs) as an outcome measure that comparisons between people need to be made. Such comparisons do indeed have to be made, but this is not a consequence of the choice of any particular outcome measure, be it the QALY or anything else.

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text

**Document 322**
Dyer, Clare

**Charity challenges decision to refuse drug to 84 year old [news]**
BMJ: British Medical Journal 2007 July 14; 335(7610): 64-65

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

**Document 323**
Bernardi, A.; Jirillo, A.; Pegoraro, R.; Bonavina, M.G.

**Allocation of public sources in oncology: which role can ethics play?**

Georgetown users check [Georgetown Journal Finder](http://www.jmedethics.com) for access to full text
Ethical decision making and repair of a patient's catheter: a case example.
Journal of Infusion Nursing 2007 July-August; 30(4): 203-204
Georgetown users check Georgetown Journal Finder for access to full text

Ensor, Tim; Weinzierl, Sabine
Regulating health care in low- and middle-income countries: Broadening the policy response in resource constrained environments
Social Science and Medicine 2007 July; 65(2): 355-366
Georgetown users check Georgetown Journal Finder for access to full text
EthxWeb Search Results

Search Detail:
Result=("9.4".PC.) AND (@YD >= "20000000")
2=1 :
Documents: 326 - 650 of 1161

* Article Document 326
Kraus, Chadd K.; Levy, Frederick; Kelen, Gabor D.
Lifeboat ethics: considerations in the discharge of inpatients for the creation of hospital surge capacity.
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 327
Foster, Charles
Simple rationality? The law of healthcare resource allocation in England
Journal of Medical Ethics 2007 July; 33(7): 404-407
Abstract: This paper examines the law relating to healthcare resource allocation in England. The National Health Service (NHS) Act 1977 does not impose an absolute duty to provide specified healthcare services. The courts will only interfere with a resource allocation decision made by an NHS body if that decision is frankly irrational (or where the decision infringes the principle of proportionality when a right under the European Convention on Human Rights (ECHR) is engaged). Such irrationality is very difficult to establish. The ECHR has made no significant contribution to domestic English law in the arena of healthcare provision. The decision of the European Court in the Yvonne Watts case establishes that, in relation to the question of entitlement to seek treatment abroad at the expense of the NHS, a clinical judgment about the urgency of treatment trumps an administrative decision about waiting list targets. That decision goes against the grain of domestic law about healthcare allocation, but is not likely to have wide ramifications in domestic law.
Georgetown users check Georgetown Journal Finder for access to full text

http://www.jmedethics.com (link may be outdated)

* News Document 328
Witte, Griff
Afghans face a loss of health care; medical teams scale back as attacks on them rise
Washington Post 2007 June 29; p. A15

http://www.washingtonpost.com (link may be outdated)

* Article Document 329
Cassel, Christine K.; Brennan, Troyen E.
Managing medical resources: return to the commons? [commentary]
Georgetown users check Georgetown Journal Finder for access to full text

http://jama.ama-assn.org (link may be outdated)
* Document 330
Kuschner, Ware G.; Pollard, John B.; Ezeji-Okoye, Stephen C.
Ethical triage and scarce resource allocation during public health emergencies: tenets and procedures.
Hospital Topics 2007 Summer; 85(3): 16-25
Georgetown users check Georgetown Journal Finder for access to full text

* Document 331
Kapiriri, Lydia; Norheim, Ole Frithjof; Martin, Douglas K.
Priority setting at the micro-, meso- and macro-levels in Canada, Norway and Uganda
Health Policy 2007 June; 82(1): 78-94
Georgetown users check Georgetown Journal Finder for access to full text

Document 332
Klein, Rudolf
Can We Say No? The Challenge of Rationing Health Care, by Henry J. Aaron, William B. Schwarz, with Melissa Cox [book review]
Georgetown users check Georgetown Journal Finder for access to full text

* Document 333
Guo-ping, Wang
Ethical evaluation of decision-making for distribution of health resources in China
Abstract: Since distribution of health resources involves various aspects of ethics, the evaluation of ethical problems should be emphasised in health decisions using criteria of fairness and fundamental principles of ethics correctly understood and chosen in order to solve the real conflicts evident in the distribution of health resources and to enable fair and reasonable distribution of health resources.
Georgetown users check Georgetown Journal Finder for access to full text

Document 334
Matta, A.M.
Effects of resource constraint on health care services
Georgetown users check Georgetown Journal Finder for access to full text

Document 335
Klein, Rudolf
Rationing in the NHS
BMJ: British Medical Journal 2007 May 26; 334(7603): 1068-1069
Georgetown users check Georgetown Journal Finder for access to full text

http://www.bmj.com (link may be outdated)
* Document 336
Brindle, David
Seeing red
BMJ: British Medical Journal 2007 May 12; 334(7601): 976-977
Georgetown users check Georgetown Journal Finder for access to full text
http://www.bmj.com (link may be outdated)

* Document 337
De Luca, Daniele
Resources allocation for neonatal critical care: the ethical debate in neonatology.
Acta Paediatrica 2007 May; 96(5): 648-649
Georgetown users check Georgetown Journal Finder for access to full text

* Document 338
Oudhoff, Jurriaan P.; Timmermans, D.R.M.; Knol, D.L.; Bijnen, A.B.; Van der Wal, G.
Prioritising patients on surgical waiting lists: a conjoint analysis study on the priority judgements of patients, surgeons, occupational physicians, and general practitioners
Social Science and Medicine 2007 May; 64(9): 1863-1875
Georgetown users check Georgetown Journal Finder for access to full text

* Document 339
Marcus, Robert; Firth, John
Should you tell patients about beneficial treatments that they cannot have? [debate]
BMJ: British Medical Journal 2007 April 21; 334(7598): 826-827
Georgetown users check Georgetown Journal Finder for access to full text
http://www.bmj.com (link may be outdated)

* Document 340
Dixon, Anna; Le Grand, Julian; Henderson, John; Murray, Richard; Poteliakhoff, Emmi
Is the British National Health Service equitable? the evidence on socioeconomic differences in utilization.
Georgetown users check Georgetown Journal Finder for access to full text

* Document 341
Tännsjö, Torbjörn
Ethical aspects of triage in mass casualty.
Current Opinion in Anaesthesiology 2007 April; 20(2): 143-146
Georgetown users check Georgetown Journal Finder for access to full text
**Document 342**

Davis, Warren; Porteous, Matthew

**Joint replacement in the overweight patient: a logical approach or new form of rationing?**

Annals of the Royal College of Surgeons of England 2007 April; 89(3): 203-206; discussion 203

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 343**

Symonds, Liz

**Joint replacement in the overweight patient - a view from the Patient Liaison Group.**

Annals of the Royal College of Surgeons of England 2007 April; 89(3): 206; discussion 203

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 344**

Engelman, Michal; Johnson, Summer

**Population aging and international development: addressing competing claims of distributive justice**

Developing World Bioethics 2007 April; 7(1): 8-18

**Abstract:** To date, bioethics and health policy scholarship has given little consideration to questions of aging and intergenerational justice in the developing world. Demographic changes are precipitating rapid population aging in developing nations, however, and ethical issues regarding older people's claim to scarce healthcare resources must be addressed. This paper posits that the traditional arguments about generational justice and age-based rationing of healthcare resources, which were developed primarily in more industrialized nations, fail to adequately address the unique challenges facing older persons in developing nations. Existing philosophical approaches to age-based resource allocation underemphasize the importance of older persons for developing countries and fail to adequately consider the rights and interests of older persons in these settings. Ultimately, the paper concludes that the most appropriate framework for thinking about generational justice in developing nations is a rights-based approach that allows for the interests of all age groups, including the oldest, to be considered in the determination of health resource allocation.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 345**

New York State Workgroup on Ventilator Allocation in an Influenza Pandemic. New York State Department of Health/New York State Task Force on Life and the Law

**Allocation of ventilators in an influenza pandemic: planning document. Draft for Public Comment.**


Call number: **citation only**


---

**Document 346**

Adamson, Bonnie; Johnson, Marcia; Harrigan, MaryLou

**Should health care providers be given earlier access to prophylaxis during a pandemic?**


Georgetown users check [Georgetown Journal Finder](#) for access to full text
King, Jeff A.
The justiciability of resource allocation
Modern Law Review 2007 March; 70(2): 197-224
Georgetown users check Georgetown Journal Finder for access to full text

de Bont, Antoinette; Zandwijken, Gladys; Stolk, Elly; Niessen, Louis
Prioritisation by physicians in the Netherlands--the growth hormone example in drug reimbursement decisions
Health Policy 2007 March; 80(3): 369-377
Georgetown users check Georgetown Journal Finder for access to full text

Rubinstein, Adolfo; Belizán, María; Discacciati, Vilda
Are economic evaluations and health technology assessments increasingly demanded in times of rationing health services? The case of the Argentine financial crisis
International Journal of Technology Assessment in Health 2007 Spring; 23(2): 169-176
Georgetown users check Georgetown Journal Finder for access to full text

Moskop, John C.; Iserson, Kenneth V.
Triage in medicine, Part II: underlying values and principles
Georgetown users check Georgetown Journal Finder for access to full text

Eisenberg, Daniel; Freed, Gary L.
Reassessing how society prioritizes the health of young people: cost-effectiveness analysis by itself might not fully reflect societal preferences for allocating health resources by age
Health Affairs 2007 March-April; 26(2): 345-354
Georgetown users check Georgetown Journal Finder for access to full text

Medecins Sans Frontieres
TB and HIV: the failure to act
http://www.msf.org/source/annual/tbday/2007/tb-hiv-failure-to-act.pdf (link may be outdated)
Document 353
Woolf, Steven H.
Potential health and economic consequences misplaced priorities
Georgetown users check Georgetown Journal Finder for access to full text
http://jama.ama-assn.org (link may be outdated)

Document 354
Ward, Nicholas S.; Levy, Mitchel M.
Rationing and critical care medicine
Critical Care Medicine 2007 February; 35(2, Supplement): S102-S105
Georgetown users check Georgetown Journal Finder for access to full text

Document 355
Withanachchi, Nimnath; Uchida, Yasuo; Nanayakkara, Shyama; Samaranayake, Dulani; Okitsu, Akiko
Resource allocation in public hospitals: is it effective?
Health Policy 2007 February; 80(2): 308-313
Georgetown users check Georgetown Journal Finder for access to full text

Document 356
Bakalar, Nicholas
All breast cancer patients are not treated the same
http://www.nytimes.com (link may be outdated)

Document 357
Kapiriri, Lydia; Martin, Douglas K.
Bedside rationing by health practitioners: a case study in a Ugandan hospital
Medical Decision Making 2007 January-February; 27(1): 44-52
Georgetown users check Georgetown Journal Finder for access to full text

Document 358
Ryan, John; Sysko, James
The contingency of patient preferences for involvement in health decision making.
Georgetown users check Georgetown Journal Finder for access to full text

Document 359
Williams, Iestyn; Bryan, Stirling
Understanding the limited impact of economic evaluation in health care resource allocation: a conceptual framework
Health Policy 2007 January; 80(1): 135-143

Georgetown users check Georgetown Journal Finder for access to full text

---

Mason, Diana J.
EDs in crisis [editorial]

Georgetown users check Georgetown Journal Finder for access to full text

---

Maclean, Niall, ed.
DISTRIBUTING HEALTH CARE: PRINCIPLES, PRACTICES AND POLICIES
Call number: RA393 .D57 2007

---

Asada, Yukiko
HEALTH INEQUALITY: MORALITY AND MEASUREMENT
Call number: RA418 .A83 2007

---

Syrett, Keith
LAW, LEGITIMACY AND THE RATIONING OF HEALTHCARE: A CONTEXTUAL AND COMPARATIVE PERSPECTIVE
Call number: RA410.5 .S96 2007

---

Denier, Yvonne
EFFICIENCY, JUSTICE AND CARE: PHILOSOPHICAL REFLECTIONS ON SCARCITY IN HEALTH CARE
Call number: RA427.25 .D46 2007

---

Lamm, Richard D. and Blank, Robert H.
CONDITION CRITICAL: A NEW MORAL VISION FOR HEALTH CARE
Call number: R724 .L25 2007

---

Maddalena, Victor

---
A practical approach to ethical decision-making.

**Abstract:** PURPOSE: The purpose of this paper is to provide a practical approach to ethical decision-making for executives working in the healthcare setting. DESIGN/METHODOLOGY/APPROACH: A nine step decision-making algorithm is presented to serve as a guide for identifying and resolving complex ethical problems. FINDINGS: While decision-making frameworks are not new to the management literature, this practical approach outlines a coherent and logical means by which executives can articulate a management problem. ORIGINALITY/VALUE: Identifies and evaluates potential solutions for consideration, plans an approach to implementing the desired solution, and evaluates the impact of their decision.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

* Document 367

Culyer, Anthony J.
**Equity of what in healthcare? Why the traditional answers don't help policy--and what to do in the future.**
Healthcare Papers 2007; 8 Spec No: 12-26

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

* Document 368

Walker, Simon; Palmer, Stephen; Sculpher, Mark
**The role of NICE technology appraisal in NHS rationing.**
British Medical Bulletin 2007; 81-82: 51-64

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

* Document 369

Mshana, Simon; Shemilu, Haji; Ndawi, Benedict; Momburi, Roman; Olsen, Oystein Evjen; Byskov, Jens; Martin, Douglas K.
**What do district health planners in Tanzania think about improving priority setting using 'Accountability for reasonableness'?**
BMC Health Services Research 2007; 7: 180

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

* Document 370

Bruni, Rebecca A.; Laupacis, Andreas; Levinson, Wendy; Martin, Douglas K.
**Public involvement in the priority setting activities of a wait time management initiative: a qualitative case study**
BMC Health Services Research 2007; 7: 186

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

* Document 371

Kluge, Eike-Henner W.
**Resource allocation in healthcare: implications of models of medicine as a profession**

Georgetown users check [Georgetown Journal Finder](#) for access to full text
The need for patient preference research: a case study in the rationing of limited resources for treating HIV/AIDS patients
Parilo, Michelle; Dhai, Ames; Brady, Mark
Georgetown users check Georgetown Journal Finder for access to full text
http://www.bioethicsjournal.com/ (link may be outdated)

The acceptability of waiting times for elective general surgery and the appropriateness of prioritising patients.
Oudhoff, Jurriaan P.; Timmermans, Danielle R.M.; Rietberg, Martin; Knol, Dirk L.; van der Wal, Gerrit
BMC Health Services Research 2007; 7(): 32
Georgetown users check Georgetown Journal Finder for access to full text

Liberal answers to Callahan's communitarianism
McCorkle, Frances
Penn Bioethics Journal 2007; 3(1): 4-7
Georgetown users check Georgetown Journal Finder for access to full text
http://www.bioethicsjournal.com/ (link may be outdated)

Clinical review: allocating ventilators during large-scale disasters -- problems, planning, and process
Hick, John L.; Rubinson, Lewis; O'Laughlin, Daniel T.; Farmer, J. Christopher
Critical Care 2007; 11(3): 217
Georgetown users check Georgetown Journal Finder for access to full text
http://www.pubmedcentral.nih.gov/tocrender.fcgi?iid=159394 (link may be outdated)

Justice and priority setting in international health care research
Benatar, Solomon R.
Call number: R724 .P69 2007

Economics, political philosophy and ethics: the role of public preferences in health care decision-making
Richardson, Jeff; McKie, John
Call number: R724 .P69 2007
Document 378

Wikler, Daniel; Brock, Dan W.; Marchand, Sarah; Torres, Tessa Tan

Quantitative methods for priority-setting in health: ethical issues
Call number: R724 .P69 2007

Document 379

Culyer, Anthony J.

Need: an instrumental view
Call number: R724 .P69 2007

Document 380

McLachlan, Hugh V.; Swales, J. Kim

Health and health care -- justice, rights and equality
In their: From the Womb to the Tomb: Issues in Medical Ethics. Glasgow, Scotland: Humming Earth, 2007: 187-249
Call number: R724 .M29226 2007

Document 381

Schramme, Thomas

The significance of the concept of disease for justice in health care
Theoretical Medicine and Bioethics 2007; 28(2): 121-135

Abstract: In this paper, I want to scrutinise the value of utilising the concept of disease for a theory of distributive justice in health care. Although many people believe that the presence of a disease-related condition is a prerequisite of a justified claim on health care resources, the impact of the philosophical debate on the concept of disease is still relatively minor. This is surprising, because how we conceive of disease determines the amount of justified claims on health care resources. Therefore, the severity of scarcity depends on our interpretation of the concept of disease. I want to defend a specific combination of a theory of disease with a theory of distributive justice. A naturalist account of disease, together with sufficientarianism, is able to perform a gate-keeping function regarding entitlements to medical treatment. Although this combination cannot solve all problems of justice in health care, it may inform rationing decisions as well.

Georgetown users check Georgetown Journal Finder for access to full text

Document 382

Pence, Gregory E.

Is there a duty to die?
Call number: R724 .P37 2007

Document 383

Silvers, Anita

Judgment and justice: evaluating health care for chronically ill and disabled patients
Call number: R724 .B515 2007
* Chapter  Document 384
Fleck, Leonard M.
**Just caring: the challenges of priority-setting in public health**
Call number: R724 .B515 2007

* Chapter  Document 385
Menzel, Paul
**Allocation of scarce resources**
Call number: R724 .B515 2007

* Chapter  Document 386
Francis, Leslie P.
**Discrimination in medical practice: justice and the obligations of health care providers to disadvantaged patients**
Call number: R724 .B515 2007

* Article  Document 387
Dillon, Andrew; Littlejohns, Peter; Minhas, Rubin; Twisselmann, Birte
**How much will Herceptin really cost? [letters]**
BMJ: British Medical Journal 2006 December 9; 333(7580): 1219-1220
Georgetown users check Georgetown Journal Finder for access to full text
http://www.bmj.com (link may be outdated)

* Article  Document 388
Holmberg, Martin; Emanuel, Ezekiel J.; Wertheimer, Alan
**Deciding who should get the flu vaccine [letter and reply]**
Science 2006 December 8; 314(5805): 1539-1540
Georgetown users check Georgetown Journal Finder for access to full text
http://www.sciencemag.org (link may be outdated)

* Article  Document 389
Kelen, Gabor D.; Kraus, Chadd K.; McCarthy, Melissa; Bass, Eric; Hsu, Edbert B.; Li, Guohua; Scheulen, James J.; Shahan, Judy B.; Brill, Justin D.; Green, Gary B.
**Inpatient disposition classification for the creation of hospital surge capacity: a multiphase study**
Lancet 2006 December 2-8; 368(9551): 1984-1990
Georgetown users check Georgetown Journal Finder for access to full text
http://www.thelancet.com/journal (link may be outdated)
Document 390
Taylor, David McD.
Reverse triage: useful for day-to-day access block?
Lancet 2006 December 2-8; 368(9551): 1940-1941
Georgetown users check Georgetown Journal Finder for access to full text
http://www.thelancet.com/journal (link may be outdated)

Document 391
Meyer, Hans Joachim
Expensive new therapy and finite resources: an ethical dilemma for doctors and scientists: Opening lecture of the 25th annual meeting, ESTRO, Leipzig
Radiotherapy and Oncology 2006 December; 81(3): 227-230
Georgetown users check Georgetown Journal Finder for access to full text

Document 392
Cohen-Mansfield, Jiska; Lipson, Steven; Horton, Debra
Medical decision-making in the nursing home: a comparison of physician and nurse perspectives
Journal of Gerontological Nursing 2006 December; 32(12): 14-21
Georgetown users check Georgetown Journal Finder for access to full text

Document 393
Celebrities in the ED: managers often face both ethical and operational challenges
ED Management 2006 December; 18(12): 133-135
Georgetown users check Georgetown Journal Finder for access to full text

Document 394
Sheather, Julian
Ethics in the face of uncertainty: preparing for pandemic flu
Clinical Ethics 2006 December; 1(4): 224-227
Georgetown users check Georgetown Journal Finder for access to full text

Document 395
Jones, David S.
The persistence of American Indian health disparities
American Journal of Public Health 2006 December; 96(12): 2122-2134
Georgetown users check Georgetown Journal Finder for access to full text
http://www.ajph.org (link may be outdated)
Document 396
Kilbourne, Amy M.; Switzer, Galen; Hyman, Kelly; Crowley-Matoka, Megan; Fine, Michael J.
Advancing health disparities research within the health care system: a conceptual framework
American Journal of Public Health 2006 December; 96(12): 2113-2121
Georgetown users check Georgetown Journal Finder for access to full text
http://www.ajph.org (link may be outdated)

Document 397
Mitchell, Dennis A.; Lassiter, Shana L.
Addressing health care disparities and increasing workforce diversity: the next step for the dental, medical, and public health professions
American Journal of Public Health 2006 December; 96(12): 2093-2097
Georgetown users check Georgetown Journal Finder for access to full text
http://www.ajph.org (link may be outdated)

Document 398
Barrett, Ann; Roques, Tom; Small, Matthew; Smith, Richard D.
How much will Herceptin really cost?
BMJ: British Medical Journal 2006 November 25; 333(7578): 1118-1120
Georgetown users check Georgetown Journal Finder for access to full text
http://www.bmj.com (link may be outdated)

Document 399
Dyer, Clare
NICE faces legal challenge over restriction on dementia drugs [news]
BMJ: British Medical Journal 2006 November 25; 333(7578): 1085
Georgetown users check Georgetown Journal Finder for access to full text
http://www.bmj.com (link may be outdated)

Document 400
Oberlander, Jonathan
Health reform interrupted: the unraveling of the Oregon Health Plan
Health Affairs 2006 November 21-2007 May 1; Web exclusives: w96-w105
Georgetown users check Georgetown Journal Finder for access to full text
http://www.healthaffairs.org (link may be outdated)

Document 401
Melnychuk, Ryan M.; Kenny, Nuala P.
Pandemic triage: the ethical challenge
* Document 402
Christian, Michael D.; Hawryluck, Laura; Wax, Randy S.; Cook, Tim; Lazar, Neil M.; Herridge, Margaret S.; Muller, Matthew P.; Gowans, Douglas R.; Fortier, Wendy; Burkle, Frederick M., Jr.
**Development of a triage protocol for critical care during an influenza pandemic**
CMAJ/JAMC Canadian Medical Association Journal 2006 November 21; 175(11): 1377-1381
Georgetown users check [Georgetown Journal Finder](http://www.cmaj.ca) for access to full text

* Document 403
Torda, Adrienne
**Ethical issues in pandemic planning**
Medical Journal of Australia 2006 November 20; 185(10, Supplement): S73-S76
Georgetown users check [Georgetown Journal Finder](http://www.cmaj.ca) for access to full text

* Document 404
González-Pier, Eduardo; Gutiérrez-Delgado, Cristina; Stevens, Gretchen; Barraza-Lloréns, Mariana; Porras-Condey, Raúl; Carvalho, Natalie; Loncich, Kristen; Dias, Rodrigo H.; Kulkami, Sandeep; Casey, Anna; Murakami, Yuki; Ezzati, Majid; Salomon, Joshua A.
**Priority setting for health interventions in Mexico's System of Social Protection in Health**
Lancet 2006 November 4-10; 368(9547): 1608-1618
Georgetown users check [Georgetown Journal Finder](http://www.thelancet.com/journal) for access to full text

* Document 405
Ozar, David T.
**Basic oral health needs: a public priority**
Journal of Dental Education 2006 November; 70(11): 1159-1165
Georgetown users check [Georgetown Journal Finder](http://www.jdentaled.org/) for access to full text

* Document 406
Rosén, Per
**Public dialogue on healthcare prioritisation**
Health Policy 2006 November; 79(1): 107-116
Georgetown users check [Georgetown Journal Finder](http://www.cmaj.ca) for access to full text
Document 407
Reelde, David; Goel, Vivek; Singer, Peter A.; Martin, Douglas K.
Leadership and priority setting: the perspective of hospital CEOs
Health Policy 2006 November; 79(1): 24-34
Georgetown users check Georgetown Journal Finder for access to full text

Document 408
Blachar, Yoram; Borow, Malke
The health of leaders: information, interpretation and the media
Israel Medical Association Journal 2006 November; 8(11): 741-743
Georgetown users check Georgetown Journal Finder for access to full text

Document 409
Vannelli, Alberto; Battaglia, Luigi; Poiasina, Elia; Belli, Filiberto; Bonfanti, Giuliano; Gallino, Gianfrancesco; Vitellaro, Marco; De Dosso, Sara; Leo, Ermanno
The art of decision-making in surgery. To what extent does economics influence choice?
Chirurgia Italiana 2006 November-December; 58(6): 717-722
Georgetown users check Georgetown Journal Finder for access to full text

Document 410
Ubel, Peter A.
Tough questions, even harder answers [editorial]
JGIM: Journal of General Internal Medicine 2006 November; 21(11): 1209-1210
Georgetown users check Georgetown Journal Finder for access to full text
http://www.pubmedcentral.nih.gov (link may be outdated)

Document 411
Hurst, Samia; Slowther, Anne-Marie; Forde, Reidun; Pegoraro, Renzo; Reiter-Theil, Stella; Perrier, Arnaud; Garrett-Mayer, Elizabeth; Danis, Marion
Prevalence and determinants of physician bedside rationing: data from Europe
JGIM: Journal of General Internal Medicine 2006 November; 21(11): 1138-1143
Georgetown users check Georgetown Journal Finder for access to full text
http://www.pubmedcentral.nih.gov (link may be outdated)

Document 412
Wynia, Matthew K.
Ethics and public health emergencies: rationing vaccines
American Journal of Bioethics 2006 November-December; 6(6): 4-7
Georgetown users check Georgetown Journal Finder for access to full text
Lee, Christopher

**Studies look for reasons behind racial disparities in health care**

Washington Post 2006 October 25; p. A10

---

Levine, Susan

**Dose of trouble for flu-shot season: despite larger supply of vaccine, distribution delays cause shortages**

Washington Post 2006 October 15; p. C1, C11

---

Begley, Sharon

**If we must ration vaccines for the flu, who calls the shots?**

Wall Street Journal 2006 October 6; p. B1

---

Caplan, Arthur

**Tough bioethical questions are a slow train coming. Interview by Patrick Mullen**

Managed Care 2006 October; 15(10): 41-42, 44-46

---

Baltussen, Rob

**Priority setting of public spending in developing countries: do not try to do everything for everybody**

Health Policy 2006 October; 78(2-3): 149-156
Document 419
Asante, Augustine Danso; Zwi, Anthony Barry; Ho, Maria Theresa
Equity in resource allocation for health: a comparative study of the Ashanti and Northern Regions of Ghana
Health Policy 2006 October; 78(2-3): 135-148
Georgetown users check Georgetown Journal Finder for access to full text

Document 420
Banja, John D.
The role of feelings in making moral decisions
Case Manager 2006 September-October; 17(5): 17-19, 62
Georgetown users check Georgetown Journal Finder for access to full text

Document 421
Rich, Robert F.; Merrick, Kelly R.
Cross border health care in the European Union: challenges and opportunities
Journal of Contemporary Health Law and Policy 2006 Fall; 23(1): 64-105
Georgetown users check Georgetown Journal Finder for access to full text

Document 422
Seidman, Guy I.
Regulating life and death: the case of Israel's "health basket" committee
Journal of Contemporary Health Law and Policy 2006 Fall; 23(1): 9-63
Georgetown users check Georgetown Journal Finder for access to full text

Document 423
Hedgecoe, Adam M.
It's money that matters: the financial context of ethical decision-making in modern biomedicine
Sociology of Health and Illness 2006 September; 28(6): 768-784
Call number: Special Issue shelf
Georgetown users check Georgetown Journal Finder for access to full text

Document 424
McHale, Jean V.
Law, patient's rights and NHS resource allocation: is Eurostar the answer?
Abstract: Historically attempts to use the courts as a means of challenging decisions to refuse NHS resources have met with little success. However two recent developments, that of the Human Rights Act 1998 and the development of European Union law through the application of Article 49 of the EC Treaty have provided the prospect for a challenge to this position. This article examines the impact of a recent case that of Watts v Bedford PCT in which a woman sought to by-pass NHS waiting lists by seeking treatment in France and then claimed reimbursement of the cost of the operation and the possible impact of this case in the context of patients's rights and resource allocation.
Georgetown users check Georgetown Journal Finder for access to full text
**Document 425**

Stanton-Ife, John

**Resource allocation and the duty to give reasons**


**Abstract:** In a much cited phrase in the famous English 'Child B' case, Mr Justice Laws intimated that in life and death cases of scarce resources it is not sufficient for health care decision-makers to 'toll the bell of tight resources': they must also explain the system of priorities they are using. Although overturned in the Court of Appeal, the important question remains of the extent to which health-care decision-makers have a duty to give reasons for their decisions. In this paper, I examine the philosophical foundations of the legal obligation to give reasons in English law. Why are judges sometimes supportive of the imposition of a duty to give reasons and sometimes not? What is it about the context of life and death health care allocation problems that makes it unsuitable in their view for such a duty; and is this stance justified? What is it to give a reason for a decision? I examine Frederick Schauer's account of reason-giving in terms of generalisation and commitment and I suggest that it provides an overstated account of what giving a reason commits one to. I go on to examine an idea of judicial creation: that where value judgements are "inexpressible" there is a strong reason not to impose a duty to give reasons on to public bodies. The strongest case for a duty to give reasons is in terms of the value of respect for citizens. I argue that there is nothing in the very nature of reason-giving that ought to preclude the imposition of such a duty in this context, but concede that there is a serious danger of legalism that could result in a hamstringing of health care decision-making. It is up to judges and lawyers to seek to avoid this danger.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 426**

Ashcroft, Richard E.

