All you need is health. The liberal and the communitarian view on the allocation of health care resources

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§ 1 Introduction

At first glance the term community seems to emphasize what is included, what 'we' (those who are included) have in common. Yet, the basic gesture by means of which a community is constituted is always an act of exclusion: the constitution of a We presupposes the exclusion of Others. Inclusion and exclusion logically and intrinsically belong together. A paradigmatic example of the kind of gesture by means of which a community is constituted, is the Holy Communion, a ritual of sharing and involvement. Yet, in the Christian liturgy (and most notably in its Roman Catholic version) the actual communion is preceded by another ritual, one of exclusion, in which the community members testify and re-establish their adherence to the Christian articles of faith. Those unwilling to take part in this ritual of adherence, are denied access to the subsequent ritual of sharing.

The dialectics of inclusion and exclusion have displayed a series of decisive historical shifts. Whilst medieval society, was a huge, heterogeneous collection of local, professional and religious communities: complicated social forms of inclusion/exclusion of which the professional communities called Guilds provided a telling and paradigmatic example, in the modern era, it has been liberalism's historical effort and achievement to diminish the social importance of such communities in favour of a common market which every individual is allowed to enter - in principle - and from which no one is to be excluded - again, in principle. A market is a form of social intercourse devoid of traditional biases in terms of social rank and privilege. It is a 'community' that includes all individuals, indeed, the entire population, and therefore it is no longer a community, but rather a huge collection of competing individuals. In the nineteenth century, however, when this idea of a free and common market came to be firmly established, it still conveyed a somewhat cynic vein. For although de jure every individual was granted the right to enter social intercourse, de facto many forms of exclusion still proved to be at work.

In contemporary Western society, liberalism's basic moral objective of constituting forms of social intercourse devoid of traditional ('natural') restrictions, still remains, but on a significantly expanded scale. Modern society's ultimate goal now seems to be that of realizing complete de facto access to public social intercourse for all individuals - or at least for the greatest possible number and to the greatest possible extent. This basic moral objective of contemporary society is to be realized with the help of public policies aimed at extinguishing existing forms of social disadvantage. Notably, this objective applies to the three cardinal social practices by means of which social intercourse is constituted and maintained: education, labour and health care. In this contribution, I will focus on the practice of health care, most notably on the way the problem of scarcity of resources and health care facilities is to be solved. The moral principle guiding a liberal allocation policy for health care facilities could be formulated thus: every individual is entitled to a fair share of health care facilities, in order to allow him to participate in social life (that is, in order to allow him to continue of even to improve his participation, cf. Zwart 1993).

It must be stressed from the outset, however, that liberalism as I will use the term (that is: liberalism in a philosophical sense) is not to be identified with any particular political conviction, party or trend. Rather, I will use the term in order to address what I consider to be a basic moral view on social life; one, moreover, that happens to be dominant in contemporary society. But it could also be referred to as 'modernism' or even 'humanism'. I would not consider the famous Marxist claim, for example, that every individual is to contribute according to his abilities and to receive according to his needs, as being at odds with liberalism. Such basic convictions can no longer be considered as belonging exclusively to any particular political program. Rather, they have become what - using a term borrowed from Rorty (1989) - could be referred to as the basic 'platitudes' of contemporary moral discourse, regardless of whether one personally happens to prefer its socialist, its christian, or even its 'liberal' version (where 'liberalism' is used in a more restricted and particular sense).

§ 2 The basic paradox of liberalism

Now the problem is that the liberal view on social life, as convincing as it might seem at first glance, actually finds itself confronted with an ever-growing enigma. Despite its effort to establish a large-scale (and ultimately even global) community that would include all human beings and would allow us to satisfy all existing

health care needs, we are actually faced with (at times alarming) forms of scarcity and exclusion, perhaps even on an ever-increasing scale. Many de facto forms of exclusion still seem to be at work. One might conclude from this that, whereas liberalism's ultimate moral objective remains basically convincing, we nevertheless find ourselves confronted with a series of 'application' problems still to be solved. One might also conclude, however, that for some reason or other, liberalism's moral objectives are basically flawed. The latter point of view will be referred to here as communitarianism. It entails the claim that, as a basic moral view on social life, liberalism is thoroughly misguided since it does not really consider the human individual in terms of what he and his fellow human beings have in common. Instead of providing the ultimate answer to problems of scarcity and exclusion, liberalism happens to be the very thing that produced and caused it.

