Universal Health Care in the United States

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Despite the United States' booming economy, the number of Americans without healthcare insurance has risen to 43.2 million. Sixteen percent of our nation's population has no coverage for their basic medical needs. The demographics of this problem are surprising. Uninsurance rates are not isolated to the poorest of our country. In 1997, almost 11 million people living in families with a household income between $30,000 and $60,000 were uninsured, and 5.8 million people in families with incomes over $60,000 were uninsured. [1]

Healthcare costs have been rising dramatically over the past decades. In 1980 the US spent $287 billion on health care, or 8.9% of the gross domestic product (GDP). By 1990 health care costs had risen 280% to $697 billion (12.1% of GDP) and in 1995 Americans spent $988 billion (13.6 % of GDP). [2] These increases in cost are troubling. The financial resources any country can devote to any one purpose, including health care, are finite for resources are drawn away from other needs such as education, welfare, or defense. Moreover, as the cost of health care increases, the number of insured Americans decreases, and the level and quality of care the insured population is able to receive also decreases in an effort to contain cost.

The current medical system treats its resources as common commodities which adhere to many of the rules of a consumer market. [i] In this market, those who are able to afford the "product" (i.e. health care) are able to receive it. This current model favors rendering health services to the wealthy and to those provided health care through their employers. The elderly and the poorest members of society are provided coverage through government-sponsored programs such as Medicare and Medicaid [ii], however the funding of these programs is continually at risk and the programs threatened with bankruptcy. This still leaves a large portion of people uninsured or at risk of becoming uninsured.

I believe that health is a primary need of individuals. I will argue that there are rationally compelling reasons to ensure that everyone receives adequate health care on the grounds that:

1) The <u>intrinsic value</u> of human life deserves protection against disease, illness, and untimely death, regardless of the person's ability to pay.
2) Enlightened self-interest requires the better-off to contribute to the health care of the less well-off.

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[i] Although health care is considered to generally belong to a consumer market, this sector is unique because market forces such as price and supply do not affect demand. Increases in cost will not lower consumer demand.

[ii] People are automatically enrolled in Medicare if they are at least 65 years old and eligible for Social Security. If they are not eligible for Social Security, they must pay monthly premiums. People under the age of 65 are qualified for Medicare if they are "totally and permanently disabled." Medicaid covers about half of the people who fall below the federal poverty level.

I will also argue that these grounds justify mandating an "adequate" level of care for everyone (although supplemental insurance offering more comprehensive coverage can be made available for extra cost).

The Intrinsic Value of Human Life

> An aura of inevitability is upon us. It is no longer acceptable morally, ethically, or economically for so many of our people to be medically uninsured or seriously underinsured. We can solve this problem. We have the knowledge and the resources, skills, the time and the moral prescience. We need only clear-cut objectives and proper organization of our resources. Have we now the national will and leadership?
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> - George D. Lundberg, AMA editor

Few people would deny that human life has intrinsic value. This value is formally reflected in our laws against murder and undue harm, and more informally in heroic efforts to rescue people from life-threatening situations. It is manifest in the sorrow we feel at the loss of loved ones. In these contexts, we do not presume that the life a wealthy person has more intrinsic worth than that of a middle-class citizen or of a lower-class citizen. Nor do we claim that the life of an insured citizen has greater intrinsic worth than that of an uninsured citizen. The value of human life is independent of socioeconomic status.

Similarly, great value is attached to people's health and well-being. Health is one of our primary needs; our enjoyment of life is directly related to our level of health. It is necessary

condition for pursuing life's opportunities, independence, freedom, meaningful relationship, etc. "For Americans, health ranks above wealth and personal achievement as the 'single greatest source of happiness.'" [3] A reduction in health leads to a reduction in quality of life.

It is clear that the uninsured and less-affluent have poorer health outcomes than the insured and the affluent. Socioeconomic status is the largest determinant of health status [iii], however, access to adequate health care and preventative medicine largely determine health outcomes. For example, adults living in poor neighborhoods are five times more likely to be hospitalized with asthma and congestive heart failure, and almost four times more likely to be hospitalized with bacterial pneumonia than adults living in more affluent neighborhoods. These types of hospitalizations are often avoidable with adequate primary care. [4] The poor and uninsured generally do not have adequate primary and preventative care; one measure of the inadequacy is the rate of hospitalization. Good primary and preventative medicine will prevent the need for hospitalization in most cases.