**Fair rationing is essentially local: an argument for postcode prescribing**


**Abstract:** In this paper I argue that resource allocation in publicly funded medical systems cannot be done using a purely substantive theory of justice, but must also involve procedural justice. I argue further that procedural justice requires institutions and that these must be "local" in a specific sense which I define. The argument rests on the informational constraints on any non-market method for allocating scarce resources among competing claims of need. However, I resist the identification of this normative account of local justice with the actual approach to local decision-making taken within the UK National Health Service. I illustrate my argument with reference to the case of provision of In Vitro Fertilisation within the UK NHS.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 427**

Dawson, Angus

**Setting priorities in health care**


Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 428**

DeCoster, Barry

**Avian influenza and the failure of public rationing discussions**

Journal of Law, Medicine and Ethics 2006 Fall; 34(3): 620-623

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 429**

Lemer, Barron H.
Choosing a "God Squad," when the mind has faded (opinion)

http://www.nytimes.com (link may be outdated)

Document 430
Withanachchi, Nimnath; Uchida, Yasuo
Healthcare rationing: a guide to policy directions in Sri Lanka
Health Policy 2006 August 22; 78(1): 17-25

Georgetown users check Georgetown Journal Finder for access to full text

Document 431
Chagas' disease -- an epidemic that can no longer be ignored [editorial]
Lancet 2006 August 19-15; 368(9536): 619

Georgetown users check Georgetown Journal Finder for access to full text

http://www.thelancet.com/journal (link may be outdated)

* Document 432
Weiss, Gail Garfinkel
What would you do? New issues in medical ethics
Medical Economics 2006 August 18; 83(16): 56-61, 63-64

Georgetown users check Georgetown Journal Finder for access to full text

Document 433
Kristiansen, Stein; Santoso, Purwo
Surviving decentralisation? Impacts of regional autonomy on health service provision in Indonesia
Health Policy 2006 August; 77(3): 247-259

Georgetown users check Georgetown Journal Finder for access to full text

* Document 434
Sheldon, Tony
Dutch consider excluding costly treatments from health insurance [news]
BMJ: British Medical Journal 2006 July 15; 333(7559): 113

Georgetown users check Georgetown Journal Finder for access to full text

http://www.bmj.com (link may be outdated)

Document 435
Hansen-Turton, Tine; Ritter, Ann; Rothman, Nancy; Valdez, Brian
Insurer policies create barriers to health care access and consumer choice.
Nursing Economic$ 2006 July-August; 24(4): 204-211
* Document 436
Allan, Robert
Rationing of medical care by age [editorial]
Georgetown users check Georgetown Journal Finder for access to full text

* Document 437
Goel, Ashish; Aggarwal, Praveen
Making choices in an emergency room
Indian Journal of Medical Ethics 2006 July-September; 3(3): 105
Georgetown users check Georgetown Journal Finder for access to full text

http://www.issuesinmedicalethics.org (link may be outdated)

* Document 438
Daniels, Norman
Equity and population health: toward a broader bioethics agenda
Georgetown users check Georgetown Journal Finder for access to full text

* Document 439
Kaebnick, Gregory E.
Two calls for papers [editorial]
Hastings Center Report 2006 July-August; 36(4):2
Georgetown users check Georgetown Journal Finder for access to full text

* Document 440
Iqbal, Zafar; Pryce, Alison; Afza, Musarrat
Rationalizing rationing in health care: experience of two primary care trusts.
Georgetown users check Georgetown Journal Finder for access to full text

* Document 441
Mohindra, Raj K.; Hall, Jim A.
Desmond's non-NICE choice: dilemmas from drug-eluting stents in the affordability gap
Clinical Ethics 2006 June; 1(2): 105-108
Georgetown users check Georgetown Journal Finder for access to full text
**Document 442**

Raftery, James  
BMJ: British Medical Journal 2006 May 27; 332(7552): 1266-1268

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

* [http://www.bmj.com](http://www.bmj.com) (link may be outdated)

**Document 443**

Emanuel, Ezekiel J.; Wertheimer, Alan  
**Who should get influenza vaccine when not all can?**  
Science 2006 May 12; 312(5775): 854-855

Georgetown users check [Georgetown Journal Finder](http://www.sciencemag.org) for access to full text

* [http://www.sciencemag.org](http://www.sciencemag.org) (link may be outdated)

**Document 444**

Connolly, Ceci  
**Flu vaccine priorities test pandemic planning**  
Washington Post 2006 May 12; p. A10

* [http://www.washingtonpost.com](http://www.washingtonpost.com) (link may be outdated)

**Document 445**

Ham, Chris  
**Paying the price for quality in primary care [review of Primary Care in the Driver's Seat? Organizational Reform in European Primary Care, edited by Richard B. Saltman, Ana Rico, and Weinke Boerma]**  
Lancet 2006 May 6-12; 367(9521): 1477-1478

Georgetown users check [Georgetown Journal Finder](http://www.thelancet.com/journal) for access to full text

* [http://www.thelancet.com/journal](http://www.thelancet.com/journal) (link may be outdated)

**Document 446**

Douw, Karla; Vondeling, Hindrik; Oortwijn, Wija  
**Priority setting for horizon scanning of new health technologies in Denmark: views of health care stakeholders and health economists**  
Health Policy 2006 May; 76(3): 334-345

Georgetown users check [Georgetown Journal Finder](http://www.thelancet.com/journal) for access to full text

**Document 447**

Cappelen, Alexander W.; Norheim, Ole Frithjof  
**Responsibility, fairness and rationing in health care**  
Health Policy 2006 May; 76(3): 312-319
Document 448
Fleck, Leonard M.
The costs of caring: who pays? Who profits? Who panders?
Hastings Center Report 2006 May-June; 36(3): 13-17

Document 449
Silverstein, Gerry
Preparing for pandemic influenza
Lancet 2006 April 15-21; 367(9518): 1239-1240

Document 450
Lyall, Sarah
Court backs Briton's right to a costly drug

Document 451
The crisis in human resources for health [editorial]
Lancet 2006 April 8-14; 367(9517): 1117

Document 452
Marsh, Richard
Hard decisions will have to be made: view from intensive care
BMJ: British Medical Journal 2006 April 1; 332(7544): 790-791

Document 453
Truog, Robert D.; Brock, Dan W.; Cook, Deborah J.; Danis, Marion; Luce, John M.; Rubenfeld, Gordon D.; Levy, Mitchell M.
Task Force on Values, Ethics, and Rationing in Critical Care (VERICC)
**Rationing in the intensive care unit**  
Critical Care Medicine 2006 April; 34(4): 958-963; quiz 971

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

* Document 454
Levin, Philip D.; Sprung, Charles L.
**Intensive care triage -- the hardest rationing decision of them all**  
Critical Care Medicine 2006 April; 34(4): 1250-1251

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

* Document 455
Lilford, Richard; Girling, Alan; Stevens, Andrew; Almasri, Abdullah; Mohammed, Mohammed A.; Braunholtz, David
**Adjusting for treatment refusal in rationing decisions**  
BMJ: British Medical Journal 2006 March 4; 332(7540): 542-544

Georgetown users check [Georgetown Journal Finder](#) for access to full text

http://www.bmj.com (link may be outdated)

---

* Document 456
Lenton, Alison P.; Blair, Irene V.; Hastie, Reid
**The influence of social categories and patient responsibility on health care allocation decisions: bias or fairness?**  
Basis and applied social psychology 2006 March; 28(1): 27-36

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

* Document 457
Kroneman, Madelon W.; Maarse, Hans; van de Zee, Jouke
**Direct access in primary care and patient satisfaction: a European study**  
Health Policy 2006 March; 76(1): 72-79

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

* Document 458
Kontodimopoulos, Nick; Nanos, Panagiotis; Niakas, Dimitris
**Balancing efficiency of health services and equity of access in remote areas in Greece**  
Health Policy 2006 March; 76(1): 49-57

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

* Document 459
McMillan, J.; Sheehan, M.; Austin, D.; Howell, J.
**Ethics and opportunity costs: have NICE grasped the ethics of priority setting?**  
Journal of Medical Ethics 2006 March; 32(3): 127-128

Georgetown users check [Georgetown Journal Finder](#) for access to full text
* Document 460

Holm, S.

Self inflicted harm -- NICE in ethical self destruct mode? [editorial]
Journal of Medical Ethics 2006 March; 32(3): 125-126

Georgetown users check Georgetown Journal Finder for access to full text

* Document 461

Burgess, Diana J.; van Ryn, Michelle; Crowley-Matoka, Megan; Malat, Jennifer

Understanding the provider contribution to race/ethnicity disparities in pain treatment: insights from dual process models of stereotyping
Pain Medicine 2006 March-April; 7(2): 119-134

Georgetown users check Georgetown Journal Finder for access to full text

* Document 462

Ries, N.M.

Legal rights, constitutional controversies, and access to health care: lessons from Canada

Abstract: This paper provides a critical analysis of the use of legal claims to assert rights to access health care. Using Canada's system of public health insurance as an example, the paper discusses two significant Supreme Court of Canada cases in which claimants use legal mechanisms to influence health care reform. While one case seeks to expand the range of services covered by public health insurance, the other challenges the government "monopoly" over health care and advocates an expanded role for private health care. These legal claims play out in an adversarial setting where the focus is on the rights claims advanced by individual litigants. Yet, the outcomes of these cases involve broad implications regarding allocation of scarce health care resources and the very structure of the health care system. This paper discusses the benefits and limits of using legal claims in this context and also considers the role of courts in making decisions that may have the effect of constraining policy options available to government decision-makers.

Georgetown users check Georgetown Journal Finder for access to full text

* Document 463

Wiseman, David

Medical resource allocation as a function of selected patient characteristics

Georgetown users check Georgetown Journal Finder for access to full text

* Document 464

Peacock, Stuart; Ruta, Danny; Mitton, Craig; Donaldson, Cam; Bate, Angela; Murtagh, Madeleine

Using economics to set pragmatic and ethical priorities
BMJ 2006 February 25; 332(7539): 482-485

Georgetown users check Georgetown Journal Finder for access to full text
Document 465
Lyall, Sarah
British clinic is allowed to deny medicine; decision on cost has broad impact
http://www.nytimes.com (link may be outdated)

Document 466
Kokkonen, Paula; Halila, Ritva
Preparedness for a Pandemic, Working Group Report [opinion]
http://www.etene.org/dokumentit/PandemialausuntoIl250106en.pdf (link may be outdated)

Document 467
Judge, Ken; Platt, Stephen; Costongs, Caroline; Jurczak, Kasia
Health inequalities: a challenge for Europe
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4121583.pdf (link may be outdated)

Document 468
Katz, Leo
Choice, consent, and cycling: the hidden limitations of consent
Georgetown users check Georgetown Journal Finder for access to full text

Document 469
Fischer, Ellen P.
Shared decision-making and evidence-based practice: a commentary
Community Mental Health Journal 2006 February; 42(1): 107-111
Georgetown users check Georgetown Journal Finder for access to full text

Document 470
Hick, John L.; O'Laughlin, Daniel T.
Concept of operations for triage of mechanical ventilation in an epidemic
Academic Emergency Medicine 2006 February; 13(2): 223-229
Document 471

Gamble, Vanessa Northington; Stone, Deborah

**U.S. policy on health inequities: the interplay of politics and research**

**Abstract:** What is the relationship between scientific research and government action in addressing health inequalities in the United States? What factors increase the impact of scientific research on public policy? To answer these questions, we focus on racial and ethnic disparities in health status and health care in the United States. We first review the history of the disparities issue to elucidate how the continual and persistent interplay between political action and scientific research drives government policy. We then analyze two recent government-sponsored reports about racial and ethnic disparities to understand the strategic consequences of issue framing. We draw lessons about how disparities research can have a greater impact on public policy.

Georgetown users check [Georgetown Journal Finder](http://library.georgetown.edu) for access to full text

Document 472

Pittman, Patricia A.

**Beyond the sound of one hand clapping: experiences in six countries using health equity research in policy**

Georgetown users check [Georgetown Journal Finder](http://library.georgetown.edu) for access to full text

Document 473

Starfield, Barbara

**State of the art in research on equity in health**
Journal of Health Politics, Policy and Law 2006 February; 31(1): 11-32

Georgetown users check [Georgetown Journal Finder](http://library.georgetown.edu) for access to full text

Document 474

Frank, Robert H.

**Weighing the true costs and benefits in a matter of life and death [opinion]**

[http://www.nytimes.com](http://www.nytimes.com) (link may be outdated)

Document 475

Bakalar, Nicholas

**Black-white differences found in cancer care**
New York Times 2006 January 3; p. F9

[http://www.nytimes.com](http://www.nytimes.com) (link may be outdated)

Document 476
Decision making in pediatric oncology: who should take the lead? The decisional priority in pediatric oncology model

Journal of Clinical Oncology 2006 January 1; 24(1): 160-165

Georgetown users check Georgetown Journal Finder for access to full text

---

Kicked off the rolls

Christian Century 2006 January 24; 123(2): 8

Georgetown users check Georgetown Journal Finder for access to full text

---

Catholic teaching and disparities in care

Health Progress 2006 January-February; 87(1): 46-50

Georgetown users check Georgetown Journal Finder for access to full text

---

Ethics and economics: does programme budgeting and marginal analysis contribute to fair priority setting?


Georgetown users check Georgetown Journal Finder for access to full text

---

DISTRIBUTIVE JUSTICE AND DISABILITY: UTILITARIANISM AGAINST EGALITARIANISM

Stein, Mark S.


Call number: JC578 .S698 2006

---

GERECHTIGKEIT IM GESUNDHEITSWesen

Brink, Alexander; Eurich, Johannes; Hädrich, Jürgen; Langer, Andreas; and Schröder, Peter, eds.


Call number: RA418 .G388 2006

---

Priority setting in developing countries health care institutions: the case of a Ugandan hospital.

Kapiriri, Lydia; Martin, Douglas K.

BMC Health Services Research 2006; 6(): 127

Georgetown users check Georgetown Journal Finder for access to full text
Document 483

Dabrock, Peter

Rationierung von Gesundheitsleistungen aus Altersgründen?: Perspektiven theologischer Ethik unter Berücksichtigung intergenerationeller Gerechtigkeit

In: Brink, Alexander; Eurich, Johannes; Hädrich, Jürgen; Langer, Andreas; Schröder, Peter, eds. Gerechtigkeit im Gesundheitswesen. Berlin: Duncker & Humblot, 2006: 105-123

Call number: RA418 .G388 2006

Document 484

Aidelsburger, Pamela; Krauth, Christian; Wasem, Jürgen

Gesundheitsökonomische Evaluationsstudien und Ethik in der Ressourcenallkation für medizinische Interventionen

In: Brink, Alexander; Eurich, Johannes; Hädrich, Jürgen; Langer, Andreas; Schröder, Peter, eds. Gerechtigkeit im Gesundheitswesen. Berlin: Duncker & Humblot, 2006: 61-78

Call number: RA418 .G388 2006

Document 485

Kliemt, Hartmut

Ethische Aspekte der Gesundheitsversorgung bei Ressourcenknappheit

In: Brink, Alexander; Eurich, Johannes; Hädrich, Jürgen; Langer, Andreas; Schröder, Peter, eds. Gerechtigkeit im Gesundheitswesen. Berlin: Duncker & Humblot, 2006: 45-59

Call number: RA418 .G388 2006

Document 486

World Health Organization.

Equity and fair process in scaling up antiretroviral treatment: potentials and challenges in the United Republic of Tanzania: case study


Call number: citation only

http://whqlibdoc.who.int/publications/2006/9241593644_eng.pdf (link may be outdated)

Document 487

Rameix, Suzanne; Durand-Zaleski, Isabelle

Justice and the allocation of healthcare


Call number: RA393 .C65 2006

Document 488

Syrett, Keith

Priority-setting and public law: potential realised or unfulfilled?

Medical Law International 2006; 7(3): 265-279

Georgetown users check Georgetown Journal Finder for access to full text
Lesch, Walter

**Coping with limits: two strategies and their anthropological and ethical implications**

In: Rehmann-Sutter, Christoph; Düwell, Marcus; Mieth, Dietmar, eds. Bioethics in Cultural Contexts: Reflections on Methods and Finitude. Dordrecht: Springer, 2006: 263-273

Call number: QH332 .B51727 2006

---------------

Lopez, Karen Dunn

**Ethics of health care reform: should health care be rationed?**


Call number: RT63 .C87 2006

---------------

Baron, Jonathan

**Allocation**


Call number: R725.5 .B25 2006

---------------

Asthana, Sheena; Halliday, Joyce

**Developing an evidence base for policies and interventions to address health inequalities: the analysis of "public health regimes"**

Milbank Quarterly 2006; 84(3): 577-603

Georgetown users check Georgetown Journal Finder for access to full text

---------------

Hasman, Andreas; Hope, Tony; Østerdal, Lars Peter

**Health care need: three interpretations**

Journal of Applied Philosophy 2006; 23(2): 145-156

**Abstract:** The argument that scarce health care resources should be distributed so that patients in 'need' are given priority for treatment is rarely contested. In this paper, we argue that if need is to play a significant role in distributive decisions it is crucial that what is meant by need can be precisely articulated. Following a discussion of the general features of health care need, we propose three principal interpretations of need, each of which focuses on separate intuitions. Although this account may not be a completely exhaustive reflection of what people mean when they refer to need, the three interpretations provide a starting-point for further debate of what the concept means in its specific application. We discuss combined interpretations, the meaning of grading needs, and compare needs-based priority setting to social welfare maximisation.

Georgetown users check Georgetown Journal Finder for access to full text

---------------

Fry, Sara T.; Veatch, Robert M.

**Justice: the allocation of health resources.**


Call number: RT85 .V4 2006
Document 495
Kokkonen, Paula; Halila, Ritva
Finland. National Advisory Board on Health Care Ethics [ETENE]
**Ethical Considerations Related to Preparedness for a Pandemic [Opinion]**
Helsinki, Finland: Ministry of Social Affairs and Health, 2005 December 22; 2 p.

[http://www.etene.org/dokumentit/Pandemia1205en.pdf](http://www.etene.org/dokumentit/Pandemia1205en.pdf) (link may be outdated)

Document 496
Coombes, Rebecca
**Rationing of joint replacements raises fears of further cuts [news]**
BMJ: British Medical Journal 2005 December 3; 331(7528): 1290

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

Document 497
Schriger, David L.; Brown, Todd B.
**Decisions, decisions: emergency physician evaluation of low probability-high morbidity conditions [editorial]**

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

* Document 498
Gibson, Jennifer L.; Martin, Douglas K.; Singer, Peter A.
**Priority setting in hospitals: fairness, inclusiveness, and the problem of institutional power differences**
Social Science and Medicine 2005 December; 61(11): 2355-2362

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

* Document 499
Melnick, Alan; Kaplowitz, Lisa; Lopez, Wilfredo; Murphy, Anne M.; Bernheim, Ruth Gaare
**Public health ethics in action: flu vaccine and drug allocation strategies**

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

* Document 500
Manning, Joanna; Paterson, Ron
**"Prioritization": rationing health care in New Zealand**

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text
Hasman, Andreas; Holm, Søren

**Accountability for reasonableness: opening the black box of process**


**Abstract:** Norman Daniels’ and James Sabin's theory of "accountability for reasonableness" (A4R) is a much discussed account of due process for decision-making on health care priority setting. Central to the theory is the acceptance that people may justifiably disagree on what reasons it is relevant to consider when priorities are made, but that there is a core set of reasons, that all centre on fairness, on which there will be no disagreement. A4R is designed as an institutional decision process which will ensure that only those reasons which everybody will agree are relevant and appropriate form part of decision-making. The argument which we will put forward in this paper questions whether it is a simple matter to delineate the core set of reasons and claims that it is a potential problem in A4R that it does not provide an indication of the exact content of this process. The paper first briefly outlines the content of A4R. It is argued that disagreement on what services should be high priorities cannot be resolved solely with a reference to "due process." In order to retain consistency over time, decision-makers are required to agree and articulate what reasons qualify as relevant and how conflicting reasons are to be balanced in the course of the process. The second and main part of the paper then considers how the reason of "solidarity" can be handled within the A4R framework, and it is shown that deciding whether solidarity should be admitted to the core set of allowable reasons is not a simple matter.

Georgetown users check [Georgetown Journal Finder](#) for access to full text.
Brown, David

**Run on drug for avian flu has physicians worried**


[http://www.washingtonpost.com](http://www.washingtonpost.com) (link may be outdated)

---

**Rationierung im schweizerischen Gesundheitswesen- Überlegungen aus ethischer Sicht / Health care rationing in Switzerland - ethical considerations**

*Deutsche Medizinische Wochenschrift* 2005 October 14; 130(41): 2343-2346

Georgetown users check [Georgetown Journal Finder](https://journal.findings Georgetown Journal Finder) for access to full text

---

**Fortresses against flu (editorial)**


[http://www.nytimes.com](http://www.nytimes.com) (link may be outdated)

---

**The ethical implications of Paul Meehl's work on comparing clinical versus actuarial prediction methods**

*Journal of Clinical Psychology* 2005 October; 61(10): 1245-1255

Georgetown users check [Georgetown Journal Finder](https://journal.findings Georgetown Journal Finder) for access to full text

---

**Older people's views of prioritization in health care**

*Aging Clinical and Experimental Research* 2005 October; 17(5): 402-411

Georgetown users check [Georgetown Journal Finder](https://journal.findings Georgetown Journal Finder) for access to full text

---

**Cost-effectiveness analysis in relation to budgetary constraints and reallocative restrictions**

*Health Policy* 2005 October; 74(2): 146-156

Georgetown users check [Georgetown Journal Finder](https://journal.findings Georgetown Journal Finder) for access to full text

---

**Cost-effectiveness analysis in relation to budgetary constraints and reallocative restrictions**

*Health Policy* 2005 October; 74(2): 146-156

Georgetown users check [Georgetown Journal Finder](https://journal.findings Georgetown Journal Finder) for access to full text

---

Girod, Jennifer; Beckman, A.W.
**Abstract:** When traditional virtue ethics is applied to clinical medicine, it often claims as its goal the good of the individual patient, and focuses on the dyadic relationship between one physician and one patient. An alternative model of virtue ethics, more appropriate to the practice of emergency medicine, will be outlined by this paper. This alternative model is based on the assumption that the appropriate goal of the practice of emergency medicine is a team approach to the medical wellbeing of individual patients, constrained by the wellbeing of the patient population served by a particular emergency department. By defining boundaries and using the key virtues of justice and team loyalty, this model fits emergency practice well and gives care givers the conceptual clarity to apply this model to various conflicts both within the department and with those outside the department.

