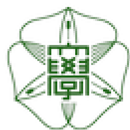

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Overview

- Justice, opportunity and health: is theory age biased? (JHC, 1885; Just Health CUP 2008)
- Societal aging--public health problem of 21st century--some basic facts
- Age groups vs birth cohorts: distinct issues of distributive justice
- Prudential lifespan account (PLA)
  - (cf. Daniels in JOPP 2008; 16:4:475-94).
- PLA and challenge of societal aging

Bioethics and Aging

- End of life care--much discussion
  - Consent and competency
  - Termination of treatment
- Age and resource allocation--relatively little discussion
  - Costs of terminal care, end of life
  - Consequentialist issues between young and old--best outcomes vs fair chances--CEA
  - Fairness issues between young and old (fair innings--A. Williams, Brock, other views--Kamm)

Justice, opportunity, health

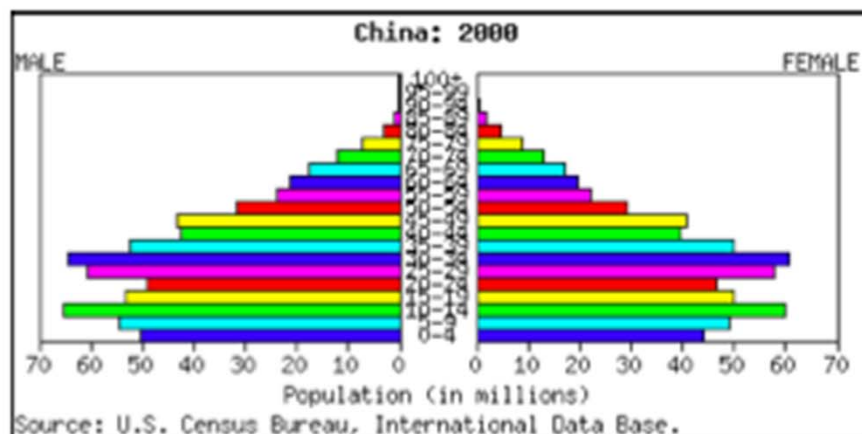
- Special importance of health, health care: makes significant, but limited, contribution to protecting opportunity range for individuals (Daniels 1981, 1985, 2008)
- If health important because it protects opportunity, then should we pay less attention to health of elderly (opportunity is in their past)? (Pres Com on Bioethics, 1983)
- Just Health Care (1985), Am I My Parents' Keeper? (1988)

Societal Aging

- Results from combination of:
  - Decrease in mortality rates
  - Decrease in fertility rates
- Special effects:
  - American post-war baby boom--sudden rise in fertility rate followed by drop
  - Chinese working age cohort-- steady fertility rate combined with drop in mortality rates followed by one-child policy

U.S. Census Bureau

Population Pyramids for China

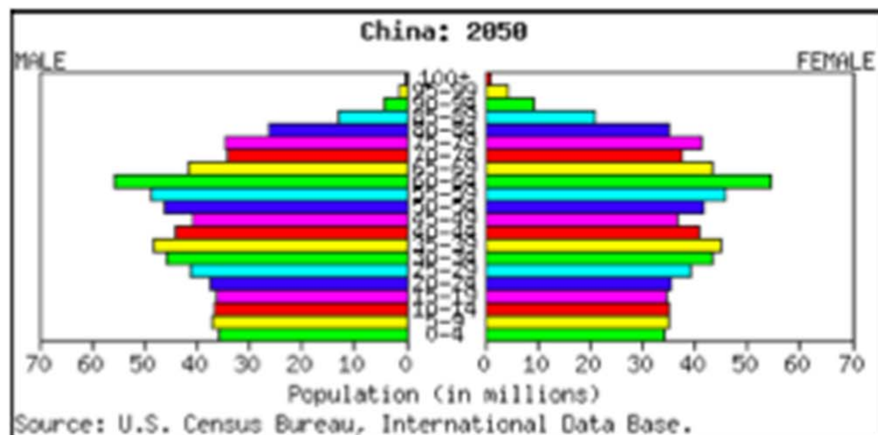


Extract data from IDB Online Aggregation

Source: U.S. Census Bureau, International Data Base.

