INDIVIDUAL RESPONSIBILITY AS A GROUND FOR PRIORITY SETTING

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In the recent discussion on priority setting in health care the aspect of individual responsibility have received increased attention, especially pertinent in the discussion on luck-egalitarianism, where it is argued that the patient could be down-prioritized if having suffered ill health as a result of having made choices that could have been avoided (having suffered so called option luck). This idea has received well deserved critique for a number of reasons, where the most important are the problem of establishing a causal connection between earlier choices and individual ill health, the problem of whether the patient actually can be blamed for these choices and the problems this could imply for trust etc. in the clinical encounter. Another current trend in how to organize the health care setting is the push for shared decisionmaking (SDM) involving the patient in clinical decisions to a greater degree – both for reasons of strengthening patient autonomy and for reasons of achieving better adherence to treatment and care. It has been argued that pushing for SDM imply that we should accept invoking individual patient responsibility as a factor to take into account in priority setting, since if the patient is trusted to be able to make decisions and act responsibly upon these, shouldn't the patient also be made responsible for choices made after this clinical encounter that will result in ill health. In the talk the relationship between SDM and the values underlying SDM and individual responsibility in priority setting is explored. It is argued that accepting more dynamic versions of SDM imply accepting the patient to be able to take responsibility for his health and health-care. It is further argued that a prospective view on individual responsibility after SDM will avoid some of the critique made against the use of individual responsibility as grounds for prioritizing between patients, but also reveal a possible internal tension. The prospective use of individual responsibility after SDM will be explored in relation to different theories of distributive justice, thereby giving grounds for assessing how to handle the possible tension and balance between the clinical ideal of SDM and justice.