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Great harms from small benefits grow: how death can be outweighed by headaches.

Alastair Norcross

Suppose that a very large number of people, say one billion, will suffer a moderately severe headache for the next twenty-four hours. For these billion people, the next twenty-four hours will be fairly unpleasant, though by no means unbearable. However, there will be no side-effects from these headaches; no drop in productivity in the workplace, no lapses in concentration leading to accidents, no unkind words spoken to loved ones that will later fester. Nonetheless, it is clearly desirable that these billion people avoid the headaches. Even though the headaches are moderate, they are impervious to pain-killing drugs, acupuncture, transcendental meditation, and just about any other remedy. In fact, there is only one way in which the headaches can be avoided. In a remote South American village, a young woman, Agnes, is suffering from a fever. A simple dose of antibiotics will save her life, otherwise she will die. If, and only if, she dies, the billion headaches will be prevented. You just happen to be passing through the village, in full knowledge of the circumstances. Although not a doctor (and therefore not bound by codes of professional ethics, Hippocratic oaths, etc.), you possess the requisite dose of antibiotics, for which you have no other use, and which will become useless, if not used in the next two hours.

What ought you to do? Our ordinary moral intuitions tell us that you ought to save Agnes’s life, even though this leaves a billion people unprotected from twenty-four hours of moderate headache. We think it is worse that one person die than that a billion suffer moderate headaches. In fact, many, perhaps most, people would agree to an even stronger claim:

Worse: other things being equal, it is worse that one person die a premature death than that any number of people suffer moderate headaches for twenty-four hours.

Consequentialists, on the other hand, are likely to deny Worse, and admit that it is at least possible that you ought to withhold the life-saving drug from Agnes. Since each headache is certainly bad (according to just about any value theory a consequentialist would take seriously), a large enough number of headaches could outweigh the badness of one death. Perhaps one billion is a large enough number of headaches. Consequentialism’s commitment to denying Worse might appear to be a strike against the theory. However, I will argue that ordinary moral intuitions accept other judgments that entail the denial of Worse.

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Consider the following scenario: Gas 1. Poison gas is heading down two pipes towards two rooms, A and B. A contains one innocent person, B contains five. If the gas enters a room, everybody inside will die. Both A and B have air vents that can be closed to prevent the gas from entering the room. However, you only have time to close one vent. Our ordinary moral intuitions tell us that you should close the vent to B. This judgment is grounded in the following claim:

Death: Other things being equal, it is better that one person die than that five die.

Consider now the following variation: Gas 2. Everything is as before, except that now there is a filter fitted in the pipe leading to B. The effect of the filter is to greatly reduce the potency of the gas. In fact, gas that has passed through the filter poses only a one in a million risk of death to anybody who comes into contact with it. Now it is clear that you should close the vent to A. It is clearly better that five people each incur a one in a million risk of dying than that one person certainly dies. Now consider the next variation: Gas 3. Once again, gas is headed towards rooms A and B. This time the gas, mixed with oxygen, is so potent that one molecule will kill. What is more, once someone has absorbed one molecule, any other molecules inhaled with it will be expelled to seek out another victim. There are exactly five molecules headed for each room. A contains one person, and B contains five million people. If the gas enters A, exactly one person will die (the remaining four molecules of gas will eventually be neutralized). If the gas enters B, exactly five people will die, though it is indeterminate which five. If the gas enters B, five million people will each incur a one in a million risk of dying. Clearly, you should close the vent to B. This judgment is grounded in the following claim:

Risk: Other things being equal, it is better that one person die than that five million each incur a one in a million risk of dying.

Perhaps it will be argued that Risk is not supported by Gas 3. Maybe our judgment that you should close the vent to B is really grounded in Death, even though it is indeterminate which five will die. What we need to consider is a situation in which five million people each incur a one in a million risk of death, but it is not certain how many, if any, will die. To which end, consider the last in the current sequence of scenarios: Gas 4. The situation is the same as in Gas 2, except that B contains 5 million people. As before, the filter in the pipe to B reduces the potency of the gas so that it only poses a one in a million risk of death to each person who comes into contact with it. The expected utility of allowing the gas into B is the same as in Gas 3, but now there is a finite, but small (less than one percent), chance that no one will die. There is also a fairly large chance that
more than five will die. Does this change our judgment about what to do? I think it is clear that it doesn’t, and that *Risk* is what grounds our judgment in *Gas 4* that you should close the vent to B.

