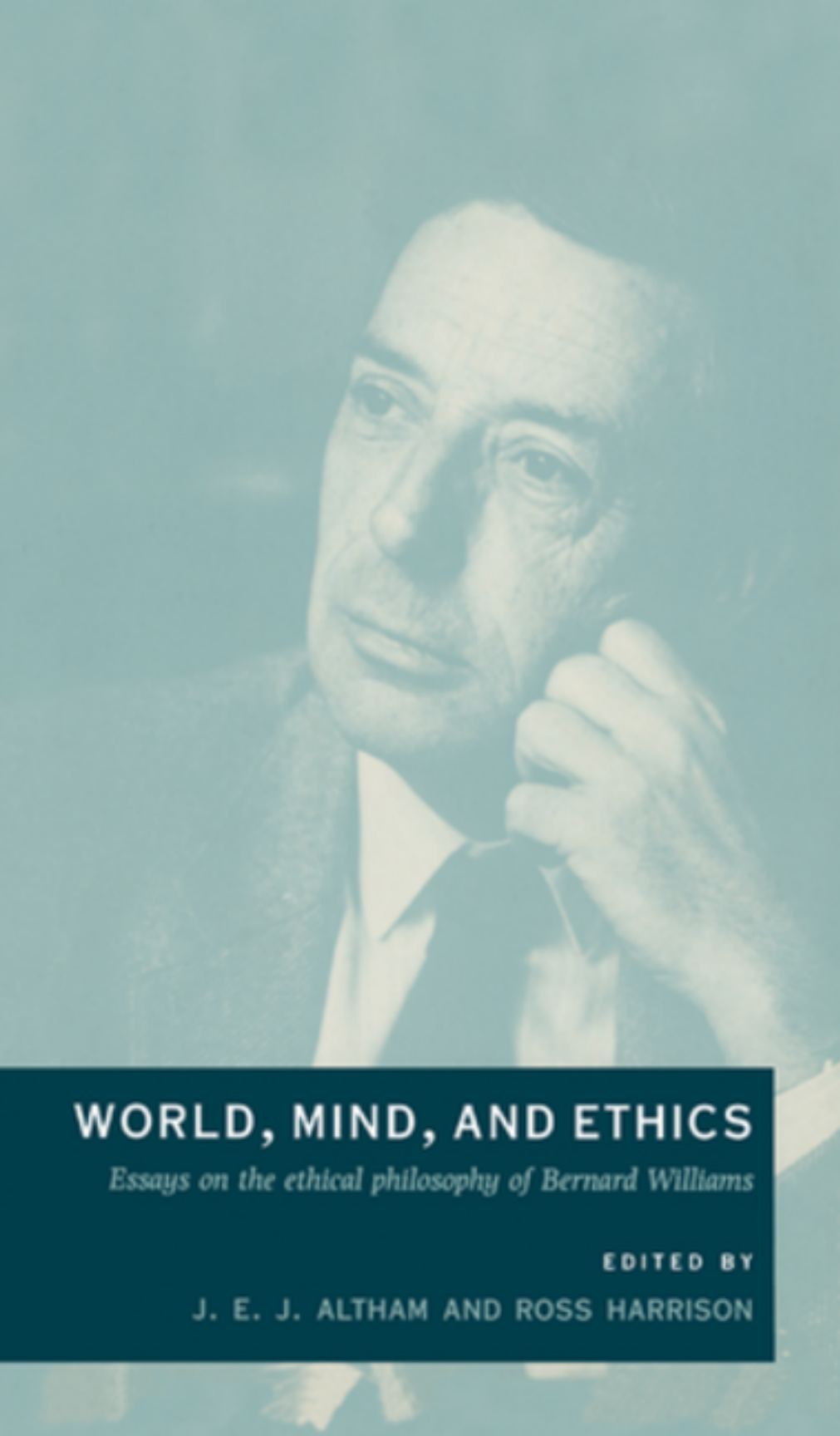

WORLD, MIND, AND ETHICS

Essays on the ethical philosophy of Bernard Williams

EDITED BY

J. E. J. ALTHAM AND ROSS HARRISON

Bernard Williams is one of the most influential figures in recent ethical theory, where he has set a considerable part of the current agenda. In this collection a distinguished international team of philosophers who have been stimulated by Williams' work give new responses to it. The topics covered include equality; consistency; comparisons between science and ethics; integrity; moral reasons; the moral system; and moral knowledge. Williams then provides a substantial reply, which shows both the current directions of his own thought and also his present view of earlier work of his which has been extensively discussed for twenty years (such as that on utilitarianism).

