Pandemic Allocation, Cultural Difference, and Imperfect Methods

Separating the “Is” From the “Ought”

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For more than a year, communities across the globe have faced challenging, unimaginable questions about how to distribute urgently needed medical resources when the demands of their population outstrip supply. When no framework or ethical guidance exists to direct distribution of scarce resources, clinicians are left to make allocation decisions at the bedside, ad hoc. These distribution questions are questions of fairness, questions at the heart of a just society.

Too often it feels like those questions get asked in an ethnocentric, nation-centric, or institution-centric manner. Those centrisms, whatever their flavor, tend, in one way or another, to reflect assumptions about human life. Too often, at least in the United States, they also tend to reflect the privileged, white, Western assumptions of dominant mainstream public voices. The vocabularies, the intuitions, and the plausible “answers” all come marinated in a sauce of modern Western democratic liberalism or capitalism or both. The same intuitions that vaguely mirror the thought of very smart and very dead white men with a first name of John (Locke, Mill, and Rawls) allocate solutions that come prepackaged for consumption with hints of something that sounds plausible or at least palatable and yet bland and that are individually wrapped for our mass individualistic Western culture’s consumption.

That is the reason that data like those presented by Norisue et al1 in this issue of CHEST are important. The authors set out to see how well the prevailing (though contested) concepts that are propounded in the United States about ventilator allocation (ideas like instrumentality and reciprocity for frontline workers,2 maximization of survival,3 “fair innings”4) square with the culturally embedded notions of honoring elders and deference steeped in Japanese culture. Their important, timely work probes these perceptions in a country without official government or medical professional society scarce resource allocation guidance, a country where negative characterizations of triage have been amplified by popular media use of the phrase “inochi no senbetsu,” or “sorting of lives.”

Norisue et al1 demonstrated that, overall, among a sample of >1500 Japanese survey respondents, most were comfortable with common Western prioritization principles. Strong questionnaire design and response rate notwithstanding, important methodologic limitations loom, limiting what these results mean for the normative “ought” of pandemic allocation policy work in Japan.

Their study was not a representative sample of Japanese adults; it was administered to members of the general public and health care workers. The “general public” cohort was comprised of a multisite convenience sample of urban and suburban Japanese adults who were either seen at outpatient clinics or working at one of five large companies. The health care workers who were surveyed came from two health care institutions, one urban and one suburban. With this approach, their sample was younger and highly enriched with people likely to interface with technology through their work or engage with high tech health care as patients at urban or suburban institutions.

Why might that be so important? Well, the purpose of describing degree of agreement with different allocation principles, largely derived from Western sources, makes exposure to and comfort with Western anything (principles, medicine, technology) a confounder in such important, descriptive work.

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Perhaps this explains the reason that Norisue et al. did not find the level of disagreement with Western allocation principles that they thought they might. That some respondents disagreed with, or were even repulsed by, Western allocation principles may end up being the more interesting finding. Who are those people, these outliers, and what ought decision-makers do with their more “traditional” or “out of step” views? And to what degree are theirs the prevalent sentiments of the Japanese people?

Aside from these questions, a question unanswerable with their sample strategy, a question at the heart of this research project and all debates about pandemic allocation ethics is “What to do with difference?”

What ought we to do when, say, 10% of the populace objects to a practice? Is it that “a mere 10%” object, and we have emerging consensus, or is it that a “sizable, nontrivial minority” have something important to contribute? Or both? Such questions begin to get at the heart of what or how public opinion (data attempting to describe what is, even if pristinely sampled and scrupulously curated) should shape tough policy decisions about what “ought” to be. For not only is it instructive to measure the distribution of viewpoints across a population, but it is also important to know how members of the society propose to reconcile dissent.

We wish we knew the answers to these tough questions of difference.

What we can say from the work of Norisue et al. is that, at least in the context of their sample, Western allocation principles are not “beyond the pale” in terms of cultural palatability and that nontrivial subsets of respondents disagree. That simple fact is its own contribution. That there is openness to such principles may mean any number of things such as cultural hegemony, global market economies holding more sway than ethnic and cultural values, or maybe deeply held differences not translating neatly to pandemic allocation principles in ways we might hypothesize; all these are possible. The knowns and unknowns that emerge from these data should keep us all a bit more humble.

Importantly, what applies to Japan applies just as well to the West, steeped as we are in our own assumptions, as if our political philosophy had a pH of exactly 7.0 (neutral but, in certain contexts, incompatible with life).

Taking differences seriously requires listening to more unheard voices, getting our sampling frames better, and being honest about what it might take to honor the “sizeable minority” of people who do not share establishment values about ventilators and vaccines or fairness or life. Maybe then, in humility, we can begin to pay more than lip service to pluralism and broaden our own philosophical palates about what values and perspectives get to shape allocation policies.

References