#### DRIVE-THRU HEALTHCARE:

IS THERE MORE TO MEDICINE THAN SUPPLY AND DEMAND?

MOST REV. ANTHONY FISHER OP, 7 JUNE 2017

8th Colloquium of the International Association of Catholic Bioethics Healing Relationships and Transformations in Healthcare

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# OVERTURE PARROT-MAN THE OPERA







Marc Pacifico
Plastic Surgery

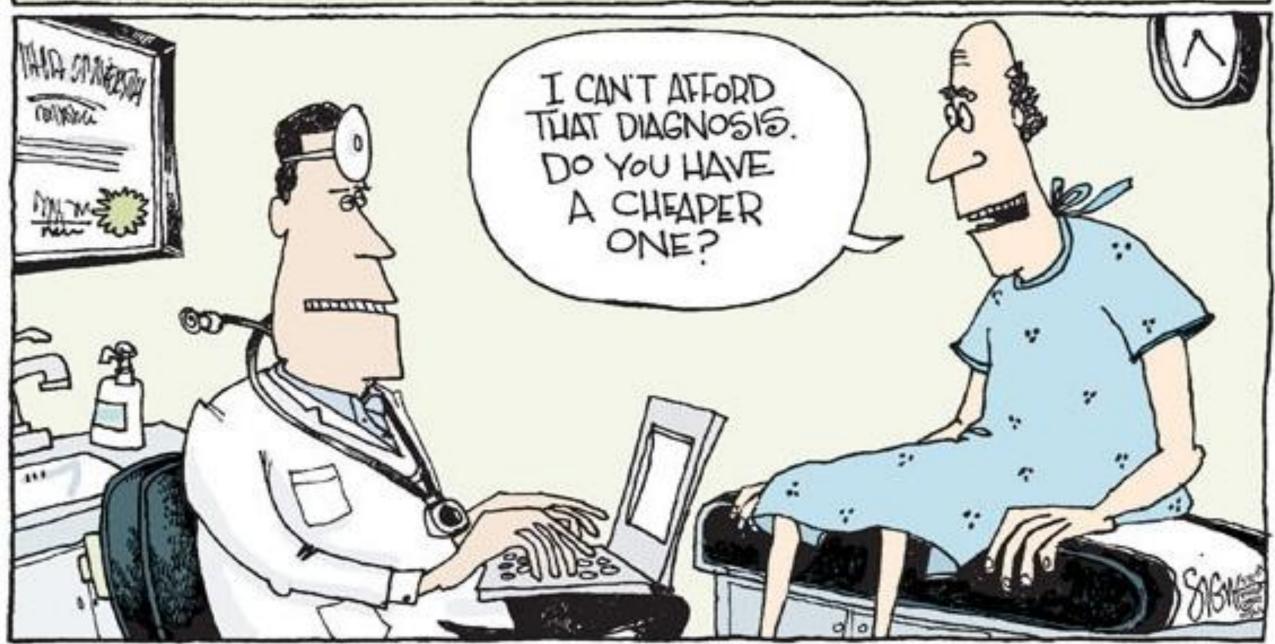
### ACT I: THE IDEA OF DRIVE-THRU HEALTHCARE



Ben Shapiro, "Healthcare is a commodity, not a right", *National Review*, January 11 2017

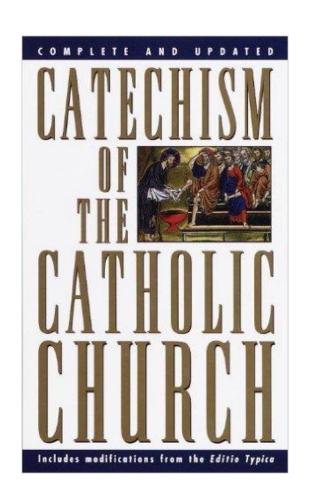
http://www.nationalreview.com/article/ 443737/health-care-marketsgovernment-commodity-human-right

#### EVERYONE AGREES TO LIELP REDUCE LIEALTH CARE GOTS!...



# ACT I, SCENE I: THE PATIENT AS AN AUTONOMOUS AGENT





"Life and physical health are precious gifts entrusted to us by God. We must take reasonable care of them, taking into account the needs of others and the common good. Concern for the health of its citizens requires that society help in the attainment of livingconditions that allow them to grow and reach maturity: food and clothing, housing, healthcare, basic education, employment, and social assistance."