There is also a direct correlation between insurance status and survivability.

> Uninsured patients and those covered by Medicaid presented with more advanced (breast cancer) disease

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[iii] The poor, even when provided access to health care, have higher mortality rates, lower life-expectancy, higher infant mortality rates, etc., compared to wealthy individuals. (Bodenheimer 38-43.)

> than did privately insured patients. Survival was worse for uninsured and those with Medicaid coverage than for privately insured patients with local disease. It is scandalous that the death rate for breast cancer in American women is 50 percent greater in uninsured women compared to those with insurance, at a time when most of our country is wallowing in a sea of medical plenty. [5]

People's health and lives merit protection regardless of their ability to pay. The fundamental purpose of our health care system is to extend life, prevent avoidable death, and to preserve and maintain the normal functioning of the body and mind. Everyone should enjoy the benefits of adequate health care.

General Argument From Self-Interest

Most Americans are insured, and part of the cost of ensuring universal access will rest on the shoulders of those who already have coverage. Why should they be concerned?

Even some of the most distinguished minds of Western philosophy (Thomas Hobbes, David Hume, and John Rawls) believe that human nature is in fact egoistic, maximally self-interested, and minimally altruistic. They assume that "each person will consider cooperation with the rest only because it promises him rational advantages."[6] People are not moved by the pursuit of the common good unless they personally benefit. If this is true then, since most Americans have health care coverage, they may not see any personal benefits in broadening

health care access to all Americans. Most middle- and upper-class citizens believe that they would have to pay more money for fewer services in a universal system. Therefore, in order to make universal access universally acceptable, the insured population must be convinced without strictly appealing to notions of altruism or beneficence. [iv]

I argue that the self-interested insured-person has rationally compelling reasons to support a system that guarantees health care coverage for everyone. In this I draw on the work of Larry Churchill who argues for the principles of security and solidarity as a means to achieve a universal health care system. In Self-Interest and Universal Health Care, Churchill shows how security and solidarity - Churchill's two guiding principles for health care - are linked. As Churchill states: "These goals are best understood as natural outgrowths of enlightened self-interest, rather than as expressions of benevolence or as communitarian values." Of Churchill's two principles, security offers the most compelling incentive for insured Americans to embrace a universal system. Churchill states both a positive and a negative definition of "security." Security is "the freedom of persons to live without fear that their basic health concerns will go unattended, and from financial impoverishment when seeking or receiving care." Or to state the goal of security in the negative: "No specific player

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[iv] While I will appeal to notions of "fellow-feeling" later in this paper, I do not believe that the notions of altruism and

in health care should have power to deny persons secure access to what the system offers, or threaten them with impoverishment (or in other ways mitigate their access)." [7]

In spite of the insured population's health care coverage, few are offered security in their current coverage. For example, a survey conducted by US News and Kaiser Family Foundation found that 70% of Americans are afraid that their health care benefits could be reduced. 66% fear that the quality of care could worsen; and 58% believe that necessary medical procedures may be denied under their HMO plan. 32% of Americans are concerned that doctors are basing their treatment decisions on whether they think patients' health plans will pay. [8] In addition, 54% of Americans fear that their health insurance will disappear if they or if a family member gets very sick [9]; and an alarming 55% of Americans said that they are at least "somewhat worried» that if they are sick, their «health plan would be more concerned about saving money than about what is the best medical treatment." [10]

In the event of medical need, the health system should provide people enough financial security that their illness will not financially ruin them. In most cases no one can control or is to blame for getting an illness - no one would choose to become medically needy. No one chooses to get diabetes, to need heart surgery, to get tuberculosis, etc. Therefore, people

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beneficence alone are able to constitute "rationally compelling

should not be excessively financially "punished" for the cards life has dealt.

