Exploring distributive justice in health care

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Abstract

The allocation of resources to providers and the way in which the resources are then prioritised to specific service areas and patients remain the critical ethical decisions which determine the type of health system a community receives. Health care providers will never be given enough resources to satisfy all the demands placed upon them by a community that is becoming increasingly informed and demanding. This paper discusses the matter of justice as it relates to the distribution of health resources. It translates the theoretical constructs of distribution into a practical situation that arose at The Geelong Hospital. It is important to emphasise that the aim of giving the example is not necessarily to provide the right answer but rather to assist in determining what ought to be the questions.

An ethical dilemma in resource allocation

The Geelong Hospital is the second oldest hospital in Victoria, Australia, and has a proud tradition of service to its local community. In an environment of economic rationalism, the Hospital received budget cuts that accumulated to over 14%, in real terms, over the period 1994 to 1999. By necessity, the Hospital underwent substantial restructure with workplace reform being an important feature. The Hospital's capacity to absorb further cuts has diminished and it is regarded as a most effective and efficient performer.

The ethical dilemma for the hospital is in determining how to deal with the increasing service demands being placed on the hospital with fewer resources, yet retain the high standards of quality and service that the community and indeed the Hospital's Board of Directors and staff expect. The example involves the implementation of cardiac surgery as a new service for The Geelong Hospital and the issues this creates for other services already being provided at the Hospital.

Planning commenced in the mid-1990s to develop a cardiac program at The Geelong Hospital for implementation in July 1997. Large amounts of money were invested in the construction of new facilities including operating theatres specifically designed for cardiac surgery, a new cardiac ward, a catheterisation laboratory and coronary care beds. The total capital investment in these facilities and the associated equipment is in excess of $10 million. Costs of operating the new facilities with the minimum recommended number of 400 cardiac patients per year approximate $6 million.

The cardiac surgery initiative was strongly supported by the Victorian State Government of the day, the Hospital's Board of Directors and the community generally. Clinical staff in many areas and in particular the cardiologists, who had a direct interest in the service being developed, were obviously delighted but there was less enthusiasm from some other members of the medical community. The advantages were clearly to provide better access to a tertiary level service in a more attractive geographical location and remove the need for patients needing this surgery to travel to Melbourne.

The less enthusiastic queried why extra funds were allocated to cardiac care ahead of existing services that were in urgent need of additional resources because of the demands being placed upon them. Renal services, the neurosciences and orthopaedic surgery were three areas that could reasonably have claimed this to be the case. Others claim a modest investment in health education and promotion activities would diminish the need for cardiac surgical interventions and therefore funds should have been allocated into that area.

The ethical dilemma is in deciding where additional resources should be allocated and on what basis. This requires a consideration of some important questions that are quoted by Beauchamp and Childress (1994) as follows:

1. What kind of health services will exist in a society?
2. Who will receive them and on what basis?
3. Who will deliver them?
4. How will burdens of financing them be distributed?
5. How will the power and control of those services be distributed?

The health care environment is subject to a range of influences with none as prominent as the political directions that are promulgated at various times. In considering the ethical and theoretical issues that surround resource allocation decisions, there is a constant need to bring the discussion back to the pragmatic of providing a service in this political environment.

The decision to commence cardiac surgery at The Geelong Hospital did not explore these questions in any explicit way. The reality was that the State Government provided additional funds specifically for the new services. The government had positively responded to representations from the Hospital and members of the medical community as the new services were consistent with its policy to provide services closer to where people lived. The services were also consistent with the emerging role of The Geelong Hospital as a tertiary referral hospital.

Justice and the health system

Distributive justice is an appropriate starting point for a consideration of what features could characterise a just health care system. Four theories of distribution as they relate to health care are explored, and applied to The Geelong Hospital example: utilitarianism, libertarianism, communitarianism, and egalitarianism (Beauchamp and Childress 1994).