[http://www.jmedethics.com](http://www.jmedethics.com) (link may be outdated)
Document 518
Syrett, Keith

Who Should We Treat? Rights, Rationing and Resources in the NHS, by Christopher Newdick [book review]

Document 519
Childress, James F.

Just care: rationing in a public health crisis

Document 520
Williams, Alan

Thinking about equity in health care
Journal of Nursing Management 2005 September; 13(5): 397-402

Document 521
Smith, Peter C.

User charges and priority setting in health care: balancing equity and efficiency
Journal of Health Economics 2005 September; 24(5): 1018-1029

Document 522
Tallgren, M.; Klepstad, P.; Petersson, J.; Skram, U.; Hynninen, M.

Ethical issues in intensive care -- a survey among Scandinavian intensivists
Acta Anaesthesiologica Scandinavica 2005 September; 49(8): 1092-1100

Document 523
Great Britain. Department of Health

Tackling health inequalities: status report on the programme for action
Responsibility in health care: a liberal egalitarian approach
Journal of Medical Ethics 2005 August; 31(8): 476-480

Abstract: Lifestyle diseases constitute an increasing proportion of health problems and this trend is likely to continue. A better understanding of the responsibility argument is important for the assessment of policies aimed at meeting this challenge. Holding individuals accountable for their choices in the context of health care is, however, controversial. There are powerful arguments both for and against such policies. In this article the main arguments for and the traditional arguments against the use of individual responsibility as a criterion for the distribution of scarce health resources will be briefly outlined. It is argued that one of the most prominent contemporary normative traditions, liberal egalitarianism, presents a way of holding individuals accountable for their choices that avoids most of the problems pointed out by the critics. The aim of the article is to propose a plausible interpretation of liberal egalitarianism with respect to responsibility and health care and assess it against reasonable counter-arguments.

Evaluating daily nursing use and needs in the intensive care unit: a method to assess the rate and appropriateness of ICU resource use
Health Policy 2005 August; 73(2): 228-234

Health care resource allocation and individuals' health care needs: examining the degree of fit
Health Policy 2005 August; 73(2): 183-193

Choosing healthplans all together: a deliberative exercise for allocating limited health care resources

Abstract: CHAT (Choosing Healthplans All Together) is an exercise in participatory decision making designed to engage the public in health care priority setting. Participants work individually and then in groups to distribute a limited number of pegs on a board as they select from a wide range of insurance options. Randomly distributed health events illustrate the consequences of insurance choices. In 1999-2000, the authors conducted fifty sessions of CHAT involving 592 residents of North Carolina. The exercise was rated highly regarding ease of use, informativeness, and enjoyment. Participants found the information believable and complete, thought the group decision-making process was fair, and were willing to abide by group decisions. CHAT holds promise as a tool to foster group deliberation, generate collective choices, and incorporate the preferences and values of consumers into allocation decisions. It can serve to inform and stimulate public dialogue about limited health care resources.
Document 528
Jeffs, Lorraine; Lehane, Mike; Justice, Scott; Singleton, Carol
Living in a state of denial [opinion]
Nursing Standard 2005 July 20; 19(45): 28-29
Georgetown users check Georgetown Journal Finder for access to full text

Document 529
Olick, Robert S.
Rationing the flu vaccine
Georgetown users check Georgetown Journal Finder for access to full text

Document 530
Østerdal, Lars Peter
Axioms for health care resource allocation
Georgetown users check Georgetown Journal Finder for access to full text

Document 531
Finch, Elspeth; Geddes, E. Lynne; Larin, Hélène
Ethically-based clinical decision-making in physical therapy: process and issues
Physiotherapy Theory and Practice 2005 July-September; 21(3): 147-162
Georgetown users check Georgetown Journal Finder for access to full text

Document 532
Schwappach, David L.B.
Are preferences for equality a matter of perspective?
Georgetown users check Georgetown Journal Finder for access to full text

Document 533
Maddix, Tom
The challenge of resource allocation: wise decisions require organizations to ask difficult questions
Health Progress 2005 July-August; 86(4): 60-62
Georgetown users check Georgetown Journal Finder for access to full text

http://www.chausa.org (link may be outdated)

Document 534
Madden, Shannon; Martin, Douglas K.; Downey, Sarah; Singer, Peter A.
Hospital priority setting with an appeals process: a qualitative case study and evaluation
Health Policy 2005 July; 73(1): 10-20

Georgetown users check Georgetown Journal Finder for access to full text

*  Document 535
Graber, M.A.; Tansey, J.F.
Autonomy, consent, and limiting healthcare costs
Journal of Medical Ethics 2005 July; 31(7): 424-426
Abstract: While protection of autonomy is crucial to the practice of medicine, there is the persistent risk of a disconnect between the notion of self-determination and the need for a socially responsible medical system. An example of unbridled autonomy is the preferential use of costly medications without an appreciation of the impact of using these more expensive drugs on the resource pool of others. In the USA, costly medications of questionable incremental benefit are frequently prescribed with the complicity of both doctors and patients. Limiting self-determination in medication choices via an appreciation of the principle of justice reaches a better moral balance, while at the same time acknowledging the goals of doing good and avoiding harm in patient care.

Georgetown users check Georgetown Journal Finder for access to full text

http://www.jmedethics.com (link may be outdated)

*  Document 536
Harris, John
It's not NICE to discriminate [editorial]
Journal of Medical Ethics 2005 July; 31(7): 373-375

Georgetown users check Georgetown Journal Finder for access to full text

http://www.jmedethics.com (link may be outdated)

*  Document 537
McGough, Laura J.; Reynolds, Steven J.; Quinn, Thomas C.; Zenilman, Jonathan M.
Which patients first? Setting priorities for antiretroviral therapy where resources are limited
American Journal of Public Health 2005 July; 95(7): 1173-1180
Abstract: The availability of limited funds from international agencies for the purchase of antiretroviral (ARV) treatment in developing countries presents challenges, especially in prioritizing who should receive therapy. Public input and the protection of human rights are crucial in making treatment programs equitable and accountable. By examining historical precedents of resource allocation, we aim to provoke and inform debate about current ARV programs. Through a critical review of the published literature, we evaluate 4 precedents for key lessons: the discovery of insulin for diabetes in 1922, the release of penicillin for civilian use in 1943, the development of chronic hemodialysis programs in 1961, and current allocation of liver transplants. We then describe current rationing mechanisms for ARVs.

Georgetown users check Georgetown Journal Finder for access to full text

http://www.ajph.org (link may be outdated)

*  Document 538
Ruta, Danny; Mitton, Craig; Bate, Angela; Donaldson, Cam
Programme budgeting and marginal analysis: bridging the divide between doctors and managers

Georgetown users check Georgetown Journal Finder for access to full text
"Right to die" -- situation is different in developing countries... [letter]
Vijayashankara, Nanjegowda

Prognosis without treatment as a modifier in health economic assessments
Camidge, Ross; Walker, Andrew; Oliver, James J.; Nussey, Fiona; Maxwell, Simon; Jodrell, Duncan; Webb, David J.

Numbers treated needlessly [letter]
Yeo, Daniel

The dynamics and ethics of triage: rationing care in hard times
Repine, Thomas B.; Lisagor, Philip; Cohen, David J.

Principles outline ways to remove barriers to mental health care [news]
Syrett, K.
distrust and resistance, which could jeopardise the effectiveness of the decision-making regime. This article considers possible means of addressing this difficulty from the perspective of public law. The mechanism which is currently favoured, most clearly seen in the UK, is to establish regulatory agencies which apply scientific and social-scientific methodologies to priority-setting questions. This has not been entirely successful. Accordingly, the article will propose a more developed role for courts, which can require that reasoned, relevant justifications for allocative choices are offered and thus provide a foundation for broad public deliberation on rationing. However, in order to fulfil such a function, the judiciary will need to modify its traditionally deferential stance on issues of this type. South African and Canadian cases illustrate how such a change may come about.

Georgetown users check Georgetown Journal Finder for access to full text

* Document 545
Plantak, Zdravko
Universal access to health care and religious basis of human rights
Georgetown users check Georgetown Journal Finder for access to full text

http://www.llu.edu/llu/bioethics/llethlib.htm (link may be outdated)

* Document 546
Loewy, Roberta Springer
Ageisms
Abstract: In this paper some very fundamental attitudes we have and assumptions we make in the US about persons, what they owe and what they are owed, are scrutinized and found to be indefensibly ageist. It is argued that these assumptions and the attitudes they engender are supported by logically and ethically suspect methods and conclusions. These errors are summarized and some remedial steps by which we might better protect against such illicit and unwarranted methods and conclusions in the future are suggested.

Georgetown users check Georgetown Journal Finder for access to full text

* Document 547
Churchill, Larry R.
Age-rationing in health care: flawed policy, personal virtue
Abstract: The age-rationing debate of fifteen years ago will inevitably reemerge as health care costs escalate. All age-rationing proposals should be judged in light of the current system of rationing health care by price in the U.S., and the resulting pattern of excess and deprivation. Age-rationing should be rejected as public policy, but recognized as a personal virtue of stewardship among the elderly.

Georgetown users check Georgetown Journal Finder for access to full text

* Document 548
Loewy, Erich H.
Age discrimination at its best: should chronological age be a prime factor in medical decision making?
Abstract: This paper briefly reviews the papers in this special section of HCA and makes the point—a point which should be obvious—that statistics are useful only as guidelines but tell one nothing about the individual patient in front of you. Chronological age merely shows what is true of most but decidedly not of all patients in a particular age group. To ration on the basis of age alone is unfair to the individual denied treatment and damaging to the community because it disturbs the solidarity which comes about because most members of the community feel that the community has obligations beyond those of not directly harming them; indeed, what produces solidarity is the feeling that members of a community
will do their best to come to each others help. Rationing on the basis of age alone denies people of equal treatment under the law and—when it comes to the elderly—is a type of age discrimination. It is pointed out that what matters is a patient's disease and not his/her age. A permanently vegetative person 8 years of age is a much sadder occurrence than it would be at age 90—but the critical fact is that both are permanently vegetative. Age cuts both ways—it is irrational to spend hundreds of thousands of dollars, untold amounts of time, energy and devotion to the 520 gm infant with a gr IV diffuse haemorrhage whose chance of leading a sentient life is close to zero and to hesitate before using a diagnostic MRI on a patient who is 90 but fully alert and enjoying life. It is concluded that age as an independent variable in the allocation of resources is ethically highly problematic.

Segev, Re'em

**Well-being and fairness in the distribution of scarce health resource**

**Abstract:** Based on a general thesis regarding the proper resolution of interpersonal conflicts, this paper suggests a normative framework for the distribution of scarce health resources. The proposed thesis includes two basic ideas. First, individual well-being is the fundamental value. Second, interpersonal conflicts affecting well-being should be resolved in light of several conceptions of fairness, reflecting the independent value of persons and the moral significance of responsibility of individuals for the existence of interpersonal conflicts. These ideas are elaborated in several principles that are applied with respect to the distribution of scarce health resources.

Powell, Ian

**Providing quality healthcare under funding constraints**

Simpson, Christopher S.; Hoffmaster, Barry; Dorian, Paul

**Downward delegation of implantable cardioverter defibrillator decision-making in a restricted-resource environment: the pitfalls of bedside rationing**
Canadian Journal of Cardiology 2005 May 15; 21(7): 595-599

Mayor, Susan

**NICE says that patients' age should affect treatment**
BMJ: British Medical Journal 2005 May 14; 330(7500): 1102

Hodge, Selwyn

**Overcoming health inequalities well demand more than just improved health promotion strategies**
**Document 554**

Siciliani; Luigi; Hurst, Jeremy

**Tackling excessive waiting times for elective surgery: a comparative analysis of policies in 12 OECD countries**

Health Policy 2005 May; 72(2): 201-215

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 555**

Anand, P.

**Capabilities and health**

Journal of Medical Ethics 2005 May; 31(5): 299-303

**Abstract:** Sen's capabilities approach offers a radical generalisation of the conventional approach to welfare economics. It has been highly influential in development and many researchers are now beginning to explore its implications for health care. This paper contributes to the emerging debate by discussing two examples of such applications: first, at the individual decision making level, namely the right to die, and second, at the social choice level. For the first application, which draws on Nussbaum's list of capabilities, it is argued that many capabilities are ambiguously or indirectly related to the right to die, but the ability to form a concept of the good life and plan one's own life provides a direct justification for such a right. In the second application, the focus is specifically on healthcare rationing and it is argued that, although not committed to age based rationing, the capabilities approach provides a more natural justification of age related access to health care than the fair innings argument, which is often used to justify the alleged ageism inherent in quality adjusted life years (QALY) maximisation.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

[http://www.jmedethics.com](http://www.jmedethics.com) (link may be outdated)

---

**Document 556**

Hillman, Bruce J.

**Informed and shared decision making: an alternative to the debate over unproven screening tests.**

Journal of the American College of Radiology 2005 April; 2(4): 297-298

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 557**

Lenk, Christian

**International conference on 'Equality and Justice in Modern Medicine – Interdisciplinary Perspectives' Erlangen Germany Feb 17-18, 2005**

EACME Newsletter 2005 April (13): 7-9

Georgetown users check [Georgetown Journal Finder](#) for access to full text

[http://www.eacmeweb.com](http://www.eacmeweb.com) (link may be outdated)

---

**Document 558**

**Social value judgments- guidance for NICE [news]**

Bulletin of Medical Ethics 2005 April; (207): 3-4
Document 559
Campoy-Gonzalez, J. Michael
Access to care -- should there be winners and losers? [opinion]
Minnesota Medicine 2005 April; 88(4): 15

Document 560
Hurst, Samia A.; Hull, Sara Chandros; DuVal, Gordon; Danis, Marion
Physicians' responses to resource constraints
Archives of Internal Medicine 2005 March 28; 165(6): 639-644

Document 561
Vancouver Coastal Health Corporate Ethics Committee
How to make allocation decisions: a theory and test questions
Healthcare Management Forum 2005 Spring; 18(1): 32-33

Document 562
Cross, Elizabeth; Goodacre, S.; O'Cathain, A.; Amold, J.
Rationing in the emergency department: the good, the bad, and the unacceptable

Document 563
Taylor, Bettina; Burns, Derrick
Can medical scheme reform lead to fairer distribution of limited resources? A funding perspective
South African Medical Journal 2005 March; 95(3): 175-179

Document 564
James, Chris; Carrin, Guy; Savedoff, William; Hanvoravongchai, Piya
Clarifying efficiency-equity tradeoffs through explicit criteria, with a focus on developing countries
Abstract: Expenditures on health in many developing countries are being disproportionately spent on health services that have a low overall health impact, and that disproportionately benefit the rich. Without explicit consideration of priority
setting, this situation is likely to remain unchanged: resource allocation is too often dictated by historical patterns, and maintains vested interests. This paper explores how prioritization between different health interventions can be rationalised by the use of clearly defined criteria. A number of key efficiency and equity criteria are examined, in particular analysing how potential tradeoffs could be incorporated into the decision making process.

Georgetown users check Georgetown Journal Finder for access to full text

Document 565
LaFraniere, Sharon
Poor lands treating far more AIDS patients

http://www.nytimes.com (link may be outdated)

Document 566
Reeleder, David; Martin, Douglas K.; Keresztes, Christian; Singer, Peter A.
What do hospital decision-makers in Ontario, Canada, have to say about the fairness of priority setting in their institutions?

Document 567
Finland. National Advisory Board on Health Care Ethics [ETENE] / Valtakunnallinen terveydenhuollon eettinen neuvottelukunta
A Hearing Concerning the Report on the Future of Health Care in Finland
Helsinki, Finland: Ministry of Social Affairs and Health, 2005 January 14; 4 p.

http://www.etene.org/dokumentit/EKTVK081204en.pdf (link may be outdated)

Document 568
Cosgrove, Sara E.; Fishman, Neil O.; Talbot, Thomas R.; Woeltje, Keith F.; Schaffner, William; Fraser, Victoria J.; McMillan, Julia A.; Perl, Trish M.
Strategies for use of a limited influenza vaccine supply

Document 569
Anand, Paul and Dolan, Paul, eds.
Equity, Capabilities and Health
SOCIAL SCIENCE AND MEDICINE 2005 January; 60(2): 219-368

Call number: Special Issue shelf
Anand, Paul; Dolan, Paul

**Equity, capabilities and health: introduction [to the special issue]**
Social Science and Medicine 2005 January; 60(2): 219-222

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Wailoo, Allan; Anand, Paul

**The nature of procedural preferences for health-care rationing decisions**
Social Science and Medicine 2005 January; 60(2): 223-236

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Mooney, Gavin

**Communitarian claims and community capabilities: furthering priority setting?**
Social Science and Medicine 2005 January; 60(2): 247-255

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Richardson, Jeff; McKie, John

**Empiricism, ethics and orthodox economic theory: what is the appropriate basis for decision-making in the health sector?**
Social Science and Medicine 2005 January; 60(2): 265-275

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Tsuchiya, Aki; Williams, Alan

**A “fair innings” between the sexes: are men being treated inequitably?**
Social Science and Medicine 2005 January; 60(2): 277-286

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Gold, Marthe R.

**Tea, biscuits, and health care prioritizing: an American visiting England observes initiatives to elicit public input on thorny health care allocation decisions**
Health Affairs 2005 January-February; 24(1): 234-239

Georgetown users check [Georgetown Journal Finder](#) for access to full text

[http://www.healthaffairs.org](http://www.healthaffairs.org) (link may be outdated)
**Document 576**
Schafer, Christof; Nelson, Kristin; Herbst, Manfred
*Waiting for radiotherapy: a national call for ethical discourse on waiting lists in radiotherapy: findings from a preliminary survey*
Strahlentherapie und Onkologie 2005 January; 181(1): 9-19
Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 577**
Harris, John
*The age-indifference principle and equality*
Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 578**
Rhodes, Rosamond
*Justice in medicine and public health*
Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 579**
Matthews, Eric and Russell, Elizabeth
*RATIONING MEDICAL CARE ON THE BASIS OF AGE: THE MORAL DIMENSIONS*
Call number: [RA413.7_A4 M27 2005](#)

**Document 580**
Aaron, Henry J.; Schwartz, William B.; and Cox, Melissa
*CAN WE SAY NO? THE CHALLENGE OF RATIONING HEALTH CARE*
Call number: [RA410.5_A23 2005](#)

**Document 581**
Newdick, Christopher
*WHO SHOULD WE TREAT? RIGHTS, RATIONING, AND RESOURCES IN THE NHS*
Call number: [KD3210 .N49 2005](#)

**Document 582**
Miller, Sarah Clark
*The invisibility of gender: a feminist commentary on age-based healthcare rationing*
Call number: [BJ21_E845 2005](#)
Document 583

Edge, Raymond S.; Groves, John Randall

Justice and the allocation of scarce resources


Call number: RZ24_E27 2005

Document 584

Bond, Claire

Lieberman Award; Section 15 of the Charter and the allocation of resources in health care: a comment on Auton v. British Columbia


Georgetown users check Georgetown Journal Finder for access to full text

Document 585

Turiel, Judith Steinberg

Health-care rationing: taking it personally


Call number: RA564.8_T87 2005

Document 586

Salek, Sam

Health economics and access to treatment


Call number: BJ1581.2_E85 2005 v.1

Document 587

Mason, J.K.; Laurie, G.T.

Health resources and dilemmas in treatment


Call number: K3601_M38 2005

Document 588

Jonsen, Albert R.

Bioethics and the health care system.


Call number: R724_J655 2005

Document 589

Scitovsky, Anne A.

"The high cost of dying": what do the data show?

Milbank Quarterly 2005; 83(4): 825-841
*  Document 590
Gibson, Jennifer L.; Martin, Douglas K.; Singer, Peter A.
Evidence, economics and ethics: resource allocation in health services organizations
Healthcare Quarterly 2005; 8(2): 50-59

*  Document 591
Braun, Charles; Sikula, Andrew, Sr.
Managed mental health care systems: current responses to a continuous ethical dilemma [review of Rationing Sanity: Ethical Issues in Managed Mental Health Care, edited by James Lindemann Nelson]

*  Document 592
Bell, Jennifer A.H.; Hyland, Sylvia; DePellegrin, Tania; Upshur, Ross E.G.; Bernstein, Mark; Martin, Douglas K.
SARS and hospital priority setting: a qualitative case study and evaluation

*  Document 593
Harris, Gardiner
Money for vaccinating children is diverted for experimental adult flu shots, officials say
http://www.nytimes.com (link may be outdated)

*  Document 594
Harris, Gardiner
Money for vaccinating children is diverted for experimental adult flu shots, officials say
http://www.nytimes.com (link may be outdated)

*  Document 595
Lee, Thomas H.
Rationing influenza vaccine
New England Journal of Medicine 2004 December 2; 351(23): 2365-2366

Georgetown users check Georgetown Journal Finder for access to full text
Document 596
Rocha, Georgina Mayela Nunez; Martinez, Ana Maria Salinas; Rios, Enrique Villarreal; Elizondo, Eugenia Garza
Resource allocation equity in northeastern Mexico
Health Policy 2004 December; 70(3): 271-279
Georgetown users check Georgetown Journal Finder for access to full text

Document 597
Matschinger, Herbert; Angermeyer, Matthias C.
The public's preferences concerning the allocation of financial resources to health care: results from a representative population survey in Germany
European Psychiatry 2004 December; 19(8): 478-482
Georgetown users check Georgetown Journal Finder for access to full text

Document 598
Elcioglu, Omur; Unluoglu, Ilhami
Triage in terms of medicine and ethics
Saudi Medical Journal 2004 December; 25(12): 1815-1819
Georgetown users check Georgetown Journal Finder for access to full text

Document 599
Rights and Resources, edited by F.H. Miller [book review]
Bulletin of Medical Ethics 2004 December-2005 January; (204): 20
Georgetown users check Georgetown Journal Finder for access to full text

http://www.bullmedeth.info/ (link may be outdated)

Document 600
Malkin, Elisabeth
In health care, gap between rich and poor persists, W.H.O. says

http://www.nytimes.com (link may be outdated)

Document 601
Connolly, Ceci
CDC announces plan to ration flu vaccine: states to get doses based on risk
Washington Post 2004 November 10; p. A6

http://www.washingtonpost.com (link may be outdated)
Couzin, Jennifer

Ethicists to guide rationing of flu vaccine [news]
Science 2004 November 5; 306(5698): 960-961

Georgetown users check Georgetown Journal Finder for access to full text

http://www.sciencemag.org (link may be outdated)

Fuchshuber, Pascal R.

Age and cancer surgery: judicious selection or discrimination? [editorial]
Annals of Surgical Oncology 2004 November; 11(11): 951-952

Georgetown users check Georgetown Journal Finder for access to full text

Schwappach, David L.B.; Koeck, Christian M.

Preferences for disclosure: the case of bedside rationing
Social Science and Medicine 2004 November; 59(9): 1891-1897

Georgetown users check Georgetown Journal Finder for access to full text

Gyrd-Hansen, Dorte

Investigating the social value of health changes
Journal of Health Economics 2004 November; 23(6): 1101-1116

Georgetown users check Georgetown Journal Finder for access to full text

Lomborg, Bjorn

First things first: our refusal to prioritise when tackling global issues such as hunger and disease is unjust, wastes resources and costs lives
New Scientist 2004 October 30-November 5; 184(2471): 23

Georgetown users check Georgetown Journal Finder for access to full text

Harris, Gardiner

US creates ethics panel on priority for flu shots

http://www.nytimes.com (link may be outdated)
Davey, Monica
Illinois governor seeks vaccine abroad

http://www.nytimes.com (link may be outdated)

Harris, Gardiner
Now, we're NOT supposed to worry about the flu
New York Times 2004 October 24; p. WK12

http://www.nytimes.com (link may be outdated)

Santora, Marc
Private doctors in frantic quest for flu vaccine

http://www.nytimes.com (link may be outdated)

Harris, Gardiner
Complaints grow wider on flu vaccine supplies: questions of fairness as disease appears

http://www.nytimes.com (link may be outdated)

Grady, Denise; Alvarez, Lizette; Harris, Gardiner; Pollack, Andrew
Before shortage of flu vaccine, many warnings; fragile supply network: toughened standards and ever-changing strains vex manufacturers

http://www.nytimes.com (link may be outdated)

Santora, Marc
Few flu shots: The city is told to live with it; limits on vaccinations urged amid shortage
New York Times 2004 October 9; p. B1, B3

http://www.nytimes.com (link may be outdated)
Document 614
Johnson, Kirk
For flu shots, smaller supply, more concern
New York Times 2004 October 7; p. A1, A33
http://www.nytimes.com (link may be outdated)

Document 615
Grady, Denise
Shortage was predicted: health experts warned of a decline in the number of vaccine suppliers
New York Times 2004 October 7; p. A33
http://www.nytimes.com (link may be outdated)

Document 616
McLeod, Deborah; Dew, Kevin; Morgan, Sonya; Dowell, Anthony; Cumming, Jackie; Cormack, Donna; McKinlay, Eileen; Love, Tom
Equity of access to elective surgery: reflections from NZ clinicians
Journal of Health Services Research and Policy 2004 October; 9(supplement 2): 41-47
Georgetown users check Georgetown Journal Finder for access to full text

Document 617
Al, Maiwenn J.; Feenstra, Talitha; Brouwer, Werner B.F.
Decision makers' views on health care objectives and budget constraints: results from a pilot study
Health Policy 2004 October; 70(1): 33-48
Georgetown users check Georgetown Journal Finder for access to full text

Document 618
Krauss, Clifford
Canada looks for ways to fix its health care system
http://www.nytimes.com (link may be outdated)

Document 619
Newacheck, Paul W.; Benjamin, A.E.
Intergenerational equity and public spending: the United States should embrace a new doctrine of fairness to ensure that vulnerable populations are not forced to compete for resources
Health Affairs 2004 September-October; 23(5): 142-146
Georgetown users check Georgetown Journal Finder for access to full text
http://www.healthaffairs.org (link may be outdated)
* Document 620

**Code of ethics of nurses: making enlightened decisions about overtime**
Perspective Infirmiere 2004 September-October; 2(1, Supplement): 7

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 621

Silveira, Maria J.; Rhodes, Lorna; Feudtner, Chris

**Deciding how to decide: what processes do patients use when making medical decisions?**
Journal of Clinical Ethics 2004 Fall; 15(3): 269-281

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 622

Molinari, Victor; McCoulough, Laurence B.; Workman, Richard; Coverdale, John

**Geriatric assent**

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 623

Kirkpatrick, James N.; Mahowald, Mary B.