This volume will be indispensable reading for all those interested in current ethical theory.

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J. E. J. ALTHAM

University Lecturer in Philosophy and Fellow of Gonville and Caius College, Cambridge

and

ROSS HARRISON

Reader in Philosophy, University of Cambridge and Fellow of King's College, Cambridge

CAMBRIDGE
UNIVERSITY PRESS

CAMBRIDGE UNIVERSITY PRESS
Cambridge, New York, Melbourne, Madrid, Cape Town, Singapore,
São Paulo, Delhi, Dubai, Tokyo, Mexico City

Cambridge University Press
The Edinburgh Building, Cambridge CB2 8RU, UK

Published in the United States of America by
Cambridge University Press, New York

www.cambridge.org
Information on this title: www.cambridge.org/9780521479301

First published 1995

A catalogue record for this publication is available from the British Library

Library of Congress Cataloguing in Publication Data

World, mind, and ethics: essays on the ethical philosophy of Bernard Williams/
edited by J. E. J. Altham and Ross Harrison.
p. cm.
ISBN 0 521 36024 2 (hardback) ISBN 0 521 47930 4 (paperback)
1. Williams, Bernard Arthur Owen – Ethics.
2. Ethics. 3. Ethics, Modern – 20th century.
I. Altham, J. E. J. (James Edward John) II. Harrison, Ross.
BJ604.W55W67 1995
170'.92-dc20 94-17269 CIP

ISBN 978-0-521-36024-1 Hardback
ISBN 978-0-521-47930-1 Paperback

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Editors and contributors

J. E. J. ALTHAM is a Lecturer in Philosophy at the University of Cambridge.

JON ELSTER is Professor of Political Science at the University of Chicago and Research Director, Institute for Social Research, Oslo.

ROSS HARRISON is a Reader in Philosophy at the University of Cambridge.

MARTIN HOLLIS is Professor of Philosophy at the University of East Anglia.

CHRISTOPHER HOOKWAY is Professor of Philosophy at the University of Birmingham.

NICHOLAS JARDINE is a Fellow of Darwin College and Professor of the History and Philosophy of the Sciences at Cambridge.

JOHN MCDOWELL is University Professor and Professor of Philosophy at the University of Pittsburgh.

MARTHA NUSSBAUM is University Professor and Professor of Philosophy, Classics, and Comparative Literature at Brown University.

AMARTYA SEN is Lamont University Professor and Professor of Economics and Philosophy at Harvard.

CHARLES TAYLOR is Professor of Philosophy and Political Science at McGill University.

BERNARD WILLIAMS is White's Professor of Moral Philosophy at the University of Oxford.

Introduction

J. E. J. Altham and Ross Harrison

For many decades Bernard Williams has enlivened philosophy in general and ethics in particular. The editors, like many other philosophers, have been stimulated and helped in their own thought by his incisive and wide-ranging work. This stimulus has, perhaps, been more into opposition than discipleship; but numerous philosophers have worked out their own thought in part by having to meet the problems which he has posed. In ethics Williams has set a considerable part of the current agenda. We, working in the field, have had to take account of his insights and have been forced into much richer thought in consequence.

The editors, therefore, thought that it would be both useful and interesting to have a collection of new papers devoted to the study of aspects of Williams' work in ethics. We invited a distinguished team of contributors known to be interested in, or influenced by, Williams' work. We are pleased that so many of them have been able to provide new papers, and that Bernard Williams has been able to contribute a substantial piece of his own, linked to some of the contributions.