- Catechism of the Catholic Church 2288

#### **AUTONOMY**

- importance of listening to patients and informing them well
- seeking genuine consent
- eschewing medical assault and paternalism
- ensuring observance of patient rights
- avoiding unwanted intrusion by government, insurers, managers, professionals, even family

#### ACT I, SCENE II: THE DOCTOR AS SUPPLIER OF A SERVICE FOR A FEE



#### **CONTRACT**

- to inform patients truthfully about their condition and prognosis, options and risks
- to respect their choices as well as their privacy and confidentiality
- old conceptions of 'fiduciary' relationships, 'covenants' or 'vocations' must give way to the negotiated preferences of producer and consumer (supply and demand)
- ensures that health professionals are, at least, faithful to their contractual obligations to their customers

## ACT I, SCENE III: HEALTHCARE AS AN INDUSTRY IN A FREE MARKET

#### The Characteristics of a Free Market Free, Cooperative, and Peaceful Process Free to Free to Set Choose Your Prices Work Free to Buy, Own, Use, Free to Be an and Sell Investor Free Private Property Market Free to Free to Be an Compete Entrepreneur Free to Create Free to Earn Capital **Profits** Formation

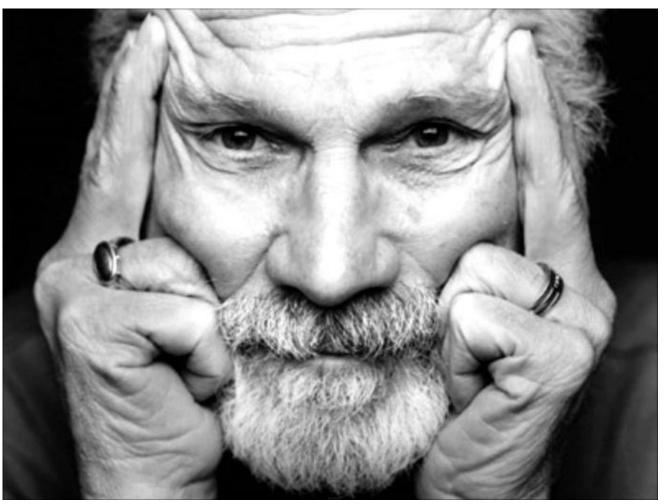
#### FREE MARKET

- marketplace determines who gets what, how, when
- rewards long study, practice, R&D, entrepreneurship, manufacture
- healthcare has a market price, can be transferred, & consumed (= a commodity)
- healthcare is a high-tech science, delivered by teams of specialists in highly complex institutions; requires professional education, patents, multinationals, payers (= an industry)
- entrepreneurship & competition favour effective & efficient healthcare, advances in technology & delivery, capitalisation of infrastructure & research, & cost-containment

#### INTERMEZZO: A TALE OF GUILLAIN-BARRÉ SYNDROME



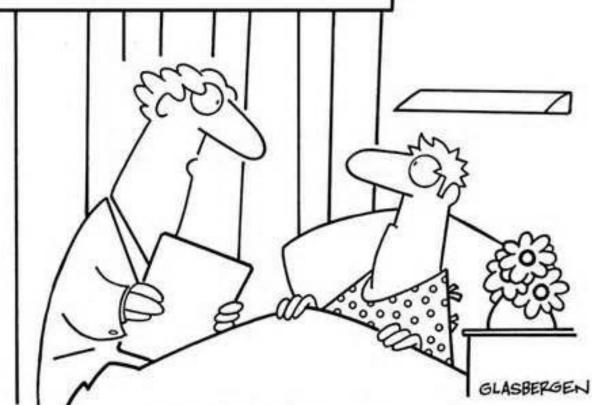




# ACT II: DOUBTS ABOUT DRIVE-THRU HEALTHCARE



#### ACT II, SCENE I: DOUBTS ABOUT PATIENTS AS CONSUMERS (ONLY)



"You're suffering from a serious medical condition called 'lousy insurance'."