**Golden rule reasoning in clinical medicine: theoretical and empirical aspects**

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 624

Botten, Grete; Grepperud, Sverre; Nerland, Solve Mikal

**Trading patients: lessons from Scandinavia**
Health Policy 2004 September; 69(3): 317-327

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 625

Hurst, Samia A.; Teagarden, J. Russell; Garrett, Elizabeth; Emanuel, Ezekiel J.

**Conserving scarce resources: willingness of health insurance enrollees to choose cheaper options**
Journal of Law, Medicine and Ethics 2004 Fall; 32(3): 496-499

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 626

Tuoney, John

**Allocating Scarce Medical Resources: Roman Catholic Perspectives, edited by H. Tristram Englehart, Jr. and Mark J. Cherry** [book review]
Health Progress 2004 September-October; 85(5): 58
Document 627
Escher, Monica; Perneger, Thomas V.; Chevrolet, Jean-Claude
National questionnaire survey on what influences doctors' decisions about admission to intensive care

Abstract: OBJECTIVE: To determine what influences doctors' decisions about admission of patients to intensive care.

DESIGN: National questionnaire survey using eight clinical vignettes involving hypothetical patients.

SETTING: Switzerland.

PARTICIPANTS: 402 Swiss doctors specialising in intensive care.

MAIN OUTCOME MEASURES: Rating of factors influencing decisions on admission and response to eight hypothetical clinical scenarios.

RESULTS: Of 381 doctors agreeing to participate, 232 (61%) returned questionnaires. Most rated as important or very important the prognosis of the underlying disease (82%) and of the acute illness (81%) and the patients' wishes (71%). Few considered important the socioeconomic circumstances of the patient (2%), religious beliefs (3%), and emotional state (6%). In the vignettes, underlying disease (cancer versus non-cancerous disease) was not associated with admission to intensive care, but four other factors were: patients' wishes (odds ratio 3.0, 95% confidence interval 2.0 to 4.6), "upbeat" personality (2.9, 1.9 to 4.4), younger age (1.5, 1.1 to 2.2), and a greater number of beds available in intensive care (1.8, 1.2 to 2.5).

CONCLUSIONS: Doctors' decisions to admit patients to intensive care are influenced by patients' wishes and ethically problematic non-medical factors such as a patient's personality or availability of beds. Patients with cancer are not discriminated against.

http://www.bmj.com (link may be outdated)

Document 628
Hart, Sally; Gillick, Muriel R.; Tunis, Sean R.
Medicare coverage for technological innovations [letter and replies]
New England Journal of Medicine 2004 August 12; 351(7): 719-720

Document 629
Wynia, Matthew K.; Witlen, Renee; Gillick, Muriel R.; Tunis, Sean R.
Medicare coverage for technological innovations [letter and replies]
New England Journal of Medicine 2004 August 12; 351(7): 719-720

Document 630
Hendry, Charles; Walker, Anne
Priority setting in clinical nursing practice: literature review

Document 631
Maynard, Alan; Bloor, Karen; Freemantle, Nick
Challenges for the National Institute for Clinical Excellence
BMJ: British Medical Journal 2004 July 24; 329(7459): 227-229

Georgetown users check Georgetown Journal Finder for access to full text

http://www.bmj.com (link may be outdated)

* Document 632
Rawlins, Michael D.; Culyer, Anthony J.
National Institute for Clinical Excellence and its value judgments
BMJ: British Medical Journal 2004 July 24; 329(7459): 224-227

Georgetown users check Georgetown Journal Finder for access to full text

http://www.bmj.com (link may be outdated)

* Document 633
Brennan, F. James
Ethical issues with implantable defibrillators [opinion]
Pacing and Clinical Electrophysiology 2004 July; 27(7): 897-898

Georgetown users check Georgetown Journal Finder for access to full text

* Document 634
Rahmoeller, Glenn
Comments on Ethical Issues with Implantable Defibrillators by F. James Brennan
Pacing and Clinical Electrophysiology 2004 July; 27(7): 899

Georgetown users check Georgetown Journal Finder for access to full text

* Document 635
Moss, Arthur J.
Comments on ethical issues with implantable defibrillators by F. James Brennan
Pacing and Clinical Electrophysiology 2004 July; 27(7): 900

Georgetown users check Georgetown Journal Finder for access to full text

Document 636
Jones, Ian Rees; Berney, lee; Kelly, Moira; Doyal, Len; Griffiths, Chris; Feder, Gene; Hillier, Sheila; Rowlands, Gillian; Curtis, Sarah
Is patient involvement possible when decisions involve scarce resources? A qualitative study of decision-making in primary care
Social Science & Medicine 2004 July; 59(1): 93-102

Georgetown users check Georgetown Journal Finder for access to full text

http://www.sciencedirect.com/ (link may be outdated)
**Document 637**
Sinuff, Tasnim; Kahnamoui, Kamyar; Cook, Deborah J.; Luce, John M.; Levy, Mitchell M.
Values, Ethics, and Rationing in Critical Care (VERICC) Task Force
**Rationing critical care beds: a systematic review**
Critical Care Medicine 2004 July; 32(7): 1588-1597
Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 638**
Szalados, James E.
**Access to critical care: medical rationing of a public right or privilege?**
Critical Care Medicine 2004 July; 32(7): 1623-1624
Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 639**
Skene, Loane
**Sustainability: some ethical issues. A reflection following the Greek Conference 2004, Crete**
Monash Bioethics Review 2004 July; 23(3): 30-33
Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 640**
Jagsi, Reshma; DeLaney, Thomas F.; Donelan, Karen; Tarbell, Nancy J.
**Real-time rationing of scarce resources: the Northeast Proton Therapy Center experience**
Journal of Clinical Oncology 2004 June 1; 22(11): 2246-2250
Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 641**
Lamb, Emmet J.
Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 642**
Wong, William; Eiser, Arnold R.; Mrtek, Robert G.; Heckerling, Paul S.
**By-person factor analysis in clinical ethical decision making: Q methodology in end-of-life care decisions [case studies]**
Georgetown users check [Georgetown Journal Finder](#) for access to full text

[http://bioethics.net](http://bioethics.net) (link may be outdated)
**Document 643**

Berger, Jeffrey T.

**Obligations and marginal decisions in a fair health system**


Georgetown users check [Georgetown Journal Finder](http://bioethics.net) for access to full text

**Document 644**

Rhodes, Rosamond

**Clinical justice guiding medical allocations**


Georgetown users check [Georgetown Journal Finder](http://bioethics.net) for access to full text

**Document 645**

Vuorenkoski, Lauri

**Report's framework offers good foundation for future prioritization of health care that is applicable across health care systems**


Georgetown users check [Georgetown Journal Finder](http://bioethics.net) for access to full text

**Document 646**

Lamm, Richard D.

**The elephant in the living room of the house of health care**


Georgetown users check [Georgetown Journal Finder](http://bioethics.net) for access to full text

**Document 647**

Waring, Duff

**Adequate conscious life and age-related need: F.M. Kamm's approach to patient selection**

Bioethics 2004 June; 18(3): 234-248

Abstract: Kamm's approach to patient selection qualifies the notion that fairness makes need for scarce, transplantable organs inversely proportional to age. She defines need as how much adequate conscious life a person will have had before death. Length of adequate conscious life correlates highly with age. If so, then younger persons are usually needier than older ones. Since Kamm allows for past periods of non-adequate conscious life, I argue that this correlation may be neither as close, nor as easy to apply, as she wants it to be. Fairness should require assessment of experiential content in determining how long one's life has been adequately conscious. I argue that such assessments involve some of the goods of experience and quality of life judgements that Kamm thinks a reliance on adequate conscious life will avoid.

Georgetown users check [Georgetown Journal Finder](http://bioethics.net) for access to full text
* Document 648
Terry, Louise M.
**An integrated approach to resource allocation**
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 649
Glazer, William M.
**Are we ready to ration psychiatric medications?**
Psychiatric Services 2004 June; 55(6): 611
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 650
Sutrop, Margit; Simm, Kadri
**The Estonian healthcare system and the genetic database project: from limited resources to big hopes**
CQ: Cambridge Quarterly of Healthcare Ethics 2004 Summer; 13(3): 254-262
Georgetown users check [Georgetown Journal Finder](#) for access to full text
Dare we use the word (gasp) -- "rationing"?


Promoting equity in health through research and understanding

Developing World Bioethics 2004 May; 4(1): 76-95

Abstract: Developing strategies to reduce inequities in health requires an understanding of how inequities occur, determining the salient factors in their production, and deciding which ones are most amenable to change. The recognition of several principles regarding the manifestations and genesis of inequities can help to decide on strategies. In making decisions, it is important to consider whether the aim is to reduce disparities in the occurrence of ill health or to reduce disparities in the severity (including co-morbidity, disability, dysfunction and fatality) of ill health. Evidence shows that the major impact on equity of health services, particularly regarding their potential to reduce severity, is attributable to the strength of primary care resources and services in communities and countries. Virtually every influence on the genesis of inequities is determined by the political context in which policy is made. The issue of health services is not different in this regard from other types of strategies. There is no longer any doubt about the pervasive influence of social factors on health. Almost two centuries of descriptive research provides convincing evidence of associations between social structures and relationships and health status in all countries and in all societies; if there is anything new from more recent research, it is that the association is not limited to differences between the lowest social strata and other social strata. Rather, the association is noted throughout the social spectrum. That is, there is a social gradient in health such that, for many if not most manifestations of ill health, the lower the social stratum, the worse the health. The challenge for the future is to understand why this is the case, to create a consensus that these inequalities are unnecessary and unacceptable, and to devise strategies that are both effective and possible. This paper will focus on the first of these aims, in a context that facilitates attention to the second and third aims.
**Document 654**

Blumenthal, David

*New steam from an old cauldron – the physician-supply debate*

New England Journal of Medicine 2004 April 22; 350(17): 1780-1787

Georgetown users check [Georgetown Journal Finder](http://content.nejm.org) for access to full text

**Document 655**

Lamers, Leida M.; van Vliet, René C.J.A.

*The Pharmacy-based Cost Group model: validating and adjusting the classification of medications for chronic conditions to the Dutch situation.*

Health Policy 2004 April; 68(1): 113-121

Georgetown users check [Georgetown Journal Finder](http://content.nejm.org) for access to full text

**Document 656**

Weiner, Saul J.; Laporte, Margaret; Abrams, Richard I.; Moswin, Arthur; Wamecke, Richard

*Rationing access to care to the medically uninsured: the role of bureaucratic front-line discretion at large healthcare institutions*

Medical Care 2004 April; 42(4): 306-312

Georgetown users check [Georgetown Journal Finder](http://content.nejm.org) for access to full text

**Document 657**

Walter, Nicholas; Schillinger, Dean

*Front-line bureaucracies and the moral mechanics of US health care [editorial]*

Medical Care 2004 April; 42(4): 303-305

Georgetown users check [Georgetown Journal Finder](http://content.nejm.org) for access to full text

**Document 658**

van Delden, J.J.M.; Vrakking, A.M.; van der Heide, A.; van der Maas, P.J.

*Medical decision making in scarcity situations*

Journal of Medical Ethics 2004 April; 30(2): 207-211

**Abstract:** The issue of the allocation of resources in health care is here to stay. The goal of this study was to explore the views of physicians on several topics that have arisen in the debate on the allocation of scarce resources and to compare these with the views of policy makers. We asked physicians (oncologists, cardiologists, and nursing home physicians) and policy makers to participate in an interview about their practices and opinions concerning factors playing a role in decision making for patients in different age groups. Both physicians and policy makers recognised allocation decisions as part of their reality. One of the strong general opinions of both physicians and policy makers was the rejection of age discrimination. Making allocation decisions as such seemed to be regarded as a foreign entity to the practice of medicine. In spite of the reluctance to make allocation decisions, physicians sometimes do. This would seem to be only acceptable if it is justified in terms of the best interests of the patient from whom treatment is withheld.

Georgetown users check [Georgetown Journal Finder](http://content.nejm.org) for access to full text
Alexander, G. Caleb; Werner, Rachel M.; Ubel, Peter A.  
**The costs of denying scarcity [opinion]**  
Archives of Internal Medicine 2004 March 22; 164(6): 593-596

**Opinion on the ethical aspects of umbilical cord blood banking: Opinion No. 19 -- accompanying document**  

Glozier, Nick; Groom, Graeme; Prince, Martin  
**Patient psychological characteristics have minimal influence on surgical prioritization**  
Psychosomatic Medicine 2004 March-April; 66(2): 251-257

Kapiriri, Lydia; Norheim, Ole Frithjof  
**Criteria for priority-setting in health care in Uganda: exploration of stakeholders' values**  

Hetemaa, Tiina; Keskimaki, Ilmo; Salomaa, Veikko; Mahonen, Markku; Manderbacka, Kristiina; Koskinen, Seppo  
**Socioeconomic inequities in invasive cardiac procedures after first myocardial infarction in Finland in 1995**  
Journal of Clinical Epidemiology 2004 March; 57(3): 301-308

Stafford, Elizabeth  
**Patient commentary: paying to choose**  
BMJ: British Medical Journal 2004 February 14; 328(7436): 402
Document 665
Raithatha, Nick; Smith, Richard D.
**Paying for statins: should UK general practitioners be able to offer private prescriptions for statins to patients below 3% risk of heart disease?**
BMJ: British Medical Journal 2004 February 14; 328(7436): 400-402

Document 666
Warnock, Garth L.
**Resource allocation in surgical departments [editorial]**
Canadian Journal of Surgery 2004 February; 47(1): 5-6

Document 667
Asthana, Sheena; Gibson, Alex; Moon, Graham; Dicker, John; Brigham, Philip
**The pursuit of equity in NHS resource allocation: should morbidity replace utilisation as the basis for setting health care capitations?**
Social Science and Medicine 2004 February; 58(3): 539-551

Document 668
Fitzpatrick, Ray; Norquist, Josephine M.; Reeves, Barnaby C.; Morris, Richard W.; Murray, David W.; Gregg, Paul J.
**Equity and need when waiting for total hip replacement surgery**

Document 669
Fuhrmans, Vanessa
**Costly new drug for AIDS means some go without**

Document 670
Povar, Gail
The bellicose back patient
Maryland Medicine 2004 Winter; 5(1): 34, 37
Georgetown users check Georgetown Journal Finder for access to full text

Bleichrodt, Han; Diecidue, Enrico; Quiggin, John
Equity weights in the allocation of health care: the rank-dependent QALY model
Georgetown users check Georgetown Journal Finder for access to full text

Goldsmith, Julie
EMTALA revisions clarify some care: yet new rules for EDs raise more questions
AJN: American Journal of Nursing 2004 January; 104(1, part 1): 72GG
Georgetown users check Georgetown Journal Finder for access to full text

Wilmot, Stephen; Ratcliffe, Julie; Allen, Clare
How well do members of the public deal with a distributive justice problem in health care?
Georgetown users check Georgetown Journal Finder for access to full text

MacCormick, Andrew; Macmillan, Alexandra; Parry, Bryan
Identification of criteria for the prioritisation of patients for elective general surgery
Georgetown users check Georgetown Journal Finder for access to full text

Brock, Dan
Ethical issues in the use of cost effectiveness analysis for the prioritization of health resources
Call number: R725.5.H36 2004

Jacobs, Lesley A.
Justice in health care: can Dworkin justify universal access?
Luttrell, Steven

Ethical issues and expenditure on health and social care.

Clarke, C.

Resource allocation

Rothgang, H.; Niebuhr, D.; Wasem, J.; Greb, S.
Das National Institute for Clinical Excellence (NICE) -- staatsmedizinisches Rationierungsinstrument oder Vorbild für die evidenzbasierte Bewertung medizinischer Leistungen? / The National Institute for Clinical Excellence (NICE) -- agency for rationing health care services or model for evidence-based health care?
Gesundheitswesen 2004; 66: 303-310

Kamm, Frances M.
Deciding whom to help, health-adjusted life years and disabilities.

Van Parijs, Philippe
Just health care in a pluri-national country.

McCullagh, Peter
Some economic considerations.
Kelly, David F.  
**The use and misuse of the allocation argument.**  
Call number: [R725.56 .K438 2004](#)

* Chapter  
Document 684  
Kelly, David F.  
**Allocating health care resources.**  
Call number: [R725.56 .K438 2004](#)

* Chapter  
Document 685  
Ohrstrom, Peter; Albretsen, Jorgen; Holm, Soren  
**The use of computer simulation and artificial intelligence in the study of ethical components of medical decision-making.**  
Call number: [R724 .E533 2004](#)

* Article  
Document 686  
Flood, Colleen M.; Erdman, Joanna N.  
**The boundaries of Medicare: tensions in the dual role of Ontario's Physician Services Review Committee**  

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article  
Document 687  
Rosner, Fred  
**Allocation or misallocation of limited medical resources [editorial]**  
Cancer Investigation 2004; 22(5): 810-812

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article  
Document 688  
Schmidt, Volker H.  
**Rationing health care in the welfare state: three policies**  

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Chapter  
Document 689  
Winslow, Gerald R.  
**Triage.**  
Call number: [QH332 .E52 2004 v.5](#)
Kilner, John F.

Healthcare resources, allocation of: II. Microallocation.
Call number: QH332 .E52 2004 v.2

Kilner, John F.

Healthcare resources, allocation of: I. Macroallocation.
Call number: QH332 .E52 2004 v.2

Jecker, Nancy S.

Aging and the aged: III: Societal aging.
Call number: QH332 .E52 2004 v.1

Regis, Catherine

Physicians gaming the system: modern-day Robin Hood?

Georgetown users check Georgetown Journal Finder for access to full text

Ashford, Nicholas A.

Implementing the Precautionary Principle: incorporating science, technology, fairness, and accountability in environmental, health, and safety decisions

Georgetown users check Georgetown Journal Finder for access to full text

Gibson, Jennifer L.; Martin, Douglas K.; Singer, Peter A.

Setting priorities in health care organizations: criteria, processes, and parameters of success

Georgetown users check Georgetown Journal Finder for access to full text
**Conviser, Richard**  
*A Brief History of the Oregon Health Plan and its Features*  

**Megone, Christopher**  
*Ethics, Management and Mythology, by Michael Loughlin* [book review]  

**Landro, Laura**  
*Six prescriptions to ease rationing in U.S. health care: getting wired; using research; changing pay; managing disease; fixing ICUs*  
Wall Street Journal 2003 December 22; p. A1, A10

**Martin, Douglas K.; Hollenberg, Daniel; MacRae, Sue; Madden, Shannon; Singer, Peter**  
*Priority setting in a hospital drug formulary: a qualitative case study and evaluation*  
Health Policy 2003 December; 66(3): 295-303

**Hoedemaekers, Rogeer; Dekkers, Wim**  
*Justice and solidarity in priority setting in health care*  

**Abstract:** During the last decade a "technical" approach has become increasingly influential in health care priority setting. The various country reports illustrate, however; that non-technical considerations cannot be avoided. As they often remain implicit in health care package decisions, this paper aims to make these normative judgements an explicit part of the procedure. More specifically, it aims to integrate different models of distributive justice as well as the principle of solidarity in four different phases of a decision-making procedure, and to identify important moral choices which present themselves. First four important justice models are discussed, then a justification is given for
their inclusion in a four-step decision making procedure. This is followed by a discussion of different justice and solidarity problems--with their inherent conceptual difficulties in each of these stages. The paper concludes with a summary of the major moral choices that are to be made in health care package decisions.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

* **Document 702**
Hoedemaekers, Rogeer; Dekkers, Wim

**Key concepts in health care priority setting**


**Abstract:** In decisions about inclusion (or exclusion) of health care services in the benefit package, different interpretations of notions like health, health risk, disease, quality of life or necessary care often remain implicit. Yet they can lead to different benefit package decisions. After a brief discussion of these concepts in definitions of the goals of medicine, the various value-judgements implicit in interpretations of key notions in health care are analysed and conclusions are drawn with regard to the composition of decision making bodies at various levels. It is further argued that such a body needs to discuss the various interpretations of key-notions explicitly in the various phases of a priority-setting procedure so that more consistent choices can be made in health care priority setting.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

* **Document 703**
Bernfort, Lars

**Decisions on inclusion in the Swedish basic health care package -- roles of cost-effectiveness and need**


**Abstract:** BACKGROUND: Inclusion or not of a treatment strategy in the publicly financed health care is really a matter of prioritisation. In Sweden priority setting decisions are governed by law in which it is stated that decisions should be guided by firstly the principle of need and secondly the principle of cost-effectiveness. OBJECTIVE: The purpose of the paper is to discuss and illustrate the roles of need and cost-effectiveness in decisions on inclusion or not of treatment strategies in the publicly financed health care. METHODS: The theoretical backgrounds of need and cost-effectiveness are discussed in short, both with respect to their meaning and to their potential roles in decisions on priority setting. Four treatment strategies, Viagra, Rivastigmine, statins, and lung transplants, are analysed with respect to whether either cost-effectiveness or need, or both, seem to have played a role in the decisions of inclusion or not in the basic health care package. RESULTS: Both need and cost-effectiveness are important and should be important aspects when making decisions on priority setting. From the examples of the four treatment strategies it seems that decisions are almost exclusively made with reference to the principle of need.

CONCLUSIONS: The most evident conclusion to be drawn from this study is that decisions on priority setting are almost solely based on the principle of need. This implies that the principle of cost-effectiveness is given very little space, which is a problem as this means an obvious risk of inefficient resource use.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

* **Document 704**
Wirtz, Veronika; Cribb, Alan; Barber, Nick

**Understanding the role of "the hidden curriculum" in resource allocation -- the case of the UK NHS**


**Abstract:** In this paper we want to briefly illustrate the ways in which technical, ethical and political judgements of various kinds are interwoven in the processes of healthcare decision-making in the UK. Drawing upon the research for the "Choices in Health Care" project we will borrow the notion of the hidden curriculum from education to illuminate the nature of resource allocation decision processes. In particular we will indicate some of the fundamental but largely hidden political factors in play in these processes and the importance of the inchoate and implicit notion of "NHS values" in shaping UK resource allocation policies. We suggest that these more diffuse, holistic and system level value judgements are both central to understanding priority setting and at the same time difficult to reduce or abstract out into lists of single values/principles.
Document 705

Schneider, Gregory W.

**Ethical decision making for Christian physicians: inspiration from Saint Ignatius of Loyola**

*Georgetown users check [Georgetown Journal Finder](#) for access to full text*

Document 706

Ridderstolpe, L.; Collste, G.; Rutberg, H.; Ahlfeldt, H.

**Priority setting in cardiac surgery: a survey of decision making and ethical issues**
Journal of Medical Ethics 2003 December; 29(6): 353-358

**Abstract:** OBJECTIVES: The aim of this study was to examine priority setting for coronary artery bypass surgery, and to provide an overview of decisions and rationales used in clinical practice. METHOD: Questionnaires were sent to all permanently employed cardiologists, cardiothoracic surgeons, and anaesthesiologists at nine Swedish hospitals performing adult cardiothoracic surgery. RESULTS: A total of 208 physicians responded (a 44% return rate). There was considerable agreement concerning the criteria that should be used to set priorities for coronary artery bypass interventions (clusters of factors in synthesis). However, there was a lack of accord regarding the use of national guidelines for priority setting and risk indexes. CONCLUSIONS: Basic training and the strong support of ethical principles in priority setting are lacking. The respondents indicated a need for clearer guidelines and an open dialogue or discussion. The lack of generally acknowledged plans and guidelines for priority setting may result in unequal, conditional, and unfair treatment.

