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Ethics, rationing and the COVID-19 pandemic: philosophy and practice: Does philosophy have a role in practical debate – about COVID, or anything else?

Michael Loughlin

Ever since Socrates first shuffled into the Athenian marketplace, philosophers have acquired a reputation for asking annoying questions. Their persistent quest for clarity entails repeatedly insisting that others spell out what they mean by the terms they use and how they justify the inferences they make, questioning assumptions their unfortunate interlocutors thought too obvious to require articulation. This relentless search for clarity seems somewhat paradoxical to some, when the typical effect on the interlocutors is to shift them from certainty to uncertainty – what is revealed by the dialogue is rarely a straightforward proof of any given claim, nor a vindication of any particular definition. Rather, it is an awareness that what seemed beyond doubt may indeed be reasonably questioned, that beliefs which apparently stood on solid ground lack clear foundations, and definitions we thought straightforward are either ambiguous or circular.

Perhaps more worryingly in our current context, the ***de facto*** role of the philosopher can be to undermine our confidence in expertise. Again, consider Socrates. In a typical dialogue, he confronts someone who thinks himself an expert – be it on the nature of knowledge, justice, piety or courage – and in no time at all exposes the insecurity of this person's grasp on the concepts he wields and the questionable nature of the pronouncements he makes. The effect on the audience might well be to establish their own critical faculties as just about the only thing they feel they can really trust. At a time when politicians

assure us that the public have "had enough of experts"[1] and concerned parents declare that the best way to protect their children's health is not to consult a qualified health professional, but rather it is to do their own research at the "university of Google",[2, 3] the law of unintended consequences seems depressingly in evidence. Of course, no serious philosopher, Socratic or otherwise, would want to replace trust in medical expertise with investigations at the university of Google, especially regarding such issues as vaccinating children against dangerous conditions. Such an outcome was never the intention of any credible project to promote critical thinking. But in a time of a global pandemic, mass adherence to safety recommendations is needed to control the spread of the coronavirus. What is more, any hope of a medical solution rests not only in the development of a vaccine but in the willingness of the public to be vaccinated, and the rise of a vocal "anti-vaxxer" movement is a serious threat to this.

So should we conclude that philosophy has no role in practical debate, or at least that, when confronted with a problem of such global proportions as the COVID-19 pandemic, philosophical thinking needs to be put "on hold"? That is the conclusion of critics of philosophy, who regard the discipline as something which (at best) can be engaged with in our spare time, when we are not too busy solving practical or "real world" problems.[4-8] I have argued elsewhere that such a conclusion would be premature and ultimately catastrophic, based on the sort of incomplete and inconsistent reasoning that a proper training in philosophical methods of argument and analysis dispels.[4, 8] Mill's view that a critical population is society's best defence against tyranny[9] provides the basis for an education that equips populations with the skills of systematic, critical evaluation of all claims they are presented with,[4, 8] including, obviously, the ones they encounter while touring the university of Google. We need not less, but more critical thinking, applied with rigour to the tweets of politicians, the televised diatribes of professional political commentators and to the blogs and websites of self-identifying "sceptics", whether their scepticism concerns vaccines, medical science more generally or indeed climate science.

Certainly, in these bizarre and horrific times, the need for clear thinking and intellectual rigour would seem greater than ever. In the UK, US and elsewhere, a lack of clarity about public health policies is emerging as a major problem for practical efforts to contain the spread of the coronavirus. Populations are complaining that they do not understand what, precisely, they are supposed to do or refrain from doing, with even leaders admitting that they do not understand the precise requirements and restrictions on public behaviour they have put in place.[10, 11] Furthermore, public figures, including some public health experts[12, 13] are warning that certain restrictions can have unthought-through consequences that will actually be counter-productive with respect to the goal of controlling the virus. Campaigning groups warn that some restrictions seem to have less to do with public safety and more to do with building barriers to legitimate political protest that will outlast the current crisis.[14, 15] All of this comes against the background of world leaders who routinely dismiss rational argument and evidence, basing policies on "alternative facts" and having little time for such philosophical constraints as the law of non-contradiction – openly contradicting themselves in social media and TV interviews, giving rise to what some have termed "the post-truth era".[16]

In such a context, then, it seems only natural that philosophers would want to make a contribution to the public debate – but how best to do so? And how do we overcome the discipline's perceived lack of application to all discussions deemed properly practical?