The way in which Williams has set the ethical agenda can be seen from several specific issues which were either started off, or significantly reformulated, by him decades ago, and which are still running with unabated energy. These issues have been extensively discussed, both by colleagues and also in innumerable student essays. One example is Williams' seminal paper on equality, originally published in 1962 and most easily available in his first collection of papers, *Problems of the Self*, Cambridge University Press, 1973. This is the topic of the first paper in the present collection, Jon Elster's 'The Idea of Equality Revisited'.

Another example of a specific contribution of Williams which has set the agenda and produced decades of subsequent discussion is his

introduction of the idea of integrity to the debate about utilitarianism, particularly by means of his case study of Jim, the bandit chief, and the Indians. This appeared in his contribution to *Utilitarianism for and Against*, (J. C. C. Smart and Bernard Williams, Cambridge University Press, 1973). Jim and the Indians is the topic of the chapter in the collection by Martin Hollis, and this much discussed question is clarified by Williams' reply to Hollis.

Another topic to which Williams gave promotion and redirection, and which has stimulated much discussion over the years, is the importance of consistency in ethics. The particular question of the possibility of consistency in choice is the topic of Amartya Sen's contribution. However, the topic of consistency connects in Williams' thought with wider themes about realism and, more generally, the difference between ethical and scientific thought. This central theme in his work reaches its culmination (at least so far) in his *Ethics and the Limits of Philosophy* (London: Fontana/Collins, 1985). It is also the focus of the papers by Hookway and Jardine, where the supposed disanalogy between ethical and scientific thought is examined and criticized.

Ethics and the Limits of Philosophy sums up and synthesises many of Williams' distinctive themes. Another topic which occurs in it (in chapter five, 'Right reason') and builds on earlier discussion is the possibility of basing right moral judgment, Kant style, on reason alone. In Williams' language this becomes the possibility of what he calls 'external reasons' (that is, reasons not based on antecedent desire or other pre-existing psychological states). John McDowell's contribution (and Williams' reply) take further a debate about this topic which has been running since Williams' seminal 'Internal and external reasons' paper (originally in Ross Harrison (ed.), *Rational Action*, Cambridge University Press, 1979; reprinted in Bernard Williams, *Moral Luck*, Cambridge University Press, 1981). This is another example of where a particular contribution of Williams has set a large subsequent agenda.

Other central themes in *Ethics and the Limits of Philosophy* are treated here. Charles Taylor writes about his treatment of morality, and J. E. J. Altham discusses his distinctive claim that ethical reflection should destroy ethical knowledge. The increasingly Greek-related aspect of Williams' later work also gets prominence in the contributions, particularly in the papers by John McDowell and Martha Nussbaum, as well as in Williams' own contribution. The

first three chapters of *Ethics* concern ancient thought, as does his latest book, *Shame and Necessity* (Berkeley, CA: University of California Press, 1993).

When we originally conceived the idea of this collection, we thought that it would be greatly strengthened if it were possible to include a paper by Williams himself. We are pleased that this has proved to be possible. The collection ends with a long chapter by Williams, in part of which he replies to some of the earlier chapters. We should make clear that our idea, as we put it to Williams, was never that he should provide a systematic, or formal, reply to the earlier chapters. We hoped for, and are pleased to have received, a chapter from Williams, connected with one or more of the previous contributions, on topics where he particularly wished to add or clarify something.

Various factors have led to the assembling of this body of papers taking longer than we would have wished. We apologize to our contributors (particularly the prompt ones) for this; as well as to our readers. Now that it has been assembled, we hope that the stimulation which we and many others have received from Williams' work will not only have been celebrated, but also taken further.

CHAPTER 1

The idea of equality revisited

Jon Elster

Bernard Williams published "The idea of equality" in 1962.[1] In the almost thirty years that have passed, the study of distributive justice has expanded vastly. The work of John Rawls and Amartya Sen, among that of many others, has enabled us to progress further in stating the problems and canvassing plausible solutions. Williams himself has returned to issues of political philosophy on a number of occasions. Yet I believe the early article retains its claims on our attention, partly because it makes some interesting and insufficiently criticized mistakes, partly because it contains some valuable and insufficiently explored suggestions. In this chapter I try to remedy both deficiencies.

