

2010

Toward a More Just Health Care System

Kayhan Parsi

Loyola University Chicago Stritch School of Medicine

Follow this and additional works at: <http://lawcommons.luc.edu/annals>



Part of the [Health Law and Policy Commons](#)

Recommended Citation

Kayhan Parsi *Toward a More Just Health Care System*, 19 *Annals Health L.* 53 (2010).

Available at: <http://lawcommons.luc.edu/annals/vol19/iss1/13>

This Article is brought to you for free and open access by LAW eCommons. It has been accepted for inclusion in *Annals of Health Law* by an authorized administrator of LAW eCommons. For more information, please contact law-library@luc.edu.

Toward a More Just Health Care System

*Kayhan Parsi, J.D., Ph.D.**



As I write this commentary for the special issue of Loyola's *Annals of Health Law*, the Senate has approved a version of the healthcare reform bill that would expand health insurance coverage to millions of Americans. The pending legislation awaits approval by the House, although it is uncertain this will occur. After months of wrangling, foot-dragging and delay, America may be reaching the point where health care will become a right, and not a privilege. After a century of thwarted efforts to create universal healthcare programs under various administrations (from TR to FDR to Truman to LBJ to Clinton), the U.S. is again tenuously moving toward nearly universal coverage of health care.

The amount (and at times ferocity) of resistance this initiative faced was puzzling to say the least. President Obama was elected in 2008 on a grand theme of change. Along with energy and education, health care reform was one of the major domestic initiatives that the newly elected administration planned to focus its attention. This administration's position is that by investing in education, alternative energy, and health care, we are investing in human capital and thereby ensuring that the United States is competitive in the world. Although I am heartened by this achievement, I am disheartened by the level of hyperpartisanship that engulfed this piece of legislation.

As someone who teaches a graduate course on justice and health care, I wanted to see real leadership on this issue. Instead, there was an endless array of policy wonking, dealmaking, and conceding. A recent blog in the New York Times reflected this lack of leadership by noting that not one Republican Senator voted for this historic piece of legislation. This contrasts with the level of bipartisanship that existed in 1965 where thirteen Republican Senators and seventy House Republicans voted for the creation of Medicare and Medicaid. As one commentator stated, the moderate Republican has gone the way of the Dodo, although many moderate

* Neiswanger Institute for Bioethics and Health Policy, Loyola University Chicago Stritch School of Medicine.

Democrats still exist (witness the level of power the Blue Dogs wielded during much of the debate around health care reform).¹

In my social justice course, my students read and discuss various ethical theories of justice by notable thinkers on this topic (including John Rawls, Norm Daniels, Ezekiel Emanuel, Ruth Faden). We try to respond to the passionate writing of physician/activist Paul Farmer, who espouses the Catholic doctrine of the preferential option for the poor (“the O for the P,” as he puts it). We ask ourselves if health care is a special good, like education, which is offered universally from kindergarten through twelfth grade? Or is it rather something that is a free market commodity like cars or computers? We compare health care systems. We invite guest speakers to discuss these issues. We feel a level of frustration with a tinge of hope that we can truly reform our system and make it one that is truly just for everyone. Sometimes, however, we often lose sight of the true purpose of healthcare reform.

Allow me to share an anecdote. My brother and sister-in-law, who run a successful business, informed me a few months ago that they were going “naked” (as in foregoing health insurance). The reason they offered was simple—it was too much money. After my wife and I impressed upon them the importance of having some kind of coverage and how a hospital stay can run in the tens of thousands of dollars, they finally procured a policy with a private plan. It wasn’t cheap. My barber shared a similar story. She has worked for years but has no insurance coverage. She told me she mostly prays that she and her family will not get sick.

My relatives and barber are not outliers when it comes to private health insurance. According to a recent report published by the Commonwealth Fund, private health insurance is not a viable option for many American families.² As the authors of this study conclude: “The individual insurance market is clearly inadequate as a source of affordable health coverage for those Americans who do not have access to employer-based insurance.”³ The authors stress the importance of a healthcare reform initiative with a public option that will offer coverage for millions of individuals who work hard, play by the rules, and yet don’t have adequate and affordable health insurance coverage. Although a public option plan was gutted in the final version of the bill that was passed, it is imperative that everyone (or nearly everyone) is covered.

I know that the dreaded “t” word (as in trillion) has been bandied about a

1. Andrew Romano, *Bipartisanship is Bad*, NEWSWEEK, Aug. 31, 2009, at 65.

2. MICHELLE M. DOTY, SARA R. COLLINS, JENNIFER L. NICHOLSON, AND SHEILA D. RUSTGI, THE COMMONWEALTH FUND, FAILURE TO PROTECT: WHY THE INDIVIDUAL INSURANCE MARKET IS NOT A VIABLE OPTION FOR MOST U.S. FAMILIES 9 (July 2009).

3. *Id.*

great deal. How will we afford it? Yet, as Peter Altman, CEO of the Kaiser Family Foundation, recently stated: “[O]ne trillion dollars is a big, perhaps scary number. But we are also talking about reforming one sixth of our economy, and over the next ten years it would represent about half of one percent of projected GDP. . . .in return we would reform health care, cover the bulk of the uninsured (projected by CBO to reach 54 million by 2019 and by others to go higher), and give Americans peace of mind about their health insurance.”⁴

Here’s the kicker—if we continue to dither, delay and defer on meaningful healthcare reform, this number will have only gotten bigger. In the late 1970s, President Carter balked at health care reform because of the pricetag (a paltry \$65 billion!) Currently, cost is viewed as out of control, quality is uneven, and access is nonexistent for many. Can all three be adequately addressed in the current proposals being considered? In a word, yes. Unfortunately, public appeals to greater access don’t have a great deal of political traction.

The current administration has focused heavily on reigning in cost. Quality has also become a more prominent issue, as this administration has taken a leadership role in promoting various innovations in the delivery of health care (such as the electronic medical record). So, what will it take for us to realize that this substantial investment in our health care system will reap benefits in the future? In the summer of 2009, we celebrated the anniversary of America’s accomplishment at putting a man on the moon. Why were so many of our leaders skittish about an even more important accomplishment? Why are we willing to invest substantial amounts of resources into other major federal projects (e.g. the Interstate Highway System, NASA) but get cold feet when it comes to health care?

Debate about healthcare reform centered on economic issues—reducing cost, streamlining record keeping, and ensuring that our workforce remains healthy and productive. But this debate also included an important social justice issue. Many bioethicists waited for months for the President to exhort members of Congress to see this as an ethical issue—something akin to civil rights. Obama cited the late Senator Kennedy in his September address to Congress: ““What we face. . . is above all a moral issue; at stake are not just the details of policy, but fundamental principles of social justice and the character of our country.”⁵” Those words resonated with me and with many of my colleagues. For much of the summer, the debate around healthcare reform spiraled out of control, shedding a great deal of heat, but

4. Drew Altman, President and CEO, Kaiser Family Foundation, Last Week’s Health Reform Shocker, *available at* http://www.kff.org/pullingittogether/062509_altman.cfm.

5. Letter from Ted Kennedy, U.S. Senator, to Barack Obama, U.S. President (May 12, 2009), *available at* <http://www.washingtontimes.com/weblogs/bellantoni/2009/sep/09/ted-kennedys-letter-to-obama-unshakable-faith-the-/>.

56 *Annals of Health Law – 25th Anniversary Special Edition* [Vol. 19

not much light. The President's speech and Kennedy's quote focused our attention on what is at stake here—who we are as a country. I dearly hope that the reform that results will best reflect who we are as a country.