Applied philosophy: two approaches

To give a typically philosophical response, we do need, first, to think about what exactly we mean by a philosophical approach to practical problems: what, precisely, does it mean to "apply" philosophy? It seems to me there are two opposing tendencies in applied philosophy that are particularly pertinent to debates about medicine and health care, one of which builds on something which can legitimately be termed the "traditional" philosophical approach and the

other which attempts to amend that approach, with the goal of creating a distinct, applied version of the discipline. One way of characterising the distinction here is as follows: is "applied philosophy" simply the name we give to philosophy when it is done in the context of debates we feel have particular practical import, or is it a distinct branch of the subject, with its own methodology?

By the traditional approach, I mean the one already sketched in my opening comments. Philosophy requires us to question our underlying assumptions, and to pursue a line of argument to its logical conclusion, wherever this leads. As the influential bioethicist Dan Brock argued, in philosophy "nothing is to be immune from question and criticism… Whether the results are unpopular or in conflict with conventional or authoritative views, determining the truth to the best of one's abilities is the goal."[17]

As a consequence, the role of philosophy in applied debates is to broaden discussion, with the road to clarification requiring us, at least at first, to look beyond the parameters of debates generated by initial characterisations of our problems. Were a Socratic dialogue to end with a summary of established conclusions (on, say, the nature of piety) plus a five-point action plan on how to increase piety throughout Athenian society, then it would have an outcome that contemporary critics of philosophy could perhaps deem practical. Instead we end with a sense that the questions raised are inextricably bound up with other questions – ones, all too often, that we have yet to answer. The attempt to focus on specific claims has led not to a focussed conclusion but a widening of the discourse – a need to expand or 're-map' the conceptual boundaries to gain a more accurate understanding of the nature of the problem.

This, for Brock, represents a serious obstacle to the practice of applied philosophy. Writing about his experience as Staff Philosopher on a Presidential Commission, advising policy-makers on a range of "ethical problems in medicine", Brock notes that philosophers' "academic ways" give rise to a natural tendency to "set agendas" that are, from the perspective of the politicians and managers they hope to influence, "unrealistically wide". To avoid "using up one's credibility" and to achieve "significant impact", the philosopher must think and

write with “a more realistic understanding of the constraints of political reality”.[17] This way of thinking has led to the development of an approach designed to make philosophy more relevant to ongoing policy and practice debates, by abandoning the philosophical staple of widening the debate parameters, of questioning the assumptions and contexts which give rise to the practical problems needing to be addressed. Instead, theorists working in biomedical ethics attempt to apply moral theory to real-world dilemmas to find determinate, non-arbitrary answers to ethical questions facing decision-makers, given the social and professional structures in which they must work.[18-20] While they do not deny that legitimate questions can be raised about these structures, such questions are beyond the remit of the particular practical project in which they are engaged.[18] As recent contributors to the debate about ethics and rationing in the context of the COVID crisis put it: “as an open, democratic society, we owe it to ourselves, to patients, their families and their doctors, to confront these horrific questions and to reach specific answers we can all accept.”[20]

Such horrific questions include how, ethically, to make rationing decisions in ICU in the context of the pandemic, the creation of extraordinary legal powers, and issues regarding discrimination and the de-prioritisation of groups with life-threatening conditions, in order to prioritise containment of the coronavirus.[19-23] This approach embodies assumptions regarding proper methodology in applied philosophy. Specific moral theories can be dismissed on the grounds that they fail to supply appropriately “practical” guidance, in the sense of giving practitioners determinate answers regarding dilemmas generated by “the broader socio-political and legal structures that define and shape our society”.[19] In reply to the arguments of the clinician Vegard Wyller that “fair rationing at the bedside is impossible,”[24] Morten Magelssen and colleagues argue that what they mean by “bedside rationing” cannot be immoral, ***because*** it is “unavoidable” given the social structures in which health provision takes place. [18, 25]

