

Limited resources, unlimited needs: Americans should ration health care, says MSU ethicist

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As health care costs soar past \$2.5 trillion and more than 47 million people remain uninsured, Americans must be willing to give up certain medical options to ensure health care reform is successful, argues a Michigan State University medical ethicist.

Thousands of uninsured Americans die each year because of their lack of insurance, yet millions of dollars are spent annually on medical procedures that save very few lives or yield only a few extra weeks or months to live. According to MSU's Leonard Fleck, whose book "*Just Caring*" was recently published by Oxford University Press, a discussion on rationing [health care](#) is needed to tackle the paradox that represents health care in America.

"When it comes to health care in America, we have [limited resources](#) for unlimited health care needs," said Fleck, a philosophy professor and faculty member in MSU's Center for Ethics and Humanities in the Life Sciences. "We want everything contemporary medical technology can offer that will improve the length or quality of our lives as we age. But as presently healthy taxpayers, we want costs controlled."

Since America's real shortage when it comes to delivering health care is a fiscal one, a collective discussion needs to be launched to come up with socially acceptable guidelines, states Fleck's book. Otherwise, the gap between those who can and can't afford care will grow.

"This is the 'just caring' problem: Why should anyone else pay attention to my demands for justice in meeting my health needs when I refuse to pay attention to their demands for justice in meeting their health needs?"

"No one has a moral right to impose rationing decisions on others if they are unwilling to impose those same rationing decisions on themselves in the same medical circumstances."

Fleck cites several examples of the health care paradox in America:

Cancer treatment: Many lower-cost cancer treatments can successfully knock back the disease for years, though many patients cannot afford them. At the same time, Fleck said, there are advanced cancer therapies costing as much as \$100,000 that only prolong life for a few extra weeks. Would Americans be willing to give up access to the more advanced treatments to ensure all cancer patients have access to the lower-cost treatments? "Patients could still pursue the higher-cost options, just at their own cost," Fleck added.

Cardiac arrhythmia: More than \$8 billion is spent each year on supplying 200,000 Americans - at a cost of \$40,000 each - with an implanted cardiac defibrillator that regulates electricity in the heart. More than 80 percent of the patients never need the device during a five-year period, and about 10 percent die within a year from other causes. There is a \$60 test that if given to all 200,000 Americans could predict within 98.5 percent exactly which patients really need the device. If only those at greatest risk received the device, about \$3 billion would be saved. However, the 1.5 percent of patients who were not correctly predicted represent about 800 deaths.

Decisions on how to best ration health care require Americans to recognize they all are part of the same health care system, in which the

savings achieved by imposing rationing on our future selves will be captured and used for what we judge are higher priority, more cost worthy and more beneficial services, Fleck said.

As health care costs exponentially rise - 5.2 percent of the U.S. gross domestic product was spent on health care in 1960, compared with 16.5 percent presently - Fleck adds this is an issue that needs immediate attention.

"What we have to identify are marginally beneficial, non-cost-worthy health care options that we would be willing to deny to our future selves to guarantee we have sufficient resources to provide health care to everyone," he said. "If we are unable to control health care costs, we have no chance at health care reform."

Source: Michigan State University

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