Enough of poison gas for now. Let’s return to headaches. You are settling down to spend the next twenty-four hours at home, reading, watching movies, eating and sleeping, when you feel the onset of a moderate headache. You know from experience that this headache will last for twenty-four hours, unless you take your favourite brand of pain-killer. Alas, the medicine cupboard is bare. However, the nearest pharmacy that sells your brand is only three miles away, less than a ten minute trip in your car. So, you jump in the car, purchase the pain-killer, and spend a pain-free twenty-four hours. Were you irrational to do that? Would it have been more rational to stay at home and suffer, albeit moderately, for the next twenty-four hours? Of course not. Suppose we add the following detail.

You have just read an article in a reliable publication that claims that the type of car journey you are considering increases your chances of death, over staying at home, by one in a million. Does that change our original judgment about the rationality of your action? No. Most, if not all, of us were already aware of the risks of travelling by car, when we made our original judgment. Many of the things we do to improve our quality of life involve similar small risks of death (often larger than one in a million). Perhaps some of these really are irrational. Bungee jumping, bear wrestling, moving to New York City, for example. But many of them, such as driving (or walking) to the cinema to see a good movie, or driving to the pharmacy to buy pain-killers, are clearly rational. I suggest that the rationality of your trip to the pharmacy is grounded in the following claim:

*Headache:* Other things being equal,¹ it is better that someone incur a one in a million risk of death than that they suffer a moderate headache for twenty-four hours.²

What if there are five million people, all in your situation? Is it rational for all of them to go out for pain-killers? Well, if they all live in the same city,

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1 Of course, other things may not be equal. Someone may have irrational fears of traveling by car, so that the distress involved is far worse than the headache it prevents. Or perhaps my car journey poses only a one in a million risk of death to me, but poses a much higher risk to someone else, say a pedestrian. In which case, the combination of risk to me and risk to someone else may outweigh the pain of my headache. Or perhaps someone simply prefers enduring the headache to incurring the small risk. According to some value theories taken seriously by consequentialists, such a preference *may* be enough to make it better not to get the pain-killers. However, in the cases I am considering, such complications are absent.

2 Both Roger Crisp (1992) and James Griffin (1977) discuss trade-offs between increases or decreases in risk of death and improvements or deteriorations in quality
there may be added complications to them all going out at the same time. So, to avoid such complications, suppose that each one of the five million lives in a different city (this scenario may have to span quite a few planets). Suppose further that whether any one of them goes to the pharmacy has no effect on the lives of any of the others, or anyone else for that matter, no matter what any of the others are doing. For each one, it is clearly better to incur the one in a million risk of death than to suffer the headache. Is there any reason to suppose that it is not better that all five million incur a one in a million risk of death than that they all suffer headaches? It is difficult to see what such a reason could be, given the causal isolation of each individual

of life, but neither does so in order to deny *Worse*.

Crisp assumes that postulating the discontinuity of value is the appropriate answer to Parfit’s Repugnant Conclusion. He then points out what he calls the ‘Unhappy Conclusion’ that a subjective utility maximizer would be driven to maximizing their chances of staying alive, even at the cost of great deterioration in their quality of life. The discontinuity of value that Crisp has in mind is such that, for someone with a reasonably long life ahead of them, no amount of moderate pleasure could be more valuable than the rest of their life. Such a subjective utility maximizer would, presumably, opt to stay at home rather than go out for painkillers (if those were the only choices), and would reject *Headache*. Crisp, rightly, finds this unacceptable, and concludes that

We can retain maximization of utility as the criterion of the best life, but suggest that... given the fact that there are discontinuities of value, agents must not attempt consciously to maximize utility at all times. (1992: 152)

