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The Preference Toward Identified Victims and Rescue Duties

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Jeremy R. Garrett claims that the nature and scope of our rescue duties cannot be properly understood and addressed without reference to social context or institutional background conditions. In my comment I focus not on social or institutional but on psychological background conditions that are also necessary for the conceptualization of rescue cases. These additional conditions are of crucial importance since an entire paradigm of “rescue medicine” is founded, as Garret notices, on the powerful and immediate “impulse to rescue” (Garrett 2015). I understand this “impulse” as the preference toward identified victims, and I argue that it may sometimes distort genuine moral judgments in rescue cases.

It is empirically verified that people do not value lives consistently, prefer to rescue identified individuals rather than statistical (Jenni and Loewenstein 1997), and believe that they should prefer them because of moral reasons. The phenomena were confirmed in idealized situations in which there were no personalizing information details about victims like name, gender, or age (Small and Loewenstein 2003). Therefore, “the identifiability of the victim *per se*” could be isolated as an independent factor that influences some rescue decisions. This means that the different reactions to statistical and identified victims do not come down to the amount of information an agent has

about victims or to any special relation between an agent and victims (some authors disagree with this last condition; Sheehan 2007).

The most accurate definition of a statistical individual appeals to a “counterfactually open process.” This is a process in which “there is no fact of the matter about what its outcome would have been if we had not initiated it” (Hare 2012). For example, let us assume that an agent helps some statistical persons by distributing vaccines against a fatal disease that attacks some population. It means that there is no fact of the matter about what would have happened if vaccines had not been distributed. Admittedly, there is a very high probability that some proportion of the population would have died prematurely, but there is no identified healthy vaccinated person who would have died for sure. Roughly speaking, rescuing a statistical person we cannot expect that there will be a particular person saved by our action who, for example, could thank us for saving her life.

This pure preference toward identified victims is an important factor (although not the only one) in explaining why people are relatively strongly motivated to rescue children drowning in ponds in hypothetical situations discussed by philosophers, but relatively weakly motivated to send money to charities. In medical contexts this

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preference is invoked to explain why we are relatively strongly motivated to cure ill people, but relatively weakly motivated to contribute to programs that aim to prevent illness. The explanation is that the beneficiaries of the former actions are identified (drowning children, sick persons), whereas the beneficiaries of the latter actions are merely statistical (beneficiaries of charities or preventive medicine).

The same explanation could be applied to the case of genomic research discussed by Garrett: By disclosing a piece of genomic information that has a high probability of providing significant harm-avoiding benefit to a research participant, we can rescue (or at least help) an identified person. By conducting promising genomic research we can rescue (or help) merely statistical persons (the future beneficiaries of research).

This phenomenon raises an important normative question: Under which circumstances is it morally permissible for people or institutions to yield to the preference toward identified individuals? This question is crucially important in situations of scarce resources for health care or research, since “rescue medicine” shows a strong tendency to disregard cost-effectiveness when the life of an identifiable person is in danger (Brock and Wikler 2009; McKie and Richardson 2003). Recently it was argued that this preference should have at least some normative significance: Other things being equal, we should help rather one identified victim than one statistical one (Daniels 2012; Hare 2012). But it was also claimed that this normative significance is very weak: If we could save either two statistical victims or one identified, we should save two.

The first method of defending the normative significance of this preference is to invoke distributional fairness (Daniels 2012). Let us assume that five people (A, B, C, D, E) are in danger. If you do nothing then A will die and one of the others will also die. But you can do one of the following (but not both): intervene to prevent A from dying, or intervene to prevent one of the others from dying (you do not know which one). Norman Daniels argues that in the cases like this we are deciding about the distribution of a specific good, which is a chance of living. We have a stronger obligation to help an identified victim than a statistical one, because at the moment of decision (ex ante approach) an identified individual is worse off than any of the other four people (she faces certain death if you help one of the others, whereas every member of the group B–E faces only a 0.25 chance of death if A is rescued). There are at least two problems with the Daniels account. He does not propose any aggregation rule that could help to solve more complicated situations (e.g., one identified versus two statistical; Kelleher 2013). What’s worse, accepting Daniels’s proposal we should sometimes prefer rescuing a statistical victim over an identified victim (Hare 2012), so his method does not vindicate the normative significance of the preference in all cases. Moreover, the contractualist approach, favored by Daniels, which requires us to choose just principles from behind a veil of ignorance and which is working

pretty well in other contexts (Żuradzki 2014), is useless here (Hope 2001).

