

California Council of Churches

HANDOUT

Unpacking Your Values

Read each question and respond using the number that matches most closely how you feel about the statement. 1=Strongly Disagree, 2=Disagree, 3=No Opinion, 4=Agree, 5=Strongly Agree.

- 1. _____ Health care is a human right and access to it should be guaranteed to every person in the U.S., regardless of income.
- 2. _____ We should rely more on the free enterprise system and less on the government to solve the health care crisis.
- 3. _____ Health care financing should be progressive, that is, based on one's ability to pay. Wealthier people should pay more, lower income people should pay less for services.
- 4. _____ I would be willing to pay higher taxes so that our government could guarantee that every citizen had access to health care.
- 5. _____ I would be willing to pay higher prices for goods and services if the government required employers to provide health insurance to all their employees.
- 6. _____ I would be willing to accept some reduction in my health care benefits if it meant that every American was guaranteed a basic health care insurance plan.
- 7. _____ Decisions about what minimum health care benefits Americans receive should be public decisions (made by our elected representatives) and not made by employers, private insurance companies, or be dependent upon how much money you make.

In considering proposal to reform the health care system, the most important issue that needs to be addressed is (rank these in order of importance — 1, 2, and 3):

- _____ controlling costs, bringing them in line with inflation.
- _____ preserving the high quality care most well-insured Americans have come to expect (including comprehensive benefits, immediate access to a physician, and the best in medical technology).
- _____ providing access to health care for every American.



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Health Care and Values

Ethical Dilemmas

Part of the reason Americans have been unable to reach consensus on changing the way health care services are accessed is that we cannot agree on the basic values that should drive our health care system. Is health care a basic human right or a privilege? How should a universal system of health care be financed and administered? What degree of quality can we afford to provide to every person in the United States?

The difficulty comes in our realization that because there will be conflicting goals in any system, trade-offs will be necessary. Painful and difficult choices must be made. Yet, if reform is to be genuine – if it is to result in a truly preferable health care system for all Americans – it must be shaped by the ethical values at stake. What kind of health care system do we want? What basic values will drive it?

THREE ETHICAL DILEMMAS

1. Is health care a right or a privilege?

A right is something to which people are entitled simply because they are members of society. Saying that something is a right creates an obligation for others to respect that right. Does society have an obligation to provide health care to all its citizens?

Some Americans would say, “No, there is no right to health care.” A society is obligated to its members, but only to provide access to emergency care, and the United States already does that. A national health care program would be an unreasonable burden on society, they say, and it would require a large role for government at a time when all levels of government are struggling financially. Health care, it is argued, is like a commodity: your ability to have access to it should be based on your ability to pay for it.

On the other hand, those who believe health care is a right suggest that as a rich and blessed society we do have a moral obligation to provide health care to all. In some cases, they argue, life itself is dependent upon access to health care; in many cases, the quality of life is dependent upon that access. According to this argument, ability to pay should not determine access to health care. If we have to cut other government programs, raise taxes or restructure the system in other ways, then so be it.

Those who believe health care is a right must answer other questions: What is the minimum that society is obligated to provide? How much health care is everyone entitled to? What are the limits of society’s responsibility?

2. Is health care a private good or a public good?

Should our health care delivery system be treated as a private good and run like a profit making business, or should it be treated as a public good and run like a government program such as the current health care system for federal employees?

One stream of American political tradition shies away from big government. Historically, there has been a strong notion of individualism in the United States. (Even though pre-industrial America had strong principles of the common good, these were lost — legally and practically — in the 19th century.) Some Americans believe that it is wrong for government to create new social welfare programs, or that government is not qualified to play a managerial role in something as important as health care. They believe that profit-making businesses which focus on efficiency and cost control can best administer our health care system.

Another tradition in American politics is more distrustful of big business than of big government. Many Americans dislike big companies, especially banks and insurance companies, which can be experienced as faceless, self-serving and uncaring. A system that treats health care like a profit-making big business will not work for a public good like health care. Since having a healthy society benefits everyone, the public, through its governmental structures, needs to have control of our health care system.

3. Should we limit treatment for some to provide treatment for all?

Rationing in some form exists in every health care system, including our present one. No society is willing to spend enough money to provide all the medical care that everybody needs or wants to stay alive as long as they can. With advances in medical technology, it is now possible to spend enormous sums of money if doctors try every procedure that might work, no matter how slightly it might extend life or how low the probability of success.

In other industrialized nations of the world rationing is up-front and explicit; government officials set guidelines for which illnesses should be treated and how they should be treated (by setting guidelines for which treatments will be paid for.) Doctors then use these regulations to decide what type of treatment a patient should receive.

