

## Allocating Scarce Medical Resources by Worth: Shaw's Critique in The Doctor's Dilemma

By: [TERRANCE MCCONNELL](#)

[McConnell, Terrance](#). "Allocating Scarce Medical Resources by Worth: Shaw's Critique in *The Doctor's Dilemma*." *The Journal of Value Inquiry* 42(1) (2008), pp. 91-103.

Made available courtesy of Springer Verlag.

The original publication is available at [www.springerlink.com](http://www.springerlink.com) or <http://dx.doi.org/10.1007/s10790-008-9096-x>

**\*\*\*Reprinted with permission. No further reproduction is authorized without written permission from Springer Verlag. This version of the document is not the version of record. Figures and/or pictures may be missing from this format of the document.\*\*\***

### **Article:**

When the demand for a medical resource exceeds the supply, we have a problem of scarcity. There are many instantiations of this issue. The time of health care providers during an emergency, organs for transplantation, a bed in an intensive care unit, and a slot in a research protocol can all be scarce resources. Interest in this issue has been renewed because of recent concerns about a pandemic and shortages of vaccines. In each of these cases there is a problem of distributive justice. If the resource is lifesaving, then the question is especially poignant: Who shall be saved when not all can be?

### **Part 1.**

This was the problem faced by Sir Dr. Colenso Ridgeon in Bernard Shaw's *The Doctor's Dilemma*, a play first performed a century ago.<sup>1</sup> Indeed, Dr. Ridgeon deals with this problem two times in the play, and reports having faced it a previous time. Dr. Ridgeon has developed an inoculation for tuberculosis. As Ridgeon explains it, the goal is to get a patient's white corpuscles to consume the disease germs. But a patient will do this only if the disease germs are buttered, as he puts it, with opsonin. The patient manufactures the butter for himself, but does so in cycles of ups and downs. Inoculation must be delivered when the patient is in an up cycle. If he is in a down cycle, what is supposed to cure will actually kill. A blood test is used to determine whether the patient is in a positive or negative phase, and this was Ridgeon's discovery. Only he and a few medical professionals he has trained are capable of ascertaining when the inoculation should be delivered. Even with access to this treatment, an improperly trained practitioner can kill the patient.<sup>2</sup>

As readers might have guessed, the demand for Ridgeon's cure was great. The demand for the treatment exceeded the supply. Ridgeon's first dilemma does not occur in the play, but is reported by him. Having developed the cure, many sought it, but Ridgeon's resources were limited. "There were fifty cases to choose from; and forty had to be condemned to death."<sup>3</sup> Ridgeon believed that anyone afflicted with tuberculosis who did not receive his treatment would die. He thus recognized that choosing the ten patients to save from among the original fifty was serious moral decision. Ridgeon makes it clear that he utilized two specific criteria in choosing the ten. "In every one of those ten cases I have had to consider, not only whether the man could be saved, but whether he was worth saving."<sup>4</sup> Ridgeon's criteria, then, concern, first, whether the candidate can be saved, and second, whether the candidate is worth saving. The first criterion is an up or down standard. If the candidate can be saved, he is still in the running to receive the treatment. If he cannot be saved, then he is eliminated. The second criterion, however, allows for degrees. Presumably candidates have different degrees of worth. Ridgeon must determine how many patients he can take, and then select that many based on degree of worth. Readers are not privy to the traits and accomplishments of the original fifty, nor are they told how specifically the ten were chosen. They merely know that the ten are those whom Ridgeon judged to be most worthy.

At this point, there is much that readers do not know. How long does the treatment regimen last? Presumably when the ten are cured, Ridgeon will be able to take other patients. But when will that be? What is the specific source of the shortage? Is it the inoculation itself that is in short supply? Is it an adequate number of physicians trained to determine accurately whether the patient is in a up cycle or a down cycle? Is it the ability to read the blood test itself? While the answers to these questions are not clear, at this point readers might reasonably assume that the original ten will be treated until cured or until they are no longer curable. But some of these assumptions must be false, if we are to make sense of Dr. Ridgeon's second dilemma. A woman, Mrs. Jennifer Dubedat, comes to Ridgeon and requests that he take on her husband, Louis, who is afflicted with tuberculosis, as a patient. The doctor explains that he cannot take another case, since he is treating the maximum number of patients he can handle. He even gives an analogy.