I shall not summarize Williams' argument in "The idea of equality," but only state some of his main distinctions and conclusions. He gives considerable attention to the notion of equality of persons, i.e. their claim to what Ronald Dworkin has called "equal concern and respect." And he is concerned with showing that this ideal has some bite, in that it suggests specific distributive conclusions. He also considers situations in which there is a prima-facie argument for unequal distribution, on the basis of need and merit. Need is taken as constituting unambiguous and unproblematic grounds for access to scarce goods; I shall argue that it is both ambiguous and problematic. Merit, in Williams' exposition, is doubly questionable as a criterion for the allocation of scarce goods, such as access to high-quality education. In the first place, it is inconsistent with the ideal of equality of persons. In the second place, more disturbingly, attempts to redress this flaw may themselves conflict with that ideal.

The only references Williams makes to actual distributive issues are to health care and education, with a very brief mention of unemployment benefits. None of these references have any empirical

flesh and blood; they are presented in a very cursory and stylized manner. I am convinced that conceptual and theoretical progress on these issues can be made only if more attention is given to actual distributive issues. Actual cases differ; differences suggest distinctions; distinctions suggest concepts and more general propositions. This is not a plea for an inductive approach to distributive justice, but for something like Rawls' method of reflective equilibrium. Unlike Rawls, however, I believe that, in our search for the data that partly constrains a theory of justice, we should go beyond our own intuitions.[2] The actual allocative choices made by institutions, even if impure in being the product of a large number of determinants, many of which are obviously irrelevant from the point of view of justice, can serve as a more independent check on our judgments of fairness.[3]

Be that as it may, in evaluating Williams' arguments I shall draw heavily on allocative decision-making in practice. Following his lead, I shall consider the allocation of scarce medical resources, notably hearts, livers, and kidneys for transplantation, and the allocation of educational resources, notably admission to institutions of higher education. I begin by considering his influential statement that "the proper ground of distribution of medical care is ill health: this is a necessary truth."[4] I shall first point out a counter-intuitive implication of the statement, and then discuss some additional arguments against a more attractive (even if textually less plausible) reading of the statement.

I read the statement as saying that there is a monotonic relationship between degree of ill health and quantity of medical resources: the worse your health, the more and the better medical treatment you should get. The rich should not be able to buy scarce medical resources to treat their small ailments when the poor have serious illnesses that go untreated. Thus stated, the principle is appealing. Stated in a more fine-grained way, however, it is far from obviously true.

Before I proceed to show this, I need to make some general points that apply to many allocative situations. Let us suppose that there is some scarce good X that is to be allocated, and some quantifiable property of people which that good tends to increase. Thus X could be livers or hearts for transplantation, and Y could be either total lifespan or probability of short-term survival; X could be the assignment of rehabilitation officers, and Y the probability of rehabili-

tation of prisoners; X could be educational resources, and Y could be extent of knowledge. Most generally, X could be any good whatsoever, and Y could be utility or welfare in some suitably broad sense. Let us suppose, moreover, that there is a choice between giving one unit of the scarce good to individual **I** and giving it to individual **II**, whose situations can be described by the following parameters. If not given the good, the individuals would be at levels Y_I and Y_{II} respectively. If given the good, they would attain levels Y'_I and Y'_{II} respectively. Two allocative principles suggest themselves. Following the *level principle*, one should give the good to **I** if and only if $Y_I < Y_{II}$. Following the *increment principle*, one should give the good to **I** if and only if $(Y'_I - Y_I) > (Y'_{II} - Y_{II})$. The former corresponds to the view that we should give priority to the worst-off, the latter to the idea that we should prefer those who can use the good best.[5]

Consider first the case of welfare or utility. For the sake of argument I shall make a number of questionable assumptions: utility allows for full (unit and level) comparison across individuals; the utility functions of different individuals are roughly similar; marginal utility is decreasing. Under these assumptions, the level and increment principles always dictate the same solution. The worst off should receive the scarce good because they can use it more efficiently, i.e. derive a larger utility increment from it. Something like this idea underlies the traditional utilitarian argument for the redistributive welfare state.[6]

Consider next the increase of knowledge by educational resources. Williams does not say that the proper ground of distribution of education is lack of knowledge, nor that the proper ground is the assimilation of knowledge. Both ideas, however, are an important part of the educational philosophy. In this case, however, it is less clear that they point in the same direction. It might be the case – this was actually argued by Leibniz[7] – that, even if individuals have identical intellectual capacities, the efficient assimilation of knowledge requires that educational resources be concentrated in a few (perhaps randomly selected) individuals, rather than spread thinly over many.

