

Age

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Conceptually, the use of age as a factor in rationing is based on the idea of “fair innings” — a sense of the equitable distribution of time as it relates to lived experience and opportunity. Some also justify age-based rationing on a notion of special obligations that society owes to children or elders. Age-based rationing of scarce resources raises complex and fundamental issues that have to do with justice and fairness, and invokes legitimate concerns regarding discrimination against groups or individuals, as well as possible violations of human rights.

The consideration of age as a factor in rationing scarce resources could be used in two ways, each of which carries very different moral weight:

1. As a factor in assessment of risk or prognosis for particular individuals or groups of individuals, and
2. In determining whether a special moral obligation exists to provide first for children, or younger adults under conditions of scarcity.

Consider, for example, a circumstance in which evidence indicates that antivirals are not safe and effective in infants, or that morbidity and mortality risks for seasonal influenza are especially high for the elderly. When there are shortages of seasonal influenza vaccine, it might be recommended that the elderly be given priority in vaccination. Such a rationing decision is not based on age, *per se*, but on information about health risks and prognoses faced by members of certain age groups. Thus it is a clinically-based decision, not truly an age-based one.

Other circumstances distinct from those involving risk and prognosis, however, could occasion substantive considerations of age in rationing decisions. If, for example, clinical considerations were equal, if an even playing field existed, should children have priority over adults for access to scarce ventilators? Should young adults have priority over older adults? Middle-aged persons over the elderly? If age matters, which points on the sliding scale of time’s yardstick are decisive?

Discussion Questions:

1. When rationing scarce health resources during severe pandemic, on what basis are non-clinical, age-based considerations ethically justified?
2. Which, if any, differences in age are ethically justified?
 - a. Infants/children versus young adults
 - b. Infants/children versus middle-aged adults
 - c. Infants/children versus the elderly
 - c. Younger versus older adults
 - d. Elders over younger adults
 - e. Elders over children
3. If age is a consideration, when does it apply to groups, and when does it apply to individuals?