COLUMNISTS

HMOs sacrifice health for savings

the moral life

By Patricia Schoelles, SSJ

Catholic moral theology asserts that there are several sources of moral wisdom to consult on any question. Typically, the sources cited are four: Scripture, tradition, human reasoning and human experience. Whether the issue in question relates to social justice, sexuality, truth telling, marital fidelity or medical ethics, these are the four sources that must be consulted. That's the theory, anyway.

I'm not always convinced that I know how to consult these sources, or how to relate them once I have reviewed them. But an interesting event last week focused the issue for me in a new way, and I think it's worth looking at.

Come January, I'm scheduled to teach a course in medical ethics. I've been to school to study medical ethics, so I've felt like I have a pretty good handle on what to do with the course. Taking the usual questions about decision making, end-of-life and beginning-of-life questions, and doctor-patient relationships all seemed fairly ordinary as I anticipated preparing the lectures. I planned to do my usual piece on the four sources of moral wisdom.

But then in the midst of all this confidence, an experience of my own intruded into my plans, and now I've changed the way the course will proceed. The experience was simply that I got sick last week and needed medical care. It wasn't a life-threatening illness or even a dramatic emergency condition. I just needed a course of antibiotic treatment. But the events surrounding that infection have contributed to my changing the content of the January course. This is interesting to me because it's one of the first times that I can honestly say that I understand concretely how the category of "human experience" enters into the endeavor of moral theology.

What happened was pretty simple, really. Late on a Friday afternoon the doctor overseeing my care diagnosed my condition and decided on the best course of treatment to be followed. The problem was that the health-maintenance organization (HMO) I subscribe to denied the treatment prescribed by the doctor.

Until that moment, I'd only read about these kinds of situations. To some degree, I'd even dismissed accounts of this sort of dilemma by faulting those who had a problem with their HMOs for not subscribing to better ones!

But on this particular Friday, I was made alarmingly aware that the current health-care environment is not healthy for any of us. It certainly wasn't good for me, as I heard a skilled and dedicated physician describe the treatment that I needed, and then became aware that I wouldn't get the treatment because of a decision made by the agency – without any first-hand knowledge of my situation. It wasn't good for the doctor, either, or for the staff, who had to stay late and engage in a series of frustrating and obstructive phone calls for over an hour on a Friday in order to find a way to deliver the treatment that was needed. They did that, and I'm very grateful to them.

My reactions to that evening are many. First, I am more critical of complaints (from myself and future patients) that health care is "too expensive." That charge would sound more real if we weren't such a very wealthy nation. We drive late-model cars, we own VCRs, we have more disposable income than any civilization at any time in history. Why do we resist finding a way to let a greater portion of our wealth pay for health care? I suppose that when we're well it seems like a "waste." The trouble is, we'll all be patients sooner or later.

Second, I am aware that decisions about paying for health care are increasingly made not by doctors and patients, but by people who are at the time quite healthy, sitting in board rooms marked by privilege and exuberant well-being. There is an enormous difference between being a healthy person and a sick person; the structure of decision making around health care today is promoting a squandering of our ability to meet the real human needs in front of us. The cost-cutting measures currently in practice are depriving people of what they need and depriving health-care professionals of the ability to do their jobs. All this is made all the more paradoxical because of the background of such enormous wealth present in this country right now.

My experience on a Friday evening in November will mean that the course I will teach in January stands to be quite different from what it might have been. Much more attention will be given to matters of resource allocation and decision making – a very important ethical question for all of us.

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