In fact, liberalism is faced with what has been called the paradox of scarcity (cf. Achterhuis 1988). Before the rise of modern labour, the great majority of individuals in Europe belonged to countless rural communities which were for the greater part self-sufficient and self-supporting. Although we tend to consider their form of life as rather primitive and backward, they themselves seemed to be fairly satisfied with it. The diseases from which these individuals suffered were as simple and primitive as were their daily lives. To the extent that their existence became increasingly complex over time, however, the complexity of their physical ailings (and the number of potential diseases) tended to increase as well (cf. Foucault 1963, p. 15). Their natural state of health seemed to diminish as their socio-economical position came to be enhanced, and by implication their clinical pictures became more and more diversified. As compared to the simple and very few diseases a primitive, fifteenth century peasant would expect to be troubled with in the course of his life, the eighteenth century bourgeoisie already found itself exposed to an astonishing number of physical afflictions, and the number of diseases has continued to increase ever since. Moreover, the care for the ill came to be transferred from its natural locus (the family, the neigbourhood) to the hospital, where the health of the general population became an issue of national political importance. Instead of being able to meet the individual patient's health care needs more adequately, liberalism is faced with a population whose health care needs increasingly exceed the medical possibilities society is willing or able to afford. Thus, one of the basic enigma's of modern medicine came to be established - the growth of medical possibilities increasingly falls short of the health care needs it happens to produce.

§ 3 Liberalism versus communitarianism

Communitarians argue that the moral assessment of human existence must start from what 'we' humans have in common. They claim, for example, that it is still possible to distinguish on a public level between (on the one hand) reasonable needs and necessary care, to be provided by society at all costs, and (on the other hand) eccentric needs, which the individual must be expected to satisfy at his own expense - if such needs are to be satisfied at all. In order for society to be able to satisfy all reasonable health care needs (or at least the greatest possible number of them), eccentric needs are to be denied access to public funding. Liberalism, however, entails the idea that, if it is at all possible to distinguish between reasonable and eccentric needs, it is the individual himself who has the right to make this distinction, rather than society at large. No one should be denied access to any particular health care facility merely because his needs are generally considered unreasonable, inappropriate or eccentric.

Whereas liberalism basically appeals to the individual's right to self-determination, the communitarian view implicitly or explicitly implies a moral appeal to human nature, notably to the idea of a natural life span in the course of which some basic common ('natural') human goals can be achieved. In other words, communitarianism involves the idea that there are certain basic moral goals in life, to be realized in the course of a natural life-span, and whose realization is to be supported by society at large. Perhaps one could say that, in terms of philosophical allegiance, every communitarian is something of a Thomist, regardless of whether he happens to be aware of it or not.

For in a famous passage,[1] Thomas Aquinas summarized a philosophical tradition of long standing by pointing out four basic natural goals, to be realized in the course of a human life: (1) self-preservation, (2) securing the future existence of the human race and caring for one's off-spring, (3) seeking the company of others (participating in social and professional life), and (4) improving one's cognitive faculties; that is, one's knowledge about the world (or, as Saint Thomas himself puts it, one's knowledge about God). Now it goes without saying that the goal of preserving one's own life will still count as an important and reasonable justification for medical intervention and medical progress. As far as the first common goal of life (the preservation of life itself) is concerned, liberalism and communitarianism seem to be of one mind. Yet, the communitarian view will immediately add that the preservation of life is to be balanced against, and even must be considered instrumental to, the three other basic goals mentioned. Our

basic goal is not the maintenance or extension of life as such. Rather, our goal is to live a full life, a good life, a life that would count as a perfect exemplification of human flourishing. Life as such is merely a precondition for the other goals to be realized. The moral quality of our life is determined by the extent to which the other natural goals of life are realized.

