Health Reform – Ignoring the truth

Many provisions of health reform proposals under consideration have merit. Saving money or significantly bending downward the escalating cost-curve is not one of them. This will only occur when we openly confront ethical issues we choose to ignore.

An October 15, 2009 "New England Journal of Medicine" article added some stark numbers to facts health care practitioners have known for years. A Stanford University study found 58% of older nursing home patients who begin dialysis are dead within a year and another one-third lose their ability to perform simple task such as feeding themselves. The same issue included a Harvard University study that illustrated a similar precipitous decline in health status and functional performance in nursing home patients with advanced dementia. The authors suggest consideration of expanded use of more humane (and less costly) palliative care.

Some view such a suggestion as a rational action to reduce physical and emotional suffering and better direct limited health care resources to fund interventions that maintain or improve health status and functional performance. Others view it as the "slippery slope" that will erode individual and family autonomy leading to euthanasia and "death squads".

Individuals and families have been making such decisions for years. However, over the last 50 years, the decision landscape has change drastically. Scientific advances have increased enormously the cost of providing "do everything possible" terminal care and, more importantly, society as a whole, rather than the individual or family, is paying for much such care.

It is foolish to believe we can responsibly contain health care costs until we are willingly to openly discuss and resolve the underlying ethical issue defining the relationship between individuals/families and their government on this new landscape. Rather than confront this issue, those engaged in the current debate choose to ignore, deny, or obfuscate its existence.

Another fact frequently ignored was highlighted in a September 22, 2009 "New York Times" article discussing the findings of researcher Samuel Preston. He reveals that the US health care system does a good job of identifying and treating major disease, even for the uninsured, but not preventing such disease. Such disease is largely the result of Americans, insured or not, engaging in poor and risky health practices (e.g., substance abuse, violence, poor diet, little activity, drunk driving) and failing to avail themselves of effective preventive measures.

Less than 14% of adults eat a recommended diet according to CDC and fewer than 50% of adults have received recommended immunizations. Some public and private entities have begun to award (e.g., bonuses) or penalize (e.g., increased health insurance premiums and cost sharing) employees depending upon their health status, e.g., body mass index, and habits, e.g., exercise, smoking. Some propose restricting the availability of - or taxing – various food items in certain locations, publically, or for certain individuals. Recent research from the University of Colorado discusses the escalating incidence and cost of cyclist injuries and findings from the University of North Carolina and Consumer Product Safety Council highlight the escalating incidence and severity of cheerleading injuries. Researchers have also well documented the health dangers of down hill skiing.

As taxpayers take on greater payment responsibility for the consequences of poor and risky health habits, what restrictions and sanctions affecting individual behavior are legitimate and tolerable? The public is conflicted. They are opposed to applying risk based “preexisting condition” health insurance premium sanctions, even if those conditions are primarily the result of poor or risky health behavior. Yet many favor risk based sanctions directed at certain behavioral practices, e.g., substance abuse, obesity, even if such behaviors likely are partially attributable to genetic etiological factors beyond an individual’s control. Few favor sanctions directed at their preferred recreational or athletic enjoyments, even if they could receive the same health benefits from less risky activities. How individual behavior should be monitored - and by whom - is another concern.

Health care costs will only be contained when we confront the authority and responsibility balance between autonomous individuals and government. Who will decide and where? It will occur, either democratically determined or surreptitiously and insidiously imposed.

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