Try to think of those ten patients as ten shipwrecked men on a raft – a raft that is barely large enough to save them – that will not support one more. Another head bobs up through the waves at the side. Another man begs to be taken aboard. He implores the captain of the raft to save him. But the captain can only do that by pushing one of his ten off the raft and drowning him to make room for the newcomer. That is what you are asking me to do.<sup>5</sup>

Jennifer anticipated that she might have to plead her husband's case. Louis Dubedat is an artist, and she has brought a portfolio of his work. She insists that her husband is a genius, “that he is worth saving.”<sup>6</sup> Ridgeon is impressed with Louis's work, and impressed too with Jennifer's looks. Still, he hesitates: “You are asking me to kill another man for his sake.”<sup>7</sup> But too quickly, he says that he will do just that if Jennifer can convince him that Louis's life is more important than the worst of the ten he is now saving. Ridgeon invites the Dubedats to attend a dinner that he and several other physicians will be putting on. Ridgeon says that he will put the case to the entire group, once they have met Louis. At the conclusion of Act I the doctor is facing another dilemma: whether to allow Louis to die or to treat Louis and allow one of the original selectees to die.

That Ridgeon even entertains the question of giving Louis a slot ahead of one of the original ten adds to the confusion. Has the treatment regimen not begun? If it has begun, does it make sense to stop it midstream for one patient and replace him with another? Why is Ridgeon so sure that he can accommodate only ten? Matters get worse. A third dilemma awaits Dr. Ridgeon in Act II. There readers learn that one of the doctor's friends, Dr. Blenkinsop, has recently contracted tuberculosis. Blenkinsop's life is imperiled, and so he too can live only if he receives treatment from Ridgeon, or so the immodest Ridgeon thinks. After selecting ten candidates from a pool of fifty, Ridgeon has two more people who both want and need his treatment. In a short period of time, then, Ridgeon has encountered three dilemmas. Each has the same structure: Whom should he save when he cannot save all?

## **Part 2.**

In the transition from the second dilemma to the third, Ridgeon and his friends learn something significant about the original criteria used to determine recipients. When Ridgeon applies the second criterion he asks, “Is the candidate worth saving?” As was noted, this criterion allows for degrees; an ordinal ranking is possible. But all of this presupposes that the notion of worth is clear, and in Act II the doctors are disabused of this idea.

The Dubedats attended the dinner and met with each of the physicians. Of Louis's behavior during the dinner, readers are told what they might have reasonably guessed: “he is intentionally making himself agreeable to them on this occasion.”<sup>8</sup> As prudence would dictate, Louis apparently was trying to be on his best behavior for this occasion. After the Dubedats depart, Ridgeon immediately says, “It's something to have a case really worth saving. Somebody else will have to go; but at all events it will be easy to find a worse man.”<sup>9</sup> Over the course of the next few pages, each of the other doctors speaks about his interaction with Louis that evening. The picture of Louis that emerges is not good. During the evening, Louis attempted to borrow money from Drs. Walpole, Ralph Bloomfield Bonington, also known as B.B., Blenkinsop, and Schutzmacher. In each case, he told a different story about why he needed money. All but Schutzmacher lent Louis the requested amount. In approaching Schutzmacher for the money, Louis was a flatterer. He told Schutzmacher how greatly he admired

Jews. When Schutzmacher refused to lend him the money, he immediately made anti-Semitic remarks. At this point, Louis tried to convince Schutzmacher that he was himself Jewish. Readers see an anti-Semite and liar in one package. The doctors then encounter a maid, Minnie Tinwell, who tells them that she is married to Louis, making him a bigamist too. If that is not enough, Walpole discovers that Louis had taken his gold cigarette case. Louis Dubedat, then, the man whom the doctors regarded as a great artist, had tried to borrow money from four of them under false pretenses, made anti-Semitic remarks, lied, and stole a cigarette case. All of this occurs when he was presumably on his best behavior.