Furthermore, if goal two and three have been achieved, or if we allowed the opportunities to achieve these goals to pass, the effort to preserve our life would loose much of its urgency - had it not been for our final goal, goal number four. For even at old age, opportunities for intellectual progress still present themselves, and this still justifies life-extending treatment even if we have been able to realize goal two and three.[2] It is because of this final goal that elderly human beings are to be treated fundamentally different than worn out animals. Still, the communitarian view implies that, if the goal of preserving one's life is not balanced by other basic (or 'natural') goals - that is, by an awareness of what 'we' humans have in common as humans - we will run the risk of falling victim to what Callahan elsewhere (1973) referred to as the 'tyranny of survival'. Indeed, Callahan claims that modernism (or liberalism) significantly aggravated the problem of scarcity because it tends to consider the preservation of life as an end in itself, rather than as a partial end, and as a precondition for realizing other, more 'human' natural goals.

A liberal, however, will no doubt recoil from such a line of thought. Liberalism is marked by a basic fear of governing-too-much (Foucault 1989), by the fear that society becomes involved too intimately in the lives and decisions of individuals. By implication, the imposition of natural goals to be pursued by all individuals in the course of a natural life span, even if they are formulated in the broadest of terms, is likely to be considered a case of gouverning-too-much. The individuals themselves are to point out what kind of goals they allow to shape their lives. Social intercourse is to be regulated, not on the basis of natural goals, but on the basis of reasonable principles, to be accepted by all individuals, regardless of what they consider as basic human goals to be realized in the course of one's life. These principles are: (1) the right to self-determination (already mentioned), (2) the harm-principle, and (3) the principle of distributive justice.

In order to clarify the difference between a liberalist and a communitarian approach, let me briefly refer to a recent case. Should it count as a reasonable need if an elderly woman, who has passed the menopause at a 'normal' age, applies for IVF in order to fulfil her wish to bear a child?[3] It could be argued that such a need should count as eccentric, in view of the fact that infertility due to having

passed the menopause cannot be considered as pathological. It cannot be considered as a disease for which medical intervention would be indicated, unless it happened prematurely ('praecox'). According to what was pointed out above, anyone who argues in this direction is a communitarian, whereas anyone who would argue that we should allow the individual herself the right to make her own decision is a liberal. Restriction merely are to be imposed if (1) some harmful consequences, either for herself or for the child, would undeniably result from her decision (the harm-principle), and (2) if other human beings, whose health care needs should be considered as more pressing and urgent, are denied access to necessary health care facilities and resources (the distributive justice-principle). In other words, whereas communitarianism combines two basic ideas - namely (1) the idea that there are some natural goals in life, and (2) the idea that, to every goal, there is a season - liberalism proceeds from the three basic principles just mentioned: self-determination, prevention of harm, and justice. Let this suffice as a preparatory lining-up of basic positions. In the subsequent sections, the communitarian and the liberal perspectives are to be clarified more carefully.

§ 4 Traditional communitarianism: a closer look

In the famous passage already mentioned above, Thomas points out that every agent acts in order to achieve some good (the good being that which all things seek).[4] In fact, this phrase is a concise translation of the famous first sentence of Aristotle's Ethica.[5] According to Thomas, the first commandment of natural law must be formulated thus: the good is to be sought and done, evil to be avoided; and on this first principle, all precepts of the natural law, apprehended by practical reason, are based. In other words, practical reason implies the basic apprehension that all objectives toward which man is naturally inclined, are good. Subsequently, Thomas mentions four natural human inclinations. The first is the one we have in common with all other entities, namely the inclination to preserve one's natural being. This natural inclination corresponds with the moral obligation to preserve human life. The second basic inclination is the one we share with all other animals, corresponding with the law which 'nature teaches all animals', namely that male and female seek intercourse with one another, as well as the subsequent inclination to educate their mutual off-spring. Next, there is a basic inclination which is peculiar to man, namely the inclination to discern the truth of things (most notably the truth about God). Correspondingly, natural law commands us that we are to shun ignorance. Finally, man is by nature inclined to live in societate and therefore

commanded by natural law not to offend those with whom he ought to live in civility. In short, there is a basic correspondence between 'is' and 'ought', between natural inclination and natural law.