U.S. Census Bureau

Population Pyramids for China



Extract data from IDB Online Aggregation

Source: U.S. Census Bureau, International Data Base.

Societal Aging: developed countries

- US: 1900: 4% > 65 2030 20%>65
- US: 2040: 26.2m>80 25m<6
  (youthful American vs graying cowboy)
- Italy 2005 fertility rate = 1.2 (2.1=stable)
- Italy 2050 median age 54
- Developed World: workers/retirees
  - 2005 = 4.5 2050 = 2.2

Societal Aging: developing countries

- East Asia: tripling of elderly in 50 years from 6% to 20%
- China: 332 million > 65 by 2050 = number over 65 worldwide in 1990
- East Europe: 2050 28%>65
- Latin America: 2050 17%>5

Effects of Societal Aging

- Dramatic changes to profile of needs
  - Care for frail elderly
    - Challenge to public support
    - Challenge to family support -- 1-2-4 problem in China
  - Increase in chronic disease over longer period
  - Competition for resources across age groups
- Challenge to stability of transfer schemes
  - Dramatic changes in ratios of workers to retirees (offset by dependency ratios)
  - Threat of imbalance in benefits to different cohorts ("will it be there for me when I am old?")

Anti-Age Discrimination Law

- influence of civil rights legislation-- ”unequal treatment,” stereotyping
- ADEA 1967-- (1983 improvements still have these features)
  - differential treatment by age
  - disparate impact

Age Groups

- Do not age
- Composed of succession of birth cohorts
- Individuals pass through different age groups

Birth Cohorts

- Do Age
- Composed of distinct set of individuals with particular history
- Individuals belong to specific birth cohort

Intergenerational Equity

- **Age Group Problem**: what is fair allocation of a good (health care) between young and old (among various age groups) in a distributive scheme (e.g. NHS)
- **Birth Cohort Problem**: what is fair treatment of different birth cohorts passing through a distributive scheme that solves age group problem over the lifespan

Age Group Problem: related questions

- What is age bias in distribution?
- Is CEA or other methodology age-biased?
- Can we use age as rationing criterion?

Hiding from Problem

- Medicare coverage in US
  - Recent decisions: cover left ventricular assist device, lung volume reduction surgery, implantable defibrillators: only latter has reasonable cost effectiveness, no mechanism for opportunity costs to be considered
- Coverage in NHS
  - Limited recent guidelines on age criteria
  - Better context for thinking about lifespan

Prudential Lifespan Account

- Assume we do not know our age, must allocate as if we live through whole lifespan
- Assume interpersonal distributive justice
- We all age: different treatment by age creates no inequalities across persons
- Prudent allocation over lifespan is model for what is fair to each age group
- Allocate health care so it protects age-relative opportunity range

Birth Cohort Problem

- Provide roughly equal benefit ratios to all cohorts (for mature schemes)
- Presupposes population stability with bumps-- not significant decline
- Difficult equity problem under rapid societal aging and population decline (privatization not solution)

Age, Race, Gender: Observations

- We do not change race or gender (with a few exceptions)
- We all (hope to) age
- Treating people differently by race or gender produces inequalities across persons in need of justification
- Treating people differently at different ages over their lifespan does not produce inequalities across persons
- Treating people differently at different ages over their lifespan can make their lives all go better

Prudential Lifespan Account of justice across age groups

- Treating ourselves differently at different stages of life can make our lives go better over all
  - Sacrificing earnings to gain education may increase lifetime earnings, give us more options over time
  - Taking income from ourselves at stages earlier in life when we do not need it and having income transferred to us when we are older and lose earning power makes our lives go better-- reduction in poverty for elderly by introducing indexed SS and Medicare
  - (redistributive effect of SS adds to this security for worse off groups)

Prudential Lifespan Account (2)

- Differential treatment by age that is prudent is model for fairness across age groups
- Qualifications:
  - Assumes just distributions across persons
  - Assumes relative stability of policy over lifespan
  - Needs veil to ensure impartiality across stages of life
  - Needs appeal to fair process to resolve disputes about what counts as prudent (change from earlier view)