Security interests include an interest in the continuity of coverage. Under the current health care system, it is common for people to go from "insured" to "uninsured" and back to "insured" with changes in life. Discontinuity of coverage may occur in a wide variety of situations; these occurrences are relatively common: here are some actual and easily recognized situations:

> Jim is 22 years old and will be turning 23 in August. His current health insurance plan is provided through his father, but it only provides coverage of children until their 23rd birthday. On his birthday, Jim will lose his health insurance. He plans on joining the health insurance program offered through the academic institution where he is a student, but coverage begins at the beginning of the academic year. He will spend a month without health coverage.

> Two months after changing jobs, Brent McRae, age 27, developed colon cancer. He thought he was insured, but "Five weeks into the chemotherapy, I walk into my oncologist's office, and he sits me down, puts his hand on my knee, and tells me there's been no payment because John Hancock is denying coverage, saying the cancer was a preexisting condition, even though it hadn't been diagnosed when the coverage began." The chemotherapy was stopped because of Mr. McRae's inability to pay. "At one point in the middle of the whole thing, I hit bottom, between having cancer and being told I had no insurance, and I tried to commit suicide."[11]

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reasons" for Americans to support universal health care.

People may lose their health coverage for any number of reasons. People are usually forced to change insurance plans when "coming of age" (as in Jim's case), changing jobs or losing a job, changing residence or when diagnosed with a "preexisting condition" (as in Brent's case). One can lose health care coverage if one's student, dependent or marital status changes or simply if one doesn't have enough money to pay monthly premiums. During any one-year period, 10.8% of employees change jobs and they and their family may lose their insurance during the transition. 67 Million people lacked coverage at some point during a two-year period from 1992-1993, [12] and there are approximately 10 million more uninsured Americans today than there were in 1993.

Such "gaps" in health coverage leave people vulnerable. Unable to extensive medical costs, a person will not have access to many potentially life-saving treatments; lack of health insurance costs many people their lives. In order to raise funds for expensive care, the uninsured patient may be forced to liquidate all of their assets. In these cases, uninsured patients are fortunate to receive necessary care, but they are financially ruined as a result. A gap in health coverage results in a gap in personal and financial security.

The continuity of coverage that would be provided by a universal system would offer a major advantage over the current system. It would fill the gaps that result from changing

jobs, unemployment, etc. Universal health care should be an entitlement that is "inherently yours." All residents of the United States should have health care coverage that is their own, not mediated by parents, spouses, or employers.

Personal Freedom

Ensuring that everyone has adequate health care through universalization will enable people to make life choices and decisions without having to weigh the impact on their health coverage. A guarantee of health care provision will result in increased personal freedom: people would have greater freedom to move to new states of residence without the worry of trying to acquire new health insurance, especially for those with pre-existing medical conditions; they would have greater choice in employment; and it would alleviate spouse dependency.

People would be free to change employment as they desire, without concerns of the company's ability to provide health insurance in their benefits package. In 1991, roughly three-quarters of Americans had access to some form of health care insurance through their employers [13], however, coverage is offered more often to employees of large companies, and is less likely to be offered to employees of small companies. [14] Large companies have an advantage over small companies because the more employees a company has to insure, the cheaper the coverage per employee and family. Many choose

to work for larger companies rather than smaller companies because of the health care benefits package, thus reducing their reasonable choices in employment.

By having health care coverage attached to employment, people lose flexibility so that they often remain in jobs they do not want because they fear losing their health benefits while changing jobs. A poll in 1991 reported that 30% of people surveyed had someone in their household remain in an unwanted job in order to avoid losing health benefits. [15] This is commonly referred to as "job lock."

When health care is provided through employers, job insecurity also equals insecurity of health coverage and loss of a job will mean loss of health care. It is also important to note that the loss of a job leads to loss of income which greatly reduce the ability to purchase health care independently.

Universalization would also increase single parents' ability to stay home or work only part-time in order to take care of their children. It is likely that many single parents are forced to work full-time jobs for the sake of health coverage for their children and for themselves, when they would otherwise not choose to do so. Health care coverage may also prevent people from retiring because they are not eligible for Medicare until the age of 65 unless they are "totally and permanently disabled."