Indeed, in formulating these basic human goals or inclinations, Thomas heavily relies on Aristotle. Three of the four natural inclinations mentioned by Thomas (procreation, participation in social intercourse and the pursuit of knowledge) are mentioned by Aristotle on the first pages of two of his major works. In the first book of his Politics he claims that man and wife, unable to exist without one another, are bound to seek each other's company, for the sake of the continuance of the species, out of a natural drive we humans share with other animals.[6] And subsequently, he claims that 'Man is by nature a political animal',[7] bound to participate in the social and political life of the city-state. Finally, in the first sentence of the first book of his Metaphysics it is claimed that 'all men naturally desire knowledge'.[8]

In the second book of the Nicomachean Ethics, moreover, he points out that man does not display his natural behavioural patterns (his 'moral virtues') automatically. Rather, a moral virtue is to be regarded as a habit - ethos in Greek - which means that it is to be acquired through training and education. For although nature gives us the capacity to receive these virtues, this capacity is brought to maturity by habit.[9]Furthermore, it goes without saying that moral education presupposes the existence of a moral community. Without a moral community of some kind, there is no chance for the individual to receive his necessary education. And for this reason, natural law-theory implies communitarianism, as well as vice versa. They necessarily coincide and mutually involve one another. The community is prior to the individual, and if human behaviour were completely determined by innate instincts and biological equipment, moral philosophy (as well as moral education) would of course be pointless. In the case of animals, however, a certain amount of training is often required as well and therefore the difference between human behaviour (determined primarily by moral education) and animal behaviour (determined primarily by biological equipment) is a matter of degree rather than of principle. Yet, although a great number of animal species display some kind of social life, Aristotle claims that man is a political animal in a greater measure than other animals, for he alone possesses speech, which means that he alone can distinguish between right and wrong. Therefore, the fourth basic goal also can be considered as being peculiar to man. Nevertheless, his moral life remains basically natural.

In short, the Aristotelian-Thomistic view acknowledges a limited range of natural human pursuits, directed at achieving natural moral goods, with the implication that the basic conditions of life are similar for all of us. Human life displays a common moral pattern, and this is the basic truth of traditional communitarianism. There is a limited set of moral goals (or goods) the pursuit of which all human beings share with one another. And for every act, practical reason must determine whether these common human objectives are likely to be furthered or obstructed by it. Under such moral circumstances, medical decisions are likely to become quite manageable. The first moral question simply is, whether the medical intervention or decision can be expected to preserve human life as a prerequisite for other, more human goals. Next, it has to be determined whether the life-extension which it is likely to produce, will further or obstruct the patient's physical abilities to procreate and educate his off-spring, that is, to take responsibility for those entrusted to his care. Finally, it has to be determined whether the intervention will allow him to participate in social intercourse, and to improve his cognitive faculties (with the ultimate intention of beholding God in heaven). In times of scarcity, we must carefully distinguish between natural needs and eccentric ones. In fact, if medicine would restrict itself to merely satisfying natural needs, and to supporting human flourishing rather than life-extension, meanwhile carefully observing the natural finitude of human life and human life-goals, the problem of scarcity would no doubt loose much of its present acuteness.

