Mental Health and Managed Care

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ABSTRACT: In this essay I continue the conversation going on today on the crisis in delivering mental-health care within the realities of managed care. A guiding perspective is represented briefly in material from the writings of Edmund Pellegrino. He recommends the norm of patient-centered relationships to direct and govern managed care so cost can be controlled, but not by the sacrifice of quality of care. This emphasis must be balanced with a struggle for the greater social good and fair allocation of goods to all citizens. Definitions are offered along with a discussion of controversial issues and constructive suggestions to make possible a better future for the work of mental health in relation to managed care.

Alarming discussions of mental health and managed care, generally in medical ethics and specifically by D. Aycock and E. Worthington (Fall, 1996), stimulated the desire in me to enter the debate. I have been teaching medical ethics for twenty-five years and have been concerned about mental health for an even longer time. The discussion in the journal article referred to above seemed to suggest at times that managed care was an accomplished fact. My reading of the signs of the times suggests rather that managed care is a work in process. Although it appears to be here to stay, its exact form and structure of incentives are being determined by political and economic forces.

With the incentive of a Louis Harris poll (Health Affairs, Winter, 1996, p. 33), which showed that consumers do not have a good understanding of the differences between fee-for-service and managed care, I will offer a beginning working definition. In general terms, managed care represents a corporate takeover of medicine in which the medical groups of patients, physicians, and reimbursers of care are renamed consumer, provider, and insurer. A quick evaluation suggests that managed care is popular for cutting cost, but that consumers are not satisfied that their needs have been met and quality care achieved (Health Affairs, Summer, 1995, p. 100). Thus, there is some urgency for us to enter the debate and perhaps help shape the future development of managed care, especially its impact on mental health.

The purpose of this essay is to offer a normative perspective drawn from the work of Edmund Pellegrino, to further define managed care, to identify some current issues relevant to mental-health efforts, and to suggest why

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these issues are urgent in the perspective of justice and care. This perspective may provide guidance for the future development of managed care delivering mental-health services.

*Pellegrino's perspective*

Edmund Pellegrino, (1994 a, 1994 b), provides a broad Christian perspective in which to examine managed care. The changing face of health care needs guidance from a Christian perspective such as Pellegrino's to provide focus on the emergence and development of managed care. This first section of the paper will identify the nature of his perspective and sketch an outline of a position on managed care.

Pellegrino offers one of the most pervasive therapeutic approaches to biomedical ethics because he brings together again the caring and curing functions of health care. These functions were combined for nineteen of the twenty centuries of medicine but during the first nineteen, physicians did not have adequate knowledge of the curing function. That knowledge has been greatly enlarged by the use of scientific method in the twentieth century, but has too often been separated from the caring function. Pellegrino has written several books and many articles integrating caring and curing into a medical-ethics or philosophical-theological theory of medicine which promises in a realistic way to be therapeutic.

Knowledge here, or caring, rests upon an understanding of compassion derived from religious traditions, especially the Jewish, Christian, Islamic, Buddhist, Confucian, and Hindu. Caring comes from an active verb, similar in its force to active concern, love, and the deepening of love called agape in Christian tradition. Caring must produce trust and needs to include the resources we associate with curing—that is, scientific knowledge, technical competence, and skill in the appropriate treatment for the good of the patient. From responsible caring and scientific curing, effective treatment and practice can be rendered.

The last two paragraphs point to a major emphasis in Pellegrino: his integration of two powerful professional institutions in our culture, science, and medicine in particular, and religion, personal and prophetic. He argues that health care must be made not just available but widely accessible to the poor and needy.

In addition, Pellegrino presents the case for the virtues of fidelity, compassion, wisdom, justice, fortitude, temperance, integrity, and self-effacement. These are necessary, but not sufficient for an ethic that is therapeutic. The enabling force among these virtues is love—charity—the shaping form of the virtues, the way of life for a virtuous person, and especially important for the professional.

The biblical metaphor of “hospitality to the stranger” means in this context being therapeutic to the stranger and to the alien. How can we be hospitable?