*Georgetown users check [Georgetown Journal Finder](#) for access to full text*

[http://www.jmedethics.com](http://www.jmedethics.com) (link may be outdated)

Document 707

Cherney, Elena

**Universal care has a big price: patients wait. Canada, where long delays have stirred an outcry, tries a new triage tactic: nurse Riley defers a bypass**
Wall Street Journal 2003 November 12; p. A1, A12

[http://www.wsj.com](http://www.wsj.com) (link may be outdated)

Document 708

Kapiriri, Lydia; Robbestad, Bjame; Norheim, Ole Frithjof

**The relationship between prevention of mother to child transmission of HIV and stakeholder decision making in Uganda: implications for health policy**
Health Policy 2003 November; 66(2): 199-211

*Georgetown users check [Georgetown Journal Finder](#) for access to full text*

Document 709

Oddsson, Kristjan
Assessing attitude towards prioritizing in healthcare in Iceland
Health Policy 2003 November; 66(2): 135-146
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 710
Landers, Peter
Filtering process: longer dialysis offers new hope but poses dilemma. Who gets costly treatment? Personality, persistence and housekeeping count. A tale of two kidney patients
Wall Street Journal 2003 October 2; p. A1, A2
http://www.wsj.com (link may be outdated)

*  Document 711
Hartshorne, Johan; Hasegawa, Thomas K., Jr.
Overservicing in dental practice -- ethical perspectives
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 712
Hackenschmidt, Angela
Should access to emergency departments be limited for "frequent fliers"?
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 713
Inequities in allocating medical care for critically ill patients prompt nationwide study of ICU rationing practices
Critical Care Nursing Quarterly 2003 October-December; 26(4): 332-334
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 714
Andrews, Michelle
Uncertainty inside emergency rooms
New York Times 2003 September 21; p. BU8
http://www.nytimes.com (link may be outdated)

*  Document 715
Regalado, Antonio
Message in a bottle: to sell pricey drug, Lilly fuels a debate over rationing; it rallies doctors, patients to
speak out for Xigris even as hospitals balk; grant to study ICU 'ethics'
Wall Street Journal 2003 September 18; A1, A2

http://www.wsj.com (link may be outdated)

Document 716
Stewart-Brown, Sarah
Research in relation to equity: extending the agenda
Pediatrics 2003 September; 112(3, Supplement): 763-765

Georgetown users check Georgetown Journal Finder for access to full text

Document 717
Logan, Stuart
Research and equity in child health
Pediatrics 2003 September; 112(3, Supplement): 759-762

Georgetown users check Georgetown Journal Finder for access to full text

Document 718
Desai, Kathryn
Ethical decision making within the bureaucratic context: a case study
Care Management Journals 2003 Fall; 4(3): 122-128

Georgetown users check Georgetown Journal Finder for access to full text

Document 719
Bauer, Keith
Distributive justice and rural healthcare: a case for e-health
International Journal of Applied Philosophy 2003 Fall; 17(2): 241-252

Georgetown users check Georgetown Journal Finder for access to full text

Document 720
Jones, Elizabeth; Burn, J.; Lynch, S.A.
Utilisation and cost of genetic testing [abstract]
Journal of Medical Genetics 2003 September; 40(Supplement 1): S46

Georgetown users check Georgetown Journal Finder for access to full text

Document 721
Mitton, Craig; Donaldson, Cam
Resource allocation in health care: health economics and beyond

Abstract: As resources in health care are scarce, managers and clinicians must make difficult choices about what to
fund and what not to fund. At the level of a regional health authority, limited approaches to aid decision makers in shifting resources across major service portfolios exist. A participatory action research project was conducted in the Calgary Health Region. Through five phases of action, including observation of senior management meetings, as well as two sets of one-on-one interviews and two focus groups, an approach to priority setting at the macro level within the health region was developed and implemented. The resulting macro level approach builds on the program budgeting and marginal analysis (PBMA) framework. Using a multi-disciplinary expert panel, about dollar 45M (CAN) was released for the 2002/03 fiscal year and made available for re-allocation to service growth areas and the deficit. Important qualitative themes from the managers and clinicians informed both process development and refinement. The approach developed here not only facilitated re-allocation of resources, but also drew in both clinicians and managers to work together on this challenging task. The approach is pragmatic, transparent and evidence based, and should have application elsewhere.

Georgetown users check [Georgetown Journal Finder](http://www.journalfinder.com) for access to full text

---

**Document 722**

Torti, Carlo; Casari, Salvatore; Palvarini, Loredana; Quiros-Roldan, Eugenia; Moretti, Francesca; Leone, Luigi; Patroni, Andrea; Castelli, Francesco; Ripamonti, Diego; Tramarin, Andrea; Carosi, Giampiero

PEC study group

**Modifications of health resource-use in Italy after the introduction of highly active antiretroviral therapy (HAART) for human immunodeficiency virus (HIV) infection. Pharmaco-economic implications in a population-based setting**

Health Policy 2003 September; 65(3): 261-267

Georgetown users check [Georgetown Journal Finder](http://www.journalfinder.com) for access to full text

---

**Document 723**

Short, David

**Setting Limits Fairly: Can We Learn to Share Medical Resources? by Norman Daniels and James E. Sabin** [book review]

Ethics and Medicine 2003 Fall; 19(3): 187-188

Georgetown users check [Georgetown Journal Finder](http://www.journalfinder.com) for access to full text

---

**Document 724**

Mulcahy, Bernard

**Health Care and the Common Good: A Catholic Theory of Justice, by Jose I. Lavastida** [book review]

National Catholic Bioethics Quarterly 2003 Autumn; 3(3): 634-636

Georgetown users check [Georgetown Journal Finder](http://www.journalfinder.com) for access to full text

---

**Document 725**

Kolata, Gina

**Newest treatments create a quandary on Medicare costs**


http://www.nytimes.com (link may be outdated)
Document 726
MacCormick, Andrew D.; Collecutt, Wayne G.; Parry, Bryan R.
Prioritizing patients for elective surgery: a systematic review
ANZ Journal of Surgery 2003 August; 73(8): 633-642

Document 727
Messer, Neil
Allocating Scarce Medical Resources: Roman Catholic Perspectives, by Tristram Engelhardt, Jr. and Mark J. Cherry [book review]
New Genetics and Society 2003 August; 22(2): 184-185

Document 728
Syrett, Keith
A technocratic fix to the "legitimacy problem"? The Blair government and health care rationing in the United Kingdom

Document 729
Sendi, Pedram; Gafni, Amiram
The HAART side of resource allocation [opinion]
CMAJ/JAMC: Canadian Medical Association Journal 2003 July 22; 169(2): 120-121

Document 730
Brescia, Frank J
Philosophical oncology: calling on the principle of double effect.
Abstract: Reasonable human behavior is based on doing something for a consequence that is perceived as good. Ethical medical decision-making is based on prioritizing values after understanding the relevant facts. There is an ethical obligation to do no harm. This is especially true in relieving the pain and suffering of dying patients; in these cases, treatment has the risk of contributing to a patient's death. The principle of double effect has been helpful as a moral guide in troubling cases to discern what actions are acceptable, even though the action could lead to an end that would seem as immoral as if the effect were directly intended. This principle, though, is not without problems and critics, and some have pointed out its shortcomings as an ethical guide.
* Document 731
Bird, Stephanie J.
**Allocating resources in a global community: commentary on "Parallel path: poliovirus research in the vaccine era"
**Science and Engineering Ethics 2003 July; 9(3): 339
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 732
Schneider, Carl E.
**Border patrol
**Hastings Center Report 2003 July-August; 33(4): 10-11
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 733
Brubaker, Bill
**Cutting pills, cutting costs; insurers split on practice of halving double doses to save money
**Washington Post 2003 June 18; p. E1, E4
[http://www.washingtonpost.com](http://www.washingtonpost.com) (link may be outdated)

* Document 734
McKie, John; Richardson, Jeff
**The rule of rescue
**Social Science and Medicine 2003 June; 56(12): 2407-2419
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 735
Mitton, Craig R.; Donaldson, Cam
**Setting priorities and allocating resources in health regions: lessons from a project evaluating program budgeting and marginal analysis (PBMA)
**Health Policy 2003 June; 64(3): 335-348
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 736
Cohen, Joshua; Burg, Edwige
**On the possibility of a positive-sum game in the distribution of health care resources
**Journal of Medicine and Philosophy 2003 June; 28(3): 327-338
**Abstract:** Health care resource distribution is a subject of debate among health policy analysts, economists, and philosophers. In the United States, there is a widening gap between the more- and less- advantaged socioeconomic sub-populations in terms of both health care resource distribution and outcomes. Conventional wisdom suggests that there is a tradeoff, a zero-sum game, between efficiency and fairness in the distribution of health care resources.
Promoting fairness in the distribution of health care resources and outcomes is not efficient in terms of maximization of a health outcome production function. On the other side of the coin, improving efficiency comes at the expense of fairness. Such conventional wisdom is supported in part by standard static Paretian welfare analysis. However, in this paper it is shown that in a dynamic setting in which there are efficiency gains in the health production function, fairness in distribution of health care resources can improve simultaneously.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 737**

Seitz, Mark J.

*Allocating Scarc Medical Resources: Roman Catholic Perspectives, edited by H. Tristram Engelhardt, Jr. and Mark J. Cherry [book review]*

National Catholic Bioethics Quarterly 2003 Summer; 3(2): 417- 418

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 738**

Freudenheim, Milt

*Art, commerce and a heart transplant denied*

New York Times 2003 May 23; p. C1, C3

[http://www.nytimes.com](http://www.nytimes.com) (link may be outdated)

---

**Document 739**

Sandy, Lewis G.


[http://content.nejm.org](http://content.nejm.org) (link may be outdated)

---

**Document 740**

Jauhar, Sandeep

*Buying time: doctors debate the ethics of care and cost*


[http://www.nytimes.com](http://www.nytimes.com) (link may be outdated)

---

**Document 741**

Tauber, Alfred I.

*A philosophical approach to rationing*

Medical Journal of Australia 2003 May 5; 178(9): 454-456

Georgetown users check [Georgetown Journal Finder](#) for access to full text
Document 742
Stricker, K.; Rothen, H.U.; Takala, J.
Resource use in the ICU: short- vs. long-term patients
Acta Anaesthesiologica Scandinavica 2003 May; 47(5): 508-515
Georgetown users check Georgetown Journal Finder for access to full text

Document 743
Dwyer, James
Setting limits, enhancing democracy [review of Setting Limits Fairly, by Norman Daniels and James Sabin]
Georgetown users check Georgetown Journal Finder for access to full text

Document 744
Kaufman, Miriam
All scrubbed up and nowhere to go [SARS] [opinion]
New York Times 2003 April 27; p. WK 13
http://www.nytimes.com (link may be outdated)

Document 745
Janofsky, Michael
Burden grows for southwest hospitals: giving more illegal immigrants care they need but can't pay for
New York Times 2003 April 14; p. A14
http://www.nytimes.com (link may be outdated)

Document 746
Friedenberg, Richard M.
Rationing in health care: changing the patterns of health care [opinion]
Radiology 2003 April; 227(1): 5-8
Georgetown users check Georgetown Journal Finder for access to full text
http://radiology.rsnaajnls.org (link may be outdated)

Document 747
Regueiro, Carol R.; Gill, Nikita; Hart, Alison; Crawshaw, Linda; Hentosz, Teresa; Shannon, Richard P.
Primary angioplasty in acute myocardial infarction: does age or race matter?
Georgetown users check Georgetown Journal Finder for access to full text
* Document 748
Schwappach, David L.B.
**Does it matter who you are or what you gain? An experimental study of preferences for resource allocation**
Georgetown users check [Georgetown Journal Finder](http://georgetownjournalfinder.com) for access to full text

* Document 749
Corrigan, Patrick W.; Watson, Amy C.
**Factors that explain how policy makers distribute resources to mental health services**
Psychiatric Services 2003 April; 54(4): 501-507
Georgetown users check [Georgetown Journal Finder](http://georgetownjournalfinder.com) for access to full text

* Document 750
Forrest, Christopher B.
**Primary care in the United States: primary care gatekeeping and referrals: effective filter or failed experiment?**
Georgetown users check [Georgetown Journal Finder](http://georgetownjournalfinder.com) for access to full text

http://www.bmj.com (link may be outdated)

* Document 751
Hargreaves, Sally
**Transparency is key to rationing debate, delegates told** [news]
BMJ: British Medical Journal 2003 March 22; 326(7390): 619
Georgetown users check [Georgetown Journal Finder](http://georgetownjournalfinder.com) for access to full text

http://www.bmj.com (link may be outdated)

* Document 752
Kessler, Kenneth M.; Nilson, Elizabeth; Weeks, William B.; Bagian, James P.; Hofer, Timothy P.; Hayward, Rodney A.
**Bad outcomes of questionable medical decisions** [letters and reply]
Annals of Internal Medicine 2003 March 18; 138(6): 519-520
Georgetown users check [Georgetown Journal Finder](http://georgetownjournalfinder.com) for access to full text

http://www.annals.org (link may be outdated)

* Document 753
Hargreaves, Sally
**No closer to understanding racial bias, admits GMC** [General Medical Council] [news]

http://www.bmj.com (link may be outdated)
Document 754
Pleat, Jonathon M.; Dunkin, Chris S.J.; Davies, Charlotte; Adams, Titus
Breast augmentation should be on the NHS: a discussion of the ethics of rationing [letter]

Document 755
Lustig, B. Andrew
Roman Catholic norms and the allocation of critical care resources
HEC (Healthcare Ethics Committee) Forum 2003 March; 15(1): 100-106

Document 756
Wight, Jeremy; Richards, Mike
Very high cost treatment for a single individual -- a case report

Document 757
Wong, Frankie W.H.; Anderson, Sandra M.
Team approach in cross-cultural ethical decision making: a case study
Progress in Transplantation 2003 March; 13(1): 38-41

Document 758
Bloche, M. Gregg
The invention of health law

Document 759
Martinez Oliva, Luis
La asignacion de recursos en salud: un desafio etico [The allocation of resources in healthcare: an ethical
**Abstract:** Priority setting (also known as resource allocation or rationing) occurs at every level of every health system and is one of the most significant health care policy questions of the 21st century. Because it is so prevalent and context specific, improving priority setting in a health system entails improving it in the institutions that constitute the system. But, how should this be done? Normative approaches are necessary because they help identify key values that clarify policy choices, but insufficient because different approaches lead to different conclusions and there is no consensus about which ones are correct, and they are too abstract to be directly used in actual decision making. Empirical approaches are necessary because they help to identify what is being done and what can be done, but are insufficient because they cannot identify what should be done. Moreover, to be really helpful, an improvement strategy must utilize rigorous research methods that are able to analyze and capture experience so that past problems are corrected and lessons can be shared with others. Therefore, a constructive, practical and accessible improvement strategy must be research-based and combine both normative and empirical methods. In this paper we propose a research-based improvement strategy that involves combining three linked methods: case study research to describe priority setting; interdisciplinary research to evaluate the description using an ethical framework; and action research to improve priority setting. This describe-evaluate-improve strategy is a generalizable method that can be used in different health care institutions to improve priority setting in that context.
Hasman, Andreas

**Eliciting reasons: empirical methods in priority setting**


**Abstract:** In this paper I review empirical methods applied in recent analysis of decision-making on priorities in health care. I outline a number of discrete methods and discuss their applicability and efficacy in the field of bioethics. Three key methodological issues seem to be important: choice of subject group; choice of approach and the extent of background information given to respondents. I conclude that a combination method is needed to give a comprehensive representation of values in priority setting and thus to meet the overall objectives of empirical ethics.

---

Asplund, Kjell; Ashburner, Sharron; Cargill, Kathy; Hux, Margaret; Lees, Ken; Drummond, Michael

**Health care resource use and stroke outcome: Multinational Comparisons within the GAIN International trail**


---

Appleby, John; Harrison, Anthony; Dewar, Steve

**Patients choosing their hospital: may not be fair and equitable [editorial]**

BMJ: British Medical Journal 2003 February 22; 326(7386): 407- 408

---

McGregor, Maurice

**Cost-utility analysis: use QALYs only with great caution [commentary]**


---

Neil, Amanda L.; Lewin, Terry J.; Carr, Vaughan J.

**Allocation of resources and psychosis**


---

Sharpe, Gilbert S.
Governments and health: a time for leadership [editorial]
Health Law in Canada 2003 February; 23(3): 50-52

Georgetown users check Georgetown Journal Finder for access to full text

Document 770
Maynard, Alan; McDaid, David
Evaluating health interventions: exploiting the potential
Health Policy 2003 February; 63(2): 215-226

Georgetown users check Georgetown Journal Finder for access to full text

Document 771
Fulop, Naomi; Allen, Pauline; Clarke, Aileen; Black, Nick
From health technology assessment to research on the organisation and delivery of health services: addressing the balance
Health Policy 2003 February; 63(2): 155-165

Georgetown users check Georgetown Journal Finder for access to full text

Document 772
Sassi, Franco
Setting priorities for the evaluation of health interventions: when theory does not meet practice
Health Policy 2003 February; 63(2): 141-154

Georgetown users check Georgetown Journal Finder for access to full text

Document 773
McDaid, David; Cookson, Richard
Evaluating health care interventions in the European Union
Health Policy 2003 February; 63(2): 133-139

Georgetown users check Georgetown Journal Finder for access to full text

Document 774
Dabrock, P.
Menschenbilder und Verteilungsgerechtigkeit im Gesundheitswesen -- Perspektiven theologischer Sozialethik / Images of man and distributive justice in health care. Ethical considerations in theological perspective
Deutsche Medizinische Wochenschrift 2003 January 31; 128(5): 210-213

Georgetown users check Georgetown Journal Finder for access to full text

Document 775
Freudenheim, Milt
Large HMO to make treatment guidelines public

http://www.nytimes.com (link may be outdated)

Document 776
Lorant, Vincent; Deliege, D.; Eaton, W.; Robert, A.; Philippot, P.; Ansseau, M.
Socioeconomic inequalities in depression: a meta-analysis

Georgetown users check Georgetown Journal Finder for access to full text

Document 777
Treaster, Joseph B.
Surgeons explain reasons for their walkout

http://www.nytimes.com (link may be outdated)

Document 778
Schreiber, Richard
Re "rationing health care: does it work?" [letter]
Pharos 2003 Winter; 66(1): 57

Georgetown users check Georgetown Journal Finder for access to full text

Document 779
Derrett, Sarah; Devlin, Nancy; Hansen, Paul; Herbison, Peter
Prioritizing patients for elective surgery: a prospective study of clinical priority assessment criteria in New Zealand
International Journal of Technology Assessment in Health Care 2003 Winter; 19(1) 91-105

Georgetown users check Georgetown Journal Finder for access to full text

Document 780
Rutledge, Everard O.
Removing bias from health care: studies show that women and African Americans often get inferior care
Health Progress 2003 January-February; 84(1): 33-37, 57

Georgetown users check Georgetown Journal Finder for access to full text

http://www.chausa.org (link may be outdated)

Document 781
Raine, Rosalind; Hutchings, Andrew; Black, Nick
Is publicly funded health care really distributed according to need? The example of cardiac rehabilitation in the UK
Health Policy 2003 January; 63(1): 63-72
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 782
Daniels, Norman; Teagarden, J. Russell; Sabin, James E.
An ethical template for pharmacy benefits
Health Affairs 2003 January-February; 22(1): 125-137
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 783
Goldsmith, Jeff
The road to meaningful reform: a conversation with Oregon's John Kitzhaber
Health Affairs 2003 January-February; 22(1): 114-124
Georgetown users check Georgetown Journal Finder for access to full text

*  Document 784
Shaw, George Bernard
THE DOCTOR'S DILEMMA
Call number: PR5365 .D63 2003

*  Document 785
McDonald, Peter William
SOLIDARITY, RESPONSIBILITY, AND FREEDOM: HEALTH CARE REFORM IN THE UNITED STATES AT THE MILLENNIUM
Call number: RA395 .A3 M34 2003a

*  Document 786
Ham, Christopher and Robert, Glenn, eds.
REASONABLE RATIONING: INTERNATIONAL EXPERIENCE OF PRIORITY SETTING IN HEALTH CARE
Call number: RA410.5 .R425 2003

*  Document 787
Nelson, James Lindemann, ed.
RATIONING SANITY: ETHICAL ISSUES IN MANAGED MENTAL HEALTH CARE
Call number: RA790.5 .R385 2003
**Document 788**
Dranove, David
WHAT'S YOUR LIFE WORTH? HEALTH CARE RATIONING...WHO LIVES? WHO DIES? WHO DECIDES?
Call number: RA410.5 .D73 2003

**Document 789**
Cummings, Nicholas A.
*Ethics and the allocation of healthcare.*
Call number: BF76.4 .H36 2003

**Document 790**
Callahan, Daniel; Topinková, Eva
*Age, rationing, and palliative care.*
Call number: R726.8 .G475 2003

**Document 791**
Scott, P. Anne
*Allocation of resources: issues for nurses.*
Call number: RT85 .E834 2003

**Document 792**
Ries, Nola M.
The uncertain state of the law regarding health care and section 15 of the Charter
[Georgetown Journal Finder](https://journalfinder.georgetown.edu) for access to full text

**Document 793**
Sinclair, Daniel B.
*Science, halakhah, and public health policy: the definition of death, heart transplants, organ donation, and the allocation of scarce medical resources.*
Call number: KBM3098 .S56 2003

**Document 794**
Steinberg, Avraham
*Priorities in medicine.*
Call number: BM538 .H43 S7413 2003 v.3

Document 795
Steinberg, Avraham
Allocation of scarce resources.
Call number: BM538 .H43 S7413 2003 v.1

Document 796
Wenstone, Richard
Resource allocation in critical care.
Call number: RD82 .E87 2003

Document 797
Garrison, Marsha; Schneider, Carl E.
Autonomy in a bureaucratic world.
Call number: KF3823 .A7 G37 2003

Document 798
Engelhardt, H. Tristram; Illits, Ana Smith
Allocation of medical resources.
Call number: BJ1031 .C585 2003

Document 799
Bossert, Thomas J.; Larranaga, Osvaldo; Giedion, Ursula; Arbelaez, Jose Jesus; Bowsers, Diana M.
Decentralization and equity of resource allocation: evidence from Colombia and Chile

Georgetown users check Georgetown Journal Finder for access to full text
http://whqlibdoc.who.int/bulletin/2003/Vol81-No2/bulletin_2003_81(2)_95-100.pdf (link may be outdated)

Document 800
Nunes, Rui
Evidence-based medicine: a new tool for resource allocation?
Medicine, Health Care and Philosophy: A European Journal 2003; 6(3): 297-301
Abstract: Evidence-Based Medicine (EBM) is defined as the conscious, and judicious use of current best evidence in making decisions about the care of individual patients. The greater the level of evidence the greater the grade of recommendation. This pioneering explicit concept of EBM is embedded in a particular view of medical practice
namely the singular nature of the patient-physician relation and the commitment of the latter towards a specific goal: the treatment and the well being of his or her client. Nevertheless, in many European countries as well as in the United States, this "integration of the best evidence from systematic research with clinical expertise and patient values" appears to be re-interpreted in light of the scarcity of healthcare resources. The purpose of this paper is double. First, to claim that from an ethical perspective EBM should be a guideline to clinical practice; and second, that in specific circumstances EBM might be a useful tool in macro-allocation of healthcare resources. Methodologically the author follows Norman Daniels' theory of "democratic accountability" to justify this assumption. That is, choices in healthcare must be accountable by democratic procedures. This perspective of distributive justice is responsible for the scope and limits of healthcare services. It follows that particular entitlements to healthcare—namely expensive innovative treatments and medicines—may be fairly restricted as long as this decision is socially and democratically accountable and imposed by financial restrictions of the system. In conclusion, the implementation of EBM, as long as it limits the access to drugs and treatments of unproven scientific results is in accordance with this perspective. The use of EBM is regarded as an instrument to facilitate the access of all citizens to a reasonable level of healthcare and to promote the efficiency of the system.

Georgetown users check Georgetown Journal Finder for access to full text

* Document 801

Fan, Ruiping

Reconstructionist Confucianism and health care: an Asian moral account of health care resource allocation
Journal of Medicine and Philosophy 2002 December; 27(6): 675-682

Abstract: In this article, I offer an abridged reconstruction of the foundational elements of Confucian moral commitments, which, I will argue, still provide the background moral substance for moral reflection in mainland China, Hong Kong, Taiwan, Singapore, and Korea. The essay presents implications of Confucianism for establishing an appropriate health care system and critically assesses the features of current health polices in mainland China, Hong Kong, and Singapore. The goal is to offer a family-oriented, non-individualist account of resource allocation that takes family authority and responsibility seriously.

Georgetown users check Georgetown Journal Finder for access to full text

Document 802

Tenbenschel, Tim

Interpreting public input into priority-setting: the role of mediating institutions
Health Policy 2002 November; 62(2): 173-194

Georgetown users check Georgetown Journal Finder for access to full text

Document 803

Eaton, Lynn

NICE [National Institute for Clinical Evidence] accused of restricting treatment for eye patients [news]
BMJ: British Medical Journal 2002 October 19; 325(7369): 852

http://www.bmj.com (link may be outdated)

Document 804

Frohlich, Norman; Roos, Noralou P.

Searching for El Dorado: the impossibility of finding the right rate [commentary]
CMAJ/JAMC: Canadian Medical Association Journal 2002 October 15; 167(8): 880-881
Document 805

Krizova, E.; Simek, J.

Rationing of expensive medical care in a transition country -- nihil novum? [Czech Republic]
Journal of Medical Ethics 2002 October; 28(5): 308-312

**Abstract:** This article focuses on rationing of expensive medical care in the Czech Republic. It distinguishes between political and clinical decision levels and reviews the debate in the Western literature on explicit and implicit rules. The contemporary situation of the Czech health care system is considered from this perspective. Rationing reoccurred in the mid 90s after the shift in health care financing from fee-for-service to prospective budgets. The lack of explicit rules is obvious. Implicit forms of rationing, done by physicians at the clinical level prevail, implying uncontrolled power of the medical profession and lacking transparency for ethical considerations of equity to access. It seems to be acceptable for physicians to play the role of allocators, probably because of their experience with rationing during the socialist period. Traditional rationing stereotypes from the previous regime seem to persist despite the health care system transformation during the 90s.

Georgetown users check Georgetown Journal Finder for access to full text

Document 806

Isfort, J.; Butzlaff, M.; Floer, B.; Koneczny, N.; Vollmar, H.C.

Doctor or patient -- who will decide?
Deutsche Medizinische Wochenschrift 2002 September 27; 127(39): 2021-2024

Georgetown users check Georgetown Journal Finder for access to full text

Document 807

Bed blocking campaign could mean older people are dying alone [news]
British Journal of Nursing 2002 September 26-October 9; 11(17): 1117

Georgetown users check Georgetown Journal Finder for access to full text

Document 808

Finlayson, Belinda; Dixon, Jennifer; Meadows, Sandra; Blair, George

Mind the gap: the policy response to the NHS nursing shortage
BMJ: British Medical Journal 2002 September 7; 325(7363): 541- 544

Georgetown users check Georgetown Journal Finder for access to full text

Document 809

Finlayson, Belinda; Dixon, Jennifer; Meadows, Sandra; Blair, George

Mind the gap: the extent of the NHS nursing shortage
**Document 810**

Hofer, Timothy P.; Hayward, Rodney A.

*Are bad outcomes from questionable clinical decisions preventable medical errors? A case of cascade iatrogenesis*

Annals of Internal Medicine 2002 September 3; 137(5 Part 1): 327-333

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

**Document 811**

Nadolski, Heidi

*Budgeting and rationing in the German health care system*

Journal of Contemporary Health Law and Policy 2002 Fall; 18(3): 697-702

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

**Document 812**

Miller, Alfred E.

