



THE UNIVERSITY OF
MELBOURNE

Assignment One

The University of Melbourne / PHIL90027

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1.2 **Question #2: Bird flu**

There is a sudden outbreak of a particularly virulent strain of bird flu in Melbourne. The only pharmaceutical company which holds a (limited) stock of bird flu vaccine doubles the price of the medication. They have many willing buyers.

In the sense of a medicinal crisis I would find it very problematic that the market forces and those forces alone were to govern who would be able to buy the necessary medication—sudden crisis or not. First of all, there is a clear discrepancy between who are able to get it versus those who arguably needs it the most. And this is of course even worse if the consequences of not taking the vaccine might for some mean death. Yes, on the face of it, raising the price means that there is a higher cost burden to obtain it but as is readily available to anyone; the world is not financially fair, meaning again that it might become too high of a burden even for those whose life is depending on it. The action is then problematic for not taking financial situations into consideration but it is also problematic for the fact that we are leaving the decision whether or not to take this vaccine up to the everyman. If the plan for raising the price from the pharmaceutical company's point of view was to ensure that those who needed it more would be more likely to buy it, it probably succeeded (presuming double the price would still within a 'fair' price range), but if the plan on the other hand was to prevent further spread within the public, it utterly and completely fails. It is of course the pharmaceutical company's prerogative to change the price in accordance with market movements, not considering any regulations, but it does so at the risk of further spreading of this virulent strain. It is within this that we also see that it is problematic that this vaccine is not provided from the government to begin with, rather than letting market forces decide who potentially lives and dies and thus there should not be a direct market in critical medicine in complete disregard for public benefit. In a perfect world, there is enough vaccine to go around, but in the case that it is not so, pragmatism needs to reign in order to best protect the public. Whether it be from the government or from this company, a better action would be to prioritize who gets the vaccine in the order of who needs it the most based on reasonable criteria such as age, immune system function and determined risk factors such as heart disease. This would not only mitigate the problem of an unfair distribution in the eye of who stands the most to lose from not having it, but also minimizing the risk of further spread.

Question #2: Transplant

Liver transplants are allocated according to patient's place in a queue. Billy (an old-age pensioner), is now second in the queue. The wealthy Bobby, who is currently fifth in the queue, approaches Billy and offers him \$20,000 in exchange for his place. He will donate the same amount to the hospital if Billy accepts. Billy does accept. Both Billy and Bobby are better off; as are the other patients, who benefit from the funds now available to the hospital.

The inherent problematic point with this action is to some extent the same as the previous; we are with this allowing financial resources to intervene in a process that is not only sensitive in terms of fairness but also life threatening. As it does state in the case, no one is inherently worse off as a result of this specific transaction, other than the mere principle. But this does give room for a slippery slope leading to a future state where it is no longer a first come first serve, or at least pragmatic rules, but rather how much you are willing to pay for it that governs your chances for an liver transplantation. It is further a fact that it is not only the first on the waiting list that will get the next available organ, but it also accounts for blood groups meaning that it is not necessarily an entirely linear queue and swapping places may have consequences. This fact then creates a clear distinction between this and the 'Supermarket' case where the premise is very similar in that it is not a truly linear queue. With the same case there is also a factor of the time that will be spent in the front of the queue; a transplant will presumably take more or less the same time regardless of blood type, age, gender or any other variable. Nor does it then matter per blood type as it will be the same for everyone within that type. The potential slippery slope of this behavior could result in an expectancy from the hospitals—and further a financial dependency—and it could stand to normalize swapping places within a system that needs to be pragmatic in its ways for the sake of legitimacy and perceived fairness. It is in any regard questionable to let financial resources reign in this case because it delegitimizes the system's integrity. Problematic is also incentivizing Billy's swapping with money on the interpersonal level. We do of course not know anything about Billy's financial situation, nor to what degree Bobby is depleting himself in doing this. But assuming Billy is neither wealthy nor completely broke, the substantial sum of money offered could have clouded Billy's judgment and regard for his own personal health—which makes it an immoral offer from Bobby, regardless of how substantial the offer made is for him financially. After the transaction, Billy is better off financially but he is not nearly as well off in regards to his health and security. This is the nature of the transaction between the two parties, but Billy has taken on an unnecessary burden and to allow him to take this is in my eyes very problematic to allow to occur. The supply of people wanting and/or needing to cash in even at points where it completely contradicts all other reason will always be there and regardless of any other factors of whether anyone else is worse off; people does sometimes need to be protected against themselves.