Now what prevents us from simply remaining (or becoming) Thomists? For several reasons, traditional communitarianism has become problematic. Even communitarianism itself has changed, and contemporary versions can no longer be considered truly Aristotelian-Thomistic. And this is inevitable, rather than deplorable, for apparently, on a very basic level, the moral conditions of human life have changed - man has become a different kind of being. The common moral pattern of human life has been fundamentally transformed and the fundamental truth of modern morality is the discordance, rather than the correspondence, of natural inclination and natural law - and this basic shift has affected communitarianism as well. Indeed, communitarianism has become the effort to counter some of the basic inclinations which manifest themselves in contemporary human behaviour. And in order to do so, a typically modern argument is added to the traditional rationale of communitarianism: the argument form scarcity. But before turning to contemporary communitarianism, allow me to elaborate the liberal perspective somewhat further.

§ 4 Liberalism: a closer look

In order to further elaborate the liberal perspective, I would like to start from the case already mentioned above concerning the elderly woman who applies for IVF. The first principle of liberalism implies that the fact that the woman herself happens to consider her need a genuine one, must suffice as a primary justification of her application for IVF. The second principle, however, stipulates that, although we are granted the right to pursue our private goals, we are not to pursue them at all costs, and our claims become inadmissible as soon as they involve serious harm - either to others (most notably the child, who would have a relatively great chance of loosing a 'significant other' at a relatively young age) or to the individual herself (will she, for example, be able to bear the physical burden of pregnancy and delivery?). The third principle implies that, in order to realize individual goals and to satisfy individual needs, the individual has a right to a fair share of natural resources and existing health facilities. That is, natural resources and health care facilities are to be distributed fairly among individuals in order to allow them to achieve their private goals and to satisfy their private needs. Somehow, the urgency of the woman's needs has to be balanced against the health care needs of others (most notably in the case of direct public funding of the medical intervention as such, but also with regard to the distribution of research grants, long-term facilities and investments, etcetera). In a rapidly increasing number of cases, the principle of distributive justice is bound to become a decisive moral limit set by liberalism on the use of health care facilities for the satisfaction of private needs.

In short, a liberal will ask on what grounds society has the right to intervene in such a case and to deny an elderly woman the right to apply for IVF, if it is not for the harm she will inflict either upon herself or upon her child. Such considerations, to be subsumed under the harm principle, are to be dealt with by medical and psychological experts. They are not to be decided by means of some kind of public moral ordeal or by relying on a common substantial view of what should count as a good life. And the same goes for the justice-principle as well. The costs and benefits of the intervention involved have to be carefully assessed by experts and balanced against other needs, in view of considerations of scarcity and fairness. That is, in a liberal perspective, nature is a standing reserve, to be managed in a fair and well-informed manner, rather than a standard for moral decision making. And this is quite unlike the communitarian perspective, demanding that one proceeds from what we humans have in common - for what we have in common is first of all our body, our body's natural life-cycle and history, from which our basic goals and needs evolve. According to traditional communitarianism, we are to manage our

life and body according to the natural inclinations which display themselves even in our physique. Bodily life is the incarnation of basic human goals, and its natural patterns provide us with a basic sense of limit. According to liberalism, however, all limits are arbitrary. They have to be determined in a reasonable and well-informed manner. They are to be considered the temporary outcome of the interplay between expert information and individual preference.

In short, whereas communitarianism tries to maintain an awareness of community, of what we have in common (our human nature), liberalism aims at reducing all 'natural' and traditional restrictions. The social practice of health care is transformed in accordance with the market paradigm of human interaction, while considerations of harm-prevention and fairness function as the only reasonable restrictions on the basic entitlement to self-determination. This means, however, that liberalism entails a logic of restriction and exclusion of its own. In its effort to recognize as few restrictions as possible, it inevitably finds itself faced with something of a paradox. In the absence of any substantial criterion for determining what should count as necessary health care, furthering human flourishing, and in view of the rapidly increasing complexity of health care as a social practice, liberalism is forced to develop an ever-expanding system of regulations that are to prevent harm and to foster fairness, and this implies an ever-increasing level of interference in private decision-making. That is, liberalism ends up with the very thing it tried to prevent from the outset: gouverning-too-much. Whenever substantial criteria are absent, all measures have to be determined, all limits have to be set. We can no longer rely on the practical reason of the individual patient and physician involved in order to apprehend the extent to which the proposed medical intervention would further the substantial human goods described above.

