Democracy and Health Care Inequality

- Starr considers two questions:
  - Is there a relationship between democracy and equality in health care?
  - How much inequality in health care should democratic societies accept?

Hierarchies of inequality

- In answering these questions, Starr proposes 4 levels of inequality:
  - Mass exclusion: a minority of the population have access to health care and health insurance.
  - Minority exclusion: a majority of the population has some level of access but a minority does not. This exclusion can exist in two forms:
    - concentrated minority exclusion
    - dispersed minority exclusion
  - Two- or multi-tier coverage: the entire population is covered but certain groups have additional coverage or better access to care.
  - Broad-based universalism: there is one level of coverage for the entire population.

Is Democracy related to inequality in health care?

- Starr argues that the relationship between democracy and health care inequality is somewhat ambiguous.
- His analysis does appear to show that mass exclusion from health care is incompatible with democratic systems.
- He further argues that in the U.S., there was a time when mass exclusion was more apparent. However, with the advent of employer health insurance and government health insurance programs, the U.S. has moved from a system of mass exclusion to one of minority exclusion.

If minority exclusion is the current rule in the U.S., who are being excluded?

- According to Starr, the major factor blocking access to health care in the U.S. is lack of health insurance.
- Who lacks health insurance in the U.S.?

What are some of the reasons for lack of health insurance?

- Some companies don’t provide it.
- Unemployment or underemployment.
• Families who don’t get it through work (and don’t qualify for governmental health insurance) can’t afford it.
• Existence of previous conditions.

Does lack of health insurance lead to problems in getting adequate care?
• Yes, the uninsured are:
  • More likely to have difficulty paying medical bills
  • Less likely to see a doctor
  • More likely to postpone treatment
  • Less likely to seek preventative care

Other barriers to access
• Starr mentions several other barriers to access other than lack of health insurance:
  • availability of services
  • possession of means of access
  • nondiscriminatory attitudes of health care providers
  • capacities, behaviors, and attitudes of the sick

Discussion Question
• How much health care inequality should a democratic society accept?

How does the U.S. compare to other countries in terms of health care?
• Expenditures: does the U.S. spend more or less on health care than other countries?
  • The U.S. spends more on health care than any other nation in the world.
• Results: Given that we spend more, do we have better health outcomes than other countries?
  • No, the U.S. tends to have worse population health than many countries that spend much less than the U.S.

How can we spend so much yet still have problems?
• McKinlay et al. argue that over the past century, medical care has contributed very little to the reduction of morbidity and mortality in the U.S.

The Decline of Infectious Diseases
• Most of the reductions in mortality over the past century have been due to public health interventions that have prevented the spread of infectious diseases.
• While medical measures have been invented to stem the tide of certain infectious diseases, the evidence appears to indicate that those measures had little effect on mortality rates due to different diseases.
The Rise of Chronic Disease

• As mortality due to infectious diseases has started to decline, mortality due to chronic disease (e.g., coronary heart disease, cancer, stroke) has been on the increase.
• McKinlay et al. argue that while a great deal of money has been spent on treating these illnesses, the evidence appears to indicate that the medical measures have done little to decrease mortality from these diseases.
• Indeed, mortality from cancer over the past couple of decades has been on the rise.

What about morbidity?

• Some evidence indicates that rates of disability in the U.S. are also increasing.
• More importantly, extensions in life expectancy appear to be matched to more years spent with a disability.

Discussion Question

• Given all of the money that we spend on health care (including research on medical interventions), how can medical interventions have so little effect on population health?
• If it is true that medical care has little effect on population health, should we really worry about ensuring access to all people?