*Social ethics and organizational structures influencing the allocation of health care in Germany and the United States*


Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

**Document 813**

Bloche, M. Gregg; Jungman, Elizabeth R.

*The "r" word*


Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

**Document 814**

Jost, Timothy Stoltzfus

*The role of the courts in health care rationing: the German model*

Journal of Contemporary Health Law and Policy 2002 Fall; 18(3): 613-617

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

**Document 815**
Orr, Robert D.

**Why is it so hard to decide?: new technology = new dilemmas**
Moody 2002 September/October: p. 16-21

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 816

"Where a person's disability really does disable him from enjoying a particular resource, it does not seem unfair, I believe, to discriminate against him in the allocation of the resource"

Ethics and Intellectual Disability Newsletter 2002 Fall; 7(1): 3

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 817

McCabe, Helen

[book review]

Bioethics Outlook 2002 September; 13(3): 8-12

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 818

Craig, Trevor J.

**Rationing health care [letter]**

Pharos 2002 Autumn; 65(4): 61

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 819

Kamron, Jonathan

**Planning the efficient allocation of research funds: an adapted application of a non-parametric Bayesian value of information analysis**

Health Policy 2002 September; 61(3): 329-347

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 820

Martin, Douglas K.; Giacomini, Mita; Singer, Peter A.

**Fairness, accountability for reasonableness, and the views of priority setting decision-makers**

Health Policy 2002 September; 61(3): 279-290

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Document 821

Berner, Eta S.

**Ethical and legal issues in the use of clinical decision support systems**
Wells, Robert J.; Fleck, Leonard

**Can rationing be fair? [letter and reply]**

Driesch, G.; Heuft, G.

**Allocation of medical resources and distributive justice in geriatric care**

Fortes, P.A.C.; Zoboli, E.L.C.P.

**A study on the ethics of microallocation of scarce resources in health care**
Journal of Medical Ethics 2002 August; 28(4): 266-269

**Abstract:** OBJECTIVES: This study attempts to analyse the ethical dilemmas arising from the microallocation of scarce health care resources, in terms of deontology and utilitarianism. METHODS: A group of 395 people were interviewed in the region of Diadema, greater San Paulo, Brazil, while visiting patients in the only state hospital in town. Each interviewee was given a list of eight simulated emergencies (see appendix). In each of the eight cases the interviewee had to choose which of the two patients described, both of whom suffered from exactly the same problem, should receive the only hospital bed currently available. The differences between the hypothetical patients were as follows: age, gender, family dependency, and lifestyle. Each interviewee was asked to justify one of their responses. These responses were then analysed. RESULTS: The results pointed to the co-existence of deontological and utilitarian orientations among the people interviewed. A tendency to give priority to the destitute was revealed throughout the research, contradicting the idea that society, valuing only productive people, wishes only such people to receive the most resources, thus maximising the benefits to be gained from resources. The results showed that people's disapproval of the alcoholic was stronger than that of the nicotine abuser.

**The ethics of life expectancy**
Bioethics 2002 August; 16(4): 307-334

**Abstract:** Some ethical dilemmas in health care, such as over the use of age as a criterion of patient selection, appeal to the notion of life expectancy. However, some features of this concept have not been discussed. Here I look in turn at two aspects: one positive - - our expectation of further life -- and the other negative -- the loss of potential life brought about by death. The most common method of determining this loss, by counting only the period of time between death and some particular age, implies that those who die at ages not far from that one are regarded as losing very little potential life, while those who die at greater ages are regarded as losing none at all. This approach has methodological advantages but ethical disadvantages, in that it fails to correspond to our strong belief that anyone who dies is losing some period of life that he or she would otherwise have had. The normative role of life
expectancy expressed in the 'fair innings' attitude arises from a particular historical situation: not the increase of life expectancy in modern societies, but a related narrowing in the distribution of projected life spans. Since life expectancy is really a representation of existing patterns of mortality, which in turn are determined by many influences, including the present allocation of health resources, it should not be taken as a prediction, and still less as a statement of entitlement.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

### Document 826

**Sexton, Sarah**

**Deceptive promises of cures for diseases**


Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

### Document 827

**Lisiak, Brigitte**

**Zur Rationierung medizinischer Leistungen im Rahmen der gesetzlichen Krankenversicherung, by Thomas Kopetsch [Rationing of Medical Services Within the Context of Health Insurance] [book review]**

*Gesundheitswesen* 2002 July; 64(7): 416

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

### Document 828

**Maio, G.**

**Warum die Rationierung medizinischer Leistungen keine einfache Lösung ist [Why rationing of medical services is no simple solution] [editorial]**

*Deutsche Medizinische Wochenschrift* 2002 July; 127: 1573-1574

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

### Document 829

**Capozzi, James D.; Rhodes, Rosamond; Cornwall, Roger**

**Bedside rationing**

*Journal of Bone and Joint Surgery* 2002 July; 84A(7): 1279-1281

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

### Document 830

**Freedman, Tovia G.**

**'The doctor knows best' revisited: physician perspectives**

*Psycho-Oncology* 2002 July-August; 11(4): 327-335

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

### Document 831
Henman, M.J.; Butow, P.N.; Brown, R.F.; Boyle, F.; Tattersall, M.H.N.  
Lay constructions of decision-making in cancer  
Psycho-Oncology 2002 July-August; 11(4): 295-306

Laws, Katherine E.; Gabriel, Roy M.; McFarland, Bentson H.  
Integration and its discontents: substance abuse treatment in the Oregon Health Plan  
Health Affairs 2002 July-August; 21(4): 284-289

Redelmeier, Donald A.; Cialdini, Robert B.  
Problems for clinical judgement: 5. Principles of influence in medical practice  
CMAJ/JAMC: Canadian Medical Association Journal 2002 June 25; 166(13): 1680-1684

Clines, Francis X.  
Insurance-squeezed doctors folding tents in West Virginia: premiums linked to malpractice awards  

http://www.nytimes.com (link may be outdated)

Yokota, Takashi; Ishiyama, Shuichi; Yamada, Yasuo; Yamauchi, Hidemi  
Medical triage and legal protection in Japan [letter]  
Lancet 2002 June 1; 359(9321): 1949

Visalakshi, Srinivasan; Mohan, Sarad  
Evaluation of biotechnology-based healthcare products for prioritization in Indian context
* Document 838
Mooney, Gavin; Jan, Stephen; Wiseman, Virginia
**Staking a claim for claims: a case study of resource allocation in Australian Aboriginal health care**
Social Science and Medicine 2002 June; 54(11): 1657-1667

* Document 839
VanGeest, Jonathan B.; Wynia, Matthew K.; Cummins, Deborah S.; Wilson, Ira B.
**Measuring deception: test-retest reliability of physicians' self-reported manipulation of reimbursement rules for patients**
Medical Care Research and Review 2002 June; 59(2): 184-196

* Document 840
Smith, George P., II
**Distributive justice and health care**

* Document 841
Furnham, Adrian; Thomson, Kathryn; McClelland, Alastair
**The allocation of scarce medical resources across medical conditions**
Psychology and Psychotherapy: Theory, Research and Practice 2002 June; 75(2): 189-203

* Document 842
Skrinskas, G.; Kotalik, Jaro F.
**Physicians' ethical responsibilities [letter and reply]**

* Document 843
Newdick, Christopher
**NHS governance after Bristol: holding on, or letting go?**
Medical Law Review 2002 Summer; 10(2):111-131
"If there were a war tomorrow, we'd find the money": contrasting perspectives on the rationing of health care
Coast, Joanna; Donovan, Jenny; Litva, Andrea; Eyles, John; Morgan, Kieran; Shepherd, Michael; Tacchi, Jo
Social Science and Medicine 2002 June; 54(12): 1839-1851

Is rationing ever ethically justifiable? [commentary] [M541]
Pellegrino, Edmund D.
Pharos 2002 Summer; 65(3): 18-19

Rationing health care: does it work?
Kohler, Peter O.; Childress, Marcia Day
Pharos 2002 Summer; 65(3): 13-17

Revisiting the fair innings argument [John Harris]
Dunlop, William
New Zealand Bioethics Journal 2002 June; 3(2): 22-26

Shortage of nurses hurts patient care, study finds: [nurses are] "eyes and ears of the hospital" for problems
Grady, Denise

The wealth care system: when CEOs and VIPs need health care, they get the best money can buy. A reporter finds out just how good that is.
Connolly, Ceci
Washington Post 2002 May 28; p. F1, F4
Connolly, Ceci

Healers go for the well-heeled: "concierge" care sparks a debate on HMOs, medicine and morals
Washington Post 2002 May 28; p. A1, A5

Janofsky, Michael

Shortage of nurses spurs bidding war in hospital industry

Nelson, Michael; Stephenson, Brian M.

IOU surgery and obese patients [waiting lists] [letter]
Lancet 2002 May 4; 359(9317): 1618

Bommier, Antoine; Stecklov, Guy

Defining health inequality: why Rawls succeeds where social welfare theory fails
Journal of Health Economics 2002 May; 21(3): 497-513

Meiland, F. J. M.; Danse, J. A. C.; Wendte, J. F.; Gunning-Schepers, L. J.; Klazinga, N. S.

Urgency coding as a dynamic tool in management of waiting lists for psychogeriatric nursing home care in the Netherlands
Health Policy 2002 May; 60(2): 171-184

Rew, D.A.

The cost of deaths deferred [editorial]
European Journal of Surgical Oncology 2002 April; 28(3): 201-202
* Document 856
Walker, Rebecca L.; Siegel, Andrew W.
Morality and the limits of societal values in health care allocation
Health Economics 2002 April; 11(3): 265-273
Georgetown users check Georgetown Journal Finder for access to full text

Document 857
Mitton, Craig; Donaldson, Cam
Setting priorities in Canadian regional health authorities: A survey of key decision makers
Health Policy 2002 April; 60(1): 39-58
Georgetown users check Georgetown Journal Finder for access to full text

Document 858
Askin, W. Joseph
Bedside rationing [letter]
CMAJ/JAMC: Canadian Medical Association Journal 2002 March 19; 166(6): 711
Georgetown users check Georgetown Journal Finder for access to full text

Document 859
Ahtiala, Pekka
Medical decision criteria and policy for an efficient allocation of resources
Georgetown users check Georgetown Journal Finder for access to full text

Document 860
Byrne, Mary
Access to health care through research?
Bioethics Outlook 2002 March; 13(1): 1-6
Georgetown users check Georgetown Journal Finder for access to full text

* Document 861
Syrett, Keith
Nice work? Rationing, review and the legitimacy problem in the new NHS
Georgetown users check Georgetown Journal Finder for access to full text
Document 862
Almond, Palo
An analysis of the concept of equity and its application to health visiting
Georgetown users check Georgetown Journal Finder for access to full text

Document 863
Kotalik, Jaro F.
Physicians' ethical responsibilities when there is a discrepancy between demand and supply of medical services
Annals of the Royal College of Physicians and Surgeons of Canada 2002 March; 35(2): 100-104
Georgetown users check Georgetown Journal Finder for access to full text

Document 864
Peperzak, Katherin
Cost cutting: substandard care
Princeton Journal of Bioethics 2002 Spring; 5: 75-80
Georgetown users check Georgetown Journal Finder for access to full text

Document 865
Charles, Jennell
Mandatory overtime: conflicts of conscience?
JONA's Healthcare Law, Ethics, and Regulation 2002 March; 4(1): 10-12
Georgetown users check Georgetown Journal Finder for access to full text

Document 866
Cohen-Almagor, Raphael
A critique of Callahan's utilitarian approach to resource allocation in health care
Issues in Law and Medicine 2002 Spring; 17(3): 247-261
Abstract: The rationale of this article is grounded in the liberal tradition. It places the individual at the center of concern, and attempts to fortify the individual's basic right to health care. Attention is focused on the writings of Daniel Callahan, arguing that his approach is too cold and detached, and that age should not serve as the decisive criterion. The criticism of his views on older patients and on patients in post-coma unawareness (PCU) stems from two different lines of reasoning: the medical and the moral-contractual. From the medical perspective, while age is an important variable in determining a patient's medical condition, there are other -- no less important -- factors that influence one's health. From the moral-contractual line of reasoning, liberal society should not desert its citizens at the time they need its help most. The age criterion is too simple, too general, too sweeping. It provides too convenient an answer to a tough and troubling question. Similarly, the argument with regard to PCU patients should be qualified, taking into account the age of the patient, the cause of the condition, and the length of time in state of unawareness.
Georgetown users check Georgetown Journal Finder for access to full text
A sustainable medicine: Lessons from the Old Order Amish

Girod, Jennifer

Journal of Medical Humanities 2002 Spring; 23(1): 31-42

Abstract: Daniel Callahan's concept of a "sustainable medicine" is examined by looking at experiences Old Order Amish communities have had with organ and bone marrow transplantation. The Amish possess many characteristics that might make them embrace limits on the use of expensive, life-prolonging medical treatments: they believe that the good of the individual should be subordinated to the good of the community, they are suspicious of progress as a goal, and they are more comfortable with dying than many other modern Americans. However, the Amish actively pursue these treatments without the benefit of private or government insurance. Although the Amish affective response to sick individuals is worthy of emulating, their commitment to help individuals obtain and pay for transplants has had negative financial and cultural effects on some Amish communities. The Amish experience can thus teach us lessons about how to care for one another when we are sick and dying, but it can also teach us how difficult but important it is to limit some forms of expensive care for the good of our communities.
it has been argued, by Sen and others, that there are circumstances under which utilitarianism would unfairly distribute fewer resources to the physically disabled than to nondisabled people, on the ground that the disabled would derive less benefit from those resources. In response, the author claims that critics of utilitarianism have fallaciously exaggerated the circumstances under which the disabled would benefit less than the nondisabled from additional resources. In those limited circumstances in which the disabled really would benefit less from resources, the author argues, it does not seem unfair to distribute fewer resources to them.

* Document 872

Edwards, Sarah J. L.; Kirchin, S.

**Rationing, randomising, and researching in health care provision**

Journal of Medical Ethics 2002 February; 28(1): 20-23

**Abstract:** In this paper the need for valid evidence of the cost-effectiveness of treatments that have not been properly evaluated, yet are already available, albeit in short supply, are examined. Such treatments cannot be withdrawn, pending proper evaluation, nor can they be made more widely available until they have been shown to be cost-effective. As a solution to this impasse the argument put forward recently by Toroyan et al is discussed. They say that randomised controlled trials of such resources could be done but only if resources are randomly allocated independently of a research context. Relevant outcome data could then be collected for research, given this opportunity. (There are already a few investigators who have turned limited resources, mostly health service provision, to their advantage in this way.) We agree. We disagree with Toroyan et al on a number of points. First, they claim that no ethical issue relating to equipoise arises. We disagree and this disagreement depends on our showing that equipoise should be maintained in a relationship that they do not consider. Secondly, they say that consent to data collection is always needed. Again we disagree. Thirdly, they claim that the previous two issues are the only possible ethical issues that could arise. We argue, instead, that there is a further conflict of interests that has ethical import.

* Document 873

Coates, Jonathan

**Patient requests for unwarranted treatment**


* Document 874

Barry, Michael J.

**Health decision aids to facilitate shared decision making in office practice**


**Abstract:** Massachusetts General Hospital, Boston, Massachusetts 02114, USA. mbarry@partners.org For medical decisions with more than one reasonable option, patient participation in decision making is often necessary to optimally match management decisions with patient preferences. Health decision aids are designed to facilitate shared decision making by helping patients and their physicians choose among reasonable clinical options. Although these aids vary in content, common denominators are the presentation of more than one reasonable option for a clinical management question and a description of the possible outcomes of the various options. Although the number of published randomized trials assessing the impact of health decision aids on the quality of medical decisions is limited (but growing), various types of decision aids do generally appear to inform patients about their treatment options better than "usual care" can. Little evidence is available to determine whether one type of decision aid is optimal, but more complicated programs seem to have larger effects. The cost-effectiveness of decision aids has not been studied, although it is enticing to think that the pattern of more conservative decisions by users of some decision aids could reduce medical care costs in a manner that is dictated by patient preferences.
Document 875
Cost effectiveness of eptifibatide in acute coronary syndromes: an economic analysis of western European patients enrolled in the PURSUIT trial
European Heart Journal 2002 January 1; 23(1): 50-58

Document 876
Baumbach, A.; Karsch, K.R.
Pricing a year of life: a necessary exercise in modern health care [editorial] [Comment on: European Heart Journal 2002 January 1; 23(1): 50-58]
European Heart Journal 2002 January 1; 23(1): 5-7

Document 877
Arksey, Hilary
Rationed care: assessing the support needs of informal carers in English social services authorities

Document 878
Tauber, Alfred I.
Medicine, public health, and the ethics of rationing
Perspectives in Biology and Medicine 2002 Winter; 45(1): 16-30

Document 879
Gibson, Jennifer L.
PHILOSOPHICAL APPROACHES TO HEALTH CARE PRIORITY SETTING: MORAL OBLIGATIONS, PRACTICAL REALITIES

Document 880
NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE: SECOND REPORT OF SESSION 2001-02
Document 881
Breyer, Friedrich; Kliemt, Hartmut; and Thiele, F., [eds.]
RATIONING IN MEDICINE: ETHICAL, LEGAL AND PRACTICAL ASPECTS
Call number: RA410.5.R38 2002

Document 882
Loughlin, Michael
ETHICS, MANAGEMENT AND MYTHOLOGY: RATIONAL DECISION MAKING FOR HEALTH SERVICE PROFESSIONALS
Call number: BJ1012.L675 2002

Document 883
Rhodes, Rosamond; Battin, Margaret P.; and Silvers, Anita, eds.
MEDICINE AND SOCIAL JUSTICE: ESSAYS ON THE DISTRIBUTION OF HEALTH CARE
Call number: RA418.M444 2002

Document 884
Daniels, Norman and Sabin, James E.
SETTING LIMITS FAIRLY: CAN WE LEARN TO SHARE MEDICAL RESOURCES?
Call number: RA445.D33 2002

Document 885
Engelhardt, H. Tristram and Cherry, Mark J., eds.
ALLOCATING SCARCE MEDICAL RESOURCES: ROMAN CATHOLIC PERSPECTIVES
Call number: R725.55.A43 2002

Document 886
Taylor, Allyn L.; Smith, George P. II; Andresen, Jensine
Biotechnology, human rights and intellectual property
American Society of International Law Proceedings 2002; 96: 114-120
Georgetown users check Georgetown Journal Finder for access to full text

Document 887
Lamm, Richard D.
The moral imperative of limiting elderly health entitlements.
* Chapter  Document 888

Wikler, Daniel

Polls and focus groups in bioethics: the case of resource allocation.
Call number: QH333 .I57 2002

* Article  Document 889

Bell, Ruth; Ithindi, Taathi; Low, Anne

Improving equity in the provision of primary health care: lessons from decentralized planning and management in Namibia

Georgetown users check Georgetown Journal Finder for access to full text

http://whqlibdoc.who.int/bulletin/2002/Vol80-No8/bulletin_2002_80(8)_675-681.pdf (link may be outdated)

* Article  Document 890

Wagstaff, Adam

Poverty and health sector inequalities

Georgetown users check Georgetown Journal Finder for access to full text

http://whqlibdoc.who.int/bulletin/2002/Vol80-No2/bulletin_2002_80(2)_97-105.pdf (link may be outdated)

* Article  Document 891

Alejandro, Patricia

Bioetica, justicia y asignacion de recursos / Bioethics, justice and the allocation of resources

Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 892

Schwappach, David L.B.

Resource allocation, social values and the QALY: a review of the debate and empirical evidence
Health Expectations 2002; 5: 210-222

Georgetown users check Georgetown Journal Finder for access to full text

* Chapter  Document 893

Dekkers, Wim

Just health care: the case of waiting lists.
Call number: R724 .H35 2002

* Chapter  Document 894
Defever, Mia
Resource allocation in health care: who will decide?
Call number: R724 .H35 2002

* Chapter  Document 895
Pellegrino, Edmund D.
Rationing health care: inherent conflicts within the concept of justice.
Call number: RA413 .E884 2002

* Chapter  Document 896
Seedhouse, David
An ethical perspective — how to do the right thing.
Call number: KD2968 .N8 N87 2002

* Article  Document 897
Blendon, Robert J.; Young, John T.; DesRoches, Catherine M.; Benson, John M.
The continuing legacy of September 11 for Americans' health priorities
Health Affairs 2002; Web Exclusives: W269-W275
Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 898
Kapp, Marshall B.
Health care rationing affecting older persons: rejected in principle but implemented in fact
Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 899
Griener, Glenn
Defining medical necessity: challenges and implications
Health Law Review 2002; 10(3): 6-8
Georgetown users check Georgetown Journal Finder for access to full text
Document 900
Norheim, Ole Frithjof
The role of evidence in health policy making: a normative perspective
Georgetown users check Georgetown Journal Finder for access to full text

Document 901
Foote, J.L.; Houston, D.J.; North, N.H.
Betwixt and between: ritual and the management of an ultrasound waiting list
Georgetown users check Georgetown Journal Finder for access to full text

Document 902
Danis, Marion; Patrick, Donald L.
Health policy, vulnerability, and vulnerable populations.
Call number: RA395_A3E846_2002

Document 903
Brock, Dan W.
Health resource allocation for vulnerable populations.
Call number: RA395_A3E846_2002

Document 904
Emanuel, Ezekiel J.
Patient v. population: resolving the ethical dilemmas posed by treating patients as members of populations.
Call number: RA395_A3E846_2002

Document 905
Gutmann, Amy; Thompson, Dennis
Just deliberation about health care.
Call number: RA395_A3E846_2002

Document 906
Kamm, F.M.
Whether to discontinue nonfutile use of a scarce resource.
Call number: RA418 .M444 2002

* Chapter Document 907

Brock, Dan W.
Priority to the worse off in health-care resource prioritization.
Call number: RA418 .M444 2002

* Chapter Document 908

Silvers, Anita
Bedside justice and disability: personalizing judgment, preserving impartiality.
Call number: RA418 .M444 2002

* Chapter Document 909

Tur, Richard H.S.
Resources and rights: court decisions in the United Kingdom.
Call number: RA418 .M444 2002

* Chapter Document 910

Hope, Tony; Reynolds, John; Griffiths, Sian
Rationing decisions: integrating cost-effectiveness with other values.
Call number: RA418 .M444 2002

* Chapter Document 911

Crisp, Roger
Treatment according to need: justice and the British National Health Service. [United Kingdom]
Call number: RA418 .M444 2002

* Chapter Document 912

Vladeck, Bruce C.; Fishman, Eliot
Unequal by design: health care, distributive justice, and the American political process.
Call number: RA418 .M444 2002
* Chapter Document 913
Wasserman, David

**Aggregation and the moral relevance of context in health care decision making.**
Call number: RA418 .M444 2002

* Chapter Document 914
Hayry, Matti

**Utilitarian approaches to justice in health care.**
Call number: RA418 .M444 2002

* Chapter Document 915
Menzel, Paul T.

**Justice and the basic structure of health-care systems.**
Call number: RA418 .M444 2002

* Chapter Document 916
Daniels, Norman

**Justice, health, and health care.**
Call number: RA418 .M444 2002

* Chapter Document 917
Stein, Mark S.