Communitarianism, however, is faced with a similar paradox. It relies on two substantial criteria for determining whether a proposed intervention should count as necessary care: (1) the idea that there are basic goals in life, the pursuit of which is to be supported by society at large, and (2) the idea that to every goal, there is a season, determined by the cyclical history of our body, from which reasonable limits are to be adopted. Yet, when it comes to applying these ideas to concrete cases, it seems inevitable that communitarianism will likewise end up with the very thing it tried to prevent from the outset, namely arbitrariness. For example: at what age precisely would a menopause be considered premature (with the implication that, in terms of basic human goals, IVF should count as reasonable and justified)? And can we really expect the age limit provided by communitarianism to differ from what the liberal experts would come up with? That is, can we really expect

communitarianism to solve the problem of scarcity more adequately? In order to answer these questions, let us turn to an outstanding example of contemporary communitarianism, provided by Daniel Callahan who, in a series of articles and books, but most notably in *Setting limits* (1987) aimed at developing a communitarian approach to scarcity (entailing a fundamental critique of the liberal view on allocating health care facilities - referred to by Callahan as 'modernism').

§ 5 Contemporary communitarianism and health care ethics: Daniel Callahan

From the very outset Callahan's effort reveals the extent to which contemporary communitarianism differs from the traditional version described above - that is, it reveals the fact that communitarianism itself has become fundamentally and inevitably modernized. For instead of relying on a basic correspondence, a pre-established harmony between 'is' and 'ought', between basic inclination and moral guidance, contemporary communitarianism recognizes the fundamental discordance between the two. According to Callahan, modern technological medicine is driven by a basic inclination to extend life beyond all reasonable limits. This drive, moreover, is to be considered a natural one, for it is part of our 'natural endowment' that we want to live and not to die (p. 75) and therefore, many elderly will struggle against death until the very end, rather than displaying a prudent willingness to accept the basic finitude of human existence. Furthermore, our bodily nature will no longer be considered as fixed and normative in itself. Rather, it seems to have become malleable to human purposes and construction (p. 26). These intrinsic tendencies at work in medical technology towards life-extension, vigorously reinforced by patient self-determination, are to be countered by ethics. Callahan's basic objective is that of setting limits in a technological society by 'determining what are sensible and proper human ends' (p. 13). These ends, however, have to be determined, these limits have to be set, not in conformity with, but in opposition to the basic human and technological inclinations at work. Although the appeal to 'sensible and proper human ends' is basically communitarian, the fact that these ends have to be determined by others, rather than being apprehended by the individuals themselves, is apparently a modern adaption.

And this is not the only modern adaption which Callahan's modernized version of communitarianism displays. Callahan's objective to re-affirm the communitarian idea of a natural life-span is connected with a second, and rather modern one: the objective of handling the modern problem of a fair allocation of scarce resources. The communitarian awareness that, at a certain point in life, our common and

reasonable human ends will have been fulfilled, is connected with a modern policy issue by presenting age as a legitimate criterion for exclusion from life-extending medical facilities. Callahan's position, that is, provides us with a blend of traditional and modern ingredients. In order for health care to remain affordable in the near future, he claims, we are to re-establish some social agreement as to what should count as a good life. The place of the elderly in a good society 'is an inherently communal, not individual, question' (p. 32). And therefore it ought to be discussed publicly, not only for the benefit of the elderly themselves, but also because Callahan believes that 'there will be better ways in the future to spend our money than on indefinitely extending the life of the elderly' (p. 53).

