

Second paper topics

Please answer one of the following questions in three pages. Please turn in your answer to me by 10 am on Tuesday, October 6.

1. When people are asked to make tradeoffs in their own lives between the quality of life and length of life, they give fairly determinate answers. We can arrange the health system to roughly match their preferences. It will pay for some quality of life enhancements, and not pay for some life saving treatments, in a way that reflects the kinds of tradeoffs that people would make in their own lives.

But when people are confronted with such a system, they give a different answer about how to trade quality enhancements against life saving. They reject the system that enacts their preferences for themselves on the grounds that it involves trading the quality of one person's life against years of life for someone else. They're willing for the social system to make some tradeoffs of quality for years of life, but the improvements in quality have to be much more dramatic before they're willing to favor them over saving lives.

This poses a problem for those who seek to design a health system that will give us what we want, namely, it's not at all clear just what we want. Suppose you were going to research a solution to this problem. What sorts of questions would you try to answer in order to break this apparent log jam in our desires for the health system? Just to be clear, I'm less interested in an argument that resolves the problem than I am in thoughts about what questions might lead to its resolution when properly researched.

2. Dworkin seems to have a point when he says that we would not choose to buy insurance to cover extremely expensive technologies that would

extend our lives when we are relatively old.¹ We would spend the money to enhance the quality of our lives at earlier stages in various ways, not all involving health. But that seems to be the opposite of what, in fact, we do. We spend a lot on technologies to extend our lives when we are relatively old. How could this be?

As before, I'm less interested in an answer to the question than I am in some exploration of how to go about answering it. In this case, how could it be that our actual decisions depart so significantly from the hypothetical decisions that seem to make so much sense? And how would we go about showing that a particular explanation is true?

¹ "Justice in the Distribution of Health Care," *McGill Law Journal*, p. 891-2.