- intended to strengthen respect for the dignity of patients & empower them; yet many feel more disempowered than ever
- where words like 'patient' had moral connotations re: suffering, endurance and trust words like 'consumer' only indicate a kind of financial power
- reduces proper protectiveness and will not elicit compassion
- freedom is not only "freedom from" but also (and principally) "freedom for"
- patients are only relatively competent
- patients are only relatively informed
- patients are only relatively free

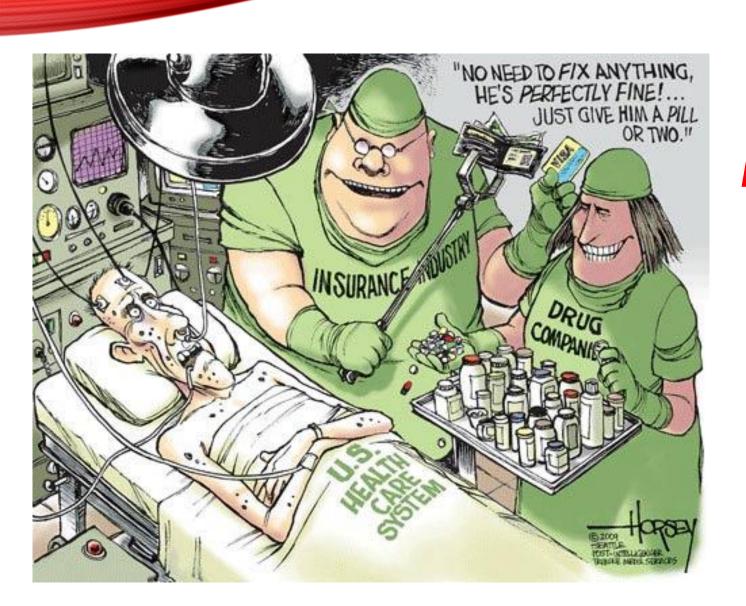
- for most people healthcare needs are highly unpredictable but potentially very expensive
- access to insurance may be limited
- patient autonomy constrained by patient responsibilities
- patient autonomy constrained by the proper autonomy of others: doctors & nurses are not robots
- 'good paternalism'
- 'shared decision-making

# DOUBTS ABOUT DOCTORS AS SUPPLIERS (ONLY)



Dan Brock & Allen Buchanan, *Ethical Issues in For-Profit Healthcare*: the enduring patient-centred ethic

- "the self-interested organised professional behaviour and institutional structure of medicine may have helped protect the possibility of altruistic behaviour"
- many health professionals are in it to do good therapeutic good
- cultural factors, codes of practice, medical education, professional associations also militate against doctors becoming mere salesmen
- but drive-thru healthcare risks shifting the balance between selfinterested & altruistic motivations on the part of physicians, & endangers trust



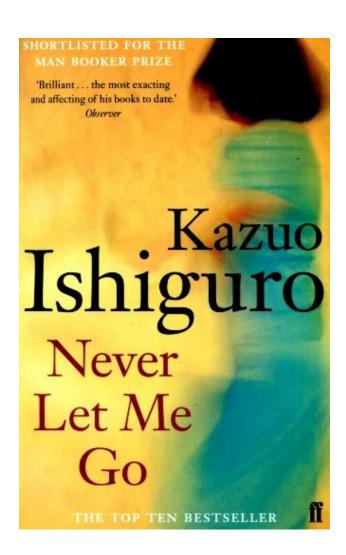
# ACT II, SCENE III: DOUBTS ABOUT HEALTHCARE AS A MARKET COMMODITY (ONLY)

- most people uncomfortable with commodifying the human body
- prefer that blood and organ transfers be genuine donations
- human person, including the body, should be treated with greater respect than ordinary commodities
- but drive-through healthcare reconceives the body as object, the profession as industry, medicine as a high-paying job, care as privilege for those who can pay
- leaving healthcare to the market means many will lack access to a decent minimum level of healthcare, however grave their need
- insurers and providers have a strong incentive to 'cherry pick' the healthiest & wealthiest, easiest & cheapest