His communitarian view also entails a basic critique of liberalism (referred to by him as 'modernism'). According to Callahan, modernism's 'thin theory of the good' maintains that the center of meaning is the private self rather than the community. Public policy is to rest upon the right of individuals to seek their private happiness, as long as they do not do harm to others. The search for the good of human life is not to be pursued by the community as a whole, but must be left to the individual (p. 58). It is Callahan's firm contention that such a theory will prove insufficient when it comes to facing the problem of increasing scarcity. In the absence of unlimited resources, we are always inevitably harming others. The only way to solve this problem, is by reaching public consensus about ultimate human goals and goods. We have to acknowledge that the proper goal of medicine is not the extension of life as such, but the achievement of a full and natural life span (p. 76/77). And this idea of a natural life-span provides us with a moral justification for limiting health care resources available to the elderly. Beyond a certain 'critical' age, life-extending treatment is to be denied to them. The art of living a good life implies the ability to accept its natural limits, and limitation on health care for the elderly is a defensible idea: each age group should receive what it really needs to live a life appropriate to it (p. 114). Old age is a stage of life in its own right, with its own proper and reasonable goals and ends. At the same time, however, Callahan stresses that a public view on the meaning of old age, should not lead to an '"official", and thus dogmatic, repressive view' (p. 33).

Medical need does not provide a reasonable standard for health care allocation because, rather than being a fixed concept, it is a function of technological possibility and social expectation. Medical need in principle knows no boundaries. It cannot serve as a standard to resist the 'escalating' power of technological change.Therefore, it is Callahan's objective to reorient medicine away from this technology-driven, borderless 'need' model of care. A natural life span is such that

it enables every individual to accomplish the ordinary scope of possibilities that life affords (p. 135). It serves as a standard to offer serious resistance to an unlimited claim on resources in the name of 'medical need'. Beyond the natural life span the government should not provide the means for life-extending technology. The proper goal of medicine for those who have already lived out their natural life span ought to be the relief of suffering rather than the extension of life. Medical need in the context of constant technological innovation is open-ended. In the face of potentionally unlimited technological innovation, reasonable limits are to be set.

According to the accepted principles of medical ethics, Callahan argues, the patient is to be the ultimate judge of the benefits and burdens of life-extending treatment. The right to make such judgements rests on the principle of patient self-determination. The idea of a natural life-span, however, will provide a moral standard to determine the appropriate use of the freedom provided by this principle. Callahan stresses, however, that a policy based on this idea presupposes the establishment of a strong public consensus. Otherwise it is likely to be experienced as coercive and unfair. Moreover, Callahan is of course aware of the 'technical' problem that the elderly constitute a remarkably heterogeneous group (in terms of physical condition and similar parameters), but still he thinks that some generalizations can and should be made. To overstress their heterogeneity would create 'bureaucratic and public confusion'.

In short, Callahan is at first reluctant to identify the natural life-span with a particular calendar age. He clearly seems to be aware of the fact that to do so would mean introducing an element of arbitrariness, as well as a failure to recognize considerable differences that exist between patients of the same age. Therefore, in 1987 Callahan still is in favour of taking individual differences into account. But before long he comes to recognize that in this manner, the arbitrariness still remains. Who is to judge whether in the case of a particular elderly patient the life-span has been completed? The patient himself, his physician, the Ethics Committee, the Court of Law? One way or another, the question whether or not the life-span of a particular patient has been completed has to be determined in an arbitrary manner - by an arbiter. Before long, Callahan recognizes that this would result in arbitrary differences. There, in 1990 he already regrets his earlier position: 'I would now say that, to be consistent in the use of age as a standard, no exceptions should be made' (p. 311). Only categorical standards, applying to all, formal and impersonal, determined by society and not dependent on subjective and uncertain clinical evidence, can effectively be used. In 1977, this option was still rejected as being 'Orwellian'.

