Bioethics and Economic Justice

Use of Scarce Resources:
Macroallocation and Microallocation

- Macroallocation: how should the nation’s (world’s?) resources be allocated? How much for health care? What level of care guaranteed to people (if any)?
- Microallocation: how should resources be distributed in a particular health care setting; e.g., who should get the scarce dialysis machine or ICU spot?

Not a sharp division; many questions overlap

Bioethical Issue Intertwined

Most issues we’ve discussed also raise ethical issues about just use of resources:

- Requiring drug tests for pregnant women might reduce long-term care costs of child
- Treating defective newborns is expensive
- Respecting autonomy (interpreted as “whatever patient wishes”) might require expensive treatment with little benefit
- Some claim euthanasia would be chosen mainly by the poor who can’t get good hospice care
Larger Issues of Justice

- Does everyone have a moral right to health care? (If so, someone has a moral obligation to provide it)
  - Equally good health care?
  - If so, at what level?
  - If not equal, what minimal level should be guaranteed?
  - If so, who has the responsibility to provide it?
  - What should be role of federal government?

- What proportion of American resources should go to health care? (vs. defense, education, etc.)
  - Of the amount going to health care, what distribution among therapy, research, education/prevention

Larger Issues of Justice

- What goods in society should be part of free enterprise system (capitalism) and which not?
  - What should we be able to buy with more money?
    - fancy stereo, sports car?
    - more votes, better defense lawyer, better police/fire protection?

American Health Care Crisis

- Cost of health care greater % of GDP than education and defense together
- As % of GDP, more than tripled since 1960; now about 13.3%.
- Higher % goes to health care in US, but health care arguably not as good as some other countries
American Health Care Crisis: Why It’s Getting Worse

- Aging population
- Advances in medical technology:
  Stages of medicine: primitive, “Golden Age,” and now.
- Faith and reliance on technology
- View of death as something to conquer
- Patient autonomy/demands?
- Managed care has not solved the problem of raising costs

MANAGED CARE

How BAD Can It Get?

How GOOD Can It Be?

Benefit Patient or Respect Autonomy?

- You judge a course of treatment is BEST for your patient
- Patient refuses or requests a different treatment
A Third Factor

- You judge a course of treatment is BEST for your patient
- Patient agrees

but

- Is this use of limited resources fair to other patients in the group?

Bone Marrow Transplant?

- Cynthia Lakatos, age 62
- Breast cancer recurs after 5+ years
- Bone marrow transplant offers 25% chance of success
- Patient assertive and definitely willing to undergo burdens of treatment
- Lifenet (MCO) does not generally cover this treatment

“Doctor, I want a…”

- MRI for migraine headaches
- PSA to screen for cancer
- Antibiotic Rx for what seems like ordinary cold
- Dermatology referral for a mole
- Prozac to enhance productivity
- Outside orthopedist “because he's the best”
The Central Conflict

Patient-centered medicine  Population-centered medicine

Conflicting Obligations

Use medical knowledge to offer *best possible* medical care  Conserve resources for patients in general

The Promise of Managed Care

- Allocating scarce resources wisely is an *ethical* imperative
- MC avoids incentives of fee-for-service medicine for excessive treatment
- MC encourages use of evidence-based medicine that challenges “sacred cows”
- MC is subject to much greater scrutiny
Ethics of Managed Care

What the BAD ones do

- Allow coverage to be denied by bureaucrats untrained in medicine
- Impose “gag rules” on physicians
- Force ethical physician to “game the system” with conscience-driven deception
- Market themselves as if they provide unlimited choices, unlimited care

When Ethics = Self-Interest

- Don’t be penny-wise and pound-foolish
- Deny requested care that is futile
- Respect patient privacy as a means to preserve trust
- Do the things that will otherwise be required by government regulation

Some good ideas and their drawbacks...
Ethics of Managed Care

### Physician-Owned MCO

**Benefits**
- Avoids practicing medicine without a license
- Decisions made by people with commitment to medical profession