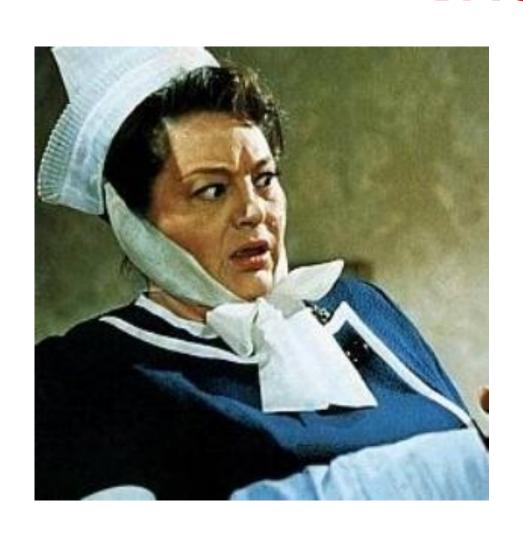


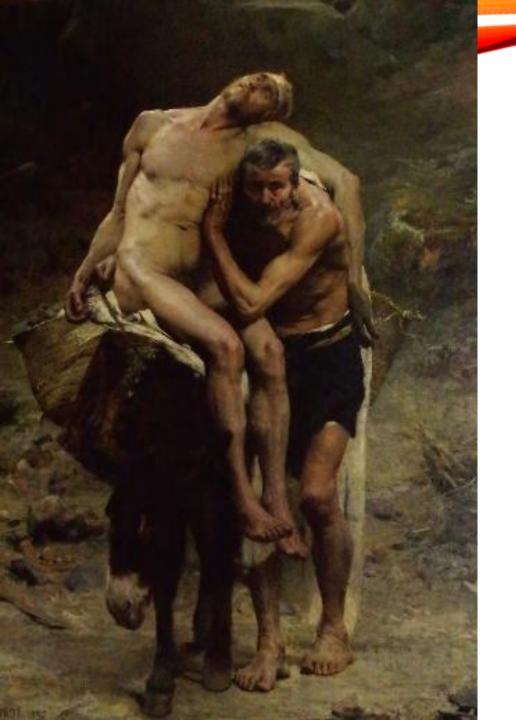
- left to the market, healthcare will be significantly overutilised in some cases & underutilised in others
- there will be little emphasis on health promotion & early intervention
- both therapeutic and equity implications
- blowouts of costs, poor planning, shortages
- the 'common good' of the conditions for the flourishing of all the members of a community will only served if there are mechanisms alongside the free-market

