The Ethical Issues of Healthcare Reform

Whatever shape healthcare reform finally takes, it is bound to have a profound impact on patients, hospitals and how physicians practice medicine. Spirited and sometimes heated debates over healthcare reform have primarily focused on costs, rationing of care, advanced care planning and whether healthcare is a right or a privilege. Consequently, these issues will create ethical challenges for physicians. Cleveland Clinic’s Director of Clinical Ethics, Martin L. Smith, STD, addresses the ethical questions arising from the proposed reform in healthcare.

Q. Is healthcare a right or a privilege?

Dr. Smith: In my view, healthcare is a right. It is a social good that individuals need to participate in society. We guarantee our citizens a high school education through the public school systems. Our citizens also have the option of paying for their own private education. In healthcare, we ought to do something similar. We should guarantee basic healthcare is available for all citizens who would continue to have options to buy private health insurance.

Q. Will healthcare reform relieve any ethical challenges in the practice of medicine?

Dr. Smith: Many ethical dilemmas will remain, such as those related to end-of-life decisions and surrogate decision-making. Healthcare reform, however, is expected to diminish over time some of the tough ethical dilemmas that physicians and hospitals face today about denying beneficial treatment for uninsured or underinsured individuals who face serious health problems.

Q. Some argue reform will inevitably lead to rationing of healthcare services. If this occurs, how can physicians address the ethical problems that are bound to occur?

Dr. Smith: Some amount of rationing already exists because of our patchwork healthcare system and insurance coverage. We are also already rationing scarce resources such as solid organs for transplantations. There are thousands of people on transplant waiting lists because we don't have enough organs. So we aim to ration those organs in a relatively fair way. With reform, more people are expected to have access to healthcare, but that could put a serious burden on other resources. For example, there may not be enough primary care physicians to meet the needs of a larger patient pool. That could create waiting lists for nonemergency type examinations or procedures. Physicians would need to prioritize by first treating patients with more serious conditions or chronic debilitating illnesses.

Q. Do physicians have an obligation to engage patients in discussion about advanced care planning for end of life issues?

Continued on page 7
Dr. Smith: One of the tensions of advanced care planning is whether physicians are obligated to engage all of their patients in such discussions. Or does it make more sense that select patients with life-limiting illnesses need to be engaged in advanced care planning? I think the physician obligation is much stronger for the latter group of patients. Because we are talking about healthcare decisions, the initiation of these conversations ought to be taking place ideally in a physician’s office. But physicians should not bear all of the responsibility. At Cleveland Clinic, for example, referrals are made to social workers to follow up on these conversations, if patients wish, and help them with documentation through living wills and medical powers of attorney so their wishes are clearly known.

**Q.** A major part of healthcare reform is expected to include cost containment. How can costs be reduced in an ethical manner by physicians?

**Dr. Smith:** There is some amount of overtreatment, such as physicians ordering too many diagnostic tests because they are afraid of lawsuits. If we also have medical liability reform, it may create more opportunities for physicians to be better stewards of healthcare resources. However, when physicians or hospitals make a serious mistake, there should be fair compensation. There are models around the country that have shown liability costs are significantly reduced when physicians are free to apologize and families are offered fair compensation. If that part of healthcare reform is adopted, it will help physicians to be freer to practice medicine without a huge cloud of potential litigation hanging over them.

**Q.** Do you have any closing thoughts?

**Dr. Smith:** I think society has a serious ethical obligation to a significant percentage of our population that does not have access to adequate healthcare. The current reform initiatives may not address all of the issues. However, it may launch a long-term healthcare reform process, which will continue to reform the system so that eventually everyone will have access to affordable and adequate healthcare.