It is when the doctors pool all of their stories about Louis that Dr. Blenkinsop announces that he has tuberculosis. Blenkinsop does not even ask Ridgeon for his treatment; instead, he says that he cannot afford any medical care. At this point, all of the doctors except Ridgeon and Sir Patrick Cullen leave. Sir Patrick, having sized up the situation accurately, gets right to the point: “Well, Mr. Savior of Lives: which is it to be? that honest decent man Blenkinsop, or that rotten blackguard of an artist, eh?”<sup>10</sup> Ridgeon's retort shows that he has grasped the new issue. “It's not an easy case to judge, is it? Blenkinsop's an honest decent man; but is he any use? Dubedat's a rotten blackguard; but he's a genuine source of pretty and pleasant and good things.”<sup>11</sup> Sir Patrick restates the issue in more general terms. “Suppose you had this choice put before you: either to go through life and find all the pictures bad but all the men and women good, or to go through life and find all the pictures good and all the men and women rotten. Which would you choose?”<sup>12</sup> Ridgeon responds that that is “a devilishly difficult question.”<sup>13</sup>

What has emerged is that the second criterion is ambiguous. There are at least two senses of “worth.” In one sense, worth is taken to refer to contributions to society. In another sense, it means good moral character. But the two do not always coincide. In this case, Ridgeon and Sir Patrick agree quickly that when judged in accordance with moral character, Blenkinsop is superior to Louis, but when judged in terms of social contributions, Louis is better.

In Act III, Ridgeon and his friends visit the Dubedats at Louis's studio. Louis is very ill. In the course of this brief visit, Louis makes it clear to all that their assessment of his moral character is accurate. Louis promises Jennifer that he will no longer attempt to borrow money, and then he immediately breaks that promise. He indicates that he will not complete a commissioned piece of art for a client because he has already been paid. He demonstrates a complete lack of gratitude to the doctors. He ridicules their values. He asks Ridgeon to promote his works of art to patients. When Ridgeon tells the others about this inappropriate request, Louis protests that Ridgeon is breaching confidentiality. He finally boasts, “I don't believe in morality.... I don't believe there's such a thing as sin.”<sup>14</sup> All of this having transpired, it is not surprising that Ridgeon rejects Louis in favor of Blenkinsop. He says, “My hands are full. I have no time and no means available for this case.”<sup>15</sup>

### **Part 3.**

Some commentators have argued that Shaw endorses Ridgeon's selection of Blenkinsop over Dubedat. Thus John Allett writes: “When Ridgeon chooses Blenkinsop over Dubedat, Shaw wishes his audience to recognize that he has made the right decision.”<sup>16</sup> Allett adds that Ridgeon made the decision for the wrong reason. He was infatuated with Jennifer and wanted to be rid of Louis, but it was the right decision. A more reasonable reading of *The Doctor's Dilemma* is that the entire procedure undertaken by Ridgeon and the others was misguided. The considerations that suggest this conclusion can be placed into two categories. First, at the point where Ridgeon chooses Blenkinsop, a series of ethical questions come to mind. The answers to these questions are not obvious, but the mere fact that they arise reflects negatively on Ridgeon and friends. Second, the text provides serious reasons for doubting whether Ridgeon, or any doctor, is even capable of applying correctly the criteria they claim to employ.

Let us examine some of the ethical questions that Ridgeon's deliberations prompt. The fact that there are different senses of “worth” seems obvious. That somebody could make useful contributions to society while being morally corrupt is not a stunning revelation. Yet the issue apparently did not arise at all when Ridgeon was choosing the original ten from the fifty candidates. It is possible that each of the fifty was more or less

morally equal, and so choices among them came down to who made the greater social contributions. It is also possible that their social contributions were roughly equal, and the decisive difference among them was moral character. But each of these possibilities seems unlikely. It is more reasonable to suspect that Ridgeon's original choices were made in a perfunctory manner. If somebody is really deciding what ten of fifty will live based on worth, it is hard to believe that he has not wrestled with the meaning of that concept. Readers have reason to wonder, then, whether Ridgeon's original choices were made with due care.