#### INTERMEZZO: NEVER LET ME GO



# ACT III: BACK TO BASICS

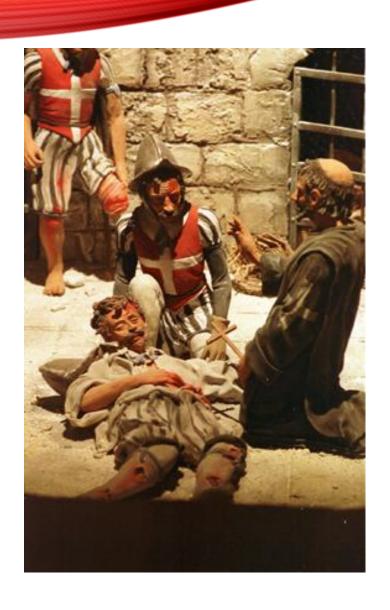




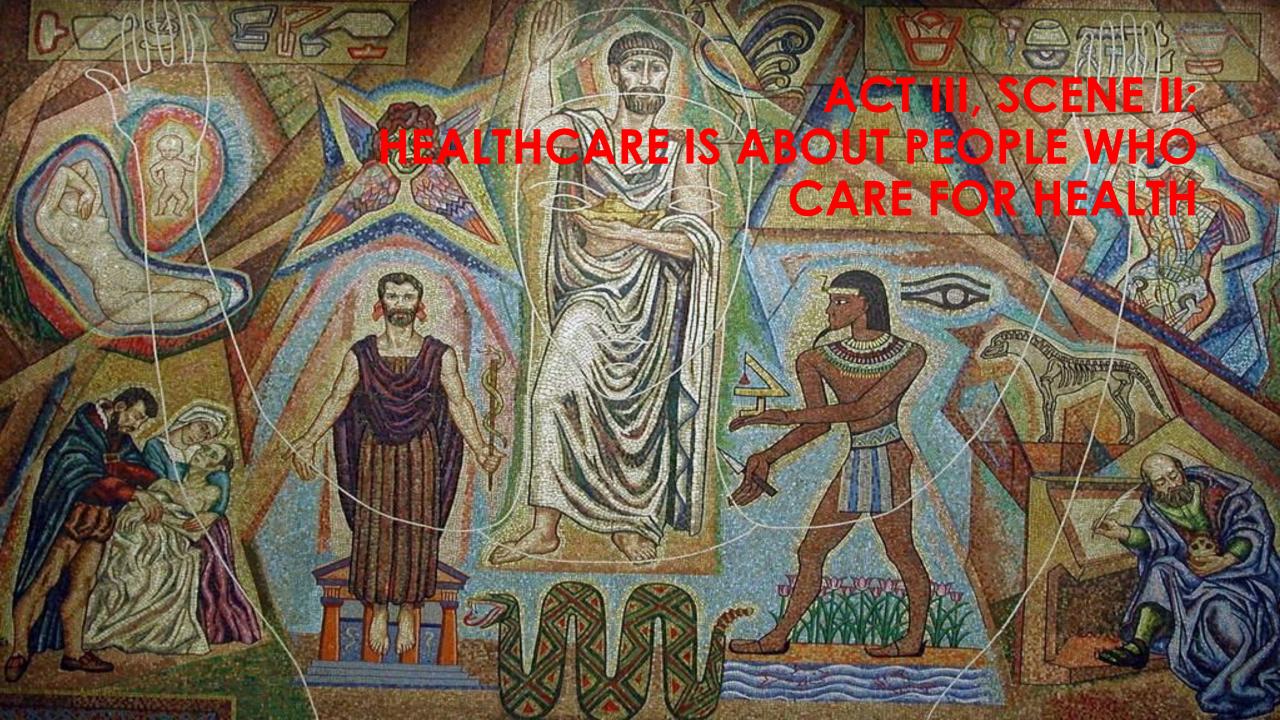
#### ACT III, SCENE I: HEALTHCARE IS ABOUT PEOPLE IN NEED OF CARE

#### The Good Samaritan (Lk 10:25-37)

- one man's suffering & another man's response
- tells of our common humanity, social glue, rescue instinct, virtuous character, principle of care for needy
- practicalities but not reductionist
- focus on the one rescued
- "Today there is an inescapable duty to make ourselves the neighbour of every person, no matter who they are, and if we meet them, to come to their aid in a positive way"- Vatican II, Gaudium et spes 27



- care for the sick & suffering a major focus of Jesus' life
- compared himself to a physician of bodies & souls, a miraculous preacher-healer & the good Samaritan nurse
- at Christ's own invitation, Christians see in every suffering person a brother or sister in need, indeed Christ himself, & serve him in them
- long history of Christian hospitallers
- power of healthcare as expression of neighbourliness toward needy, and care that is therapeutic or consoling



#### **PROFESSION**

- a conviction about the importance of this activity to others & suitedness to giving such service
- provisional acceptance into the community of actual practitioners for immersion in practice, calling forth from devotion of character & life
- transmission of knowledge & skills, apprenticeship in mission & practices, reception of practical principles & development of character traits
- public 'profession' by the practitioner on assuming 'office' undertaking this service with its particular internal goals & methods, authorities & ethic
- public recognition that this practice is an expression of the community's core values & that these people are suitable & respected practitioners
- self-regulation by the community of practitioners

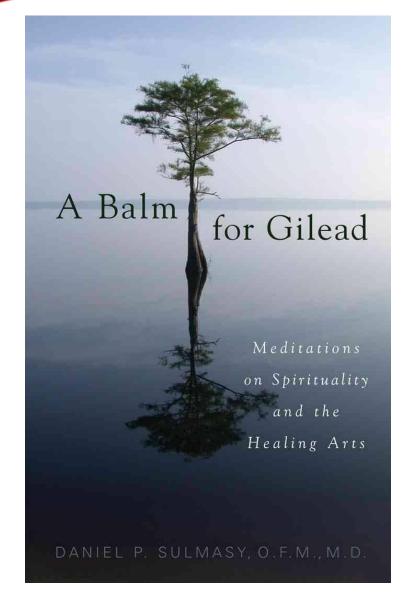
- transcendent 'call' to save, heal & care, to do as the Good Sam
- only this can motivate & sustain the most disinterested, available & faithful commitment of health professionals
- this gives their work a salvific, even priestly value
- healthcare relationships, institutions & systems can be powerful demonstrations of crucial values
- merciful healer & wily steward



"He told me that though he had planned to promise a family once he

"He told me that, though he had planned to marry and have a family once he completed his training and got into practice, when the time came he realised that, with all there was to do for habies needing care, it would hardly be fair to wife and children if he married and had a family of his own. That paediatrician had an adequate income from his work but did not care for babies so as to make money. He was well respected but not ambitious for status and honour. He enjoyed his work and found fulfilment in doing it, but did not live for graftfying experiences. He had become a paediatrician in response to God's call and was using his gifts and training in dedicated service to children who needed care."