Wyller grounds his position in what he calls an “ethics of proximity” which he argues provides the most intellectually defensible and intuitively plausible moral framework for a caregiver.[24] While

Magelssen et al. engage to some extent with the specifics of Wyller's philosophical defence of this theory, their grounds for rejecting it seem to be methodological. Arguing that rationing is unavoidable given the system as it is, they state that "a well-developed modern professional ethic ought to be able to incorporate and justify notions of justice and rationing." It is precisely because "proximity and care ethics approaches" are "simply unsuited to provide such an ethical framework for medicine" that they can be rejected.[18] So Wyller's position in moral philosophy leads him to reject their claim that an ethically defensible method of "bedside rationing" is possible, while the very fact that his theory implies this conclusion leads Magelssen et al. to dismiss his theory on methodological grounds.

These differences in philosophical methodology have substantial implications for practice, with Wyller arguing that, as a practitioner, he will do the best for the patient in front of him, refusing to take on the role of "resource stewardship" recommended by the bioethicists with whom he is engaged in debate.[24] In response, Magelssen and colleagues conclude he is either ignorant or in denial of the economic and political realities that frame his practice, with the consequence that he places subjective, emotional attachment to his patient over impartial, rational considerations of economic justice.

Advantages, problems and progress

The two approaches are, then, at odds. How do we decide between them when doing applied philosophy? The proliferation of "applied ethics" grounded in the second approach has led to a greater involvement of philosophers in the development of practice guidelines and ethics committees, and it forms part of a culture that has also led to the involvement of groups such as health economists in developing such "decision-making tools" as the quality-adjusted life year (QALY).[26] Its advantages are apparent, not only to researchers looking for funding from organisations who make it clear that they want "concrete answers", not more questions. As John Coggon and Sadie Regmi point out,[19] clinicians forced to confront some of the "horrific questions"

they discuss can face the additional worry that their decisions may, retrospectively, face legal challenges. In such circumstances, it is reassuring to feel that one can demonstrate that the decision made was in line with established guidelines. This does not make the decision to de-prioritise a particular patient, possibly leading to the patient's suffering or death, any less distressing or traumatic, but when the circumstances leave no other option, this at least affords the practitioner some security.

That said, there are serious difficulties with this approach. We can hopefully all agree that in circumstances which literally leave no other option than to sacrifice the life of one human being in order to save another, it would be extremely unfair to condemn or punish the person forced to make this horrible decision. That is the case, surely, even if the decision as to which person to save turns out to be morally arbitrary. As discussions in applied ethics that long pre-date the current crisis indicate, if one is in a position of having to decide (for instance) which unconscious person to pull from the burning building, there need be no non-arbitrary answer to the question "which one?" – all one knows is that one ought to save one of them. What is less clear is how one moves from such extreme cases as this to the broader uses of bioethics and health economics in vindicating rationing cultures, providing answers we allegedly should "all accept" to questions about which groups should be de-prioritised, making it a stipulation of the discourse that there simply ***must*** be a correct answer to these questions.

One of the obvious problems for this form of applied ethics concerns the contentious nature of the subject. While some bioethicists claim to possess "ethical expertise"[27] this cannot, surely, mean that having a qualification in moral philosophy makes one an expert on what is right and wrong. The very fact that two philosophers can be just as well qualified, yet disagree radically over the answers to important moral questions, surely confirms this.[30] Coggon and Regmi explicitly accept this point, noting that rationing decisions "may be resolved through numerous contradictory approaches to prioritisation" and that: "Multiple values can reasonably be claimed to be justice-based considerations (that is, to be supported by reasons that an impartial

observer would agree are good reasons) but each gives rise to radically distinct answers".[19]

