UTILIZATION OF PRIVATE CHILD AND ADOLESCENT SERVICES: ETHICAL CONSIDERATIONS

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ABSTRACT: Any discussion of ethics is inherently a discussion of values and choices. The emergence of for-profit healthcare, especially in the field of mental health and substance abuse treatment for adolescents, has heightened this discussion as it relates to appropriate and necessary care. This paper traces the history of this conflict as it relates to the medical profession and through a case vignette, raises a variety of ethical issues and dilemmas presented by the growth of this rapidly expanding industry.

Ethics is born in conflict. We turn to ethics in hopes of resolving conflict when values clash. Ethics is often used as a tool to justify one’s own positions. Some have suggested that medical centers need ethicists in order to justify their high technology control over our lives. Others—perhaps those made most uncomfortable by the feelings associated with conflict—hope that rational analysis will solve problems that might otherwise lead to heated emotions. At its best, ethics—like psychotherapy—offers insight into conflict, a clarification of competing motives, drives, and values. At its best, ethics offers insight into the mind and into the culture.

Questions about appropriate utilization of private psychiatric hospitalization, especially for adolescent disorders and substance abuse treatment, emerge from conflicting and sometimes confused ideologies about what health care is and how it should be financed. What constitutes legitimate illness, and who is responsible for what?

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There is an interesting if lamentable irony in the emergence of for-profit healthcare. The for-profit or pro-competitive strategy was promoted as a cost-saving efficiency measure. It was argued as the only credible way to lower costs in a market economy where healthcare was protected from the forces of competition because doctors could advocate for their patients without restraint (Hauighurst, 1980). The model which drove the revolution focused on physician costs exclusively, which in fact were and continue to be a relatively small fraction of a giant healthcare "industry." The irony is that by uncoupling professional ethics from business ethics, an opportunity has been created to exploit niches in the marketplace. Radiologic and dialysis services, utilizing high tech equipment, are examples of those medical specialties which have successfully taken advantage of this opportunity.

To state the problem in terms of the underlying societal values, contemporary American culture is ambivalent about its values of freedom and equality. If freedom is relinquished, then extravagant services will be available for those with the resources to choose; but significant inequities will result. However, if we structure our delivery system more equitably, some services will not be readily available to those who might need or desire them.

It is reported that some years ago, William Wriggly, the chewing gum magnate, kept his wife alive on a respirator for many years at enormous costs, which he bore personally. This kind of care could not be afforded by the average person unless it were covered by insurance, which is now often the case. Proponents of freedom would argue that such choices should be available to those who provide for themselves in certain ways, such as through savings or choosing the proper insurance. Proponents of equity argue that the choices should be equally available for everyone, and those services which are not available for all should be available for none. Freedom, like the traditional canons of professional ethics, is highly individualistic. Equity, like the canons of public health, is faceless and anonymous, although perhaps just in a utilitarian way. For example, the state of Oregon has boldly proclaimed that there are certain expensive procedures that it will not fund, even though a minority of individuals might benefit from them. Such a policy implies that the more expensive procedures which benefit a few, cannot be justified if it means denying less expensive services for many. Therefore, one would have to have the resources of a Wriggly to obtain a liver transplant. In fact, in this scenario, basic health needs must compete for funding with education, housing, roads, and other community services.

Such choices are tragic in the Hegelian sense. They are not choices between good and evil, but choices between competing goods or competing values (Calabresi & Bobbitt, 1978). There is no legitimate way to choose between freedom and equity as values. One can only explore the trade-offs in particular cases and choose policies that are sensitive to the particulars. Individually and collectively, we must grieve the unavailability of certain technologies, and we