There has been much recent discussion in both the professional and popular press about rationing and access to health care in the United States. The two books under consideration here shed considerable light on both. In *Who Lives? Who Dies?,* John Kilner, a bioethicist with a theological perspective, discusses the various general criteria that can be and have been used to justify the selection of patients for kidney dialysis, organ transplantation, bed space in intensive care units and emergency rooms, and so forth. In *Too Old for Health Care?,* writers from a variety of disciplines offer responses to advocates of age-based rationing. These two books are related as whole to part: Kilner examines a wide spectrum of patient selection criteria, while editors Robert H. Binstock (a gerontologist) and Stephen G. Post (a bioethicist) look at only one—age.

In the first book, Kilner categorizes sixteen patient selection criteria under five general headings: social (social value, favored group, resources required, and special responsibilities); sociomedical (age, psychological ability, and supportive environment); medical (medical benefit, imminent death, and likelihood, length, and quality of benefit); personal (willingness and ability to pay and random selection); and experimental resources (the progress of science). Kilner offers arguments for and against the various criteria and concludes each chapter with an illustrative case. He also explores “possible common ground” between the strengths and weaknesses of each criterion. Throughout the book, his discussions are based on two general dimensions of each criterion: the “productivity-oriented” dimension and the “person-oriented” dimension. Kilner enriches these discussions with the results of a questionnaire he developed and sent to the directors of each kidney dialysis and kidney transplant facility in the United States and with his interviews of the healers among the Akamba people of Kenya, Africa. The latter offer a cross-cultural perspective typically absent from biomedical ethics discussions.

In the last chapter, Kilner presents and defends his own set of patient selection criteria, which is structured hierarchically on three levels. First, at the threshold level, patients must satisfy both the medical benefit and the willingness-to-accept-treatment criteria to be eligible for care. At the next level, the resources in question are to be given first to those who satisfy the imminent death criterion and next to those who satisfy the special responsibilities and resources required criteria. Finally, if resources are still available, they are to be distributed to the...
remaining eligible patients by random selection, specifically by lottery.

While Kilner's discussion is sound overall, his justifications of the patient selection criteria lack grounding in an explicit ethical framework—that is, until the end of the book. There, in a discussion of "the larger picture," Kilner cites the Judeo-Christian ethical framework as the basis for resolving ethical disputes in the West. He claims that there is a need for a broader and deeper picture than that provided by secular utilitarianism and that medical ethics and the Judeo-Christian tradition overlap in their concern for "responsibility" and "the human." Unfortunately, Kilner makes no attempt to justify this choice of general moral framework. It is conceivable that his criteria could be justified by, for example, the "communitarian" writers, whose notion of "community" often includes the Judeo-Christian tradition; social contractarianism; or John Harris's utilitarian defense of the use of a lottery for patient selection.¹ This ungrounded framework detracts from an otherwise interesting, informative, and engaging book.

The collection of essays edited by Robert Binstock and Stephen Post is, as its subtitle suggests, an interdisciplinary volume, complete with a foreword by C. Everett Koop, former U.S. surgeon general. Koop gives a good overview of the current health care crisis and reminds us that "we must not let our economics guide our ethics, but must let our ethics guide our economics."

An essay by Binstock and Dennis W. Jahnnigen seeks to dispel the myth that most of the funds spent on health care for older patients are for general hospital care and/or "high-tech" medical interventions. In fact, a good part of medical spending for older patients is for nursing home care, home care, prescription drugs, and medical equipment and supplies. In a similar vein, Roger W. Evans cites a number of studies showing that older patients (over age fifty-five) can undergo organ transplantation with expectations and success rates similar to those of younger patients. In subsequent chapters, Nancy Neveloff Dubler and Charles P. Sabatino look at some of the legal issues involved in rationing health care by age, and Post discusses objections to age-based rationing from the perspectives of Judaism and Christianity, which turn on the moral equality of all human beings.

The paper by Christine K. Cassel and Bernice L. Neugarten and another by David C. Thomasma respond specifically to the views of Richard Lamm, Daniel Callahan, Norman Daniels, and other proponents of age-based rationing, by examining the goals of medicine in an aging society and the ideology of "ageism," respectively. The volume concludes with Thomas H. Murray's thoughtful discussion of the meaning of aging through a consideration of Tolstoy's The Death of Ivan Illich and Harry R. Moody's critique of philosophical discussions of age-based rationing.

As health care costs continue to escalate despite our many and varied efforts to contain them, and as our rapidly aging population further strains health care resources, issues surrounding patient selection criteria will become increasingly important. Too Old for Health Care! and Who Lives? Who Dies? are both helpful preparation.

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