Yet they still endorse the claim (made by Thomas and colleagues, quoted above) that guidance materials can be produced which give "specific answers we can all accept". This is because they distinguish "answers we can all accept" from "answers with which we all agree".[19] Their use of this distinction suggests a commitment to the sort of proceduralist position in moral and political philosophy that Wyller identified as at work in the writings of bioethicists: whatever an individual's "personal opinion" about what is right and wrong, the concept of justice in evidence here is grounded in an ideologically contentious idea that what matters with regard to "justice" is that "the system in its entirety works, and is seen to work, as a coherent, authoritative whole".[19] So, again, the underlying premise of the whole approach would seem to be that "the broader socio-political and legal structures that define and shape our society" cannot be challenged. This background assumption defines the remit of this debate, and those (such as Wyller) who wish to challenge the justice of the underlying system are automatically excluded for being "unrealistic" and "impractical".[4, 25]

Why do people like Wyller (and I) find this constraint on the discourse so problematic? The answer is related to another question, regarding how the more traditional philosophical approach can be meaningfully applied. First of all, we must correct the assumption that "broadening the debate" is "impractical": we need to think (again, reverting to philosophical stereotype) about what we mean by "practical" – practical for whom? The reasoning that led Brock to his conclusion on this point was based on his specific experiences, which shaped his conception of who is the proper audience for applied philosophy. While he was one of that rare group of philosophers "fortunate enough to have the opportunity to use their analytical and critical skills at influential points in the policy process", he characterises other applied philosophers as "academics just hoping that an occasional policy-maker might read their scholarly journal articles."[17] Now it would, certainly, seem unrealistic for any philosopher to hope that a Trump, Johnson or Bolsonaro might one day

be browsing – let us say – the ***Journal of Applied Philosophy***, happen upon an article there, find its arguments overwhelmingly convincing and become inspired to change his whole approach to policy-making as a consequence.

However, as I have argued elsewhere, many contributors to philosophical and popular debate might feel that they are writing not specifically for the people Brock identifies as "policy-makers" (his Commissioners and the politicians and senior administrators they reported to) but rather they might aim to reach "a wider audience," meaning "any rational human able to understand the arguments put forward and willing to take them seriously".[4] Wyller makes a similar point in his reply to Magelssen et al., noting that they seem to regard the political process as "confined to decisions about general principles of fair distribution, performed by elected representatives".[28] For Wyller, the legitimate political process incorporates "much more than the formal structures of a representative government; it encompasses a wide range of public activity" including the organised public protests and media campaigns his critics dismiss as displays of non-rational "sentimentality".[18] As I point out in my response to this exchange, this broader process also includes the actions and stances of "bolshy" practitioners like Wyller, who sees his primary obligation as being to the patient in front of him, not to the politician whose job it is to make the whole system "tick over" effectively or to the manager whose role it is to keep a particular budget within a specified limit.[25]

These agents may see arguments about broader social justice as beyond their remit, but Wyller does not. It is central to his conception of democratic process that the overall system is not "seen to work," but that its failings can be identified and exposed as the real cause of the problems facing practitioners and patients. So long as he is being told that it is not "reasonable" for him to expect the resource-constrained health service to meet his patient's needs, he will insist on asking why the service is so under-funded, drawing attention to the irrational, wasteful and offensively unequal distribution of resources and expenditure within the developed national economies of the world and the global economy. By encouraging his colleagues and patients to ask similar questions, and to refuse to implement "bedside rationing"

whenever it is possible to do so, he plays a part in a wider discourse which ***may*** succeed in facilitating social progress. History tells us that large numbers of people failing (or indeed refusing) to work within "the current realities" represents our best hope of actually changing those realities.[25] In contrast, a culture in which discussing and challenging the structural background to constraints on practice is widely perceived as impractical – as something one might do in one's time off work, but which one never brings into the professional context – is one in which those realities are less likely to change.

So we must, as Coggon and Regmi assert, view our actions within the context of the socio-political and legal structures of which they are a part.[19] We must also recognise that such structures are not fixed, that they develop over time, and that we have the choice to be part of the social movements and processes that affect the direction of that development. Horrific events can precipitate change.