- Germain Grisez, "Healthcare as part of a Christian's vocation", in L. Gormally (ed.), *Issues for a Catholic Bioethic* (Linacre Centre, 1999), p. 155



#### THE HEALING PEACE OF CHRIST

RITUCTIONS ON TUNISI AND RECOVERY, DEATH AND NEW LITE

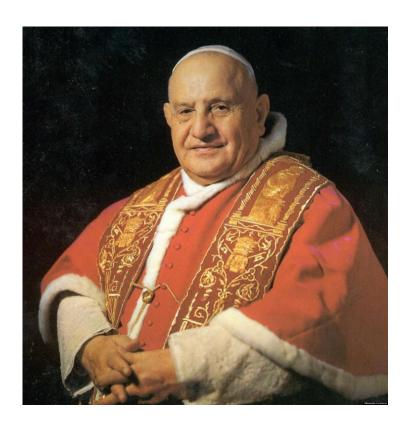


ARCHEISHOF ANTHONY FISHER O.P.

# ACT III, SCENE III: HEALTHCARE IS ABOUT A COMMUNITY THAT CARES



#### PUBLIC/SOCIAL GOODS



- air, water, defence, policing, firefighting, enviro protection, public health...
- healthcare as a universal human right & communal responsibility?
- limits & scope of the right to healthcare? who owes what to whom?



Health is a precious good for the person and the community to be promoted, preserved and protected, dedicating the necessary means... [so] more people may benefit from it... Still today many of the world's populations have no access to the resources they need to satisfy their basic needs, particularly with regard to healthcare... It is necessary to work with greater commitment at all levels to ensure that the right to healthcare is rendered effective by furthering access to basic healthcare. In our day on the one hand we are witnessing an attention to health that borders on pharmacological, medical and surgical consumerism, almost a cult of the body, and on the other, the difficulty of millions of people in achieving a basic standard... In the healthcare sector too, which is an integral part of everyone's life and of the common good, it is important to establish a real distributive justice which, on the basis of objective needs, guarantees adequate care to all... If it is not to become inhuman, the world of healthcare cannot disregard the moral rules that must govern it.

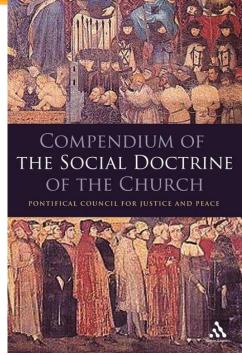
<sup>-</sup> Pope Benedict XVI, Message to 25th International Conference of the Pontifical Council for Healthcare Workers, 2010

I thank you for what you are doing to promote the fundamental human right to health for all. Health, indeed, is not a consumer good, but a universal right which means that access to healthcare services cannot be a privilege. Healthcare, even basic treatment, is in fact denied — denied! — in various parts of the world and in many regions of Africa. It is not regarded as a universal right, but rather still a privilege for the few, those who can afford it. Accessibility to healthcare services, to treatment and medicine is still a mirage. The poorest are unable to pay and are excluded from hospital services, even from the most essential and basic. This shows how important your generous work is in support of an extensive network of services, designed to meet the needs of the populations.

- Pope Francis, Address to "Doctors with Africa", 7 May 2016

#### **SOURCES**

- reverence for the goodness of life & health
- naturally interdependent & supernaturally called to service
- obligation to express care & respect in concrete acts
- need for large-scale community contribution if healthcare is to be available to a decent minimum level
- natural expectation ('right') of members of a community to such assistance as necessary for their participation and flourishing
- particular concern ('preferential option') of Christians for the most disadvantaged, as 'God's little ones', including the sick poor
- ethical claim has its limits





Bruce Jennings and Mark Hanson "Commodity or public work? Two perspectives on healthcare", *Bioethics Forum* (Fall 1995), 3-11

- sacramental experience not merely production, valuation, exchange & consumption
- likewise some secular public works "establish relationships among individuals that are not transactional or consumptive, but involve a cooperative and participatory effort to produce something of common value. This value is not appropriated exclusively by one of the parties to its creation, no one is simply a 'provider' or a 'consumer', and the value is realised by communities as much as by individuals."



