Chapter 4: How Can We Meet Health Needs Fairly When We Can’t Meet Them All? Accountability for Reasonable Resource Allocation

- we have established that health is of special moral importance because of its impact on opportunity
- we have established that achieving equity in health requires broader social justice
- but we don’t yet know how to meet health needs fairly when we cannot meet them all (third Focal Question)
- the general principles of justice for health are too general and indeterminate to answer this question
- this question arises in all health systems whether or not they meet other basic requirements of justice
- moral controversy: legitimacy problem - under what conditions do decision makers have the moral authority to set limits?
- solving the legitimacy problem: supplement principles of justice with a fair process for setting limits

The Need for Limit Setting

- health is not the only important thing for opportunity, it must be weighted against goods and other ways of promoting opportunity
- investing in health care has opportunity costs even though it helps to promote opportunity
- there are many important decisions about which reasonable people may disagree
• general principles of justice do not resolve many of these controversies (e.g., “How much priority should we give to treating the sickest or most disabled patients?”)

• three example rationing problems:
  
  – “we should give priority to treating the worst-off patients” vs “we should give priority to whatever treatment produces the greatest net health benefit”
  
  – when should we allow the aggregation of modest benefits to larger number of people to outweigh more significant benefits to fewer people?
  
  – focus on best outcome or fair chance at some benefit?

• once we abandon these extreme views, general principles give no guidance

• because principles give no guidance, we need a fair process to resolve disputes

• the account focuses on the provision of opportunities through health, but it’s still too indeterminate

• legitimacy questions: who makes decisions about what is covered? how do they make decisions?

• legitimacy and fairness are distinct problems in justice
  
  – legitimate authority can make unfair decisions, illegitimate authority can make fair decisions
  
  – but they are related: we are more likely to accept authority as legitimate if it acts fairly

• if we don’t have a consensus on principles to resolve disputes, we must find a fair process whose outcomes we will accept as just or fair

• appeals to procedural justice

• addresses the legitimacy problem

**Three Inadequate Approaches to Fair Process**

• market accountability
  
  – too much uncertainty in healthcare
  
  – people get their insurance through employers
  
  – we have a moral obligation to meet people’s medical needs

• “majority rule” and fair process
it is problematic for the majority to compel people to act in ways counter to their fundamental beliefs

aggregative account fails because it does not incorporate reasons which are important in deliberations about moral questions

deliberative view of democratic legitimacy imposes constraints on the kinds of reasons that can play a role in deliberation

appeal to kinds of reasons that all can recognize as acceptable

if deliberation doesn’t lead to consensus, we still need to rely on majority, but vote based on reasons that appropriately play a role in deliberations

- empirical ethics and a cost-value methodology

- develop an ethically sensitive, empirically based methodology for making resource allocation decisions

- involves morally controversial or even unacceptable assumptions (e.g., worth of a unit of benefit is the same regardless of who gets it)

Accountability for Reasonableness

- fair process aiming for a robust form of public accountability

- “accountability for reasonableness” is the idea that the reasons or rationales for important limit-setting decisions should be publicly available

- they also must be ones that fair-minded people can agree are relevant for appropriate patient care under resource constraints

- four more precise conditions:

  - publicity: decisions regarding limits of meeting health needs and their rationales must be publicly accessible

  - relevance: the rationales for limit-setting decisions should aim to provide a reasonable explanation

  - revision and appeals: there must be mechanisms for challenge and dispute resolution

  - regulation: either voluntary or public regulation of the process to ensure that the above conditions are met
Chapter 11: Reducing Health Disparities. No Simple Matter

- health inequalities/inequities/disparities have been prominent topics of recent public health discussions
- reduction of health inequalities have become important policy goals in many places
- from Chapter 3: a health inequality between social groups is unjust when it results from an unjust distribution of the socially controllable factors affecting population health
- goal of this chapter: see whether we can generalize from focus on SES and capture our concerns about race or gender inequalities in health
- problem: many policies that would reduce inequities between group face the distributive justice problems identified earlier (priorities, aggregations and best outcomes/fair chances problems)
- many health inequities are results of unjust processes (e.g., racism)
- there can be a trade-off between reducing health inequalities and promoting population health

Race and Gender Inequities Illustrated

- examples of health inequalities that most people would consider unjust:
  - race inequity in access
  - health inequity directly induced by the experience of racism
  - health inequity resulting from cumulative exposures to health risks as result of institutional racism
  - gender inequity in the HIV/AIDS epidemic

Encounters with Unsolved Rationing Problems

- 5 of 8 MDGs reduce inequality but the three health targets apply to the whole population
- two approaches to MDGs:
  - direct resources to already better-off groups that are easier to reach and improve
    * possibly increase within-country inequality
    * possibly reduce cross-county inequality
  - egalitarian approach: help those who are the worst off
* sacrifice some aggregate health benefit in order to give priority to the worst-off

* how much aggregate improvement should be sacrificed to help the worst-off groups?

The Complexity of Inequality Itself

* difficult to know how to compare different sorts of inequality

* three possible comparisons:
  - with best off
  - with all better off
  - with the average

* three approaches to aggregation:
  - maximin egalitarian view
  - additive view
  - weighted additive view