Consider finally the rehabilitation of prisoners. Here, again, the two principles might diverge, albeit for a different reason. Some of those who leave prison will have a spontaneous recidivism rate very close to 100 percent. At the other extreme are those who are certain

to get and keep a regular job. The intermediate category is made up of those who may or may not manage to stay out of trouble without any assistance. Clearly, the rehabilitation officer should not spend his time on those who will do well without his assistance, although doing so would make for an easier life. Nor, more controversially, should he concentrate on those in the first category. Enhardened criminals are unlikely to be swayed by efforts to keep them away from crime. Instead, the officer should concentrate on the intermediate category, where his work could actually make a difference.

In the allocation of medical resources the two principles sometimes coincide. Let us consider organ transplantation, and make the unrealistic assumption that we are comparing cases in which the graft is certain to succeed. We might then have two reasons for giving the organ to a young man rather than to an old man: the young man has a shorter life behind him and he will, if treated, have a longer life before him. In a different set of choice situations, however, the level and increment principles point in opposite directions. When the candidates for transplantation differ in probability of spontaneous remission rather than in age, the dilemma is more similar to that facing the prison rehabilitation officer.[8] The relationship looks roughly as in Figure 1.1.

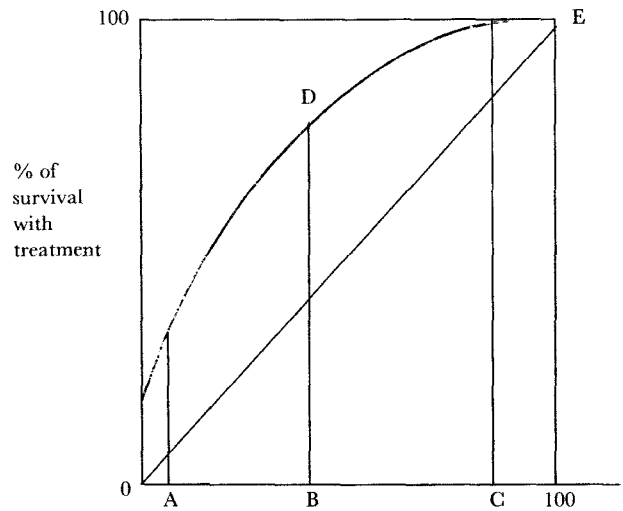

Figure 1.1

In these cases, the level principle will tell doctors to give priority to patients at A, whereas the increment principle tells them to prefer patients at B. (If, above all, they want a good record or a quiet life, they will prefer patients at C.) I understand Williams to be espousing the level principle, at least by implication. Many doctors do the same, because their professional training emphasizes norms of compassion and of thoroughness. Now, an unrestricted version of that principle is obviously indefensible. It would amount to giving priority to patients who are so ill that they are sure to die in any case. On grounds of fairness, one might, nevertheless, argue that even the severely ill should have some chance of being selected for transplantation. I return to that issue later. Here I simply want to note that Williams' unqualified emphasis on "ill health" is misplaced. *Some* account must be taken of the extent to which that ill health can be improved by medical care.

I am quite confident that Williams would agree. On a more charitable, if less literal, reading of his statement, the notion of ill health would include some degree of improvability. Let me, therefore, see whether the statement, thus interpreted, is more defensible. I believe it runs into at least three difficulties, which can be briefly summarized as incentive problems, paternalism, and envy.[9]

Sometimes, ill health is the predictable outcome of earlier behaviour. In such cases, one might want to limit the extent of free treatment provided. Such restrictions could be justified by backward-looking arguments, in terms of merit. They could also, and more convincingly, be justified on rule-utilitarian grounds. If people knew that society will not bail them out when their health fails as the predictable result of their own behaviour, they might abstain from behaving in that way. Or again, they might not. Not everybody is equally open to incentive arguments. More to the point, those who might be reached by such arguments are mainly the well educated and affluent.

