

Ethical Allocation of Scarce Resources during Global Health Crises: Rethinking Fairness

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DESCRIPTION

Global health crises, such as the COVID-19 pandemic, Ebola outbreaks, or future influenza pandemics, strain healthcare systems and expose systemic inequities in access to medical resources. Whether it is ventilators, ICU beds, vaccines, or healthcare personnel, the ethical allocation of scarce resources becomes a critical concern for policymakers, clinicians, and society. Amid urgency and uncertainty, ensuring just and equitable distribution of life-saving interventions poses both practical and moral challenges. This article explores the ethical principles that should guide resource allocation and proposes a perspective that prioritizes transparency, equity, and solidarity over utilitarian expediency alone.

Ethics in emergency decision-making

Traditional frameworks often favor utilitarian logic allocating resources to maximize the number of lives saved or life-years gained. While efficient in theory, this approach can perpetuate existing disparities by prioritizing those with better baseline health or access to care. For example, marginalized communities often have higher comorbidities due to structural inequalities; thus, strict utilitarianism might systematically deprioritize them.

Ethical decision-making in crises must therefore incorporate other values:

- Justice demands attention to social vulnerability and historical disadvantage.
- Respect for persons emphasizes treating individuals as ends in themselves, not merely as data points in cost-benefit equations.
- Transparency and procedural fairness ensure trust in the system, especially when public confidence is critical to compliance and cooperation.

Equity in practice

The allocation of vaccines during COVID-19 exposed deep inequities within and between nations. High-income countries secured the bulk of early supplies, while low- and middle-income

countries struggled to access doses for even their frontline workers. Similarly, the distribution of ventilators and antiviral medications within countries revealed racial, geographic, and economic disparities.

To counter this, a multi-principle approach must guide allocation:

- Priority to the worst off not only the sickest but also the socioeconomically disadvantaged.
- Reciprocity giving priority to those who assume disproportionate risks for the public good, such as healthcare and essential workers.
- Instrumental value considering roles essential to the pandemic response (e.g., vaccine manufacturers, epidemiologists).
- Random selection as a tie-breaker to ensure fairness when claims are otherwise equal.

Community engagement and cultural sensitivity

Top-down approaches, especially those developed without local consultation, risk failure. Ethical allocation must involve community voices, including those from Indigenous, rural, and underrepresented populations. Contextualizing policies with cultural values and lived experiences promotes not just justice but also better uptake and sustainability. For example, vaccine hesitancy in some populations is not only a matter of misinformation but also rooted in historical abuse and medical neglect. Listening before prescribing is a necessary ethical act.

Global solidarity and moral responsibility

A health crisis anywhere is a health threat everywhere. Rich countries' obligations extend beyond their borders-not just as an act of charity, but of justice. Vaccine nationalism and hoarding delay global recovery, contribute to viral mutations, and prolong crises. Ethical global health governance requires redistributive mechanisms, such as COVAX, and accountability for commitments. Moreover, sharing technology, waiving patents during emergencies, and strengthening local healthcare infrastructure are long-term ethical imperatives.

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Planning a head: Ethics of preparedness

Ethical allocation is not only a reactive duty but a proactive responsibility. Many of the injustices observed during the COVID-19 pandemic stemmed from inadequate preparedness and ethical ambiguity. Public health systems must embed ethical frameworks into their emergency planning:

- Establishing inclusive ethics committees before crises.
- Creating adaptable triage protocols aligned with human rights.
- Investing in healthcare capacity that minimizes the need for rationing in the first place.

In times of scarcity, ethical clarity is as vital as clinical competence. Global health crises demand a shift from narrow utilitarianism to a broader moral compass that balances efficiency with justice, solidarity, and human dignity. By embedding ethical reasoning into resource allocation, societies can uphold trust, protect the vulnerable, and emerge more resilient and united in the face of shared threats.