When the doctors realize that both Blenkinsop and Louis have tuberculosis, Ridgeon makes a disturbing remark. "I'm at my limit. I can squeeze in one more case, but not two. I must choose."<sup>17</sup> Two things are troubling about this response. First, why can Ridgeon suddenly take on one more case? All along, he was insistent that he could handle only ten. But now he can accommodate eleven. Second, the entire plan seems to have changed. The eleventh man will be either Blenkinsop or Louis, but the original ten will remain. No mention is made of the possibility of finding two worse men who can be replaced by the two new candidates. If Ridgeon is suddenly taking seriously the fact that he made a promise to the original ten, a promise that he now intends to keep, readers are not apprised of this. Instead, we have a new approach with no explanation why.

Another bothersome issue is why Ridgeon and Sir Patrick so readily agree that Louis is superior to Blenkinsop in terms of social contributions. In spite of Louis's youth, let us concede that he is an artist of great talent. Still, what about Blenkinsop? He is a general practitioner who principally sees poor patients. Blenkinsop is not rich; he barely makes a living. Yet for thirty years he has been caring for the poor. Why do Ridgeon and Sir Patrick undervalue this contribution so much? Perhaps the suggestion is that their values are superficial. In any case it is puzzling that Louis's art, which is often produced rapidly, is valued by the doctors so much more than Blenkinsop's contributions to the care of the poor. One explanation, for which there is some textual evidence, is that Ridgeon and Sir Patrick think badly of the contributions of all doctors. That is clearly Shaw's own view.

One other question arises which makes readers think that the doctors are altogether on the wrong track. When the third dilemma arises, Sir Patrick asks Ridgeon if forced whether he would choose "to go through life and find all the pictures bad but all the men and women good, or to go through life and find all the pictures good and all the men and women rotten," which Ridgeon immediately characterizes as a "devilishly difficult question."<sup>18</sup> Given the two extremes, this is not that difficult. Does anyone really want to inhabit a world in which all of the men and women are rotten? The words "good" and "rotten" might have multiple meanings. "Good" may mean conventionally good or really good, assuming that the two are not the same. There is clear evidence that conventional morality is being questioned in the text. Ridgeon, for example, remarks, "I'm not at all convinced that the world wouldn't be a better world if everybody behaved as Dubedat does than it is now that everybody behaves as Blenkinsop does."<sup>19</sup> Even if this is an attack on conventional morality, however, there are reasons to be puzzled. In the world occupied by Ridgeon and friends, it is not true that everyone behaves as Blenkinsop does. Louis Dubedat does not abide by the same principles. But Ridgeon and his friends do not behave like Blenkinsop either. Among all of the doctors, only Blenkinsop sees indigent patients and only Blenkinsop is poor. The doctors do not seem to appreciate either of these facts.

#### **Part 4.**

Let us examine the second set of reasons for thinking that Ridgeon's entire approach to resolving his dilemmas is misguided. Readers of *The Doctor's Dilemma* can reasonably conclude that Ridgeon and his colleagues lack what it takes to apply the two criteria. If that is so, attempting to utilize them in allocating scarce resources is likely to lead to unjust outcomes.

Ridgeon first asks whether the candidate can be saved. The idea is that it makes no sense to give the scarce resource to someone who will die soon anyway. The application of this criterion presumably requires medical and scientific expertise. We might reasonably think that if anyone can apply this criterion, it will be doctors. But the textual evidence is overwhelming that the particular doctors here are scientifically inept. They reason poorly. They are obsessed with their own theories to the exclusion of others. They give instantaneous diagnoses, and each has no respect for the qualifications of the others.

In Act I, B.B. and Ridgeon are debating when it is the best time to give patients anti-toxins. When Ridgeon challenges one of B.B.'s claims, he retorts, "The proof of the pudding is in the eating, you know. It was an immense success."<sup>20</sup> On the basis of one case, B.B. concludes that his approach is correct. No matter what we think about induction, an inference from one case is too quick. Ridgeon and Cutler Walpole together advance another fallacy. Ridgeon says, "The most tragic thing in the world is a sick doctor." Walpole agrees: "Yes, by George: it's like a bald-headed man trying to sell a hair restorer."<sup>21</sup> As a result, they endorse the view that if a doctor has an illness, that is evidence of his incompetence.