Utilitarianism

Utilitarianism seeks to bring about good consequences to all concerned or as is most commonly described the “greatest good for the greatest number” (Preston 1996). The utilitarian theory of justice seeks to maximise public utility in the search for the greatest benefit to society. There are clearly potential losers with such a theory because marginal groups who have little to offer society but have a high propensity to consume health resources would be difficult groups to justify supporting. Leeder (1987) describes the worst aspects of utilitarianism result when professional judgements determine the social worth and liberty of the individual.

How then does this theory of distribution contribute to the consideration of the dilemma of The Geelong Hospital? In deciding the benefits of cardiac surgery compared to the benefits of investing resources in other areas, this theory may have a role to play. A utilitarian approach has its attractions in that those who benefit from the preferred resource allocation will be, by definition, in the category of the “greatest good” and be able to assume the higher moral ground. It would be a reasonably simple task to decide on this by a quantification of the numbers of patients who could be treated under the various options. The utilitarian view would support allocating funds to where the greater number received care, and not necessarily to the most deserving.

However, this would only give part of the story. It is the outcome of the treatment which is most relevant, and some evaluation along the lines suggested by Maynard (1989) using quality-adjusted life years (QALYs) may be more appropriate. Maynard suggests that a better form of resource allocation will be achieved by examining the costs and outcomes of competing therapies in terms of their relative effects on the quality of life for patients.

Therapies that result in more quality-adjusted life years would be preferred to those that result in fewer. Despite the inadequacies in the techniques of estimating these outcomes, this approach has a utilitarian focus.

In our example, the benefits of cardiac interventions would need to be measured against other forms of health care competing for the available resources. Alternative demands exist in orthopaedic surgery and in particular the use of prosthetic joint replacements. The neurosciences and nephrology also claim to be in need of further resources and need to be factored into any analysis that endeavours to deliver some objectivity.

Libertarianism

In a literal sense, liberty is described as the freedom of the will (Flew 1979). The libertarian theory of justice is treasured by the free marketeers who have great faith in the ability of the market to satisfy human wants. Any suggestion of an imposed equalisation process or social intervention is anathema to libertarians as it represents a threat to an individual's liberty. An implicit characteristic of a health system based on this theory of distribution is the need to have health insurance or an ability to pay for services as required. A most striking example of a health system based on libertarian values is found in the United States of America (USA). The experience of this health system is that, notwithstanding the social service systems of Medicare and Medicaid, there remains in excess of 35 million people who have no capacity to pay for their health care.

The theory's ideology assumes patients are the best judges of their own welfare with priorities that are self-determined and manifested through an ability to pay. Ability and needs of patients to access the health system are not necessarily congruent and the inevitable consequence is a distorted distribution of services. The inability of this theory to accommodate the needs of the disadvantaged by a mandated redistribution of society's assets makes this a difficult concept to embrace.

The libertarian theory would have both the cardiac service available at The Geelong Hospital as well as the other areas proposed so long as there was a demand for the services from self-paying or insured patients. Should there be insufficient numbers of payers then the services would not be provided regardless of the needs of the community for these services. It is difficult to see this theory being embraced in a universal system of heath insurance such as available in Australia. However, there are already divisions in the Australian community brought about by the availability of a dual system of health care in the public and private sectors with those able to afford health insurance having a speedier entry to health services.

Communitarianism

A community-endorsed conception of social goals is how Beauchamp and Childress (1994) explain justice being achieved through the communitarianism theory. This approach is based on community-derived standards that seek to determine the 'good', the 'right' or the 'virtuous' in relation to particular traditions or social contexts (Preston 1996). This does not necessarily translate into having a health system that provides equal access for everybody at all times. If a community reaches a conclusion that places certain procedures as low priority, for whatever reason, then the person requiring that procedure may well be excluded from care. This may simply be exacerbating problems in another part of society.

In the State of Oregon, USA, a project was undertaken by the State Senate to set priorities in health care on a large scale. The method used involved adapting the notion of QALYs and soliciting public opinion. A conference was held in 1988 by a citizen's health forum that advocated the allocation of health resources on a scale of public attitudes that quantified the trade off between length of life and quality of life. As an outcome of the resultant study, a priority list of 709 items was produced which was then adapted to a given budget leaving 587 items to be covered from the basic package of health care available from the State. This is a striking example of community based standards being applied to a most difficult area of society and indeed of communitarian theory.