Many people rely upon their spouse's employment to provide them with health insurance. Imagine the following scenario:

> Julie, 48, is a diabetic and her annual medical expenses total over $6000. Fortunately, she has good health insurance through her husband's employer and she is able to receive all of her necessary care. However, over the past few years her marriage has deteriorated and become abusive. Julie can't divorce her husband because she knows that she will lose her health insurance. Her diabetes is a preexisting condition and she won't be eligible to get new coverage, and she can't afford to pay for the care she needs. Julie remains in the relationship.

If health care was universalized, Julie would not be forced to remain in such a marriage; her dependency on her spouse would be reduced because her coverage would be "inherently her own," and not provided by way of her husband. Health care is closely tied to people's interests in security and independence, and the current scheme of health care only provides tenuous protection of these interest; in order to keep their coverage, some people will have to sacrifice legitimate interests.

Self-Interest From Community Concerns

An effective universal health care system will improve the health of the populace and society will benefit in several ways. If the populace of our country is healthier, then our nation's workforce will also be healthier. An improvement in

the health of our workforce would have a positive effect on business and economy,and would thus increase our economic security.

Providing preventative medicine and early intervention to the population that is currently uninsured would significantly reduce rates of infectious disease and thus the likelihood of contraction of these diseases. Churchill describes the effects of the neglect of tuberculosis:

> In New York, Atlanta, Miami, and other areas of the country there is a resurgence of tuberculosis, indeed, drug-resistant strains of TB. For over thirty years little attention has been paid to this disease because it was a problem only for the poor. TB may have persisted among our impoverished citizens because of a lack of medical attention and the improper or incomplete use of antibiotics.... Finally, it was not thought to be important to eradicate tuberculosis, or in many cases even detect its presence. It was acceptable for the poor to harbor TB; the rest of us were safe. Now we are all reaping the harvest of our neglect.... The needs of others are not distant objects of my philanthropy but parts of my own security. [16]

Another case highlights the failure to immunize uninsured children against the measles:

> Failure to provide funds for immunization of preschool children, for example, has led to an increase in measles cases, some of them fatal, from 1,497 in 1983 to 25,000 in 1990. Sixty of these unimmunized children died from measles. [17]

The fact is that the uninsured are a threat to public health, they pose a danger to us all. An enlightened insured citizen should be able to recognize that it is in their own best interest, and in the best interest of society as a whole, to ensure that everyone has adequate health care. The health of every individual, and their loved ones, is in jeopardy when significant public health measures are not supported. [v]

Fellow-feeling and Self-Interest in the Sharing of Resources

A strict "self-interest" justification for providing health care to those who are currently unable to afford health care would leave us with a very distasteful and narcissistic view of human nature. Self-interest models are an important component in the justification of the obligation that the currently insured support health care for the uninsured, but there is another element of human nature that involves concern for fellow human-beings.

"Fellow-feeling" is our tendency to sympathize with each other and share the burden of experiences. Fellow-feeling compels some people to perform charity work, others to donate money to charitable causes, and others to grieve at

[v] "Public health measures" may take many forms, from proper preventative medicine and intervention, to public sewers, FDA regulations, OSHA certifications, etc. My point is that adequate health care (especially preventative care and treatment of infectious diseases) is an integral part of public health measures.

someone else's loss. At its best, fellow-feeling results in acts of altruism. Thus, fellow-feeling offers a significant reason for well-off citizens to engage in a scheme of cooperation in which health care resources are shared among the classes, to ensure the health and safety of the other members of society. In a universal system, those who currently cannot afford health care would benefit from the sharing of resources through the attainment of better health, and thus a greater quality-of-life.

> The vast majority of people genuinely care that no one in their society should languish on hospital doorsteps for lack of resources. Almost everyone would gladly contribute something to see that this does not happen. .[18]

The provision of health care and the sharing of resources among the classes would help foster cooperation and mutuality in society. Most of us desire to live in a world with less suffering and misery, and proper health care can help accomplish this by improving the human condition through better health, extension of life and proper pain management. And improvement in the human condition of the poor will reduce their sense of desperation.