B.B. advances the view that all diseases are caused by germs. If a patient is sick, the remedy is simple. "Find the germ and kill it."<sup>22</sup> Sir Patrick challenges this account: "Can you shew me the germ of overwork?" B.B.'s reply is revealing. "No; but why? Why? Because, my dear Sir Patrick, though the germ is there, it's invisible.... To make them visible you must stain them. Well, my dear Paddy, do what you will, some of them won't stain.... Consequently, though we know, as scientific men, that they exist, we cannot see them. But can you disprove their existence?"<sup>23</sup> We have to give B.B. this much: his position will not be refuted. Such are the advantages of unfalsifiable theories.

No physician is more obsessed with his own theory than Dr. Walpole. On no fewer than five occasions, he instantaneously diagnoses an ill patient as afflicted with blood-poisoning; and anyone who does not get ill lacks what he dubs a "nuciform sac," the body part in which poisons accumulate.<sup>24</sup> Indeed, according to Walpole, this is a catastrophic public health problem: "Ninety-five per cent of the human race suffer from chronic blood-poisoning, and die of it."<sup>25</sup> The tragedy is that this can be prevented. If the nuciform sac is removed, the patient cannot contract blood-poisoning. Thus, Walpole concludes, "The operation ought to be compulsory: it's ten times more important than vaccination."<sup>26</sup> In effect, members of the human race are afflicted with only one illness, and it is preventable.

Blenkinsop also comes off badly as a man of science. Early in the play he comes to Ridgeon's abode to offer his congratulations, but admits, "I'm ashamed to say I haven't a notion what your great discovery is."<sup>27</sup> Oddly enough, when later in the play Blenkinsop reveals to Ridgeon that he has tuberculosis, he asks, "And can you cure that?"<sup>28</sup> Apparently he has a short memory. But a short memory is not the worst of it. Blenkinsop is simply uninformed. He is so overworked in his practice that he admits, "I've never opened a book since I was qualified thirty years ago. I used to read medical papers at first, but you know how soon a man drops that.... I've forgotten all my science."<sup>29</sup>

The picture of the abilities of the doctors is uniform. They are poorly informed, they reason badly, and they cannot see beyond the bizarre theories to which they are attached. In addition, the doctors have no respect for each other's abilities. Sir Patrick and Walpole each belittles Ridgeon's alleged discovery, even though each came ostensibly to congratulate him.<sup>30</sup> B.B. describes Walpole as a "mere surgeon," someone who simply performs "manual labor."<sup>31</sup> On several occasions Walpole denigrates general practitioners.<sup>32</sup> Walpole dismisses B.B.'s theories as "pure rot," while Ridgeon says of B.B., "He's all wrong; hopelessly, dangerously wrong."<sup>33</sup> Given how little confidence the doctors have in each other, it is not surprising that laypeople in the play are unimpressed. Near the beginning, Emmy, described as "an old serving-woman," says of her employer, Ridgeon, "I always thought his great discoveries was fudge," adding, "I don't think much of science."<sup>34</sup> Near the end, Jennifer Dubedat says bitterly to Ridgeon, "Doctors think they hold the keys to life and death; but it is not their will that is fulfilled. I don't believe you made any difference at all."<sup>35</sup>

One final point about the first criterion should be made. Nowhere in the play do any of the doctors ever suggest that there is a case that they cannot handle successfully. While each doctor denigrates the others, each thinks highly of himself. Ridgeon certainly does not say of anyone, "I cannot cure him." When practitioners have such huge egos, the first criterion appears to do no work at all. Thus the verdict on this test is dismal.

But returning to the second criterion, why should we think that these doctors are not good judges of the worth of their patients? One reason is obvious: individually each was fooled by Louis Dubedat. It really was not until they shared stories and began to pool information that they realized the nature of Louis's moral character. At the conclusion of the dinner, Ridgeon was prepared to bump one of the original ten from the list so that Louis could be treated. He was confident that Louis was worth saving.<sup>36</sup> But once the stories of Louis's behavior begin to accumulate, Ridgeon has his doubts. When he visits Louis in his studio, he comes to hold unequivocally that Louis is not as worthy as Blenkinsop and apparently not as worthy as any of the original ten. Most of the other doctors, too, were initially charmed by Louis. Readers may justifiably doubt whether Ridgeon and his friends are competent to judge who has worth. Such skepticism should extend to the selection of the original ten. Why think that Ridgeon did a good job there? Another problem with the application of the second criterion is that the doctors themselves have flawed moral characters. It does not follow from the fact that somebody has a moral flaw that he is thereby unable to recognize worth in others. But the particular flaws exhibited by these doctors should make readers wonder about giving them the power to distribute scarce resources in accordance with perceived worth.