At this point, we can draw on what Williams has to say about merit as a ground of access to educational resources. If access to merit is shaped in part by a "curable environment," the basic equality of persons demand that this access be itself equalized to that extent. Similarly, if medical need justifies treatment only if that need is not knowingly self-inflicted, one might impose the additional condition that the ability to be swayed by incentive arguments be itself equalized, to the extent that it can be affected by a curable

environment. Before gross poverty has been eliminated, incentive arguments are inacceptable in health care. This seems right. Some might want to go further, and argue that incentive-effect arguments are never appropriate in this area. There will always be some persons, in all classes of education and income, who are too reckless or thoughtless to take proper account of the risks they are running. After all, most of the predictions one can make in this are statistical ones, which do not reach people as directly as do unqualified warnings. It would be callous to leave a car accident victim to die just because he has thoughtlessly failed to use a safety belt and to take out private insurance. This seems right too, but only because the example is so dramatic. Dental care provides a more instructive example. This treatment is reimbursed by social security in the UK and France, but not in Norway. The Norwegian practice might be justified on the grounds that most people will take care of their teeth when they know they will have to pay the dentist's bill themselves, and that it is more acceptable to say "you have made your bed, so you can lie in it" to those who do not, when the discomforts of the bed are minor and the costs of repairing it small. It goes against Williams' "necessary truth" if rich people who neglect their teeth get better dental care than other negligent people, but could not that inconsistency count against his assertion, rather than against the practice?[10]

Secondly, one might object that Williams' "necessary truth" is a form of disguised, and possibly misguided, paternalism. To be sure, once an individual needs a kidney, heart, or liver transplantation, he would want to have one. He would not say "I'd rather take the money," since without the operation he would not be around to enjoy the money. It suffices to impose a thin veil of ignorance, however, to make it plausible that he might prefer the money. For "the poor lack a great many goods. Perhaps they would prefer to have some of their other needs met with the money that could be set aside for organ transplants."[11] This looks like a knock-down argument, and perhaps it is. Let me try to show, nevertheless, how it could be met, somewhat (if I have understood him right) in the spirit of Williams' own argument.

One can imagine two sorts of replies to the objection. First, one might say that paternalism *is* justified under circumstances in which some people are so poor that they are tempted, against their real interest, to trade off their long-term health against immediate

betterment. Their capacity for making autonomous decisions is so impaired by poverty that they have to be protected against themselves. Secondly, one might argue that in capitalist societies the only redistributive policies that work are in-kind guarantees like free access to education or medical goods, because cash transfers, even when intended to benefit the poor, are largely captured by the middle class.[12] In short, the poor would not get their share of the money set aside for transplants; and if they did, they would use it unwisely.

These rebuttals are powerful, but insufficient. Empirical claims like this cannot be part of the argument for a necessary truth. Also, the claims themselves are far from being obviously true. A decision to forego costly insurance against a highly improbable event need not be irrationally myopic. A system of largely compulsory health insurance might include some optional features that could be traded in for cash.[13] Transplantation could probably not be one of these features. Anticipation of the public outcry when non-insurers are turned away from transplantation centers would prevent any such scheme from getting off the ground.[14] But perhaps I could be allowed to forego my right to be operated for varicose veins and take the cash equivalent instead?

The third objection is that Williams' principle might partly be based on envy. In the provision of expensive life-saving health care, there is an "all or none" tendency, and a corresponding aversion to selective provision. If it is technically feasible to give the treatment to all who need it, one should do so; if not, no one should get it.[15] In both cases, equality of medical care is realized. The American end-stage renal disease program is an example of the former. Eventually, dialysis was made freely available to virtually everybody who was medically indicted for it. The recent Oregon moratorium on heart and liver transplantations is an example of the latter.[16] A partially similar policy was followed in Massachusetts,[17] where transplantations were allowed only within very tight budgetary constraints. The following comment on the Report of the Massachusetts Task Force on Organ Transplantation should provide food for thought for those who still believe in the "necessary truth":