The fact that more than 15% of Americans have no health insurance is a form of rationing access to the health care system. Most Americans do not think of this as rationing, since it is not the result of an explicit plan. Because of our political culture, explicit rationing may seem less acceptable than the rationing that takes place as the outcome of a system that is largely privately run.

Current health plans already implicitly ration care by policy dollar limits, days of coverage, limits on types of procedures covered. Should we explicitly ration health care under our current system, or should these decisions be made publicly? If we choose to make them publicly, what then are our priorities? Do we want to invest more in research to continue to develop new medical technology or drugs that can save lives? Should maternal and childcare be our top priority? Should we spend more on public health campaigns that emphasize basic health for all?

While we can pursue all of these goals, we cannot accomplish all of them. Choices will have to be made. *What do you believe?*

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HANDOUT Sharing our Stories

*Excerpted from materials created for
Cover the Uninsured Week
By the Robert Wood Johnson Foundation*

Syed M. Ahmed MD, DrPH
Faces of the Uninsured



Dr. Syed Ahmed is director of Reach Out of Montgomery County, Ohio and Vice Chairman for Research, Department of Family Medicine and Director, Alliance for Research in Community Health, Wright State University School of Medicine.

One night about 17 years ago, I was in a car accident not far from my apartment in Houston. I remember lying in the street, my head bleeding, listening to the sirens of the ambulance rushing to the scene. And the only thing I could think was, “How am I going to pay this hospital bill?” I was new to the United States. I had earned my medical degree in my native Bangladesh, and I came here to work on a doctorate degree in public health. As a graduate student, I was barely scraping by, and there was no way I could afford health insurance. So when the rescue workers arrived within minutes of the accident, I literally begged them not to take me to the hospital. I was pretty sure my injuries were minor and I figured, with my medical training, I could patch myself up pretty well. Anything would be better than facing a huge emergency room bill that I couldn’t pay.

The rescue workers, of course, refused my pleas and rushed me to the hospital. As it turned out, my injuries were minor. And ultimately my hospital costs were covered by the auto insurance of the man who caused the car accident. But I didn’t know that until later. And I will never forget that feeling of complete helplessness and panic, knowing I had absolutely no means to pay for my medical care.

I’ve thought of that night often in the last five years, since I’ve volunteered as director of Reach Out of Montgomery County, Ohio. Reach Out brings together a network of volunteer physicians, nurses and others to provide free health care to people who don’t have health insurance. We run clinics two nights a week, for a total of about 40 patient visits each week.

Sharing our Stories *(continued)*

Nearly all of our patients are working poor who are not offered health coverage through their jobs. Or, if they are offered insurance, they don't make enough to afford the premiums. These are hard-working people, just like any other Americans. Many work in the service industries or they work for small businesses. They're waitresses, lab technicians, schoolteachers. They're working to take care of their families, they're struggling to get by and they do not have health coverage.

Now I've heard some people say 'well, they can always go to the emergency room at the public hospital if they have to.' Well, yes I suppose that is technically true. If someone breaks a bone or is having a heart attack, those are emergencies and they'll go to the ER. But I know from my own experience all those years ago and from talking to my patients: most working people without insurance see the ER as the last resort. From the patients' perspective, they will not go until they absolutely have to.

From a wider economic perspective, it costs the health system millions of dollars every year to pay for uninsured people who wind up in the ER. And from a doctor's perspective, the ER is not the place to attend to chronic diseases, which are by far the most common illnesses in this country.

Every day in the clinics, I see patients who put off getting care for a long time because they can't afford it. We diagnose many, many cases of chronic conditions, such as hypertension and diabetes. Many patients didn't know they had the condition because they hadn't been to a doctor in so long.

Then there are the patients like the woman I saw recently. On her first visit, I diagnosed her with high blood pressure and wrote a prescription for her. When she returned for her follow-up several months later, her blood pressure was even higher. It turns out she had not taken a single pill. She could not afford to pay for the prescription, so she didn't fill it. We scraped and scrambled to find a way to get her the medication because we know if we don't treat her now, it's almost guaranteed we'll be treating her for more serious complications in the future.

We are the richest country in the world and we have a brilliant, technically advanced health care system. But if it doesn't reach all of our citizens, what good does it do? Everyone in this country should have health insurance and access to affordable health care.

I remember that feeling of helplessness when I needed treatment and I knew I couldn't pay for it. It breaks my heart to see my patients struggling with those feelings every week at our clinics.

As a family doctor, I know ignoring an illness never cures one. And I know ignoring the uninsured issue will never cure the problem.