When we are confronted with particular tragedies (such as the filmed, senseless killing of George Floyd) or global catastrophes such as the COVID-19 pandemic, we might, of course, react with a sense of resignation, regarding such "facts of life" as outcomes of social forces beyond our control – unavoidable, necessary. Alternatively, as reactions to the Floyd killing reveal, people may react with a sense of outrage, motivating critical reflection on underlying causes, accompanied by a desire to expose and eliminate the social dispositions, attitudes and structures that made the horror "unavoidable". It is to be hoped that the current global pandemic precipitates not resignation but a powerful sense of outrage, a determination on the part of global populations to ask critical and fundamental questions about how this happened, and how we may prevent or minimise similar catastrophes in future. With that goal in mind, representatives of NGOs and campaigning groups have argued that the developed world cannot, in future, neatly separate its interests from those who have for so long been so badly disadvantaged by our current social and economic systems – that far from "returning to normal", we need to rethink our relationship with people in the developing world, with refugees, the homeless and the dispossessed, as well as considering radical changes in response to issues regarding the safety and sustainability of food production and

other environmental problems.[30-35] A new sense that our interests are linked must develop as a basis for recovery from this global catastrophe.

How can those of us writing in health philosophy contribute to this positive response to the catastrophe? The simple answer is: by engaging in the debate. There are those who have argued that we must remap (or 'unmap') the conceptual borders between health and social well being, broadening health discourse to include issues of structural, economic and environmental injustice.[36, 37] While it is not the role of philosophers (or, indeed, any other specific group) to pronounce definitively on "the answers", we can help facilitate progress by being part of the on-going ***dialogue*** which includes patients, practitioners and indeed anyone with the sense to be interested, including any member of the public willing to support movements aimed at bringing about meaningful change.[7, 8]

The worry about the alternative version of "applied philosophy" is that it insists that, to be practical, the role of theorists must be to find solutions that work given the world as it is. Thus, it risks protecting from critical scrutiny the very arrangements that need to change if meaningful progress is to be possible.[4, 25] Indeed, it stipulates that, in answer to the question "How can we accomplish rationing in a way that is fair to all parties?" the response: "given the current starting point, no just solution is possible" is ruled out. Not only is there no reason to believe this is the case – a moment's consideration of our position in human history suggests that it will, at least sometimes and perhaps very often, be the case. We live in a world of grotesque inequalities, where "the broader social order" enables "the salary of an individual CEO to exceed the entire health budget of a developing world nation"[25] and where something in the region of 29,000 children per day die in the developing world from poverty-related disease and malnutrition.[38] Yet on this "practical" approach, those who argue that fundamental structural change is needed for just solutions to our current problems to be possible are ruled out ***a priori***.

In contrast to the problem for what I have called the more traditional approach, the danger is not that the approach might be misused or misunderstood – rather, this function is built into its

methodology. Despite the undoubtedly laudible intentions of its exponents, it is sobering to consider the implications of this same methodology, were it applied at earlier points in human history. Arrangements we would now regard as quite unquestionably and utterly indefensible (including slavery) have been defended on the grounds that their abolition was "unrealistic", where being unrealistic means, precisely, calling for something that is simply not viable given background economic arrangements.[25] We now readily accept that, if our "starting point" is a slave society and that "background context" is deemed beyond the scope of realistic, practical discussion, then we simply cannot arrive at a solution to the problem of how to organise the production of life's necessities that is "fair to all concerned".[4] How, then, can we assume that our own place in history is so much more fortunate, that given this particular starting point we can find rational and fair solutions that do not require fundamental social change? Sometimes, a debate needs at least some members who are prepared to question "the obvious", to ask questions others might feel embarrassed to ask (perhaps for fear of appearing naive or just plain irritating) and even to conclude that "if the world as it is requires this set of arrangements, decisions and outcomes, then maybe we need a new world". If the philosopher cannot say this, then who can?