I disagree with Crisp on several counts, though not with his claim that conscious attempts to maximize are to be discouraged at least sometimes. First, I don’t find Parfit’s Repugnant Conclusion to be so repugnant, or rather, whatever repugnance attaches to it is not enough to render it false. Second, the kind of discontinuity of value that Crisp assumes is highly implausible, as I have argued in my 1997 (esp. Section III). Third, if there really are discontinuities of value, it is hard to see how Crisp’s own approach avoids something like his Unhappy Conclusion. Crisp suggests a life of virtue, where the virtues themselves are subject to utilitarian appraisal. We are to refer to the utilitarian standard, for example, in deciding which virtues to inculcate in the young. But, if there really are discontinuities of value, we should inculcate a neurotic obsession with safety (one’s own and that of others). The world will thus be a much less interesting place, but people will live longer. Fourth, the kind of discontinuity of value required to block the Repugnant Conclusion would drive a subjective utility maximizer to the opposite, though equally unacceptable, extreme from the one Crisp suggests. In order to block the Repugnant Conclusion, we need the claim that some lives, although worth living, are such that no number of them could compensate for the loss of even one life that is slightly better. Imagine Fred living such a low-level life. Fred is confronted with the choice between continuing his worthwhile life or risking near-certain death for the one in a billion chance to improve it ever so slightly. If it is rational to maximize expected utility, it is rational for Fred to choose near-certain death for the sake of a minute chance of a tiny improvement in the quality of his life.
I suggest that the following principle is also overwhelmingly plausible:

Many Headaches: Other things being equal, it is better that five million people each incur a one in a million risk of dying than that they each suffer a moderate headache for twenty-four hours.

Perhaps there will be those who wish to accept Headache, but deny Many Headaches. However, there is a fairly simple argument, employing Headache, that leads to Many Headaches. Consider first the possible world, W, in which all five million stay at home and suffer the headache. Compare W with W1, in which one person, “1”, gets the pain killers, while all the rest stay at home. According to Headache, W1 is better than W. Now compare W1 with W2, in which both person 1 and person 2 get the pain-killers, while the rest stay at home. Again, according to Headache, W2 is better than W1. We can continue this sequence of comparisons until

Griffin’s concerns are closer to mine, though it is not clear whether he would deny Worse. He doesn’t consider the question whether trivial benefits to many could outweigh the death of one other. He argues that death can at least be compared with other values by asking people, not what would compensate them for death, but what increase in quality of life would compensate them for a decrease in quantity. He connects this with the issue of risk as follows:

... shouldn’t the rationale of judgments about variations in risk of death be at least close to the rationale of judgments about certain death? And isn’t the fundamental judgment a comparison of spans of life of different quality?
(1977: 55 fn.)

How do we translate judgments of risk into comparisons of different lives? The obvious answer would seem to be shortening the enhanced life by the same factor as the risk of death. Suppose, in my example of the trip to the pharmacy, that I expect to live for forty more years. The trip increases my risk of death by one in a million. According to Griffin, then, the ‘fundamental judgment’ in this example is that forty years of life that includes the twenty-four hour headache is worse than a span that’s just like it, except without the headache and approximately twenty-one minutes shorter. I’m not sure what it means to say that this is the ‘fundamental judgment’. It’s certainly not what most people think they’re saying when they judge the acquisition of the painkillers to be worth the risk. (But see the next footnote for a suggestion that is, in some respects, analogous to Griffin’s.) Perhaps the fundamental judgment is just that it’s better to be rid of the headache even given the increased risk of death. So long as Headache comes out true, it doesn’t matter to my argument.

Perhaps it will be objected that W1 is not a world, since it involves an action with a certain risk of an outcome. There is, after all, a one in a million chance that person 1 will die as a result of her trip to the pharmacy. The world in which she dies is a different one from the world in which she lives. By the same token, though, W is not a world, since it, too, involves risks. Perhaps some of the headache sufferers in W die at home in freak TV watching or book reading accidents. One response to this objection is to claim that, when we judge that it is better that someone undertake a certain
we compare W4999999 with W5000000. According to Headache, W5000000 is better than W4999999. By the transitivity of ‘better than’, W5000000 is better than W, which supports Many Headaches.

