



The American Ethic and Health Care Reform



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The health care system is in bad shape and getting worse. But our ethical values often regard public solutions to the most fundamental societal needs as threats to individual autonomy.

The fundamental problem...is this: how can we combine that degree of individual initiative which is necessary for progress with the degree of social cohesion that is necessary for survival.¹

- Bertrand Russell

[W]e [in the United States] have an individual ethics [sic] of robust proportions, but a dormant social ethics. Individual heroism seems to overshadow all other considerations.²

- L.R. Churchill

THE POINT OF THIS very brief analysis of the problems facing our health care system is that, beyond identifying the problems, how we deal with them reflects the ethical values of our society. Our predominantly Jeffersonian ethic strongly protects the individual, and has heavily influenced how we react to issues that can only be resolved through community action.

In 1992, the wake-up call that our health care system was ailing came loud and clear from a number of sources. Increasing numbers of uninsured and underinsured, the escalating cost of health care and concerns about the quality of health care provided by investor-owned, for-profit HMOs - all became part of the public dialogue and a major campaign issue, with Clinton declaring that health care was a right.

A number of state and national organizations took up health care reform. In California, a coalition of organizations put an initiative, Proposition 186 - Single Payer, on the 1994 ballot. Washington and Oregon also introduced health care reform proposals.

The Clinton administration mounted a major effort to develop a national health program that would provide universal coverage. The New England Journal of Medicine became a strong advocate for single payer and the membership of Physicians for a National Health Program swelled to 7000.

Then the Clinton proposal went up in flames. In 1994, the electorate very clearly opposed any significant national or state reform of the health care system. California's Proposition 186 garnered only 27 percent of the vote, and health care reform was not a priority of the newly-elected Republican majority in Congress. Politically, health care reform was a "hot rail" issue to be assiduously avoided.

How could this happen when the problems were still there and increasing in alarming proportions? The number of uninsured was growing by over 800,000 per year. "Horror stories" of inappropriate care were multiplying and deteriorating doctor-patient

relationships were becoming a major concern. Expenditures were approaching \$1 trillion annually at a double digit rate, with a per capita rate almost twice that of Canada, itself the second highest rate of the developed nations. Clearly this national problem was not being addressed adequately at either state or national levels.

I had long been active in health care reform professionally and was associated with several community groups with health issues as an important priority in their programs. I sought a better understanding of why the United States was having such a difficult time in resolving a major national problem affecting all segments of our society. Granted it was a complex problem with many facets and conflicting interests, but all other comparable affluent countries had addressed it effectively. We alone among developed nations remained unable to provide universal health care.

Essential to achieving a national health policy is public sector participation and leadership. In the United States, this has been noticeably absent or, at best, characterized by indecision and an aversion to confronting the major issues.

Our national set of ethical values often regards public solutions to the most fundamental societal needs as threats to individual autonomy. This ethical posture could explain why we have such difficulty dealing with the problems of public education, public welfare, the penal system and an armed citizenry.

With this ethical background in mind, perhaps we can predict what the future holds for the practice of medicine. We currently try to resolve health care system problems just as we try to resolve economic problems - through the marketplace. This requires a clearly identified product that the consumer can evaluate and make a choice about.

Health care services, like many human services, are not a product and do not lend themselves to the bottom line alone. That approach is almost certain to produce increasing problems to plague our health care system.

For physicians this means a continuing deterioration in the patient-physician relationship as physicians try to balance the cost of care with their professional responsibility to meet their patients' needs. For the system this means continued increase of administrative functions in order to maintain accountability of widely disparate services.

Under this scenario, the dissatisfactions of patients and physicians and increased costs of administrative services will be major sources of contention. Remedial changes will be made in response to pressures exerted by special interests with political and economic clout, such as the insurance industry and large employers. A significant change approaching a coordinated national health program would appear to be unlikely during the next few years.

Are there any rays of hope in this dire prediction? Winston Churchill once observed that, "In America you wait until things become intolerable and then you do the right thing." If so, the relevant question is how severe must the problem become before we achieve an effective and appropriate solution to our health care system problems?

Organized medicine with other health service organizations and concerned consumer groups, if prodded to action, are essential to bring about changes toward developing a system that provides quality universal health care that is publicly accountable and financially responsible.

1. Russell, Bertrand; Authority and the Individual. Routledge, NY, NY, 1985
2. Churchill, L.R.; Rationing Health Care in America: Perceptions and Principles of Justice. University of Notre Dame Press, Notre Dame Indiana, 1987