References

1. Who needs experts? https://www.london.edu/think/who-needs-experts (accessed 4 October 2020)

2. Nichols, T (2017) ***The Death of Expertise: The Campaign Against Established Knowledge and Why It Matters***. Oxford University Press. ISBN 978-0-19-046941-2

3. Maya Goldenberg: The Death of Expertise? https://www.youtube.com/watch?v=O5NB1vyWVXM&ab_channel=RotmanInstituteofPhilosophy

4. Loughlin, M (2002) ***Ethics, Management and Mythology***, Radcliffe Medical Press, Oxon., ISBN 185775 574 X

5. Wall, A. (1994) Riposte: behind the wallpaper: a rejoinder. ***Health Care Analysis***, 2 (4), 317–318

6. Why philosophy is largely ignored by science: http://www.dcscience.net/2011/10/28/why-philosophy-is-largely-ignored-by-science/ (accessed 5 October 2020)

7. Loughlin, M, Bluhm, R & Gupta, M (2017) Research Problems and Methods in the Philosophy of Medicine, chapter 2 of Marcum, J (ed.) ***The Bloomsbury Companion to Contemporary Philosophy of Medicine***, Bloomsbury, London, 29-62. ISBN 978-1-4742-3300-2
8. Loughlin, M, Upshur, R, Goldenberg, M, Bluhm, R, & Borgerson, K (2010) Philosophy, Ethics, Medicine and Health Care: the urgent need for critical practice, ***Journal of Evaluation in Clinical Practice,*** 16 (2) 249-59
9. Mill, JS (1991) ***On Liberty*** (eds Gray, J & Smith, GW) Routledge, London
10. Boris Johnson has trouble explaining his own coronavirus rules: https://metro.co.uk/2020/09/29/boris-johnson-misspoke-new-coronavirus-rules-wrong-north-east-13344379/ (accessed 5 October 2020)
11. Johnson slammed as "incompetent" for bungling lockdown rules as infections soar: https://www.mirror.co.uk/news/politics/boris-johnson-slammed-incompetent-bungling-22764365 (accessed 6 October 2020)
12. Middlesbrough Mayor vows his town will defy local lockdown order: https://www.newsbreak.com/news/2073852520090/coronavirus-middlesbrough-mayor-vows-his-town-will-defy-local-lockdown-order-in-show-of-defiance-against-boris-johnson (accessed 5 October 2020)
13. Oxford's Centre for Evidence-Based Medicine experts criticise new legislation: https://www.dailymail.co.uk/news/article-8729763/Experts-warn-Boris-Johnsons-disturbing-decision-limit-gatherings-no-scientific-evidence.html (accessed 2 October 2020)
14. Liberty condemns renewal of coronavirus act: https://www.libertyhumanrights.org.uk/issue/liberty-condemns-renewal-of-coronavirus-act/
15. Met police increased use of section 60 stop-and-search during lockdown: https://www.theguardian.com/uk-news/2020/jul/27/met-police-increased-use-of-section-60-stop-and-search-during-lockdown
16. Blackburn, S (2019) How do we teach objectivity in a post-truth era? New Statesman, 18 September 2019. Available at: https://www.newstatesman.com/culture/2019/02/how-can-we-teach-objectivity-post-truth-era
17. Brock, DW (1993) ***Life and Death: Philosophical Essays in Biomedical Ethics***. Cambridge University Press, Cambridge
18. Magelssen, M, Nortvedt, P & Solbakk JH (2016) Rationing at the bedside: immoral or unavoidable? ***Journal of Clinical Ethics***, 11(4) 112–121
19. Coggon, J & Regmi, S (2020) COVID-19: Government guidance on emergency rationing of critical care is needed to support professional decision making. BMJ opinion. Available at: https://blogs.bmj.com/bmj/2020/04/24/covid-19-government-guidance-on-emergency-rationing-of-critical-care-is-needed-to-support-professional-decision-making/
20. Thomas, G, Gollop, K, Roper, S (2020) COVID-19: Allocation and withdrawal of ventilation—the urgent need for a national policy: UK Medical Decision Law Blog; 2020. Available at: https://ukmedicaldecisionlawblog.co.uk/rss-feed/119-covid-19-allocation-and-withdrawal-of-ventilation-the-urgent-need-for-a-national-policy
21. BBC online, March 2020: Ministers warned coronavirus bill threatens services for disabled people. Available at: https://www.bbc.co.uk/news/uk-politics-52036355
22. BBC online, June 2020: Coronavirus: 'More than two million' waiting for cancer care in UK. Available at: https://www.bbc.co.uk/news/health-52876999

