

Rationing in Medicine

Introduction MW
 'Of smokers and virgins': The concept of self-inflicted disease.
 Economic terminology, levels and criteria of rationing. BH
 Whose job is it, anyway?
 Rationing in CH: myth or reality? NS

**Of Smokers and Virgins –
 Is the concept of self-inflicted
 disease a valid tool for rationing?**

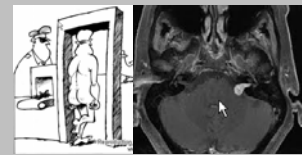
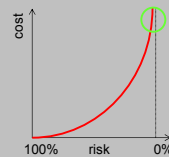
M. Wolfensberger, Basel



**Rationing is not only inevitable, it will improve
 medicine ...**

**... because it will (hopefully) make us
 think (more rationally) again!**

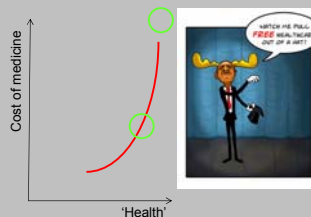
**We are living in an extremely risk-sensitive society.
 In fact, most people think there should be no (zero) risks.**



WHO Definition of Health (1948)

Health is a state of **complete** physical, mental and social well-being....

► Erroneous idea of a right to health



**Many people argue that rationing is unethical
 because we have an unalienable right to health care.**



Do you agree?

However, if I have a right to health care, then someone (society)
 must have a duty to provide this health care.

This duty, and hence this right collapses if we simply do not
 have the means.

► Rationing per se is not and can not be unethical.

**In fact, rationing is an ethical duty, because not to do so
 would violate the principle of justice and fairness.**

So, where is the problem?



The ethical problem lies with how rationing is done.

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Coronary bypass surgery should not be offered to smokers

M J Underwood, J S Bailey

Cigarette smoking accelerates the progression of coronary artery disease¹ and is a determinant of early death in patients awaiting coronary bypass surgery.² Optimal surgical treatment results in substantial reduction of symptoms with increased exercise tolerance. The problems associated with performing coronary surgery on patients who continue to smoke are not



Can the concept of self-inflicted disease be used for rationing?



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Two ways of rationing

- ✓ refuse or restrict access
(only solution if resource is limited, e.g. organs for transplantation)
 - refuse (nor liver for alcoholics)
 - lower place on priority or waiting list
- ✓ refuse or reduce funding
(if resource is not limited, but costly)
 - limit funding
 - ask for supplementary funding (e.g. by risk takers)

Big moral difference



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Are there situations where refusing access to care because the disease is self-inflicted is morally justifiable?



Refusing access to care because disease is self-inflicted is never morally justifiable

e.g. to refuse treatment to criminal injured while committing crime:

- ✓ violates principle of beneficence
- ✓ violates principle that health care must never be withheld for punitive reasons
- ✓ violates principle of human compassion



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Are there situations where refusing or reducing funding of care because the disease is self-inflicted is morally justifiable?



Refusing / reducing funding of care may be justified, provided ...

- ... that there is a community consensus / legislation
- ... group of **risk takers** must be refused, not the **risk victim**

However, the notion of self-inflicted disease is problematic

- ✓ problem of causal relationship
- ✓ relationship is dose dependent
- ✓ aetiology of most diseases is multi-factorial (incl. genetic)
- ✓ medical 'knowledge' changes



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Examples of self-inflicted 'diseases'



- | | |
|---------------------------------|---|
| - lung cancer in smokers | - heart disease due to lack of exercise |
| - liver cirrhosis in alcoholics | - noise induced hearing loss |
| - sports injuries | - HIV after unprotected sex |
| | - poliomyelitis in non-vaccinated |
| | - pregnancy |

acts

omissions


unintended, but accepted side effects of life-style choices



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Arguments in favour of concept of self-inflicted disease as a basis for rationing



- | | | |
|---------------|--|--|
| ✓ medical | - poorer prognosis in patients with self-inflicted disease | Yes, but ..
 |
| ✓ educational | - preventive effect | |
| ✓ moral | - general duty to care for one's health
- claim that we are responsible for health consequences of our behaviour
- appeal to justice or fairness | |



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Do we have a duty to care for our own health? (general moral duty, not contractual duty)



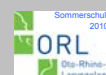
All I know is that most people think that **the others** have a duty to care for **their** own health.



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Are we responsible for the health consequences of our behaviour?



- Definition** I am **responsible** if I have capacity to control outcome (irrespective of whether I do use this capacity or not).
- True only if**
- lack of control is not coerced
 - I have reflective self control and can foresee consequences of my choice
 - outcome is sensitive to my choice (i.e. non-smokers will not get coronary disease)
 - I know the consequences in advance (you can not change the rules of the game after the game has started)



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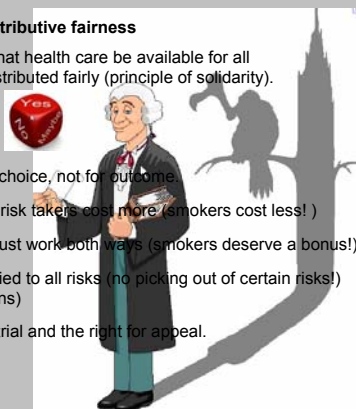
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Appeal to justice or distributive fairness

Social justice demands that health care be available for all and that the costs are distributed fairly (principle of solidarity).

Yes, but:

- We are responsible for choice, not for outcome.
- Fairness demands that risk takers cost more (smokers cost less!)
- Argument of fairness must work both ways (smokers deserve a bonus!)
- Argument must be applied to all risks (no picking out of certain risks!) (smokers and non-virgins)
- Fairness demands fair trial and the right for appeal.



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Arguments in favour of discriminating against patients with self-inflicted diseases: summary

- | | | |
|---------------|---|------|
| ✓ medical | poorer prognosis | (++) |
| ✓ educational | preventive effect | ?? |
| ✓ moral | - general duty to care for our health
- responsibility for consequences
- justice or fairness | |



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Conclusion

The concept of self-inflicted disease is not a valid tool for rationing of health care.

If resources are limited we have to look for other criteria of resource allocation rather than using the cost-by-cause principle.

Heavy smokers and 'heavy non-virgins' must be treated equally.

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Economic Terminology and Models of Rationing

Balthasar Hug



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