Ethics: A Basis for Health and Public Policy

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Conflict of Interest Disclaimer

- There are no known conflicts of interest.
- Betty Rambur is a professor at the University of Vermont, Burlington, Vermont and a member of Vermont’s five member, quasi-judicial Green Mountain Care Board (GMCB). The GMCB holds broad regulatory, innovation, and evaluation authority.
- Views offered are those of the author and do not necessarily reflect organizational views.
What Kind of Hero Do You Want to Be?

Premise: We Desire to Do Good

- May be misguided
- May be not fully informed
- May live in a world in which there are many interacting forces and influences
Traditional Cultures

- Roles and rules defined

http://media.karaspartyideas.com/media/uploads/2012/12/kids-cooking-set_600x429.jpg
Today—"reality isn’t what it used to be"

- Walter Truett Anderson suggests that fundamentalism of all types increases when there are many diverging data points.
  - Scientific
  - Sports team
  - Religious
  - Ethnic
  - "Pie" fundamentalism


- Is this rooted in terror of losing one’s place?
- Shattered sense of identity in a pluralistic society?
1965—United States...the land of unlimited opportunity and unlimited natural resources
Todays’ Topics

- Global climate change
- Terrorism
- Cybersecurity
- Nuclear proliferation
- Immigration
How to Do Good???

- Politics as “the work of the people”
Models of Ethical Decision-Making

- Consequences orientated decision making (utilitarianism)
- Rule based decision making (deontology)
  - Rawls’s Theory of Justice
- Virtue based ethics
  - Aristotelian
  - Gilligan—An ethic of caring
- Divine Command
Rawls’s Theory of Justice

- Actions with “a veil of ignorance”
- “Original position”
- “Justice as fairness”

Models to Guide Decision-Making vs. Principles

- Universal Principles of Health Care Ethics
“Universal,” but actually reflect Western thought and values

- Autonomy
- Beneficence
- Nonmaleficence
- Veracity (not in the code of all providers)
- Confidentiality
- Role fidelity
- Where does distributive justice fit in this schema?
“Universal” Principles of Health Care Ethics

- Focused on the individual, perhaps even hyper-individualistic
- Developed in a time before our understanding of the prevalence and dangers of overtreatment

- Not fully aligned with the emerging understanding of the difference between medical care, health care, health, and human flourishing
  - Example of societal shift: Housing as health care
Limitations of these models—What principles are in conflict?

- Mr. Smith wants a procedure that his providers do not think will help him
- Mr. Smith wants a procedure that his providers think will offer more harm than good
- Mr. Smith wants a very expensive procedure or treatment that his providers do not think will help him
  - In fee for service, the providers benefit financially in the decision to treat
  - Value based payments begin to shift this dynamic
Additional Limitations

- Very short, very narrow accountability horizons
- Paired with short, narrow accountability horizons of the most common form of provider reimbursement, fee-for-service
- What are the consequences?
A recent international study compared 11 nations on health care quality, access, efficiency, and equity, as well as indicators of healthy lives such as infant mortality.

Growing understanding of the difference between health and health care

Social determinants of health
What are best ways to influence the 90% non-clinical determinants of health?

**Socioeconomic Factors**

- Changing the Context to make individuals’ default decisions healthy
- Long-lasting Protective Interventions
- Clinical Interventions
- Counseling & Education

**Examples**

- Smallest Impact: Poverty, education, housing, inequality
- Largest Impact: Fluoridation, trans fat, smoke-free laws, tobacco tax, Rx for high blood pressure, high cholesterol, diabetes

**CDC Health Impact Pyramid**

- Eat healthy, be physically active
- Immunizations, brief intervention, cessation
- Treatment, colonoscopy
- Fluoridation, trans fat, smoke-free laws, tobacco tax, Rx for high blood pressure, high cholesterol, diabetes
- Poverty, education, housing, inequality
High Degree of Waste—21-47% of Total Health Care Spending

Types of Waste
- Failures of coordination
- Failures of care delivery
- Overtreatment
- Administrative complexity
- Pricing failures
- Fraud and abuse

(Berwick & Hackbarth, 2012)

The Ethics of the Emphasis on Population Health—Accountability for Outcomes and Cost

- Understand population impacts of decisions to treat or not treat
  - Well intentioned attempts to maximize the care of individual patients can harm other people. The sense of harm is lessened by depersonalizing these other people and seeing them only through statistics. But in reality, they are just as real as the individual patients we see face to face (Eddy, 1996!!!)

- Expand accountability horizons
  - Antecedence and consequences
    - Intergenerational Time
    - Individual and Population simultaneously
      - Entitlement funding differentially places social resources in the hands of the elderly—"intergenerational injustice" (Newacheck & Benjamin)

“Ethinomics”

- Coined by Merrill Mathews
- The area in which economics and ethics converge in public policy
- Are nurses sufficiently prepared in economics?
Ethics/Ethinonomics

- Ethics of cost containment
  - Ponder impact of $8,500/year in medical costs in three income levels
    - $30,000/year
    - $95,000/year
    - $200,000/year
  - “Fair equality of opportunity”
What about ethics?

- All of these require a more comprehensive ethical perspective than "universal principles of health care ethics."

- Ethinomics
  - Sustainability
  - Affordability
    - Individual
    - Aggregate

"WE CANNOT SOLVE OUR PROBLEMS WITH THE SAME THINKING WE USED WHEN WE CREATED THEM"
Health Care Learning System Ethical Framework

- Seven fundamental moral obligations
- The obligation
  - To respect patients
  - To respect clinician judgement
  - To provide optimal care to each patient
  - To avoid imposing nonclinical risks and burdens
  - To address unjust inequalities
  - To conduct continuous learning activities that improve the quality of care and health care systems
  - Of patients to contribute to the common purpose of improving the quality and value of clinical care and the health care system

Role Fidelity and the Contract with Society

- Professional role provides privilege that are not held by society at large
- Police officer
- Nurse
  - What does this mean for continuing self and professional development in an era of dramatic social and health care change?
- Regulatory Board
  - Role is to assure execution of the statute
  - Role fidelity focused on protection of the public
Regulating Nursing Education and Practice in an Era of Health Reform

- Traditional nursing education rooted in Flexner medical model
- Practice courses often reflect hospital units or life span
- Simulated learning typically high technology focused
- What about
  - “watchful waiting?”
  - Experience in not treating?
  - Experience with shared decision-making?
  - Understanding the relationship between ethics and economics?
  - Relationship between financial incentives and clinical behavior?
Legend: FFS=fee for service; P4P= pay for performance; PCMH=patient centered medical home; ACOs=accountable care organizations; BP=Bundled Payments; GB=Global Budgets
Ethics as a BASIS for Health and Public Policy

- Cost containment
- Overtreatment and overutilization
- Payment reform
- Affordability
- These are ethical issues, not just economic ones
How DO we do good?