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American Values and Health Care Reform

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With the national debate over health care reform careening between tired, well-rehearsed talking points, on the one hand, and deep-in-the-weeds debates over technical details, initiatives, and financing mechanisms, on the other, many people find themselves feeling frustrated and left out of the conversation. Yet most thoughtful Americans would have something meaningful to say about the values we should choose for the foundation of our system of health care.[1] And by focusing on these fundamental considerations, perhaps we can deepen and broaden the discussion of values and public policy.

Our discussion about health care reform is enriched, for instance, when we recognize that a value such as "liberty," though it surely includes the freedom to choose a physician — and the freedom for physicians to choose their practice setting and patients — also encompasses more than that. Under our current system, a young entrepreneur with a brilliant idea for a new business, a creative vision that can create jobs and wealth, can't necessarily follow that vision: if this person has a job at a large firm that provides good health insurance and has a child or a spouse with a chronic illness, the aspiring entrepreneur's freedom to pursue his or her dream is severely limited by the "job lock" imposed by our current patchwork of health insurance. The catch-22 of insurance underwriting for preexisting conditions is likely to make insurance unaffordable or unattainable for such a family on its own.

There is a broad range of values that we want our health care system to embody and pursue — not just liberty but also justice and fairness, responsibility, medical progress, privacy, and physician integrity, among others. These values have concrete, practical implications for our health care system. Two key implications concern money: Should every American be required to participate in health insurance? What are our obligations to ensure that the resources devoted to health care will be used wisely? The values of fairness and responsibility point to the need for a system of universal participation. Serious concern for the values of quality, efficiency, and health underscore the need to ensure good stewardship of our health care dollars.

Our society has already answered some basic questions about fairness and responsibility — deciding, for example, that we find it unacceptable to let an uninsured person bleed to death on the threshold of an emergency room because he did not purchase health insurance and cannot afford the cost of care. The Emergency Medical Treatment and Labor Act,[2] which requires that emergency rooms provide treatment without regard to ability to pay, shows that basic human decency is a crucial part of our conception of fairness and responsibility. Yet our achievements do not always live up to our values: consider the 20,000 people each year who, according to the Institute of Medicine, die for want of health insurance.[3] Thus, one of the key challenges of health care reform is to make certain that appropriate care is available to every member of our community when needed.

But if everyone is to receive care when it is needed, fairness and responsibility also require that everyone participate in financing it. In its 1993 report, "Genetic Information and Health Insurance,"[4] a task force of the Human Genome Project's Ethical, Legal, and Social Issues Working Group proposed the concept of universal participation. Insurers who recoiled at the idea of universal access accepted universal participation as a legitimate goal. To them, universal access meant that healthy people could skate along without paying any premiums — until they got sick, at which point insurers would have a legal obligation to enroll them and pay their medical bills. The problem of adverse selection is obvious and huge in such a system: only people who expect to file insurance claims would voluntarily buy policies. A policy of universal participation eliminates adverse selection. And "universal participation" is a more accurate and inclusive term than "universal mandate," which addresses only the individual's obligation, not the national commitment to assuring that care will be available when and where it is needed.

The term "stewardship," for its part, is familiar to any American whose religious institution issues frequent reminders about the money it needs to pay its bills and pursue its mission. But stewardship has at least two other important meanings. Len Nichols, director of the Health Policy Program at the New America Foundation, recently invoked the Old Testament in discussing stewardship in an essay published as part of a collection that we at the Hastings Center compiled.[1,5] Landowners are instructed in Leviticus: "When you reap the harvest of your land, you shall not reap to the very edges of your field, or gather the gleanings of your harvest; you shall leave them for the poor and the alien." The obligation is not limitless: the landowner does not have to prepare a meal for the "poor and the alien," does not have to surrender the entire crop, and should protect the land to ensure that it remains productive. But when food is more than sufficient to feed all, allowing some people to starve is indecent and represents a failure to live up to universal moral duties. To Nichols, the principle concerning the availability of food in Leviticus should be applied to health care today: just as the gleaners of Leviticus should not starve, so people in need of basic, effective health care should not be allowed to suffer and die. Stewardship requires us to be mindful of the basic needs of others and of the power and

responsibility we have to use the resources in our control to meet those needs.

Being a good steward of health care also requires that we use the community's resources wisely and well and that we protect and sustain them so they can remain vital and productive for those who come after us. Stewardship therefore requires that we pay scrupulous attention to quality, efficiency, and cost-effectiveness — or value, to use the market's sense of the term. The evidence that we do not get good value for our money — that our health outcomes fall far short of those in many other countries, that regional variations in expenses do not track variations in quality, that our hospitals too often fail to ensure consistent adherence to practices known to enhance quality (such as hand washing) — is overwhelming. Everyone entrusted with the leadership of our health care institutions and with the allocation of our health care dollars has an obligation to be a thoughtful steward of those scarce resources.

The bill likely to emerge from Congress will probably do a better job of moving us toward universal participation than of ensuring proper stewardship of our health care resources. The work of reform, then, must continue, along with the dialogue about what values should form the foundation of our health care system, how those values should be understood, and how they can reinforce one another.

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