The second method appeals to two anti-aggregationist principles. Roughly speaking: It is better to benefit one person a lot than many people a little; it is better to hurt many people a little than one person a lot. Let us refer to the example from the previous paragraph. On the one hand, saving an identified person in a one-to-one case we do something very good for this identified individual and very bad for one statistical individual (the one who will die if we save identified person). In this case, followers of this method accept an ex post approach: They do not compare expectations (chances of living), but results of action (Hare 2012). On the other hand, saving a statistical person we do something very bad for an identified person, but merely quite good for four statistical people. Why merely quite good for four people, and not very good for one of them? Because saving a statistical person we are merely increasing the chances for living from 0.75 to 1 for each of four people (in the above example: B, C, D, E). The reason for this is that while rescuing a statistical person there is no particular person who is rescued, so we cannot claim that we are doing something very good for any particular person. The problem with this approach is that it refers to the asymmetry written in the definition of a statistical victim (while helping a statistical individual there is no fact of the matter about what would have happened if we had acted otherwise; while helping an identified individual we can establish such fact). But it can be argued that this asymmetry is not morally relevant. And it does not justify making comparisons of values from two incommensurable perspectives: the results of action for an identified victim (ex post approach) with the expectations of statistical persons (ex ante approach).

The conclusion of my comment is that Garrett is right in claiming that individual rescue duties are shaped by collective decisions or institutional background conditions. Some authors argue that the strength of individual rescue duties are reinforced by the psychological preference toward identified individuals. I argued that there are no good arguments in favor of this view. ■

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The Emotional Nature of Rescue Medicine Assessments

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Dr. Garrett (2015) opens his article with an eloquent description of a very emotional reaction: “Few situations capture attention and compel action, in medicine and elsewhere, like opportunities to rescue people in dire predicaments.” He goes on to explore, quite well in my opinion, why it is problematic and incomplete to consider the issue of whether genetic incidental findings should be returned to research participants solely from a “rescue” perspective without addressing the broader social considerations. He does not, however, explicitly acknowledge the emotional nature of the rescue impulse. Emotion and reason have traditionally been conceptualized in “dual process theory” as distinct and even competing faculties, with emotion being associated with flawed and irrational choices. The goal of much discourse has been to remove the impact of emotion from reasoning (reviewed in (Brosch et al. 2013; Roeser 2012)). Research on the relationship between cognition and emotion, however, is making clear the interdependent and necessary relationship between emotional and cognitive processes (well reviewed in Brosch et al. 2013). Acknowledging the emotional nature of rescue impulses expands Garrett’s argument by examining the impact, both constructive and destructive, of emotion on decision making around incidental findings in research. In this commentary, I briefly review current research on emotion and cognitive processes and then apply this to the case of incidental findings in magnetic resonance imaging (MRI) research, which has even stronger parallels to the rescue paradigm than the issue of returning genetic results.

As Brosch and colleagues (2013) note, Donald Hebb, an early and influential neuropsychologist, described the

human as “*the most emotional of all animals*, referring to the fact that the degree of emotionality increases across species with the development of more sophisticated nervous systems.” Brosch and colleagues theorize that emotions allow for more flexible and adaptable responding to circumstances by replacing reflexive responses with an emotional response that allows the organism to prepare to respond while further evaluating the situation (Brosch et al. 2013). Note that this is somewhat at odds with the lay experience of responding in an emotional manner, which is often perceived as a reflexive sort of responding, lacking reflection. Indeed, emotions do function to mobilize the organism for action by identifying motivationally relevant stimuli. If I am hungry and see my officemate’s lunch on his desk, the food will attract my attention as a motivationally relevant stimulus and will arouse desire in me. However, I am unlikely to reflexively consume my officemate’s lunch because my emotional reaction, while rightly drawing attention to an appropriate stimulus and creating an urge to action, has also created a space in which I can evaluate my impulse to take my officemate’s food. After my emotions have interacted with my cognitive systems to direct my attention to the available food on my officemate’s desk, my emotions will continue to interact with other cognitive systems as I evaluate my options. Emotions will influence what memories I recall to consider in my decision. Higher social emotions will be called upon to help me appreciate the effect on my officemate if I should steal his food and the value of our relationship. The strength of my urge will vary with the direness of my situation. If I’m about to pass out from low blood sugar, the

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