Several of the doctors admit that they have made serious medical errors, but they seem utterly unperturbed about this. Ridgeon is reminded by Sir Patrick of the case of Jane Marsh. Ridgeon administered a treatment, but “instead of curing her, it rotted her arm right off.”<sup>37</sup> Instead of showing remorse, Ridgeon simply remarks that Jane is making a good living by showing her arm, or lack thereof, at medical lectures. Similarly, Walpole cavalierly notes that he forgot to remove the sponges from a patient after surgery. His excuse was that the case was so interesting.<sup>38</sup> B.B. adds casually that he once “inoculated the typhoid case for tetanus and the tetanus case for typhoid.”<sup>39</sup> In his view, it did not matter because each patient recovered. The doctors seemed to have believed both that they could save lives and that medical errors were of little importance. This is bizarre and frightening.

As we have seen, each of the doctors seems envious and disrespectful of his colleagues. Several were openly contemptuous of the methods of colleagues, and most seemed envious of the honors bestowed on Ridgeon for his discovery. Neither Ridgeon nor any of the others seemed at all bothered about breaking a promise to one of the original ten by removing him from the treatment regimen. Ridgeon, B.B., and Walpole each believes that Jennifer is attracted to him but not the others, and that vanity and infatuation influenced Ridgeon's final decision. Even Schutzmacher, a relatively minor character, demonstrates flaws. He attributes his monetary success in medicine to a sign that he posts in his office: “Cure Guaranteed.”<sup>40</sup> He does not believe the message, but it is good business. Schutzmacher also made some disturbing generalizations about Jews and Englishmen, and did so shortly after he had complained about Louis's anti-Semitism.<sup>41</sup> Even if Shaw exaggerates, these flaws are serious enough to make readers doubt that the doctors could competently distribute scarce resources in accordance with the second criterion. It is also unlikely that only these doctors have such flaws. More plausibly, all doctors, and all people, are similarly afflicted. If so, then the second criterion is not a criterion that can be utilized justly by people.

## **Part 5.**

The criticisms of Ridgeon's approach to allocating scarce medical resources are numerous. It appears that Ridgeon chose the ten from among the fifty without giving much thought to what constitutes worth; for it is not until the cases of Louis and Blenkinsop arise that he realizes the ambiguity of that concept. Ridgeon also seems to change the rules midstream. Initially, he claims that he can handle only ten patients and that one of the original will have to give way to make room for Louis. Later, he says that he can handle eleven, but will choose only one of Louis or Blenkinsop. Moreover, Ridgeon and Sir Patrick seem to undervalue seriously the contributions of Blenkinsop. In addition, there is evidence that the doctors appear to lack the competence to apply the criteria Ridgeon claims to use. The first criterion is troublesome because the doctors do not seem to be men of science and their reasoning is often fallacious. Their ability to apply the second criterion is questionable because they are easily fooled by persons with charm and because their own moral characters are seriously flawed.

The argument in *The Doctor's Dilemma* is not so much that it is wrong in principle to allocate scarce medical resources according to worth. It is that human nature, as illustrated in Ridgeon and colleagues, renders people unable to do this in a just manner. This is in contrast with arguments commonly offered by moral philosophers. Paul Ramsey, for example, asserts that the equal value of all human lives makes any attempt to compare the worthiness of people morally unacceptable.<sup>42</sup> John Rawls advances conceptual arguments for the same conclusion. He rejects allocating resources based on social contributions because no one deserves his natural endowments. He rejects appeals to moral desert on grounds that this notion is secondary to and derived from the more fundamental concepts of right and justice.<sup>43</sup> Some philosophers might criticize Shaw, or those writing about Shaw's play, for considering only superficial accounts of worth. But this response misses the point. More sophisticated accounts of worth will fare no better. The principal problem is not with the account of worth; rather, it is with the attributes of those making decisions.