> Suppose we then assume that there is no intrinsic merit to a fixed medical or hospital care budget. Suppose we also assume, as the Report itself suggests, that with feasible arrangements the supply of organs for trans-

plantation will be adequate for all who desire transplants. Suppose that heart and liver transplant have passed the research stage, and are known to be effective, if expensive, ways of extending life, and that accurate information concerning the transplants is transmitted to patients and insurers. Finally, suppose that a financing method is developed in which someone who receives a transplant is charged the full resource costs of "producing" that transplant. The purchaser, in effect, causes no additional costs to be imposed on anyone except his household if he obtains a transplant. There could be insurance coverage of such expenses, but the premiums would apply only to those who had specifically elected transplant coverage; there would be no general spillover onto other insureds, either for transplant surgery, or for the follow-up care. My understanding of the Task Force's recommendations is that they would prohibit a person who lives in Massachusetts from buying a transplant under such circumstances. In effect, the Task Force finds objectionable a family's decision that it is willing to sacrifice other things it might consume in order to prolong the life of one of its members . . .

What can be said in favor of this sort of distribution? In a society shot through with envy, such a view might make sense, but the Task Force offered no empirical evidence for such envy (or, for that matter, for its assertions about citizens' belief about fairness). In the absence of such evidence, I have serious difficulties about raising envy as a moral principle equal to altruism. In any case, envy would call for at most an excise (sumptuary) tax on purchased transplants, not a total prohibition.[18]

The second and third objections to Williams' argument may be combined as follows. Suppose that we are dealing with a scarce indivisible medical good in totally inelastic supply. The poor ill and the rich ill have the same chance of being drawn from the waiting list. Why should not a poor person be allowed – prior to the development of any illness – to sell his right to be placed on the waiting-list to a rich person, so that the latter would, in effect, have two tickets in the lottery? One might even impose the condition that the rich purchase the extra ticket or tickets prior to *his* development of the illness, so as to reduce the risk that he might use his wealth to coerce others to give up their rights. In Nozick's phrase, this is a capitalistic act between consenting adults that imposes no harm on third parties. In forbidding it, we express paternalism towards the poor or envy towards the rich, or both.

We may deplore inequalities of income. We may wish for a society in which there were no millionaires who could buy transplantations when the number of publicly financed operations was exhausted, and no poor who might prefer, however autonomously, the cash

equivalent of some of their medical rights. Note, however, that the purchase and sale of medical options might also occur, if allowed, in a society of complete equality of income, as long as preferences differ. It is not just the poor who might prefer the cash equivalent of the right to be put on the waiting list for transplantation; a less than average degree of risk aversion might have the same effect. Others might be so risk-averse as to buy expensive assurance for very improbable events. In that case, would not "equality of persons" enjoin us to respect the desire to opt out of or buy into the medical system? Totally reckless behaviour, like extreme myopia, is a sign of irrationality. When we find it, as we often do in young children, it provides sufficient grounds for paternalism. Extreme risk-aversion can be assimilated to a phobia, which is also a sign of irrationality. Less extreme attitudes towards risk may, however, be part of the quiddity of individual character that, in other writings, Williams has urged us to respect. How can one respect a person if one treats his central character traits as grounds for protecting him against himself?

I am not quite sure where this medley of arguments leads me. One conclusion – or is it a premise? – is the following. Unlike Williams and Walzer, I do not believe in the inherent autonomy of spheres of justice. There are no necessary truths that regulate the distribution of sphere-specific goods, like medical care or exemption from military service.[19] Unlike Walzer (and Williams?), I do believe that the distribution of income should be much more equal than it is in most Western societies today. For one thing, equality of income is a good thing in itself, as long as it does not interfere too much with efficiency. For another, income inequalities detract from the autonomy of choices, in two ways. If I am poor, I may not be able to recognize where my interest lies. And, even if I do, the rich may use their wealth to coerce me to act against it. Under these imperfect circumstances, the insistence on the autonomy of spheres may be justified, not as a first-best principle, but as a way of coping with weakness of will or understanding and with coercive power. Under a more equal distribution of income, the autonomy of spheres would be less important. It might, in fact, become a pointless obstacle to the free choice of life style and priorities.