**The distribution of life-saving medical resources: equality, life expectancy, and choice behind the veil.**
Call number: R724 .B45822 2002

* Chapter Document 918
Marchand, Sarah; Wilker, Daniel

**Health inequalities and justice.**
Call number: R725.5 .C763 2002

* Chapter Document 919
Cutter, Mary Ann Gardell

**Roman Catholic theology and the allocation of resources to critical care: the boundaries of faith and reason.**
In: Engelhardt, H. Tristram; Cherry, Mark J., eds. Allocating Scarce Medical Resources: Roman Catholic
Heisig, James W. 
**Catholicizing health.**
Call number: R725.55 .A43 2002

Delkeskamp-Hayes, Corinna
**Between secular reason and the spirit of Christianity: Catholic approaches to limiting access to scarce medical resources.**
Call number: R725.55 .A43 2002

Rossler, Dietrich
**The allocation of medical services: the problem from a Protestant perspective.**
Call number: R725.55 .A43 2002

Hughes, Edward
**The current medical crises of resources: some orthodox Christian reflections.**
Call number: R725.55 .A43 2002

Dagi, Teodoro Forcht
**Allocation of scarce medical resources to critical care: a perspective from the Jewish canonical tradition.**
Call number: R725.55 .A43 2002

Wildes, Kevin W.
**Creating critical care resources: implications for distributive justice.**
Call number: R725.55 .A43 2002
* Document 926
Kaveny, M. Cathleen
**Developing the doctrine of distributive justice: methods of distribution, redistribution, and the role of time in allocating intensive care resources.**
Call number: R725.55 .A43 2002

* Document 927
Khushf, George
**Beyond the question of limits: institutional guidelines for the appropriate use of critical care.**
Call number: R725.55 .A43 2002

* Document 928
Schotsmans, Paul T.
**Equal care as the best of care: a personalistic approach.**
Call number: R725.55 .A43 2002

* Document 929
Seifert, Josef
**Toward a personalistic ethics of limiting access to medical treatment: philosophical and Catholic positions.**
Call number: R725.55 .A43 2002

* Document 930
Boyle, Joseph
**Limiting access to health care: a traditional Roman Catholic analysis.**
Call number: R725.55 .A43 2002

* Document 931
Rie, Michael A.
**Respect for human life in the world of intensive care units: secular and Reform Jewish reflections on the Roman Catholic view.**
Call number: R725.55 .A43 2002

* Document 932
Gross, Michael L.
**Ethics, policy, and rare genetic disorders: the case of Gaucher disease in Israel**

*Theoretical Medicine and Bioethics* 2002; 23(2): 151-170

**Abstract:** Gaucher disease is a rare, chronic, ethnic-specific genetic disorder affecting Jews of Eastern European descent. It is extremely expensive to treat and presents difficult dilemmas for officials and patients in Israel where many patients live. First, high-cost, high-benefit, but low volume treatment for Gaucher creates severe allocation dilemmas for policy makers. Allocation policies driven by cost effectiveness, age, opportunity or need make it difficult to justify funding. Process oriented decision making based on terms of fair cooperation or decisions invoking the "rule of rescue" risk discriminating against minorities who may already suffer from inequitable distribution of health care resources. Apart from cost, Gaucher disease prompts questions about abortion. Unlike severe genetic disorders, Gaucher offers no grounds for abortion and, in many ways, is analogous to gender based abortions that are prohibited regardless of fetal age. Finally, Gaucher raises concerns about the disclosure of genetic information. These affect potential carriers asked to participate in population studies and carriers and patients who must consider disclosure to others. These concerns weigh the right to privacy against communal interests and bilateral commitments.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 933**

Rego, Guilhermina; Brandao, Cristina; Melo, Helena; Nunes, Rui

*Distributive justice and the introduction of generic medicines*


**Abstract:** INTRODUCTION: All countries face the issue of choice in healthcare. Allocation of healthcare resources is clearly associated with the concept of distributive justice and to the existence of a right to healthcare. Nevertheless, there is still the question of whether this right should include all types of healthcare services or if it should be limited to selected types. It follows that choices must be made, priorities must be set and that efficiency of healthcare services should be maximum. OBJECTIVES AND METHODS: Distributive justice aims at ensuring that everyone has access to necessary care based on the substantive ethical principles of equity and solidarity. Resource allocation is paramount in public policy particularly with regards pharmacoeconomics. The objective of this study is to determine the leading issues regarding the marketing and trade of generic medicines analysing the reasons why there are huge disparities between European countries with regards generic drugs acceptance by practitioners. RESULTS AND CONCLUSION: Distributive justice aims at ensuring that everyone has access to reasonable care based on the ethical principles of equity and solidarity. However, universality implies always choice in access and efficiency in delivery. It follows that resource allocation is instrumental in public policy particularly with regards pharmacoeconomics. The acceptance of distributive justice as a new ethical paradigm for professional ethics implies that as long as the best interest of the patient is not at stake physicians should regard the use of generic drugs as a valid instrument to promote the efficiency of the system and therefore as a way to facilitate citizen's global access to healthcare.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 934**

Kluge, Eike-Henner W.; Tomasson, Kimberley

*Health care resource allocation: complicating ethical factors at the macro-allocation level*


**Abstract:** It is generally assumed that allocation problems in a socialized health care system result from limited resources and too much demand. Attempts at solutions have therefore centered in increasing efficiency, using evidence-based decision-making and on developing ways of balancing competing demands within the existing resource limitation. This article suggests that some of the difficulties in macro-allocation decision-making may result from the use of conflicting ethical perspectives by decision-makers. It presents evidence from a preliminary Canadian study to this effect.

Georgetown users check [Georgetown Journal Finder](#) for access to full text
**Document 935**

Benn, Christoph; Hyder, Adnan A.

**Equity and resource allocation in health care: dialogue between Islam and Christianity**  
Medicine, Health Care and Philosophy 2002; 5(2): 181-189

**Abstract:** Inequities in health and health care are one of the greatest challenges facing the international community today. This problem raises serious questions for health care planners, politicians and ethicists alike. The major world religions can play an important role in this discussion. Therefore, interreligious dialogue on this topic between ethicists and health care professionals is of increasing relevance and urgency. This article gives an overview on the positions of Islam and Christianity on equity and the distribution of resources in health care. It has been written in close collaboration and constant dialogue between the two authors coming from the two religions. Although there is no specific concept for the modern term equity in either of the two religions, several areas of agreement have been identified: All human beings share the same values and status, which constitutes the basis for an equitable distribution of rights and benefits. Special provisions need to be made for the most needy and disadvantaged. The obligation to provide equitable health services extends beyond national and religious boundaries. Several areas require intensified research and further dialogue: the relationship between the individual and the community in terms of rights and responsibilities, how to operationalize the moral duty to decrease global inequalities in health, and the understanding and interpretation of human rights in regard to social services.

Georgetown users check [Georgetown Journal Finder](http://www.georgetown.edu/libraries/journalfinder) for access to full text

---

**Document 936**

Hall, Katherine

**Medical decision-making: an argument for narrative and metaphor**  
Theoretical Medicine and Bioethics 2002; 23(1): 55-73

**Abstract:** This study examines the processes of decision-making used by intensive care (critical care) specialists. Ninety-nine specialists completed a questionnaire involving three clinical cases, using a novel methodology investigating the role of uncertainty and temporal-related factors, and exploring a range of ethical issues. Validation and triangulation of the results was done via a comparison study with a medically lay, but highly informed group of 37 law students. For both study groups, constructing reasons for a decision was largely an interpretative and imaginative exercise that went beyond the data (as presented), commonly resulting in different reasons supporting the same conclusions and similar reasons supporting opposite conclusions. The skills of ethical imagination and interpretation were related to an individual's prior lived experience, construed in the broadest sense. Application of these skills of ethical imagination and interpretation always occurred, to some degree, in a state of uncertainty and almost always involved temporal relationships. Using these results, a theory of ethical decision-making is proffered. Three levels or types of reasoning processes may be present. Type I decision-making involves the application of rules, usually in a deductive fashion. Type II decision-making is characterised by a process where a plurality of reasons are balanced, weighed and sifted with each other. Type III decision-making is intimately linked with respondents lived experiences and `crafts' the content of type I and II reasoning processes, via the application of ethical imagination and interpretation. Relationships between these three types of reasoning processes, and with narrative ethics, are also discussed.

Georgetown users check [Georgetown Journal Finder](http://www.georgetown.edu/libraries/journalfinder) for access to full text

---

**Document 937**

Wallace, Mike

**Mind and body**  

[http://www.nytimes.com](http://www.nytimes.com) (link may be outdated)
New Danish government announces proposals to reduce waiting lists [news]

Georgetown users check Georgetown Journal Finder for access to full text

http://www.thelancet.com (link may be outdated)

Mandatory overtime: professional duty, harms, and justice

Georgetown users check Georgetown Journal Finder for access to full text

Uso racional de recursos [Rational use of health care resources]

Georgetown users check Georgetown Journal Finder for access to full text

Gatekeeping reconsidered [editorial]

Georgetown users check Georgetown Journal Finder for access to full text

http://content.nejm.org (link may be outdated)

Leaving gatekeeping behind - effects of opening access to specialists for adults in a health maintenance organization

Georgetown users check Georgetown Journal Finder for access to full text

http://content.nejm.org (link may be outdated)

Reconsidering health disparities

Quill, Beth E.; Des Vignes-Kendrick, Mary
Document 944
Wilber, Kathleen H.
**Decision-making, dementia and the law: cross national perspectives**
Aging and Mental Health 2001 November; 5(4): 309-311

Document 945
Hurley, Jeremiah
**Cost and effect [review of PRICING LIFE: WHY IT'S TIME FOR HEALTH CARE RATIONING, by Peter A. Ubel]**
CMAJ/JAMC: Canadian Medical Association Journal 2001 October 16; 165(8): 1073-1074

Document 946
Taylor, D. Wayne
**Tunnel vision (not just myopia) afflicts economic analysis in health care [point of view]**
Annals of the Royal College of Physicians and Surgeons of Canada 2001 October; 34(7): 439

Document 947
Derrett, Sarah
**Surgical prioritisation and rationing: Some recent changes**
New Zealand Bioethics Journal 2001 October; 2(3): 3-6

Document 948
Cookson, Richard; McDaid, David; Maynard, Alan
**Wrong SIGN, NICE mess: is national guidance distorting allocation of resources?**
BMJ: British Medical Journal 2001 September 29; 323(7315): 743- 745

Document 949
Inglis, Andrew; Price, Richard; Bion, Julian; O'Leary, Michael J.; Bihari, David J.
**Mortality after discharge from intensive care [letters]**
BMJ: British Medical Journal 2001 September 15; 323(7313): 629- 630

http://www.bmj.com (link may be outdated)
* Document 950
Kravitz, Richard L.; Melnikow, Joy
**Engaging patients in medical decision making [editorial]**
BMJ: British Medical Journal 2001 September 15; 323(7313): 584-585
Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

Document 951
Whitehead, Margaret; Dahlgren, Goran; Evans, Timothy
**Equity and health sector reforms: can low-income countries escape the medical poverty trap?**
Lancet 2001 September 8; 358(9284): 833-836
Georgetown users check [Georgetown Journal Finder](http://www.thelancet.com) for access to full text

* Document 952
Deyo, Richard A.
**A key medical decision maker: the patient [editorial]**
BMJ: British Medical Journal 2001 September 1; 323(7311): 466-467
Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

Document 953
Light, Donald and Hughes, David, guest eds.
**Special Issue: Sociological Perspectives on Health Care Rationing**
SOCIOLOGY OF HEALTH AND ILLNESS 2001 September; 23(5): 551-746
Call number: [Special Issue shelf](http://www.bmj.com)

Document 954
Acheson, Donald
**Inequalities in the UK**
Journal of the Royal Society of Medicine 2001 September; 94(9): 455
Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

Document 955
Lapsley, Irvine; Melia, Kath
**Clinical actions and financial constraints: the limits to rationing intensive care**
Sociology of Health and Illness 2001 September; 23(5): 729-746
Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text
Document 956
Heritage, John; Boyd, Elizabeth; Kleinman, Lawrence
Subverting criteria: the role of precedent in decisions to finance surgery
Sociology of Health and Illness 2001 September; 23(5): 701-728
Georgetown users check Georgetown Journal Finder for access to full text

Document 957
Griffiths, Lesley
Categorising to exclude: the discursive construction of cases in community mental health teams
Sociology of Health and Illness 2001 September; 23(5): 678-700
Georgetown users check Georgetown Journal Finder for access to full text

Document 958
Albrecht, Gary L.
Rationing health care to disabled people
Sociology of Health and Illness 2001 September; 23(5): 654-677
Georgetown users check Georgetown Journal Finder for access to full text

Document 959
Bourgeault, Ivy Lynn; Armstrong, Pat; Armstrong, Hugh; Choiniere, Jacqueline; Lexchin, Joel; Mykhalovskiy, Eric; Peters, Suzanne; White, Jerry
Everyday experiences of implicit rationing: comparing the voices of nurses in California and British Columbia
Sociology of Health and Illness 2001 September; 23(5): 633-653
Georgetown users check Georgetown Journal Finder for access to full text

Document 960
Vass, Carine
Categorisation and micro-rationing: access to care in a French emergency department
Sociology of Health and Illness 2001 September; 23(5): 615-632
Georgetown users check Georgetown Journal Finder for access to full text

Document 961
Joyce, Paul
Governmentality and risk: setting priorities in the new NHS
Sociology of Health and Illness 2001 September; 23(5): 594-614
Georgetown users check Georgetown Journal Finder for access to full text
Prior, Lindsay

Rationing through risk assessment in clinical genetics: all categories have wheels
Sociology of Health and Illness 2001 September; 23(5): 570-593

Georgetown users check [Georgetown Journal Finder] for access to full text

Light, Donald W.; Hughes, David

Introduction: a sociological perspective on rationing: power, rhetoric and situated practices
Sociology of Health and Illness 2001 September; 23(5): 551-569

Georgetown users check [Georgetown Journal Finder] for access to full text

Douglas, Sharon P.; Crook, Errol D.; Reynolds, Marti D.; Robinson, Cheryl G.; Kirchner, Kent A.

"There is power in the blood": a case discussing ethical issues of utility of resources
American Journal of the Medical Sciences 2001 September; 322(3): 145-150

Georgetown users check [Georgetown Journal Finder] for access to full text

Weston, W. Wayne

Informed and shared decision-making: The crux of patient-centred care [commentary]

Georgetown users check [Georgetown Journal Finder] for access to full text

Godolphin, William; Towle, Angela; McKendry, Rachael

Challenges in family practice related to informed and shared decision-making: A survey of preceptors of medical students

Georgetown users check [Georgetown Journal Finder] for access to full text

Elwyn, Glyn; Edwards, Adrian; Eccles, Martin; Rovner, David

Decision analysis in patient care
Lancet 2001 August 18; 358(9281): 571-574

Georgetown users check [Georgetown Journal Finder] for access to full text

http://www.thelancet.com (link may be outdated)
Clinical decisions: from art to science and back again
Naylor, C. David
Lancet 2001 August 18; 358(9281): 523

Georgetown users check Georgetown Journal Finder for access to full text

http://www.thelancet.com (link may be outdated)

Listening to the tin man [editorial]
Kahn, Jeffrey P.
UNOS Update 2001 August: 24

Georgetown users check Georgetown Journal Finder for access to full text

Treating the patient or the population? Part 2. Judging the benefit of a treatment to society as a whole
Heller, Thomas D.; Heller, Richard F.; Pattison, Stephen; Fletcher, Robert
WJM: Western Journal of Medicine 2001 August; 175(2): 104-107

Georgetown users check Georgetown Journal Finder for access to full text

http://www.ncbi.nlm.nih.gov/pmc/journals/183/ (link may be outdated)

Should physicians be gatekeepers of medical resources?
Weinstein, Milton C.
Journal of Medical Ethics 2001 August; 27(4): 268-274

Abstract: Physicians have an ethical responsibility to their patients to offer the best available medical care. This responsibility conflicts with their role as gatekeepers of the limited health care resources available for all patients collectively. It is ethically untenable to expect doctors to face this trade-off during each patient encounter; the physician cannot be expected to compromise the wellbeing of the patient in the office in favour of anonymous patients elsewhere. Hence, as in other domains of public policy where individual and collective interests conflict, some form of collective solution is required. Collective solutions may take the form of placing explicit resource constraints on resources available to physicians, or clinical practice guidelines that recognise cost-effective care as acceptable. Such solutions will be politically and ethically sustainable only if patients as citizens of the larger population accept the need for rationing of limited resources in health care.

Georgetown users check Georgetown Journal Finder for access to full text

Individual autonomy and state involvement in health care
Rice, Thomas
Journal of Medical Ethics 2001 August; 27(4): 240-244

Abstract: This article examines the ethical basis for government involvement in health care. It first provides the case for individual autonomy, focusing on the justifications—particularly ethical ones—for allowing individuals to make their own choices in health care, and to control more of their own resources in doing so. Next, it provides the opposite case—for abridging individual autonomy, and in particular, for redistributing resources from those who are
well off to those who are not. The overriding reason for favouring the latter case, which trumps the notion of individual autonomy, is to ensure that individuals who are at a disadvantage have an equal probability of attaining good health.

* Document 973
Doyle, Yvonne
*Equity in the New NHS: Hard Lessons from Implementing a Local Healthcare Policy on Donepezil*
BMJ: British Medical Journal 2001 July 28; 323(7306): 222-224

* Document 974
Anderson, Gerald F.; Hussey, Peter S.
*Questioning the need to ration [review of WHY RATION HEALTH CARE, by Heinz Redwood]*
Lancet 2001 July 7; 358(9275): 81

* Document 975
Ham, Chris; Coulter, Angela
*Explicit and implicit rationing: taking responsibility and avoiding blame for health care choices*
EthxWeb Search Results

Search Detail:
Result=("9.4".PC.) AND (@YD >= "20000000")
2=1 : "
Documents: 976 - 1161 of 1161

* Article  Document 976
van der Steen, Jenny T.; Ooms, Marcel E.; Ribbe, Miel W.; van der Wal, Gerrit
Decisions to treat or not to treat pneumonia in demented psychogeriatric nursing home patients: evaluation of a guideline
Alzheimer Disease and Associated Disorders 2001 July-September; 15(3): 119-128
Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 977
Whitehouse, Peter J.
The end of Alzheimer disease II: Commentary on "Decisions to treat or not to treat pneumonia in demented psychogeriatric nursing home patients"
Alzheimer Disease and Associated Disorders 2001 July-September; 15(3): 118
Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 978
Jackson, Terri
Rationing versus rationality: observations from outside the United States [commentary]
Medical Decision Making 2001 July-August; 21(4): 324-328
Georgetown users check Georgetown Journal Finder for access to full text

Document 979
Advancing the Health of the American People: Addressing Various Public Health Needs [Hearing before the Subcommittee on Health of the Committee on Energy and Commerce, House of Representatives. 107th Congress, First Session]
http://www.access.gpo.gov/congress/house (link may be outdated)

Article  Document 980
Bauer, Keith
Physicians, rural practice, and health care justice
Document 981
Kao, Audiey
Disparity in health: is geography destiny?
Georgetown users check Georgetown Journal Finder for access to full text

Document 982
Hope, Tony
Rationing and Life-Saving Treatments: Should Identifiable Patients Have Higher Priority?
Journal of Medical Ethics 2001 June; 27(3): 179-185
Georgetown users check Georgetown Journal Finder for access to full text

Document 983
Bonkovsky, Frederick O.
Contending Medical Decision Models
Georgetown users check Georgetown Journal Finder for access to full text

Document 984
Oberlander, Jonathan; Marmor, Theodore; Jacobs, Lawrence
Rationing medical care: rhetoric and reality in the Oregon Health Plan
Georgetown users check Georgetown Journal Finder for access to full text

Document 985
McPherson, Klim
Safer Discharge from Intensive Care to Hospital Wards [editorial]
BMJ: British Medical Journal 2001 May 26; 322(7297): 1261-1262
Georgetown users check Georgetown Journal Finder for access to full text

Document 986
Daly, Kathleen; Beale, R.; Chang, R.W.S.
Reduction in Mortality after Inappropriate Early Discharge from Intensive Care Unit: Logistic Regression Triage Model
BMJ: British Medical Journal 2001 May 26; 322(7297): 1274-1276

Georgetown users check Georgetown Journal Finder for access to full text

Cheung, Bernard M. Y.; Kumana, Cyrus R.
Should decisions on treatment be based on absolute benefit rather than absolute risk?

Georgetown users check Georgetown Journal Finder for access to full text

Walker, Esther; Dewar, Belinda Jane
How do we facilitate carers' involvement in decision making?
Journal of Advanced Nursing 2001 May; 34(3): 329-337

Georgetown users check Georgetown Journal Finder for access to full text

Cohen, Peter J.; Bloche, M. Gregg; Jacobson, Peter D.
Bedside Rationing of Health Care [letter and reply]

Georgetown users check Georgetown Journal Finder for access to full text

Sculpher, Mark; Drummond, Michael; O'Brien, Bernie
Effectiveness, Efficiency, and NICE [National Institute for Clinical Excellence] [editorial]
BMJ: British Medical Journal 2001 April 21; 322(7292): 943-944

Georgetown users check Georgetown Journal Finder for access to full text

Neufeld, Victor; MacLeod, Stuart; Tugwell, Peter; Zakus, David; Zarowsky, Christina
The rich-poor gap in global health research: Challenges for Canada
CMAJ/JAMC: Canadian Medical Association Journal 2001 April 17; 164(8): 1158-1159

Georgetown users check Georgetown Journal Finder for access to full text

Smethurst, D. P.; Williams, H. C.
Are Hospital Waiting Lists Self-Regulating? [research letter]
Nature 2001 April 5; 410(6829): 652-653

Georgetown users check Georgetown Journal Finder for access to full text
Document 993
Petersen, Suni; Heesacker, Martin; Marsh, Robert deWitt
Medical decision making among cancer patients
Journal of Counseling Psychology 2001 April; 48(2): 239-244

Document 994
Green, Colin
On the societal value of health care: what do we know about the person trade-off technique?
Health Economics 2001 April; 10(3): 233-243

Document 995
Pecchioni, Loretta L.
Implicit Decision-Making in Family Caregiving

Document 996
Elwyn, Glyn; Edwards, Adrian; Mowle, Steve; Wensing, Michel; Wilkinson, Clare; Kinnersley, Paul; Grol, Richard
Measuring the involvement of patients in shared decision-making: A systematic review of instruments
Patient Education and Counseling 2001 April; 43(1): 2-20

Document 997
Lickiss, J. Norelle
Late Lessons from Auschwitz -- Is There Anything More to Learn for the 21st Century? [letter]
Journal of Medical Ethics 2001 April; 27(2): 137

Document 998
Fayers, Peter; Bjordal, Kristin
Should quality-of-life needs influence resource allocation? [health-related quality of life (HRQL)] [commentary]
Lancet 2001 March 31; 357(9261): 978

http://www.thelancet.com (link may be outdated)
* Article Document 999
Frankel, Stephen; Ebrahim, Shah; Smith, George Davey
**Limits to Demand for Health Care: Authors' Reply**
BMJ: British Medical Journal 2001 March 24; 322(7288): 735
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article Document 1000
Rao, Jammi N.
**Limits to Demand for Health Care: Article Contained Several Fallacies**
BMJ: British Medical Journal 2001 March 24; 322(7288): 734-735
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article Document 1001
Loudon, Irvine; Webster, Charles
**Limits to Demand for Health Care: Gap Between Demand for Services and Cost of Providing Them Should Certainly be Assessed**
BMJ: British Medical Journal 2001 March 24; 322(7288): 734
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article Document 1002
Maynard, Alan; Sheldon, Trevor
**Limits to Demand for Health Care: Rationing is Needed in a National Health Service**
BMJ: British Medical Journal 2001 March 24; 322(7288): 734
Georgetown users check [Georgetown Journal Finder](#) for access to full text

News Document 1003
Ashraf, Haroon
**U. K. government focuses resources to reduce health inequalities**
Lancet 2001 March 10; 357(9258): 782
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Article Document 1004
Sibbald, Barbara
**Regulations for new natural health products in place by year's end?**
CMA/JAMC: Canadian Medical Association Journal 2001 March 6; 164(5): 679
Georgetown users check [Georgetown Journal Finder](#) for access to full text
Document 1005
Dossetor, John B.
**Psychosocial patient selection criteria in clinical practice guidelines: An ethical basis for rationing?**
CMAJ/JAMC: Canadian Medical Association Journal 2001 March 6; 164(5): 642-643

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1006
Giacomini, Mita K.; Cook, Deborah J.; Streiner, David L.; Anand, Sonia S.
**Guidelines as rationing tools: A qualitative analysis of psychosocial patient selection criteria for cardiac procedures**
CMAJ/JAMC: Canadian Medical Association Journal 2001 March 6; 164(5): 634-640

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1007
Bar-Lev, Adi
**Just allocation of reproductive choice: the case of Israel's sick funds**
APA [American Philosophical Association] Newsletters 2001 Spring; 00(2): 173-174

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1008
Barnes, Kathleen
**Just allocation and medical savings**
APA [American Philosophical Association] Newsletters 2001 Spring; 00(2): 165

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1009
Larkin, Gregory L.; Marco, Catherine A.; Abbott, Jean T.
**Emergency determination of decision-making capacity: balancing autonomy and beneficence in the emergency department**
Academic Emergency Medicine 2001 March; 8(3): 282-284

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1010
Montandon, Michele
**A defense of visible health care rationing**
Princeton Journal of Bioethics 2001 Spring; 4: 64-78

Georgetown users check [Georgetown Journal Finder](#) for access to full text
* Document 1011
Orr, Robert D.; Chay, Fred
Decision making in clinical ethics: Secular and Christian approaches [adapted from MEDICAL ETHICS: A PRIMER FOR STUDENTS]
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1012
Fleck, Leonard M.
PRICING LIFE: WHY IT'S TIME FOR HEALTH CARE RATIONING, by Peter A. Ubel [book review]
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1013
Martone, Marilyn
Decisionmaking Issues in the Rehabilitation Process
Hastings Center Report 2001 March-April; 31(2): 36-41
Georgetown users check Georgetown Journal Finder for access to full text
http://kie.georgetown.edu/nrcbl/documents/hcr/v31/h31n2p36.pdf (link may be outdated)

* Document 1014
Kessel, Ross
The BMA Addresses Britain's Rationing Problem at Last
Hastings Center Report 2001 March-April; 31(2): 6
Georgetown users check Georgetown Journal Finder for access to full text
http://kie.georgetown.edu/nrcbl/documents/hcr/v31/h31n2p06.pdf (link may be outdated)

* Document 1015
McCloskey, Brian; Austin, Daphne
Prioritisation: The New Growth of the NHS
BMJ: British Medical Journal 2001 February 24; 322(7284): 499
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1016
Dobson, Roger
Report Urges More Honest Approach to Rationing [news]
BMJ: British Medical Journal 2001 February 10; 322(7282): 316
Georgetown users check Georgetown Journal Finder for access to full text
**Document 1017**
Glick, Shimon M.
*Healthcare reform, rationing, and equity: A societal challenge*
Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1018**
Willems, Dick L.
*Balancing Rationalities: Gatekeeping in Health Care*
Journal of Medical Ethics 2001 February; 27(1): 25-29
Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1019**
Valentine, John; Bogle, Ian; Goodman, Neville W.
*The Joy of Health [letters]*
Lancet 2001 January 27; 357(9252): 315-316
Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1020**
Domres, Bernd; Koch, Michael; Manger, Andreas; Becker, Horst D.
*Ethics and triage*
Prehospital Disaster Medicine 2001 January-March; 16(1): 53-58
Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1021**
Veatch, Robert M.
*Peter A. Ubel's "PRICING LIFE" [book review]*
Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 1022**
Ho, Anita Tsz-Shan
*THE ETHICS AND POLITICS OF HEALTH-CARE RESOURCE ALLOCATION*
Call number: [RA394 .H6 2001a](#)

**Document 1023**
Worthington, Roger Paul
Document 1024
HEALTHCARE ALLOCATION: AN ETHICAL FRAMEWORK FOR PUBLIC POLICY
Call number: RA427.25 .H43 2001

Anand, Paul
Social choice as the synthesis of incommensurable claims: the case of health care rationing.
Call number: RA410.5 .D38 2001

Wolfson, Michael; Rowe, Geoff
On measuring inequalities in health
Georgetown users check Georgetown Journal Finder for access to full text
http://whqlibdoc.who.int/bulletin/2001/issue6/79(6)553-560.pdf (link may be outdated)

Ikemoto, Lisa C.
Doctrine at the gate: religious restrictions in health care
Journal of Gender-Specific Medicine 2001; 4(4): 8-12
Georgetown users check Georgetown Journal Finder for access to full text

Ubel, Peter A.
The author responds - putting bedside rationing back into perspective [opinion]
HealthcarePapers 2001; 2(2): 69-75
Georgetown users check Georgetown Journal Finder for access to full text

Gratton, Claude; Keatings, Margaret
Advocacy and rationing are compatible [opinion]
Georgetown users check Georgetown Journal Finder for access to full text
Physicians must participate in establishing standards of care [opinion]


The need is to prioritize, not ration [opinion]


Bedside rationing by physicians: the case against [opinion]

HealthcarePapers 2001; 2(2): 45-52

Cutting healthcare costs without rationing at the bedside: preserving the doctor-patient fiduciary relationship [opinion]

HealthcarePapers 2001; 2(2): 38-44

Rationing healthcare: the appeal of muddling through elegantly [opinion]


The tragedy of the medicare commons? [opinion]

Document 1036
Ubel, Peter A.