Whether Shaw offers an alternative theory is not obvious. After Ridgeon tells Louis that he will not treat him, B.B. agrees to be Louis's physician. He observes, "I am bound to say that I don't think it is possible in medical practice to go into the question of the value of the lives we save."<sup>44</sup> Later he adds:

If I were to stop to argue about their merits I should have to give up three-quarters of my practice. Therefore I have made it a rule not so to argue.... No, I say No, Mr. Dubedat: your moral character is nothing to me. I look at you from a purely scientific point of view. To me you are simply a field of battle in which an invading army of tubercle bacilli struggles with a patriotic force of phagocytes. Having made a promise to your wife, which my principles will not allow me to break, to stimulate those phagocytes, I will stimulate them. And I take no further responsibility.<sup>45</sup>

Putting aside the snide remark about three-quarters of his patients, readers might wonder whether B.B. is offering alternative theory, especially since earlier he himself partook in trying to apply the criteria endorsed by Ridgeon. On one reading B.B. is saying that doctors should not make judgments about the worth of their patients. Instead all should be treated equally. One version of this policy is to treat patients in the order of their arrival. Implementing a lottery that includes all of the original candidates is another instance of the policy.

If this is correct, then we cannot plausibly say that "Shaw wishes his audience to recognize that he [Ridgeon] has made the right decision" but for the wrong reason.<sup>46</sup> The more consistent message is that Ridgeon is completely misguided in the way that he approaches the allocation of a scarce medical resource. Such a reading makes sense of the full title of the play: *The Doctor's Dilemma: A Tragedy*. It may not be clear that Ridgeon is a classically tragic figure. At the beginning of the play, however, he is receiving friends who come to congratulate him for having just been made a knight because of his discovery. At the end, he is lonely and has been humiliated by Jennifer. His fall was prompted by his vanity, arrogance, and pomposity. These same human traits make the utilization of Ridgeon's two criteria in the allocation of scarce resources an implausible option.<sup>47</sup>

## Notes

1. Bernard Shaw, *The Doctor's Dilemma: A Tragedy* (London: Penguin Books, 1957).
2. Ibid., pp. 98–99.
3. Ibid., p. 118.
4. Ibid.
5. Ibid.
6. Ibid., p. 119.
7. Ibid., p. 121.
8. Ibid., p. 125.
9. Ibid., p. 127.
10. Ibid., p. 135.
11. Ibid.
12. Ibid., p. 136.
13. Ibid.

14. Ibid., p. 152.
15. Ibid., p. 153.
16. John Allett, "Bernard Shaw, *The Doctor's Dilemma: Scarcity, Socialism, and the Sanctity of Life*," *The Journal of Value Inquiry* 35 (2001), p. 240.
17. Shaw, op. cit., p. 137.
18. Ibid., p. 136.
19. Ibid.
20. Ibid., p. 106.
21. Ibid., p. 1 10.
22. Ibid., p. 106.
23. Ibid., pp. 106–107.
24. Ibid., pp. 102, 104, 106, 110, & 153.
25. Ibid., p. 102.
26. Ibid., p. 103.
27. Ibid., p. 108.
28. Ibid., p. 134.
29. Ibid., p. 109.
30. Ibid., pp. 96 & 102.
31. Ibid., p. 11 3.
32. Ibid., pp. 104 & 109.
33. Ibid., pp. 113 & 115.
34. Ibid., p. 91.
35. Ibid., p. 186.
36. Ibid., p. 127.
37. Ibid., p. 97.
38. Ibid., p. 103.
39. Ibid., p. 11 2.
40. Ibid., pp. 93–94.
41. Ibid., pp. 130–131.
42. See Paul Ramsey, *The Patient as Person* (New Haven, Conn.: Yale University Press, 1970), pp. 252–256.
43. See John Rawls, *A Theory of Justice* (Cambridge, Mass.: Harvard University Press, 1971), pp. 103–104 & 310–315.
44. Shaw, op. cit., p. 154.
45. Ibid., pp. 155–156.
46. Allett, op. cit., p. 240.
47. I thank David Lefkowitz, Sandra Shapshay, and referees for *The Journal of Value Inquiry* for their comments and suggestions on earlier versions of this paper.