Chapter 1

Health Care Systems and Ethics

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Abstract: This paper gives a brief and basic introduction to some of the concepts and vocabulary used in the debates about health-care systems. It differentiates between socialism and communism and points out that the two are hardly identical and that democracy and capitalism are not necessarily related. The difference between single- and multiple-tiered health care systems and arguments for and against each are briefly discussed. The attempt to deal with our ethical problems in health-care and to create a just health-care system may by itself positively affect what is now perceived to be a basically unjust society.

1. INTRODUCTION

Physicians are confronted with an ever-increasing number of ethical problems. Some of these problems are old problems that have been complicated by the ever-increasing technical ability of medicine; others are new problems brought about by entirely novel and unanticipated technologies;

still others are ethical problems which have been brought about by economic factors and a changing health care system.

The problems of ethics at the bedside practice of medicine in the United States today are what I have previously referred to as “rich man’s” ethics. That is, they are the problems which concern those of us with ready access to medical care.¹ Questions of terminating treatment, of futility or of in vitro fertilization are problems of little concern to those forty-two to forty-five million of us who cannot have access to preventive or early curative treatment. Our attention in health care ethics has been predominantly on those bedside problems that affect the insured. Although ethicists have occasionally paid lip service to equitable access for all, they have refused to take an organized, let alone an effective, stand. Neither has organized medicine invested a great deal of energy in pursuing an agenda they profess to embrace. It is, I would claim, most difficult if not indeed impossible to practice ethically within an unethical system just as it is difficult to create a just system within a basically unjust society.

Even when there is equitable access, the nature of the system shapes the ethical problems that physicians confront and limits the responses they can have. Thus a system with free choice of physicians or a system in which patients are seen by different physicians inside or outside the hospital will affect the relationship that physicians, patients and other health care professionals have with one another. Moreover, such a system will, therefore and inevitably, shape how and what we come to recognize as ethical problems. I am not arguing for one or another system—I am merely stating that to understand and truly appreciate the problems and the options one must understand the system. When systems stand in the way of ethical practice, physicians, I shall argue, have two obligations:

1. To do the best they can within the system (which, at times, may even include “gaming the system” as perhaps the lesser of several evils)
2. To play an active part in changing the system itself

For the sake of this discussion, I shall assume but not argue that a decent community that can afford it, is obligated to supply at least basic health care for all within its borders.² Such an assumption is grounded in an understanding of what defines a well functioning and decent community—one which tries all it can not to disparage its members.³ A libertarian model may provide structure for a loose association of people united by obligations of non-interference with one another and an adherence to freely entered contract but such a model will fail to yield the solidarity communities require if they are to flourish and evolve. When individuals recognize that their individual goals can be pursued with a good chance of success for all only