I now turn to a different set of issues. I said earlier that, in Williams' view, the principle of the equality of persons might conflict doubly with the meritocratic allocation of education. The first

conflict arises because "one is not really offering equality of opportunity to Smith and Jones if one contents oneself with applying the same criteria to Smith and Jones at, say, the age of 11; what one is doing there is to apply the same criteria to Smith as affected by favourable conditions and to Jones as affected by unfavourable but curable conditions."[20] Equality of persons – as they are in themselves, in abstraction from the environment – then demands that the curable environment be cured.

Assume that the cure has been effected, so that talents are allowed to develop unfettered by unfavorable environments. Williams argues[21] that in this truly meritocratic world, people would be "overconcerned with success" and place far too much emphasis on abilities. The values of the community and mutual respect would wither. The ideal of equality of persons would be undermined, as a result of reforms motivated by that very principle. I agree with Williams that this is a possible and undesirable side effect of otherwise desirable reforms. Let me also assume, for the sake of argument, that the side effect could outweigh the main intended effects. What, then, are the alternatives?

One answer might be that the present system is, all things considered, superior to the meritocratic nightmare. Because everybody knows that talent is often fettered by circumstances, less blame is attached to low achievements than if it was known that achievement and ability were perfectly correlated. Losers in the rat race can retain their self-respect and the respect of others as long as there is sufficient uncertainty about the relative importance of social and genetic causes of success and failure. If social causes were to be eliminated, so would the salutary uncertainty. Better let things be as they are.

I cannot believe that Williams would accept this proposal. It smacks too much of Evelyn Waugh. But it is not at all clear what he would say. In his concluding paragraph, he essentially throws up his hands to confess ignorance and advocate *ad-hoc* pragmatism. I shall attempt to carry the discussion somewhat further by discussing a proposal due to John Broome[22] and already implemented, unbeknownst to him, in the Dutch educational system.

The issue before us is this. On the one hand, many of us share with Williams the belief that the equality of persons is an important, if vague, principle. On grounds of common humanity, people have a right to equal concern and respect. We would like, moreover, this

principle to have implications for actual policy-making in allocative arenas. On the other hand, most of us also share his belief that there are differential grounds for giving people access to scarce goods. Williams focuses on the grounds for admitting people to higher education, in terms of "the economic needs of society for certain skills." The more talented, presumably, are to be given priority by virtue of these needs. A similar point could be made with respect to the allocation of scarce medical resources. There are prima-facie grounds for preferential treatment of those who can benefit most from the scarce good.[23]

The Dutch solution is to admit students to medical school by a scheme of *weighted lotteries*, high school grades being used as the weights.[24] Broome would generalize the principle. He stipulates that one can usually ascertain the strength of a person's *claim* to the scarce good in question. A person with high grades has a stronger claim to being admitted to medical school than a person with lower grades. The claim of the latter, however, is weaker rather than non-existent. Similarly, the claim of an old person to receive an organ for transplantation is weak, but not non-existent. Broome argues, therefore, that the appropriate compromise between the general equality of persons and specific grounds for preferential treatment is to have a weighted lottery, with the strength of the claims being used as the weights.

The proposal is attractive, if controversial.[25] Let us try to see how it might work in the case of allocating organs for transplantation.[26] It seems clear to me that the grounds for preferential treatment are expected probability of success of the transplantation multiplied by expected lifetime after a successful transplantation.[27] Against the category of patients who best satisfy this criterion, there are two groups of patients who might press their claims. On the one hand there are those – notably the old – who can be expected (let us assume) to survive the operation as well as any other patient, but who are likely to die soon of other causes. On the other hand, there are the urgent cases who (let us assume) would live as long as any other patient if the operation succeeds, but for whom the very urgency of the illness makes success less likely. How do we measure the strength of the claims of these two patient categories?

For the first category, we would probably measure the strength of the claim by expected life extension. For the second category, we might measure it by expected increment in likelihood of survival.