23. Hodge, Jones and Allen Solicitors. NICE amends COVID-19 critical care guideline after judicial review challenge. Available at: https://www.hja.net/press-releases/nice-amends-covid-19-critical-care-guideline-after-judicial-review-challenge/
24. Wyller, VB (2015) Give the doctor what is due to the doctor! Why "fair rationing at the bedside" is impossible. In: Danis M, Hurst S, Fleck L et al. (eds) ***Fair Resource Allocation and Rationing at the Bedside***. New York, NY: Oxford University Press, 253–262
25. Loughlin, M (2017) The assumptions of ethical rationing: an unreasonable man's response to Magelssen et al. ***Journal of Clinical Ethics***, 12 (2) 63-69 (doi: 10.1177/1477750916682624)
26. Williams, A (1995) Economics, QALYs and Medical Ethics – a health economist's perspective. ***Health Care Analysis*** 3(3) 221-6
27. Kottow, MH (1999) In defence of medical ethics. ***Journal of Medical Ethics*** 25: 340-3
28. Wyller, VB (2017) The bedside rationing paradigm and the shortcomings of modernist ethics. ***Journal of Clinical Ethics***, 12 (2) 70-75 (doi:10.1177/1477750917691888)
29. War on Want: TRADE AND COVID-19: PRIVATISATION, BIG PHARMA AND ISDS: https://waronwant.org/media/trade-and-covid-19-privatisation-big-pharma-and-isds (accessed 6 October 2020)
30. Unequal Destroyer: COVID-19 health disparities and the search for solutions. Available at: https://hms.harvard.edu/news/unequal-destroyer?utm_source=SFMC&utm_medium=Email&utm_campaign=pgme_category10_06_20%20&utm_term
31. G20 leaders must act boldly to overcome the Coronavirus: Oxfam comment. Available at: https://www.oxfam.org/en/press-releases/g20-leaders-must-act-boldly-overcome-coronavirus-oxfam-comment
32. Building a recovery on solid foundations. https://blog.shelter.org.uk/2020/06/building-a-recovery-on-solid-foundations/ (accessed 6 October 2020)
33. COVID-19: The monster is finally at the door. http://links.org.au/mike-davis-covid-19-monster-finally-at-the-door (accessed 6 October 2020)
34. David Harvey: Coronavirus Requires a Collective Response. Available at: https://tribunemag.co.uk/2020/04/david-harvey-coronavirus-requires-a-collective-response
35. Food revolution network policy statement: https://foodrevolution.org/blog/food-policy-issues-statement-2020-election/?utm_source=ontraport&utm_medium=email&utm_campaign=blo-2020&utm_content=frn-political-post-frn-members&utm_term=variant-1-of-2
36. Loughlin, M, Bluhm, R, Fuller, J, Buetow, S, Borgerson, K, Lewis, BR & Kious, BM (2015) Diseases, patients and the epistemology of practice: mapping the borders of health, medicine and care, ***Journal of Evaluation in Clinical Practice***, 21 (3) 357-364 (doi:10.1111/jep.12370)
37. Loughlin, M (ed.) (2020) ***Person Centred Care: Advanced Philosophical Perspectives***. Aesculapius Medical Press, London
38. UNICEF, Child Mortality: http://www.unicef.org/mdg/childmortality.html (2015, accessed 7 October 2020)

30 As I noted in my initial response to Brock,[4] his appointment as Staff Philosopher was based on his academic expertise. But as he agrees, philosophers are not experts on what is right and wrong. Their expertise consists in the methods of argument and analysis they employ, and his own account of his role in the policy process makes clear that these "academic ways" were the first thing he needed to abandon in order to contribute in that context.