The applicability of communitarian theory to the dilemma at The Geelong Hospital is interesting because the same processes used by the State of Oregon could in theory be adapted to Geelong. The geographical location of Geelong with a relatively well-defined population makes it possible to ascertain community attitudes towards the relative priority of cardiac surgery compared to the other competing needs. The use of QALYs could assist in the process by evaluating the expected outcomes of one type of procedure compared to others. Whether the application of this theory of distributive justice would be embraced and accepted by the community is a matter of some intrigue and speculation.

Egalitarianism

The final theory of distributive justice to be considered is based on the concept of egalitarianism. This theory emphasises equal distribution of both social benefits and burdens. Two principles of justice have been identified for institutions (Rawls 1973). The first principle states that "... each person is to have an equal right to the most extensive total system of equal basic liberties compatible with a similar system of liberty for all". The second principle states that "... social and economic inequalities are to be arranged so that they are both (a) to the greatest benefit of the least advantaged ... and (b) open to all under conditions of fair equality of opportunity." Although it is not described as such, these principles offer a most persuasive description of egalitarianism as they articulate a notion of equality, fairness and opportunity.

The egalitarian theory is strongly supported because it identifies the non-discriminatory ideals of a just community. However, its application into the area of resource allocation is more problematic. The objective of seeking a fair opportunity to access health care implies an ability of the system to provide such a service and this will not always be possible. The issue of rationing becomes a feature of the system in such circumstances and this means that one area assumes a higher priority than another does. The egalitarian interpretation must take account of this and its integrity as a theory will be maintained only if all persons accessing the system are faced with the same range of alternatives. Rationing therefore needs to be effected in an egalitarian way so there is no discrimination within the area of service even though there may be discrimination between two competing services.

This distinction is important when considering the issue at The Geelong Hospital of providing cardiac surgery or expanding other services. The theory of egalitarianism can assist by considering the community's ability to access a range of services and ensuring that all persons have access to a decent minimum range of services. The issue becomes one of defining the services required and ensuring all have a fair opportunity to access them.

Discussion

In allocating resources to highly technological and expensive procedures like cardiac surgery in an environment of severe cost constraints, it is reasonable to assume that health planners have adopted a policy of distribution, either explicitly or implicitly, that reflects one of the broad theories of distribution as described above. It is true that there is an inherent desire towards egalitarianism within the Australian health system with the fundamental basis of Medicare being equal access to public hospital services at no charge to the patient. Given the pressures on the health system brought about by a more demanding, better educated community and a minority of people with private health insurance, the ability of the public system to deliver an equal and fair opportunity for treatment is threatened. Certainly those who can afford private care are advantaged in their opportunity to access services more quickly.

The Australian health system has been dominated in recent years by the desire to achieve technical efficiency that is concerned with the most efficient use of inputs and is reflected in such techniques as case mix funding of services. A just health system ought to be involved far more in achieving allocative efficiency which is aimed at maximising the effectiveness of resource allocations to achieve optimal societal outcomes. This is consistent with those who favour maximising utility but, if provided in a way where all people have equal access and opportunity, it may also satisfy the egalitarian advocates.

In assessing the ethical dilemma of providing cardiac surgical services as a priority over other competing demands at The Geelong Hospital, an appreciation of the need for a just outcome is essential. The theories of distribution assist in developing a framework for considering the various options and the notion of providing an equal and fair opportunity for the community is based on sound social principles. The fact that this process was not taken in any explicit or systematic way reflects rather more on the political processes of decision making than anything else. That is not to say that the decision to proceed was incorrect. Indeed, a great many people have benefited from the addition of cardiac services to Geelong and the quality of the service is not in question. It is certainly true that fewer people now travel to Melbourne for their care and these advantages are acknowledged.

However, those members of the medical staff who continue to struggle to obtain sufficient resources to do their work or even access to sufficient elective operating sessions to make an impact on their waiting list patients, occasionally question the wisdom of a less than rigorous priority setting process.

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