Our ordinary moral intuitions accept both Risk and Many Headaches, which, together with the transitivity of ‘better than’, entail the denial of Worse. This leaves us with four options. First, we can deny Worse. This is the option I suggest we take. It is less unpalatable than the remaining options, and it is directly supported by other considerations. For example, it is reasonable to suppose that, at least sometimes, raising the speed limit on highways is better than keeping it at its current level, or, at the least, that failing to lower the speed limit is better than lowering it. The benefits of higher speed limits, however, are merely increased convenience for many, while the losses are the deaths of a few. I have discussed this example in some detail elsewhere (Norcross 1997). The second option is to deny Risk. Perhaps, it will be argued, when the choice is between certainty of death, however few, and mere likelihood of death, however many and however large, we should always opt for the latter. But this is to say that we should prefer the overwhelming likelihood of many deaths over the certainty of one, merely on the grounds that on the former option, there is some tiny chance that no-one will die. This, I claim, is clearly unacceptable. It is also worth noting that our intuitive reactions to the case of Agnes would be unchanged, if I specified that she had a tiny chance of recovery, say one in a million, even without the antibiotic. The third option is to deny Many Headaches, probably by denying Headache. Perhaps we really are irrational to increase our risk of death, even by a tiny amount, for the sake of convenience or comfort. But this would be to condemn the vast majority of people, certainly in the industrialized world, to a simply massive amount of irrationality. The fourth option is to deny transitivity for ‘all things

risk than that they endure a certain headache, we are comparing classes of worlds or world segments. On this approach, when we compare W with W1, we are comparing two cones of worlds. Cones W and W1 each comprise worlds, all of which are identical up to the point at which person 1 leaves home in W1 to take the trip to the pharmacy. Call this partial world history, shared by all the worlds in W and W1, the initial segment. Cone W1 is all possible histories of the universe coinciding with the initial segment, and in which 1 leaves home and the rest of the five million stay at home. Cone W is all possible histories of the universe coinciding with the initial segment, and in which all five million stay at home. The comparative values of the cones are determined by the values of the post-initial segment parts of the worlds in them, probably by integrating their value weighted by their probability of following the initial segment. Another response is to imagine that we have the power to determine whether 1 will take the trip to the pharmacy, but not what will happen to 1 as a result of taking that trip (or part of it, in case she is killed before she gets there). Headache then becomes a principle of comparison of actions. The rest of the argument goes through with the appropriate changes.
considered better than'. (This also opens up the possibility of denying *Many Headaches* without denying *Headache.*) Despite the overwhelming implausibility of such a move, it deserves, and has received, serious discussion. But that is a topic for other papers.4

I will close with a general observation that is prompted by the preceding discussion. Many philosophers claim that certain great harms, such as death, cannot be outweighed by any number of small benefits, such as relief from headaches. And yet these same philosophers not only incur the risk of such large harms in pursuit of the small benefits, but claim that it is rational to do so. There is, at the very least, a tension between these claims, and perhaps an outright inconsistency. Of course, it’s not only philosophers who willingly and knowingly accept small risks of great harms for the sake of small benefits. The vast majority of people do so. To the extent that our beliefs are revealed in our stable patterns of behaviour, consequentialism’s denial of *Worse* is merely making explicit what most of us already believe, even if we don’t believe that we believe it.5

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References


4 See Temkin 1987 and 1996, Quinn 1990, and Rachels forthcoming. Temkin 1996 uses the same central example as Rachels, but Temkin’s explanation for the supposed intransitivity is the same as the one he provides in his 1987. Quinn doesn’t explicitly claim that ‘better than’ is intransitive, but his arguments, if successful, entail that a utilitarian should deny the transitivity of ‘better than’. I discuss Temkin 1987 in my forthcoming. I discuss Temkin 1996 and Quinn 1990 in my 1997.

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