## Putting a lower value on older lives is unethical

Tuesday 29 September 2020 Toby Hall and Dr Daniel Fleming, St Vincent's Health Australia

A chorus of celebration broke out across Melbourne as 100-year-old Roy Bartlett walked out of St Vincent's Private Hospital after winning his six-week battle with COVID-19.

As Australia's oldest COVID survivor, Roy's story was a wonderful antidote to the horrific failures that have let the virus run amok, particularly in the city's aged care facilities, ending hundreds of lives.

Every COVID death is a tragedy for a loved one who can't celebrate as Roy's family can. And then, at the weekend, *The Age* published its latest article in a series asking leading Victorians for constructive ideas on the state's future, this time with the University of Melbourne's vice-chancellor, Professor Duncan Maskell.

In his comments, Maskell asked Victorians to wrestle with uncomfortable questions about our future. He called on us to be ready to make tough calls, and to accept the unavoidable reality of mortality.

No problems there. Any community with a grain of wisdom goes through that process.

But at the centre of his approach Maskell suggests a way of thinking that we should all find troubling.

Maskell asks: 'What is the value of a 90-year-old's life versus the value of the continuing livelihood and happiness of a 25-year-old?'

His view appears to be that in a future pandemic, authorities should apply a 'quality-adjusted life year' model – an approach used by some health economists to judge the value of health interventions – to help them chart a way forward.

The QALY approach, as it is known, uses assumptions about quality of life and the effectiveness of particular interventions to judge their merits.

When it's applied to Professor Maskell's question, the 25-year-old's life is of much higher value than the 90-year-old's. This is because a life nearer its end is allocated less QALYs than a healthy life closer to its beginning.

Such a model would provide a justification for accepting risk – even mortality – for the 90year-old and prioritising the 25-year-old because the latter's life is valued more.

Now use the same measurement against any member of the community who has a long-term chronic illness, an addiction, or lives in a lower socio-economic area when compared with the healthy 25-year-old. You get the same ethically questionable outcome.

We hope we've misunderstood Maskell. He leads one of Australia's great universities and, as he says in the article, the role of the university is there to 'to light the fire, to start people thinking anew about things and become people who are interested in investigating subjects deeper'.

That's laudable, and necessary. Perhaps he's lighting such a fire on this topic.

But to be frank, we're tired of seeing commentary that suggests our pandemic response should start from a place that sees different value in different people, as if that's an appropriate way to plan our way out of this mess.

And we're tired of the suggestion that it's OK to place a dollar value on a human life, as Janet Albrechtsen put forward in *The Australian* back in May when our nation was still in the grips of the first wave. It's not rational, it's not scientific, and it's not ethical.

But most of all, we're sick of the underlying value judgment that sits behind this: that some lives are worth more than others.

Disturbingly, this way of thinking appears entrenched in our society's consciousness, and has been for some time.

What else explains the dazzling neglect that has led to the horror show in aged care these past months? That situation didn't arise out of the blue: we don't value our elderly as we should. So let's not all pretend to be surprised when, because of that, we've landed with our current tragedy.

Sadly, not everyone will make it, but that doesn't mean their lives are somehow less valuable. They too are someone's beloved, someone's friend, and they deserve to be treated as such.

The alternative starts with a dogged commitment to the position Roy Bartlett's granddaughter articulated last week: 'He *matters* to us.' Everyone should matter to us as a community. Everyone is valuable, equally so. Some are more fragile than others, and that necessitates special care and attention to them.

There might not be one right way out of the pandemic. It's clear to all of us that every path we choose from here includes difficult, sometimes devastating, outcomes. We have to wrestle with this honestly. But there are certainly some wrong paths for us to take. It shocks us that it even needs to be said but setting a future direction on the idea that some lives are more valuable than others is one of these.

Toby Hall is chief executive of St Vincent's Health Australia. Dr Daniel Fleming is head of ethics at St Vincent's Health Australia.