So self-interest also justifies acts of altruism by the contribution they make to social stability. Aside from all class and social barriers, everyone benefits from social stability. Hostile class relations, desperation and misery all erode stability. Inadequate health care, especially for the medically

needy, fosters distrust between the social classes and civic despair. Unnecessary pain, suffering and desperation can lead to pervasive dissent and social unrest.

> The problems of access [to adequate health care] for the poor became so devastating that the discussion rapidly moved from the level of polite conversation to the burning of cities. Riots broke out in the late 1960's, and were attributed, in part, to the problems with health care. [19]

We should all desire to provide health care for the poor from altruistic motivations to reduce misery as well as from our self-regarding interest in social stability.

There are questions about who should be provided with health care in a "universal" system: should we cover illegal aliens, residents here on visas, tourists and other visitors to the U.S., homeless people and other groups that do not pay any taxes, and Native Americans who claim independence from the United States? These are difficult questions that must be answered in a full statement of universal health care policy, but I cannot address them in this paper.

A Reasonable Baseline of Coverage

Even if we have determined that we have rationally compelling reasons to guarantee all Americans receive adequate health care, the question remains: "How much care should be provided?" Should Americans be provided all available

services, or just a bare minimum of necessary services? Or is it somewhere in between?

In any system with finite resources, rationing will be a reality. How much rationing will depend on the available resources. The more money that is dedicated to health care, the more services the system will be able to afford. The less money that is dedicated to care, the more rationing will have to take place, and fewer services will be available. If Americans were guaranteed access to all available services, the national cost of coverage would explode beyond affordability; we would be forced to divert funds from other social institutions such as education, police protection, job training programs, etc. Would we choose to reduce our other social goods in order to gain unlimited access to health care? That would clearly not be a wise choice. The amount of funding dedicated to health care must be weighed against other social goods, as health care is not the only social good worthy of our financial resources. As Mary Ann Bailey wrote in the Hastings Center Report:

> [S]imple economics dictates that if Americans want to guarantee that they will have access to something, they must give up the idea that they can have access to everything; they must recognize that because the cost of health care is shared communally, care priorities must also be determined communally. [20]

At the other extreme, should we support only a minimum level of coverage? Such a system would cost citizens less money to support, but it is doubtful that this would be in

their best interest. A system that offers people only a "bare minimum" [vi] of services would have to deny many necessary, effective and efficient services; it would not provide a comfortable level of protection and security. A just system should seek to provide as much medically necessary and effective care as is reasonably possible. People should be confident that if they develop cancer, need open-heart surgery, or otherwise need medical care, then the system will take care of their needs. A health care system should offer the citizens under its protection a strong sense of security and confidence. In order to offer security and confidence, the system will have to guarantee a reasonable baseline of coverage. What constitutes "a reasonable baseline" is controversial, and ultimately subjective. In order to determine what is "reasonable," society will have to decide how to balance the allocation resources for health care against other social goods.

In Benchmarks of Fairness for Health Care Reform, Norman Daniels, Donald W. Light, and Ronald L. Caplan present ten benchmarks according to which health care policies and reforms may be evaluated and judged for fairness. The authors claim health care as a right on the grounds of equality of opportunity. [vii] They claim that all Americans should be

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[vi] A definition of "bare minimum" usually only includes basic services such as preventative care (such as immunizations, mammograms, and colonoscopies for example), primary care, and only minimal interventions.

[vii] I do not endorse this grounding for health care as a right. I believe that health is a desirable end in itself, and that we do not need to appeal to "equality of opportunity" for justification.

provided an equal right to health care and its resources in order to protect their opportunities and ensure that no group of people has an unfair advantage due to inequitable access to health care. Their ten benchmarks are:

Benchmark 1: Universal access - Coverage and Participation
Benchmark 2: Universal Access - Minimizing Non-Financial Barriers
Benchmark 3: Comprehensive and Uniform Benefits
Benchmark 4: Equitable Financing - Community-rated Contributions
Benchmark 5: Equitable Financing - By Ability to Pay
Benchmark 6: Value for Money - Clinical Efficiency
Benchmark 7: Value for Money - Financial Efficiency
Benchmark 8: Public Accountability
Benchmark 9: Comparability - Fiscal Responsibility
Benchmark 10: Degree of Consumer Choice