We may now draw the conclusion that Callahan's contemporary version of a communitarian approach to health care issues and allocation problems inevitably differs from traditional communitarianism in several respects. In the case of traditional communitarianism, the common human pattern was present from the very outset, due to the natural inclinations of human beings to pursue their natural life-goals, and to do so in due time. In the case of contemporary communitarianism, however, life-goals (or 'sensible human ends') have to be determined through public debate. Subsequently, they are to be elaborated into health care policies. All this is inevitable, due to the fundamental change in the moral condition of those who dwell in a technological world, as compared to those who lived in less accelerated epochs. Our living conditions are permanently and relentlessly transformed, and therefore the moral patterns of life have to be permanently revised as well.

Callahan's position, however, does not seem to succeed in overcoming the very things it attempted to avoid, or at least to diminish, namely arbitrariness and self-determination. To begin with, there is indeed something Orwellian and arbitrary in the idea that elderly patients are to be denied access to life-extending health care facilities merely because they have passed a certain calendar age, and regardless of their physical condition and their prospects for realizing some still outstanding 'private' goals. One of the reasons for this may well be the fact that, in his summary of natural human ends - to accomplish one's life-work and to care for those for whom one is responsible - at least one basic human goal is persistently overlooked. For besides participation in social life and caring for one's off-spring, traditional communitarianism also recognizes yet another basic human goal: the acquisition of knowledge, insight or wisdom. Moreover, traditional communitarianism will add that old age is a stage of life in which crucial opportunities for cognitive growth and awakening present themselves - and if medical technology allows them to extend their life in order to achieve such goals, why should elderly patients be denied this possibility? Whether or not the proposed medical intervention will further the pursuit of cognitive awakening as a basic human goal of life, must either be determined in an arbitrary manner - the 'Orwellian' option of contemporary communitarianism - or in a private manner - by the individual himself, the liberal option entailed by the principle of self-determination. Similar to liberalism, therefore, contemporary communitarianism is faced with an enigma: somehow it is unable to overcome the very things it attempted to avoid. Rather than criticizing Callahan for something which simply seems inevitable, the consistent and well-considered manner in which he tried to articulate a solution to this dilemma reveals its profoundness of the problem.

In my view, a tenable moral position should firmly recognize the principle of self-determination, but at the same time encourage the establishment of an on-going public debate on the use of freedom and the determination of the basic human goals of contemporary life. Liberalism and communitarianism both entail a crucial, but partial truth. It is in the on-going debate between the liberal and the communitarian perspective on contemporary moral life (to which Callahan contributed significantly) that our moral condition is revealed and clarified. In the course of this debate we become aware of the fact that moral life itself has become paradoxical. In the absence of publicly discussed criteria for the adequate use for freedom, there can be no freedom. Likewise, in the absence of freedom, whenever an 'Orwellian' society tries to enforce the good, human flourishing is diminished. The idea as such that there are common basic goals in life, to be realized in due time, still preserves much of its validity. As to the application of this idea, however, we have to rely on the prudent individual's faculty of apprehension, rather than on implementing general policies of exclusion for demographic reasons.

Notes

[1] Th. Aquinas, Summa Theologiae 1a2ae 94, 2.

[2] Daniel Callahan (1977), an outstanding spokesman of the communitarian perspective on medical ethics, most notably on the issue of scarcity, formulated these goals as follows: to accomplish our life-work and to care for those for whom we are responsible.

[3] In December 1993 the Italian gynaecologist Antoniori reported that he had successfully applied IVF to two menopausal women, one of whom was fifty-nine years of age, the other sixty-two. This event was covered by all the major newspapers, and in the The Netherlands it provoked an ethical debate (Zwart 1994).

[4] 'Omne agens agit propter finem', Summa Theologiae, 1a2ae. 94, 2; p. 81.

[5] 'Every art and every investigation, and likewise every practical pursuit or undertaking, seems to aim at some good: hence it has been well said that the good is that at which all things aim' (Nicomachean Ethics I 1; p. 3).

[6] (1932/1967, p. 5; Politics I i 4; 1252a).

[7] (p. 9; Politics I i 9; 1253a).

[8] (1933/1967, p. 3; 980 a 22).

[9] (The Nicomachean Ethics II i 1-3).

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