**Physicians, thou shalt ration: the necessary role of bedside rationing in controlling healthcare costs**
HealthcarePapers 2001; 2(2): 10-21

Georgetown users check [Georgetown Journal Finder](http://www.georgetown.edu/library/journalfinder/) for access to full text

Document 1037
Pasini, Nicola; Reichlin, Massimo

**Solidarity, citizenship and selective distributive justice in health care.**

Call number: HV236 .S65 2001

Document 1038
Silva, Mary Cipriano; Ludwick, Ruth

**The nursing shortage and ethics: up front and personal**

Georgetown users check [Georgetown Journal Finder](http://www.georgetown.edu/library/journalfinder/) for access to full text

[http://www.nursingworld.org/ojin [042903]](http://www.nursingworld.org/ojin) (link may be outdated)

Document 1039
Callahan, Daniel

**Societal allocation of resources for patients with ESRD.**

Call number: RC918 .R4E75 2001

Document 1040
Levinsky, Norman G.

**Equity and patient autonomy in dialysis.**

Call number: RC918 .R4E75 2001

Document 1041
Friedman, Eli A.

**Must (should) all ESRD patients be treated?**

Call number: RC918 .R4E75 2001

Document 1042
Rettig, Richard A.

**Historical perspective.**
* Article Document 1043  
Sharma, R.A.; Symonds, R.P.; O'Byrne, K.J.; Cheater, F.; Abrams, K.R.; Steward, W.P.  
Involving patients in treatment decisions: can we learn from clinical trials?  
Clinical Oncology 2001; 13(5): 328-332

Georgetown users check Georgetown Journal Finder for access to full text

* Chapter Document 1044  
Have, Henk A.M.J. ten  
Allocation of resources and personal responsibility  

Call number: R724 .B48256 2001

* Chapter Document 1045  
Have, Henk A.M.J. ten  
Choices in health care: waiting list, rationing and priorities  

Call number: R724 .B48256 2001

* Chapter Document 1046  
Gefenas, Eugenijus  
Social justice and solidarity  

Call number: R724 .B48256 2001

* Article Document 1047  
Capp, Stan; Savage, Sally; Clarke, Valerie  
Exploring distributive justice in health care  
Australian Health Review 2001; 24(2): 40-44

Georgetown users check Georgetown Journal Finder for access to full text

* Chapter Document 1048  
Alora, Angeles Tan; Lumitao, Josephine M.  
Allocation of scarce resources: marco-, meso-, and micro-level concerns.  

Call number: R725.5 .B49 2001

* Chapter Document 1049
Glannon, Walter
*Rationing health care in the United States and Canada.*
Call number: *R725.5 .C466 2001*

---

Garland, Michael J.
*The Oregon health plan ten years later.*
Call number: *R725.5 .C466 2001*

---

Churchill, Larry R.
*Facing finitude in health: how the American aversion to rationing thwarts health policy.*
Call number: *R725.5 .C466 2001*

---

Kluge, Eike-Henner W.
*Social values, socioeconomic resources, and effectiveness coefficients: an ethical model for statistically based resource allocation.*
Call number: *R724 .M29345 2001*

---

Pennings, Guido
*Postmenopausal women and the right of access to oocyte donation*
Georgetown users check *Georgetown Journal Finder* for access to full text

---

Blanche, M. Gregg; Jacobson, Peter D.
*The Supreme Court and Bedside Rationing [commentary]*
Georgetown users check *Georgetown Journal Finder* for access to full text

---

Kleinert, Sabine
*Next Phase of Priority-Setting in Health Care [commentary]*
Lancet 2000 December 2; 356(9245): 1869-1870
* **Document 1056**

Smith, Richard

**The Failings of NICE [editorial]**

BMJ: British Medical Journal 2000 December 2; 321(7273): 1363-1364

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* **Document 1057**

Geldmacher, David S.

**Conflicting priorities in Alzheimer's care, primary care, and managed care: who pays the price? [opinion]**

American Journal of Managed Care 2000 December; 6(22 Supplement): S1161-S1164

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* **Document 1058**

Hyder, Adnan A.

**Equity as a goal for health care: an operational inquiry**

Journal of the Pakistani Medical Association 2000 December; 50(12): 419-422

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* **Document 1059**

Flarey, Dominick L.

**Do we really ration healthcare? [editorial]**

JONA's Healthcare Law, Ethics, and Regulation 2000 December; 2(4): 103-104

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* **Document 1060**

Friedenberg, Richard M.

**Health Care Rationing: Every Physician's Dilemma**

Radiology 2000 December; 217(3): 626-628

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* **Document 1061**

Holloway, R.G.; Ringel, S.P.; Bernat, J.L.; Keran, C.M.; Lawyer, B.L.

**US [United States] neurologists: attitudes on rationing**

Neurology 2000 November 28; 55(10): 1492-1497

Georgetown users check [Georgetown Journal Finder](#) for access to full text
Document 1062
Goodman, Neville W.
**Rational Rationing**
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1063
Singer, Peter A.; Martin, Douglas K.; Giacomini, Mita; Purdy, Laura
Priority Setting for New Technologies in Medicine: Qualitative Case Study
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1064
Daniels, Norman
**Accountability for Reasonableness [editorial]**
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1065
Oelz, O.
**Facing Up to the Situation [1]: A Plea for Frank Debate About Rationing**
Schweizerische Medizinische Wochenschrift 2000 November 4; 130(44): 1634-1638
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1066
Howden-Chapman, Philippa; Ashton, Toni
**Public Purchasing and Private Priorities for Healthcare in New Zealand**
Health Policy 2000 November 1; 54(1): 27-43
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1067
Bennett, William M.
**Clash of cultures: nephrologists meet the market economy**
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 1068
Timmons, M. J.
Rationing of Surgery in the National Health Service: The Plastic Surgery Model
Georgetown users check [Georgetown Journal Finder] for access to full text

Document 1069
Fozouni, B.; Guntert, B.
Prioritätensetzung im deutschen Gesundheitswesen - die Triade zwischen Rationierung, Rationalisierung und rationaler Allokation / Priorities in German Health Care - The Triad Between Rationalization, Rationing and Rational Allocation [english abstract]
Gesundheitswesen 2000 November; 62(11): 559-567
Georgetown users check [Georgetown Journal Finder] for access to full text

Document 1070
Feek, Colin M.
Rationing healthcare in New Zealand: the use of clinical guidelines
Georgetown users check [Georgetown Journal Finder] for access to full text

Document 1071
Feek, Colin M.
Rationing healthcare in New Zealand: the use of clinical guidelines
Georgetown users check [Georgetown Journal Finder] for access to full text

Document 1072
Cookson, Richard; Dolan, Paul; Ford, Jon; Cooke, Lorelei; Torgerson, David; Gosden, Toby
Priority Setting in Health Care [letters and reply]
BMJ: British Medical Journal 2000 October 14; 321(7266): 954-955
Georgetown users check [Georgetown Journal Finder] for access to full text

Document 1073
Hadorn, David C.
The Steering Committee of the Western Canada Waiting List Project
Setting Priorities for Waiting Lists: Defining Our Terms
CMAJ: Canadian Medical Association Journal 2000 October 3; 163(7): 857-860
Georgetown users check [Georgetown Journal Finder] for access to full text

Document 1074
Jan, Stephen
Institutional considerations in priority setting: transactions cost perspective on PBMA
Article 1075
Riis, Povl
*Life and death – figures versus emotions [editorial]*
Journal of Internal Medicine 2000 October; 248(4): 277-278
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Article 1076
Dickens, Bernard M.
*Chapter 5: Legal Implications of ICD Therapy*
Canadian Journal of Cardiology 2000 October; 16(10): 1319-1324
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article 1077
Hoffmaster, Barry
*The Ethics of Setting Limits on ICD Therapy*
Canadian Journal of Cardiology 2000 October; 16(10): 1313-1318
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article 1078
Ruhnke, Gregory W.; Wilson, Sandra R.; Akamatsu, Takashi; Kinoue, Takaai; Takashima, Yutaka; Goldstein, Mary K.; Koenig, Barbara A.; Homberger, John C.; Raffin, Thomas A.
*Ethical Decision Making and Patient Autonomy - A Comparison of Physicians and Patients in Japan and the United States*
Chest 2000 October; 118(4): 1172-1182
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article 1079
Sarewitz, Daniel
*Death Takes No Holiday [review of FALSE HOPES: WHY AMERICA'S QUEST FOR PERFECT HEALTH IS A RECIPE FOR FAILURE, by Daniel Callahan; THE MISSING MOMENT: HOW THE UNCONSCIOUS SHAPES MODERN SCIENCE, by Robert Pollack]*
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article 1080
Cookson, Richard; Dolan, Paul
*Principles of Justice in Health Care Rationing*
* Document 1081
Smith, George Davey; Frankel, Stephen; Ebrahim, Shah
**Rationing for health equity: is it necessary?**
Health Economics 2000 October; 9(7): 575-579

Georgetown users check [Georgetown Journal Finder](#) for access to full text.

* Document 1082
Sheldon, Trevor A.; Smith, Peter C.
**Equity in the allocation of health care resources**
Health Economics 2000 October; 9(7): 571-574

Georgetown users check [Georgetown Journal Finder](#) for access to full text.

* Document 1083
Kluge, Eike-Henner W.
**Social values, socioeconomic resources, and effectiveness coefficients: an ethical model for statistically based resource allocation**

Georgetown users check [Georgetown Journal Finder](#) for access to full text.

* Document 1084
Walker, A. R. P.; Wadee, A. A.
**In the Rationing of Healthcare in Indigent African Populations, Which Services Come First?**
Journal of the Royal Society for the Promotion of Health 2000 September; 120(3): 152-157

Georgetown users check [Georgetown Journal Finder](#) for access to full text.

Document 1085
Garland, Michael J.
**Who's Responsible for Rationing Health Care? [review of PRICING LIFE: WHY IT'S TIME FOR HEALTH CARE RATIONING, by Peter A. Ubel]**
Medical Humanities Review 2000 Fall; 14(2): 52-55

Georgetown users check [Georgetown Journal Finder](#) for access to full text.

Document 1086
Kanavos, Panos; Trueman, Paul; Bosilevac, Amy
**Can Economic Evaluation Guidelines Improve Efficiency in Resource Allocation? The Cases of Portugal, the Netherlands, Finland, and the United Kingdom**
International Journal of Technology Assessment in Health Care 2000 Autumn; 16(4): 1179-1192
Document 1087
Giacomini, Mita K.; Cook, Deborah J.; Streiner, David L.; Anand, Sonia S.
*Using Practice Guidelines to Allocate Medical Technologies: An Ethics Framework*
International Journal of Technology Assessment in Health Care 2000 Autumn; 16(4): 987-1002

Document 1088
Benatar, S. R.; Fleischer, T. E.
*Tough Priorities [letter]*
Hastings Center Report 2000 September-October; 30(5): 4

Document 1089
Newman, Laura
*New Dartmouth Atlas: Improving US Cardiac Care? [news]*
Lancet 2000 August 19; 356(9230): 660

Document 1090
Benatar, S.R.; Fleischer, T.E.; Peter, J.C.; Pope, A.; Taylor, A.
*Treatment of head injuries in the public sector in South Africa*
SAMJ [South African Medical Journal] 2000 August; 90(8): 790-793

Document 1091
Price, Christopher P.
*Evidence-Based Laboratory Medicine: Supporting Decision-Making*
Clinical Chemistry 2000 August; 46(8 Part 1): 1041-1050

Document 1092
Price, David
*Choices without Reasons: Citizens' Juries and Policy Evaluation*
Journal of Medical Ethics 2000 August; 26(4): 272-276
Document 1093
Frankel, Stephen; Ebrahim, Shah; Smith, George Davey; New, Bill
The Limits to Demand for Health Care [and] Commentary: An Open Debate Is Not an Admission of Failure
BMJ: British Medical Journal 2000 July 1; 321(7252): 40-45
Georgetown users check Georgetown Journal Finder for access to full text
http://www.bmj.com (link may be outdated)

Document 1094
Jones, Judy
Ministers Must Redefine Scope of NHS, Urges Think Tank [news]
BMJ: British Medical Journal 2000 July 1; 321(7252): 9
Georgetown users check Georgetown Journal Finder for access to full text
http://www.bmj.com (link may be outdated)

Document 1095
Berman, Lawrence E.
Mental health parity
Managed Care Interface 2000 July; 13(7): 63-66
Georgetown users check Georgetown Journal Finder for access to full text

Document 1096
Daly, Gail
Ethics and economics
Nursing Economics 2000 July-August; 18(4): 194-201
Georgetown users check Georgetown Journal Finder for access to full text

Document 1097
Callahan, Daniel
Rationing, Equity, and Affordable Care: Americans Have Never Understood That There Is a Price to Be Paid for Universal Healthcare
Health Progress 2000 July-August; 81(4): 38-41
Georgetown users check Georgetown Journal Finder for access to full text

Document 1098
Cochran, Clarke E.; Kupersmith, Joel; McGovern, Thomas
Justice, Allocation, and Managed Care: To Do Their Work Effectively, Managed Care Organizations Must First Build Legitimacy and Trust
Health Progress 2000 July-August; 81(4): 34-37, 41
Document 1099
Pear, Robert
Justice Souter Takes on a Health Care Taboo
New York Times 2000 June 18; p. WK3

http://www.nytimes.com (link may be outdated)

Document 1100
Torgerson, David J.; Gosden, Toby
Priority Setting in Health Care: Should We Ask the Tax Payer?
BMJ: British Medical Journal 2000 June 17; 320(7250): 1679

http://www.bmj.com (link may be outdated)

Document 1101
Anderson, Will; Florin, Dominique
Consulting the Public About the NHS: We Need a Culture of Involvement Not Policymaking by 12 Million Leaflets [editorial]
BMJ: British Medical Journal 2000 June 10; 320(7249): 1553-1554

http://www.bmj.com (link may be outdated)

Document 1102
Chertow, Glenn M.
Leveling the "paying" field in end-stage renal disease
American Journal of Medicine 2000 June 1; 108(8): 666-668

Document 1103
Broyles, Robert W.; Narine, Lutchmie; Brandt, Edward N., Jr.; Biard-Holmes, Diane
Health risks, ability to pay, and the use of primary care: is the distribution of service effective and equitable?

Document 1104
Furnham, Adrian; Simmons, Katherine; McClelland, Alastair
Decisions concerning the allocation of scarce medical resources
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 1105
Ecochard, Rene; Rabilloud, Muriel; Colin, Cyrile; Delahaye, Francois; Ducreux, Corinne; Cao, Danielle; Matillon, Yves; de Gevigney, Guy
The PRIMA Group
Unjustified Variations in Patient Management for Acute Myocardial Infarction in the Rhone-Alpes Region of France
International Journal of Technology Assessment in Health Care 2000 Summer; 16(3): 885-895
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 1106
Lamm, Richard D.
Doctor Kitzhaber/Governor Kitzhaber
Pharos 2000 Summer; 63(3): 8-10
Georgetown users check Georgetown Journal Finder for access to full text

Document 1107
Callahan, Daniel
Setting Priorities in Health Care for All: The U. S. Search for a Welfare State
Georgetown users check Georgetown Journal Finder for access to full text

Document 1108
Hermeren, Goran
The Ethics of Health Choices: Means and Ends
Georgetown users check Georgetown Journal Finder for access to full text

Document 1109
Channer, K. S.; French, J. K.; White, H. D.; Richards, Mark
Prioritising Waiting Lists [letter]
Lancet 2000 May 27; 355(9218): 1915-1916
Georgetown users check Georgetown Journal Finder for access to full text

Document 1110
Bosch, Xavier
Cardiovascular Surgeon's Remarks Cause Uproar in Spain [news]
Document 1111
Durieux, P.
Faut-il suggérer aux patients de s'informer sur le volume d'activité de leur chirurgien avant une intervention?
Should patients be advised to ask about their surgeon's activity level before undergoing an operation?
Presse Medicale 2000 May 6; 29(16): 899

Document 1112
Fox, Daniel M.
The Politics of Explicit Rationing [review of PRICING LIFE: WHY IT'S TIME FOR HEALTH CARE RATIONING, by Peter A. Ubel]
Health Affairs 2000 May-June; 19(3): 279-280

Document 1113
Teno, Joan M.; Fisher, Elliot; Hamel, Mary Beth; Wu, Albert W.; Murphy, Donald J.; Wenger, Neil S.; Lynn, Joanne; Harrell, Frank E., Jr.
Decision-Making and Outcomes of Prolonged ICU Stays in Seriously Ill Patients
Journal of the American Geriatrics Society 2000 May; 48(5) Supplement: S70-S74

Document 1114
Powers, Patricia H.; Goldstein, Cindy; Plank, Gayle; Thomas, Kathy; Conkright, Laurie
The Value of Patient- and Family-Centered Care: One Hospital's Innovative Strategy for Involving Patients and Families in Care Decisions
AJN: American Journal of Nursing 2000 May; 100(5): 84-86, 88

Document 1115
Berman, Wallace F.
PRICING LIFE: WHY IT'S TIME FOR HEALTH CARE RATIONING, by Peter A. Ubel [book review]

Document 1116
Whitney, Simon N.
An iconoclastic view of medical ethics [review of Some Choice: Law, Medicine, and the Market, by George J. Annas]
Georgetown users check Georgetown Journal Finder for access to full text

Holm, Soren
THE ALLOCATION OF HEALTH CARE RESOURCES: AN ETHICAL EVALUATION OF THE "QALY" APPROACH, by John McKie, Jeff Richardson, Peter Singer, and Helga Kuhse [book review]
Ethics: An International Journal of Social, Political, and Legal Philosophy 2000 April; 110(3): 627-628
Georgetown users check Georgetown Journal Finder for access to full text

Sibbald, Barbara
Is Scarcity of Resources a Valid Legal Defense? [news]
CMAJ: Canadian Medical Association Journal 2000 March 21; 162(6): 880
Georgetown users check Georgetown Journal Finder for access to full text

Antman, Elliott M.; Kuntz, Karen M.
The Length of the Hospital Stay After Myocardial Infarction [editorial]
http://content.nejm.org (link may be outdated)

Milligan, Donald W.
Rationing Certainly Exists in Treatment for Cancer [letter]
BMJ: British Medical Journal 2000 March 11; 320(7236): 717
http://www.bmj.com (link may be outdated)

Nakata, Yoshinori; Okuno-Fujiwara, Masahiro; Goto, Takahisa; Morita, Shigeho
Risk attitudes of anesthesiologists and surgeons in clinical decision making with expected years of life
Georgetown users check Georgetown Journal Finder for access to full text
Pinker, Susan  
**Can Quebec Afford Dialysis for Every 80-Year-Old Patient? [news]**  
CMAJ/JAMC: Canadian Medical Association Journal 2000 January 25; 162(2): 243

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Birchard, Karen  
**Patients Protest at Doctor's Suspension in Ireland [news]**  
Lancet 2000 January 22; 355(9200): 295

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Rationing Gets Official Seal of Approval from UK Health Secretary [news]**  
Lancet 2000 January 1; 355(9197): 49

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Nurse Cutbacks and Patient Death**  
AJN: American Journal of Nursing 2000 January; 100(1): 21

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

Tolloczko, Tadeusz  
**Ethical Implications in the Allocation of Scarce Medical Resources in Poland**  
Science and Engineering Ethics 2000 January; 6(1): 63-70

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**What Price?**  
Aquarius Productions  
*Abstract:* "This program delves into two very critical issues: inequalities in health care and health care delivery, and ethical considerations in allocating limited resources to alleviate this problem. Where does an individual's responsibility for practicing healthy behaviors fit into the picture?" [from Aquarius Productions catalog description]

[http://www.aquariusproductions.com](http://www.aquariusproductions.com) (link may be outdated)

---

Redwood, Heinz  
**WHY RATION HEALTH CARE? AN INTERNATIONAL STUDY OF THE UNITED KINGDOM, FRANCE, GERMANY AND PUBLIC SECTOR HEALTH CARE IN THE USA**
Call number: RA425 .R43 2000

* Book Document 1135
Mullen, Penelope and Spurgeon, Peter
PRIORITY SETTING AND THE PUBLIC
Call number: RA395 .G6 M85 2000

* Book Document 1136
Coulter, Angela and Ham, Chris, eds.
THE GLOBAL CHALLENGE OF HEALTH CARE RATIONING
Call number: RA394.9 .G56 2000

Document 1137
Lavastida, Jose I.
HEALTH CARE AND THE COMMON GOOD: A CATHOLIC THEORY OF JUSTICE
Call number: R725.5 .L384 2000

Document 1138
Ubel, Peter A.
PRICING LIFE: WHY IT'S TIME FOR HEALTH CARE RATIONING
Call number: RA410.5 .U533 2000

Document 1139
CastroLeal, F.; Dayton, J.; Demery, L.; Mehra, K.
Public spending on health care in Africa: do the poor benefit?
Georgetown users check Georgetown Journal Finder for access to full text
http://whqlibdoc.who.int/bulletin/2000/Vol78-No1/bulletin_2000_78(1)_66-74.pdf (link may be outdated)

Document 1140
Inequalities in health care Use and expenditures: empirical data from eight developing countries and countries in transition
Georgetown users check Georgetown Journal Finder for access to full text
http://whqlibdoc.who.int/bulletin/2000/Vol78-No1/bulletin_2000_78(1)_55-65.pdf (link may be outdated)
Document 1141

Gakidou, E.E.; Murray, C.J.L.; Frenk, J.

**Defining and measuring health inequality: an approach based on the distribution of health expectancy**


Georgetown users check [Georgetown Journal Finder](#) for access to full text


Document 1142

Feachem, Richard G.A.

**Poverty and Inequity: a Proper Focus for the New Century** [editorial]


Georgetown users check [Georgetown Journal Finder](#) for access to full text


* Document 1143

Harrison, Stephen; Moran, Michael

**Resources and rationing: managing supply and demand in health care.**


Call number: [RA418 .H36 2000](#)

* Document 1144

Dolan, Paul

**The measurement of health-related quality of life for use in resource allocation decisions in health care**


* Document 1145

Arndt, Marianne

**Ethical considerations in the allocation of resources in healthcare.**


Call number: [R724 .M29297 2000](#)

Document 1146

Beck, Lucille B.

**The role of outcomes data in health-care resource allocation**

Ear and Hearing 2000; 21(Supplement 4): 89S-96S

Georgetown users check [Georgetown Journal Finder](#) for access to full text
**Document 1147**

Gorman, D.M.; Labouvie, Erich W.

*Using social indicators to inform community drug and alcohol prevention policy*


Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 1148**

Williams, Lacuna L.

*Mixed prognosis: equity, access, and emerging issues within British Columbia's health care system*


Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 1149**

Dworkin, Ronald

*Justice and the high cost of health.*


Call number: [JC575 .D86 2000](#)

---

**Document 1150**

Molewijk, A. C.; Otten, W.; Stiggelbout, A. M.; Dupuis, H. M.; Kievit, J. [The Netherlands]

*Individualised 'evidence-based' decision support: myth and reality of patient autonomy [abstract]*

Medicine, Health Care and Philosophy: A European Journal 2000; 3(3): 361

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 1151**

Edgar, Andrew [United Kingdom]

*According to need and need alone [abstract]*

Medicine, Health Care and Philosophy: A European Journal 2000; 3(3): 341

Georgetown users check [Georgetown Journal Finder](#) for access to full text

---

**Document 1152**

Needham, Gill

*Using a citizens' jury to involve the public in a decision about priorities: a case study.*


Call number: [RA652 .E845 2000](#)

---

**Document 1153**

Locock, Louise

*International perspectives on priority-setting in health care.*

Document 1154

Bradley, Peter

Application of ethical theory to rationing in health care in the UK: a move to more explicit principles? [United Kingdom].


Call number: RA652 .E845 2000

Document 1155

Bates, David

Who should receive, and who dispense, expensive treatments? The example of beta-interferon.


Call number: R724 .Z46 2000

Document 1156

Martone, Marilyn

Just distribution of rehabilitation resources for persons suffering from traumatic brain injury.


Call number: R724 .S95 2000

Document 1157

Orentlicher, David

Utility, equality and health care needs of persons with disabilities: interpreting the ADA's requirement of reasonabled accommodations.


Call number: KF480 .A32 F73 2000

Document 1158

Brock, Dan

Health care resource prioritization and discrimination against persons with disabilities.


Call number: KF480 .A32 F73 2000

Document 1159

McIntyre, Di; Gilson, Lucy

Redressing Disadvantage: Promoting Vertical Equity within South Africa

Health Care Analysis 2000; 8(3): 235-258

Georgetown users check Georgetown Journal Finder for access to full text
* Document 1160
Wiseman, Virginia; Jan, Stephen
Resource Allocation within Australian Indigenous Communities: A Program for Implementing Vertical Equity
Georgetown users check Georgetown Journal Finder for access to full text

* Document 1161
Mooney, Gavin
Vertical Equity in Health Care Resource Allocation
Georgetown users check Georgetown Journal Finder for access to full text