

1. On the Subjective Approach:

- a. In the paper, you explain how the subjective approach differs from an objective approach. By way of clarification, will you explain what a purely subjective approach would be and how the subjective approach differs from it?
- b. Under the subjective approach are we to ignore unreasonable preferences? If so, what are the criteria for distinguishing reasonable from unreasonable preferences? And isn't there a worry here that the grounds for classifying a preference as unreasonable would do all, or much of the work for determining the fairness of the relevant allocation?

2. On the relevance of your views to policy:

On page 2 you indicate that our intuitions about how to allocate scarce medical resources at a micro level can be used to identify principles of allocation at the macro level. Is such a swift move from micro to macro warranted? Perhaps considerations about what would count as "irrelevant goods" are different at the macro level, when many millions of people are affected. For instance, it may be the case that in the process of developing a cure for sore throat, one or two people may die. If we find this acceptable, then it is not accurate to assume that "curing a sore throat is irrelevant when other's lives are at stake". Relatedly, by way of clarification, can you explain why numbers may matter when the competition is for the same type of good (e.g. life v life) but not when competition concerns different goods (e.g. cure for a mild illness for tens of million v life)?

3. On the Major Part, Moral Importance and Sufficiently Good Only Option Approaches:

- a. By way of clarification, will you explain how you see the relation between the Principle of Irrelevant Goods, on the one hand, and the Major Part, Moral Importance and Sufficiently Good Only Option approaches, on the other? Are the latter offering sufficient conditions for relevance? Necessary conditions?
- b. Is the "major part" of an outcome identifiable independently of the question of which part of the outcome is relevant or irrelevant? If not, then appeal to the major part/minor part distinction doesn't seem to be an advance over direct appeal to the relevant/irrelevant distinction. If so, then how? (A closely related question can be asked about the morally important/less important distinction.)
- c. Is it always possible to separate the goods included in an outcome in the way necessary to employ the Major Part and Moral Importance approaches? Say that a person's disability undermines his capacity to enjoy life, or even to prefer it as strongly to not living as those lacking the disability. In such a case can we distinguish meaningfully between the two parts of the outcome in which he is saved—namely, his living and his suffering from the disability?

d. If a good—say the absence of a sore throat—counts as irrelevant under the Sufficiently Good Only Option approach, then the party who would suffer the sore throat has intransitive preferences. He has just as strong a preference for living with a sore throat as for living without one (given that the former is his only alternative to dying) even though he prefers living without one to living with one. Why doesn't the intransitivity of his preferences show them to be unreasonable?

4. On the Ex Ante Principle:

In the course of rejecting the Ex Ante principle, you write, “we must be able to give a justification to those who actually occupy the position of those threatened with death. We must be able to show them that the additional good is worth depriving them of an equal chance at life.” (p.26) Is this criterion met by the way in which you intuitively think allocations should be made in your cases? For instance, in Case 2 (pp. 20-21), one might imagine the unfavored person saying, “The good that you realize from favoring the other party is merely the absence of a harm to me (namely paraplegia). But I am perfectly willing to suffer that harm in order to live, so there's no good reason to favor him over me.”

5. On the Principle of Irrelevant Identity:

a. You think that we ought to allocate our resources evenly between the parties in Case 1 (p. 20-21), and in Case 6 (p. 31) but not in Case 3 (pp. 20-21). By way of clarification, can you explain why the Principle of Irrelevant Identity yields this result? We might think that in order to justify a difference in allocation in Cases 1 or 6, on the one hand, and in Case 3, on the other, one would need to appeal to a component of the identity of one of the parties in Case 3—namely, that he's paraplegic. But the Principle of Irrelevant Identity bars such appeals.

b. Say that a component of a person's identity is that he's vicious and cruel. Isn't that of relevance to the question of whether to save him over someone better? Relatedly, say that a person has a mental disorder which causes him to be prone to violent outbursts. If we are choosing between saving him and saving someone lacking this disability, isn't the disability of relevance to the question? Shouldn't this be so even if the disability is behavioral—that is, even if it consists in the tendency to violent outbursts rather than merely causing that tendency?

6. On Treatment Aim and Treatment Similarity:

It seems that some treatments involve discrimination in virtue of what they aim to treat. So, don't we need some additional criterion for determining what aims are discriminatory?