

## Tough Decisions

by

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Visualize yourself as a person with some knowledge of first-aid and that you are the first person on the scene of a terrible accident, like a gas explosion in an office building, or a loaded bus hit by a highway transport.

There are accident victims everywhere you look. Some are dead. Some are unconscious, lying in contorted positions with obvious serious internal injury or massive bone breakage. Some are bleeding profusely from cuts, but are conscious and do not give any indication of other injury. And the fortunate appear to be only badly shaken up with minor cuts and bruises.

Assuming that you have retained your stability in the midst of the horror before you, what would you do?

You would realize that there was nothing that you could do for the dead.

You then might assess that you would not need to use your time to attend to those who are moaning and groaning, appearing to suffer only from being badly shaken up with minor cuts and bruises, as they would probably be alright or their injuries could wait until more medical help arrives.

Much as you would want to help those who appeared to be critically injured, you would realize that you could not do much for them without more professional medical help and equipment, and if you did try to attend to them you would not be able to look after the bleeding victims who might shortly die from loss of blood if not attended to quickly.

You know that you could staunch the flow of blood by applying tourniquets or pressure bandages to those who were hemorrhaging. You would swiftly act to deal with all of those that you could possibly help. You would take the worst ones first, calculating that those were not bleeding profusely would be able to hold on until you could attend to those more severely hurt.

In taking the action that you did, you had to make some difficult decisions to devote what time and talent you had to those who you felt you could save. In doing this you would know you were leaving to probable death those who you judged were beyond your capacity to treat. By making these decisions you probably would have been instrumental in reducing the death toll that would have otherwise occurred.

Now extend your imagination to put yourself in charge of the medical services in a field hospital on the battlefield where the wounded are arriving in overwhelming procession. Some of them are critically wounded, barely alive, and not likely to live regardless of treatment. Others have serious wounds which are within the competence of the field hospital and its staff were it not for the overwhelming numbers of them. Still others are not so badly wounded, but do require timely attention if they are to survive. The remainder have significant wounds, but are in no danger of dying if not attended to for several hours.

Your professional training in the military medical services prepared you for this dreadful situation. You would quickly divide the wounded into three broad categories. To those who do not need immediate attention, you would either let them be or give them a sedative to sustain them until they could be treated. To those whose wounds were beyond the state of being effectively treated, either because of their severity or because of the medical staff being overwhelmed by the number of wounded, would be given pain killer to reduce their terminal suffering. The remaining group which showed the most promise of surviving if treated quickly would receive all the possible attention of the field hospital.

Those were tough decisions. But they had to be made, or the deaths would have been even greater than they were. The term for such battlefield medical decisions is triage.



Change the scene to you being in a lifeboat after a disaster at sea. The boat is just floating as it is already filled beyond capacity. There are still several survivors in the water who are scrambling to get into the lifeboat. Somehow or other you have become responsible for the lifeboat either because you are the only one aboard who had not panicked, or you are the only adult, or the others simply acknowledge your ability to lead and make decisions. What would you do about those survivors in the water who were trying to get into the lifeboat, knowing that if any more got into the boat it would be swamped and all would be drowned.

Your first decision would be to ensure that the lifeboat would not be swamped. That is, you would take action to prevent the numbers in the boat from increasing to the point that the boat would be in danger of swamping. In so doing, you would have decided that some, whether in the boat or in the water, would have to drown. A tough decision, one which we all hope that we will never have to make.

Your second decision would then be along the lines of trying to ensure that those who were to have the chance of surviving in the lifeboat would be those to whom survival would be most meaningful in a humanitarian sense. The elderly and the critically sick or injured in the boat would be asked to give up their places to the young and able in the water. Attempts would be made to make room for the mothers of young children. Again tough decisions that no one would want to have to make.

Your third decision would be even tougher than the first two as you may have to decide whether to use force or not to eject from the boat those who either are taking space that would appear to be better utilized by some in the water, or are acting in such a manner as to jeopardize the safety of the boat and its passengers. If you shrink from that decision, all may be lost. If you take that decision, a boatload of people might be saved.

These three scenarios are not imaginary. They have happened many times. They, or substantially analogous situations will undoubtedly happen again and again in the human experience. We would expect that the individual(s) who are faced with these decisions would act generally along the lines that have been described in the three examples. That being the case, then let us turn to some real tough decisions that are quite analogous to those that have been described.

We know that one of the main causes of the world predicament is the world population explosion.

We know that the world population is growing by 94 million a year. That is an addition equal to the population of Mexico each year. The forecast, barring massive starvation or some sort of pandemic(s), is for the world population to add a further billion just after year 2000, and to reach in the order of 10 to 14 billion, i.e., either double or triple the present world population before leveling off in the middle of the next century.