**Drawbacks**
- Patients lose their advocates: physicians are the organization that denies coverage
- Doesn’t change context of survival and competition in the marketplace

### Evidence-based Medicine

**Benefits**
- May attract and keep better physicians
- Minimizes waste of resources
- Corrects for hidebound, ineffective medical practices

**Drawbacks**
- Quantifying “good” outcomes may oversimplify
- May stifle the brilliantly “intuitive” physician
- Does not address tradeoffs among patients

### Patient vs. Population

Treatment A=average 5 HYs (years of healthy life)
Treatment B=average 10 HYs

A costs $1500 or $300 per HY
B costs $7000 or $700 per HY

Fixed budget of $70,000:
*Therapy A produces 130 more HYs than therapy B*
Qualities of Ethically Good MCO

- Tie financial incentives for physicians and executives to medical outcomes and patient satisfaction
- Keep modest the financial incentives that are tied to cost reduction
- Create a “culture of ethical practice” through organized ethics programs

More Good Qualities

- Increase trust by making policies and decisions open to outside, independent review
- Make patients partners in the just distribution of resources
  - Involve patients in establishing guidelines
  - Plan town meetings with patients
  - Educate patients in advance directives, preventive measures, and limits of medicine

Challenges on the Horizon

- Effective and expensive genetic therapies
- Intense marketing of new, costly drugs
- Demographic changes: more baby boomers will reach age with greater medical needs
- More patients interested in non-Western and alternative medicines
Ethics of Managed Care

What Is At Stake

- Goals of medicine
- Values of the medical profession
- Nature of the doctor-patient relationship
- Attitudes toward aging and death

Macroallocation of Resources

Are We Obligated to Guarantee Everyone Health Care?

Economic justice in general

- Ethical principle: people should not have greater wealth or privileges due to facts over which they have no control.
- On what basis do people have greater wealth now and how much is under their control?
  - Effort
  - Intelligence (native and acquired)
  - Family circumstances
- One central issue: a continuum between economic liberty and economic equality
Medical Individualism: Sade

- Extreme emphasis on economic liberty (not equality)
- Medical care is a service to be bought and sold
- Basically a Libertarian (political party) position.
- Most important right is right to property, and (elaborated) our bodies and minds and intelligence and talents our part of our property.

Strategies for Arguing Against Sade and Pure Free Enterprise

- The free enterprise system as a whole is morally unsound due to economic injustice.
- Inequality and property rights in many areas are acceptable but healthcare is different and special. Why?

President’s Commission: Health Care Is Special

- Well-being
- Information
- “Interpersonal significance of illness, birth, death”: social solidarity in face of illness and death
- Opportunity
President’s Commission: Equitable Health Care

- **Equity as equality**
  - “not feasible” to prohibit people from buying health care (p. 532) Immoral?

- **Equity as giving what benefits**
  - “Irrational”—too great a burden
  - Can we distinguish “needs” and benefits

- **Adequate level of health care**
  - Less restriction on economic liberty
  - Can we define this level?

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**Rawls’ approach: A Theory of Justice**

- Against utilitarianism
- Imagine we are forming a society and determining rules.
- We are in the “original position”
  - Everyone rational
  - Everyone self-interested
  - Key: we have a “veil of ignorance” over us: we don’t know our particular human qualities: sex, race, genetic endowment.
  - Rules we would decide unanimously in this position are just rules.

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**What Rules Would We Adopt?**

- Start with equality
- Accept inequality if and only if it would benefit everyone, in particular the least advantaged.
- Maximin: people would not risk worst outcomes; would choose “maximum minimum”
- Objections from both political sides:
  - Economic conservative: capitalism benefits the greatest number and is justified even if poorest are sacrificed.
  - Socialists: inequality is bad in itself
Other Possibilities

- Age-based rationing for life-sustaining treatment
- Lower priority to diseases over which people may have some control
  - Smoking?
  - Alcohol?
  - Obesity?
- What would Rawls’ approach dictate?