Judgment and Decision Making, Vol. 5, No. 1, February 2010, pp. 11–20

Attribute framing affects the perceived fairness of health care allocation principles

Eyal Gamliel*
Behavioral Sciences Department, Ruppin Academic Center

Eyal Peer
School of Education, Hebrew University of Jerusalem

Abstract

Health care resource allocation is a central moral issue in health policy, and opinions about it have been studied extensively. Allocation situations have typically been described and presented in a positive manner (i.e., who should receive medical aid). On the other hand, the negative valence allocation situation (i.e., who should not receive medical aid) has been relatively neglected. This paper demonstrates how positive versus negative framing of the exact same health care resource allocation situation can affect the perceived fairness of allocation principles. Participants usually perceived non-egalitarian principles (i.e., need, equity and tenure) to be fairer in positively framed situations (i.e., to deliver health care resources to certain patients) than negatively framed situation (i.e., not to deliver health care resources to other patients). However, framing did not affect the perceived fairness of the equality principle (i.e., a random draw). The paper offers a theoretical explanation for the effect of framing on the perceived fairness of heath care resource allocation and discusses implications for both researchers and policy makers.

Keywords: attribute framing, health care resource allocation, perceived fairness.

1 Introduction

The issue of allocating health care resources to recipients is a central medical and ethical concern (Cuadras-Morató, Pinto-Prades, & Abellán-Perpiñán, 2001; Moore, 1996). Patients in need of medical aid frequently rely on the generosity of their community for survival. However, a community usually has a finite amount of health care resources, and the question of how these lifesaving but scarce health care resources should be distributed has been studied extensively (e.g., Ubel, Baron, Nash, & Asch, 2000; Ubel & Lowenstein, 1996).

As can be expected, the just allocation of social resources occupies many scholars, and different theories advocate different allocation principles. (For a taxonomy of distributive justice theories, see Sabbagh, 2001.) In the normative tradition of Miller's Theory of Justice (Miller, 1976) and the multiprinciple approach (Deutsch, 1985; Törnblom, 1992), three principles have usually been identified as central to the concept of distributive justice: *equity*, *equality* and *need* (Deutsch, 1975; Miller, 1999; Sabbagh, 2001).

These principles involve different rules. To realize the equity principle, one can allocate resources on the basis of ability, effort or merit (Alwin, 1992; Lewin-Epstein, Kaplan, & Levanon, 2003; Sabbagh, 2001). For example, if the decision is to allocate aid to all except claimants who are responsible for their illness, the decision can be viewed as based on a merit principle, because claimants who are not responsible for their illness are considered as more deserving than claimants who are responsible for their illness. To ensure equal allocation, one can use the simple equality rule ("to each the same") or offer equality of opportunities (Sabbagh, 2001). The principle of need is usually achieved by allocating according to individuals' medical condition, socio-economical status or other relevant needs (Sabbagh, 2001). The principle of tenure in terms of a waiting list is often used in health care resource allocations. In the UK, for example, the length of time a patient spends on a waiting list is used as the main criterion for donor liver allocations. The use of this tenure principle is also quite common in the USA (Ratcliffe, 2000). Judgments about allocation of health care resources, as well as actual allocations, are usually complex and dependent on many variables, such as the resource availability, the claimants' need for help, and their deservingness (Skitka & Tetlock, 1992).

*This research was supported by a grant from The Israel Foundations Trustees (2004-2006). A previous version of this paper was presented at the American Psychological Association Annual Convention, New Orleans, August 2006. Address: Eyal Gamliel, Head of Behavioral Sciences Department, Ruppin Academic Center, Emek Hefer 40250. Email: eyalg@ruppin.ac.il.