The determination of what constitutes a "reasonable baseline" of care and how to ration resources should be a matter of social consensus. These are important decisions that will affect the lives and health of the citizens, and should therefore be carried out in a publicly accountable. The issue of what services should be covered is addressed by Daniel's third benchmark: Comprehensive and Uniform Benefits. A system or policy will be deemed more fair if it provides comprehensive coverage, i.e. "all effective and needed services deemed affordable by effective by needed providers, [without] categorical exclusion of service like mental health or long-term care." [21]

It is important to note that the authors claim that only effective treatments should be covered by a health system. Few would argue that a health care system should waste its limited resources on ineffective treatments, medications, or procedures. Treatments that do not treat or prevent disease, or if its effectiveness is refuted or unproven, should not be covered. However, we find ourselves in dire lack of knowledge and information to fulfill this criteria. In many cases we simply do not know what services improve health (or offer some other tangible benefit) and to what degree. In order to maximize funds available for patient care, we must know what works, and what does not. A reasonable system must focus on evidence-based medicine and emphasize outcomes research. The effectiveness of alternative medicines and non-traditional therapies need to be studied, and coverage for the care must be contingent upon its clinical efficacy.

Conclusion

In this paper, I have presented some of the rationally compelling reasons to support health care for all U.S. residents; these arguments are founded upon the intrinsic value of human life and several different conceptualizations of self-interest and security. The arguments from self-interest and security aimed to show the rational advantages a universal system would offer citizens who are already insured. These advantages include the

security and continuity of coverage, the freedoms gained by the guarantee of health care coverage, and increased personal health security provided by better public health. I have also briefly discussed criteria for a reasonable baseline of coverage.

These arguments are limited and by no means complete; there are many other considerations, political views, philosophical conceptions, and objections that ultimately must be addressed in a complete discussion of universal health care. I will only briefly mention a few of these here.

One common objection to the movement to a single-payer system is that "We are a capitalist society, and medicine is a business." However, medicine should not be considered a business - it is a profession motivated and guided by professional ideals. Since Hippocrates medicine has held itself to a different set of standards from those of commerce; business ideals do not coincide with the ideals of medicine. The goal of business is profit; the goal of medicine is to preserve and maintain the normal functioning of the body and mind, individually and collectively. Profit is not automatically convergent with the goals of medicine; for instance, the profits reaped by insurance companies represent money that could be directed to patient care and lead to a lower utility to cost ratio. I believe that the health care industry should be non-profit.

Others commonly assert that independent third-party payers will be more effective at limiting cost through competition and innovation than a monopolized single-payer

system. This is a difficult question for which there is currently no definitive answer. According to some sources, competition has not been found to reduce the cost of health care after taking into account cost-shifting. [22] The force of competition may also drive the market to cut costs through the reduction of services and other undesirable means, thus lowering the quantity and quality of care. The demands for lower health care costs and increased competition have resulted in poorer coverage, fewer services and more hassles from managed care organizations.

Political Libertarians will raise serious objections to any proposal for universalization of health care. They hold liberty as a fundamental right and proclaim non-interference with others as a cardinal principle. Libertarians are against a «right to health care» entirely because it requires taxation which would infringe on citizens' freedom to spend their money as they see fit. Libertarians believe that inequities are not unfair and that there is no duty of charity. This is a very serious objection but for now I will only say that the rationality of such absolute claims to freedom must be weighed against the rationality of the considerations of self-interest and security I have outlined here. If libertarian freedom costs us our health, lives and civil security, it may be reasonable to limit it.

The United States health care system is at an important crossroads. Health care expenditures have spiraled out of control, and the rate of uninsurance is on the rise. As a society

we must carefully consider what we want from our health care system, and evaluate any reform proposal on the basis of both ethics and economics. Because economics is such a large issue in the delivery of health care, it is impossible to consider one without the other.

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