“Prudence” in PLA

- Assume other interpersonal issues of justice addressed--lifetime fair shares
- Assume don’t know age
- Assume live through all stages of life
- Assume accept trades among stages
- Not standard model of prudence, but earlier exposition had confusing illustrations

Prudence complicated

- life goes a well as possible (core idea)-- live through whole life and test all trades
- not simple maximizing of quantity like healthy life years (or welfare? well being?)
- suppose we maximize healthy life years by reducing care in last 6 months of life, reinvesting in rest of life
  - does this make life go as well as possible?
  - it matters where extra HALYs go,

Decisions about Prudence

- If maximization inadequate, reasonable people will disagree about what prudence involves
- need deliberative process, like accountability for reasonableness, to determine what counts as prudent
- appeal to prudence not as simplifying a proposal as I once thought, yet we still have account of how to treat age groups fairly

compulsory retirement

- contrary to US law: evaluating by age, not ability to perform job
- PLA: increases opportunity of young, decreases that of old, could make life as whole go better
- Saving PLA?--lifetime fair share of job opportunity determined by skills, choices
- Biting bullet: if job scarcity, and good retirement support, CR protects FEO

Age Groups and Birth Cohorts

- Age Groups do not age, birth cohorts do
- Age Group problem: prudential lifespan account
- Birth Cohort problem: rough equality in benefit ratios in system that addresses age group problem
  – E.g. social security transfers help solve age group problem but benefit ratios may have to be adjusted to accommodate special problems of intercohort size or other issues that would create interpersonal inequities (across cohorts) and destablilize situation

Just Health across Age Groups

- Opportunity: are the opportunities of the elderly in their past?
- Prudential design of health care allocations across lifespan: aim at age relative opportunity range
  - Preserve normal functioning at each stage of life
  - Strong emphasis on prevention
  - Broad account of socially controllable factors
  - Broad account of categories of care -- assessed for impact on maintaining normal functioning or compensating for losses of it
  - Long term care and social supports as important categorically as other forms of care

Pure Age Rationing

- Moral permissibility will depend on whether it is prudent for rational deliberators to use *pure* age rationing (age not proxy)
  - Not an appeal to intuitions about fairness (except about choice situation)
  - Crucial assumptions about “framing” by other principles of justice
- Consider persistently scarce resource. Suppose age rationing and nonage rationing both yield same life expectancy, but age rationing increases chances of young reaching average le while non-age rationing decreases chances of young reaching average le but increases chances of those above average le living longer. What would rational allocators choose?

Reasoning about Pure Age Rationing: PLA

- A gives 1.0 probability of reaching age 75 and dying right away; L gives 0.5 probability of reaching age 50 and 0.5 probability of reaching age 100.
- If tie for expected payoff (average life expectancy), then not impermissible to ration by age.
- If years above expected le likely to be lower quality than those below, then expected healthy life expectancy increased by age rationing.
- If years below average le typically more important to achieving key goals in life plans, then age rationing is prudent to choose.
- So either not impermissible or preferable, at least under some resource constraints.

Rationing by age

- PLA justifies pure age rationing in limited circumstances, not as general as fair innings view
- PLA argument: if age rationing scheme equals lottery in LE, but distributes years gained differently, then not imprudent and so not unfair
- NICE CC rejects fair innings, arguably would reject my argument--A4R needed

Equity among birth cohorts

- Want solution to age group problem that is also fair to different birth cohorts
- Problem posed by shifting cohorts sizes
  - Rough equality of benefit ratios
  - Requires adjustments to benefits
  - E.g. building reserve to be consumed by Baby Boom
  - No gain in shifting to private schemes--lose risk sharing across cohorts
- Problem posed by shrinking population--much harder

Hard cases--Italy

- Italy--fertility rate well below population reproduction rate, early retirement
  - Adjusting work routines, expectations later in life, education later in life
  - Pronatal policies
  - Support for mixed systems

Hard Cases--China

- Old before rich
- Expand health system to meet needs across lifespan: adequate urban and rural insurance
- Retirement system that channels some of new wealth into pension system
- Integration with filial supports