We expect that this population explosion coupled with the migration in the underdeveloped countries from the rural areas to the cities will produce in the order of 100 cities of over 10 million in the underdeveloped countries within the next forty years. These cities will be almost beyond governability and will be without essential services of potable water and basic human waste disposal facilities, to say nothing of the inadequacy of the shelter that the inhabitants have been able to scrape together. The conditions in these cities will be ripe for epidemics which, which once started, will be beyond control.

We know that the world's food production is not growing as fast as the world population, and indeed may start falling due to loss of agricultural land (from erosion, conversion to other uses, and poisoning from fertilizers, pesticides, herbicides and salination), loss of irrigation water, and loss of genetic plasma. A further substantial reduction in food production is what can be anticipated to occur with a sustainable ecosystem which will require that there be a drastic reduction in the use of chemical fertilizers, pesticides and herbicides. Such prospects as there are for increases in food production are limited and rest on technological fixes, such as genetic engineering and on nitrogen fixing, both of which may take some years to have any substantial effect.

Now, combine the forecasts of an exploding world population with the prospect for slow growth, if not a reduction in world food production, and then include the fertile setting in bursting third world cities for epidemics, particularly when the inhabitants are already under nourished. The only responsible and logical conclusion that can be drawn is that there is the serious, almost certain prospect of massive starvation and wide ranging epidemics.

We know that in certain parts of the world the cycles of drought exacerbate an already famine situation. Those



surviving today's famine, and their offspring will be faced with another famine tomorrow.

We know that 40 million children die each year in underdeveloped countries due to diarrhea. This loss could be prevented by cheap, easily dispensed, simple medication of sugar and salt, **provided** that potable water is available.

We conclude from available survey data that women, by-and-large, regardless of religion, show a preference to restrict their childbearing by the use of contraceptives, were they available, and their use understood.

We know that less than one percent of international development assistance is directed to family planning advice, facilities, and contraceptives.

We know, according to State of the World Report 1992, that 1,000,000 million women die and 100,000,000 suffer disabling illnesses each year due to maternal related causes. (Go back and think about the magnitude of those figures and the appalling situation that they signify.)

Faced with this knowledge, what are our priorities for the allocation of such development aid funds that we have available, and that are hopelessly inadequate to do every thing that we might want to do?

In coming to our decisions, will we be guided by the same type of logic and sense of the best long term effects as guided you in the three outlined scenarios? Will we be prepared to accept some sense of guilt for being unable to relieve the immediate suffering of some in order to relieve that of many more in the longer term?

Or, will emotion and conventional wisdom of humanitarianism and the immediate relief of suffering be our determining criteria? Will we be seeking to salve our conscience of "doing good", even though we know that we are probably consigning those we save to a life of extreme hardship and repeated exposure to further famine and health crises, and that they will propagate only to have their offspring suffer the life of horror of their parents?

Will our priority and choice for the allocation of our limited funds be the easy one of trying to relieve the suffering of those pitiable little faces that we see on television and in charitable solicitation literature and posters?

Will our decision be to mount a vigorous food relief campaign a children immunization program, and the

distribution of large quantities of child anti-diarrhea medication?

Or, will our priority be the difficult and tough decision of recognizing that what we may do to relieve suffering right now may well be counter-productive by increasing suffering in the longer term and also exacerbating the world predicament?

Will our decision be to provide, first, the maximum family planning and contraceptive services that can be used; second, to provide female reproductive health services, including legalized and trained abortion services; and third, to provide potable water and sanitation facilities in the mushrooming shanty-towns of the exploding cities of the underdeveloped countries?

If we make the decision that we must relieve the immediate suffering of those faced with starvation and to provide inoculation for the children susceptible to disease, then we would be making the decision that those whom we help would survive to endure the pain and misery of the same famine and disease situation again and again. We would also be making the decision that the carnage of maternal illnesses and deaths will continue and that the provision of potable water and basic sanitation will not be addressed. Is that being either compassionate or using our scarce resources to the best interests of these unfortunate people, or to mankind in general, as well as all of the other species of the global ecology?

These are tough decisions. They cannot be avoided. Priorities will be established whether deliberately and responsibly, or by negligence and avoidance of the issue. It is not a question of choosing between two either equally attractive or equally nasty issues. Rather, it is choosing the least worst of two abhorrent conditions. It requires the same type of decisions that have to be made at the scene of a terrible accident, or in an army field hospital during battle, or when in charge of a crowded life-boat.

It is a question of whether we feel responsible to reduce the overall suffering and death in the long term, and in so doing are prepared to accept that there may be more suffering and death in the short term; or, will we essentially close our minds to the situation, refuse to make the difficult decision, but salve our conscience by attempting to provide relief of the immediate and visible suffering