How should we ration health care?

What can transplantation teach us?

How to listen to ethicists

PENN
University of Pennsylvania Perelman School of Medicine
Department of Medical Ethics and Health Policy

Ethics of allocation

- What is a just and fair distribution?

–Allocation general distribution of any resource

–Rationing distribution of scarce and highly valued resource

PENN
University of Pennsylvania Perelman School of Medicine
Department of Medical Ethics and Health Policy

Rationing: Occurs now

40 million uninsured is rationing

30 million with lousy insurance is rationing

Cutting out preexisting conditions and terminating policies on claims

Using caps is rationing

Every ‘wealthy’ nation on earth rations

- UK by fixed budget
- Other European nations by controlling technology
- Canada by state fixed budgets waiting times
- Germany, Holland by setting limits on benefits packages

Jumping the line by buying private insurance is permitted

PENN
University of Pennsylvania Perelman School of Medicine
Department of Medical Ethics and Health Policy

Rationing: inevitable?
Palin v Berwick

And remember when the Obama administration said they would not be "rationing care" in the future? That ol' "death panels" thing I wrote about last year? That was before Obamacare was passed.

Once it passed, they admitted there was going to be rationing after all.

There has to be. The reality of Obamacare is that it enshrines what the New Y Times called "The Power of No" – the government's power to say no to your request for treatment of the people you love.

The fact that the president used a recess appointment to push through the nomination of Dr. Donald Berwick as head of the Centers for Medicare and Medicaid Services tells you all you need to know about this administration's intentions. After all, Berwick is the man who said, "The decision is not whether we will ration care – the decision is whether we will ration with our eyes open." S Palin Facebook 9/24/2010

PENN
University of Pennsylvania Perelman School of Medicine
Department of Medical Ethics and Health Policy

Rationing Inevitable?
No on the left

- Berwick House Ways/Means 2/10/2011
- My entire life has been spent fighting

rationing," Berwick, told the House Ways and Means Committee Thursday morning.

- When Rep. Tom Price (R-Ga.) asked him whether he supports healthcare rationing, Berwick said, "I abhor rationing."

PENN
University of Pennsylvania Perelman School of Medicine
Department of Medical Ethics and Health Policy

Rationing Inevitable? ‘No’ on the left

- Unfortunately, few people really understand how much we spend on health care, how much we need to spend to provide quality care, and the difference between the two. Do we spend too much? Would cutting costs require rationing, or worse, death panels?... there is so much money in the American health care system, we can control spending without having to ration care
- Z. Emanuel NY Times 10/27/2011

Rationing: Demographics insure rationing will continue post reform

Proportion of the population aged >65 years is projected to increase from the 12.4% it was in 2000 to 19.6% in 2030

number of persons aged >80 years is expected to double

By 2025, the proportion of Florida's population aged >65 years is projected to be 26%

All chronic diseases will Increase accordingly i.e.; Alzheimer

Approximately 10% of adults aged >65 years and 47% of adults aged >85 years suffer from this degenerative, debilitating and costly disease. Source CDC MMWR

PENN
University of Pennsylvania Perelman School of Medicine
Department of Medical Ethics and Health Policy

Rationing: Demographics insure rationing will continue

Over 65 year olds consume
three to five times the medical resources
and costs of those under 65

30 percent of of Medicare dollars are spent during the last year of life and half of that 30% is spent during the last 60 days.

PENN
University of Pennsylvania Perelman School of Medicine
Department of Medical Ethics and Health Policy

No avoiding rationing

- Rationing exists, rationing will continue, rationing will become more intense.
- Sure reduce waste but one man's waste is another man's 3 more months of life for a cancer drug that cost $100,000
- Ethical issue is how to achieve just and fair distribution of resources

PENN
University of Pennsylvania Perelman School of Medicine
Department of Medical Ethics and Health Policy

What principles are needed/lessons to learn

- Health care is a right all have opportunity—but key issue is how much care fulfills that entitlement?
- The impotence of evidence alone
- Quality and quantity of life counts
- Justice demands saving the most ‘life’ of at least minimal quality
- Some will get more than others

PENN
University of Pennsylvania Perelman School of Medicine
Department of Medical Ethics and Health Policy

Rationing kidneys what we now do

Used to be sickest first, wait time, regionalism and cash

Now there is a system UNOS

- high priority to biological factors including blood type and tissue type
- amount of time prospective recipient has been on a transplant center waiting list. (Need and opportunity)
- Pediatric candidates are awarded preferential access to kidneys from deceased donors younger than 35 years of age.

PENN
University of Pennsylvania Perelman School of Medicine
Department of Medical Ethics and Health Policy

Rationing what we now do

- A small percentage of foreigners come to the United States for kidney transplants.
- Those who have the personal resources to multiply list themselves at more than one transplant center may do so
- Patients with kidney failure who have previously donated an organ are awarded ‘priority’ on their local lists.

Rationing what we now have

- Values reflected in current rationing scheme
- Efficacy—biology and priority to peds cases
- Fairness - wait time and reward previous gifting
- Equity—allowing foreigners
- Merit/Deserving thru wealth—wealthy foreigners, multiple listing such as Steve Jobs

PENN
University of Pennsylvania Perelman School of Medicine
Department of Medical Ethics and Health Policy

Rationing what we now do

- Dissatisfaction with current system
- “The loss of tens of thousands of future life-years that might be realized and enjoyed by transplant recipients and the in- crease in the waiting list resulting from an unnecessarily high rate of repeat transplantation are intolerable consequences of the current kidney-transplant algorithm” (Leichtman et al 2011)
- Fairness is coming at too high a price in term of efficacy

Rationing what we now have

- Is increasing efficacy ethically sound?
  - Is goal of medicine equal opportunity or saving lives, life years?
  - If great gains in efficacy can come at a small price in terms of fair access is that not worth doing
  - What do donors want to be the impact of their gifts
  - What motivates donation—increasing lives saved or fairness?

Lessons

- Just and Fair Rationing of health care will demand maximizing efficacy—
  - More lives, life years, minimal quality of life
  - Skews to younger people
- Constrained by fair opportunity
- Safety valve for the rich
- Some resources for rescue

PENN
University of Pennsylvania Perelman School of Medicine
Department of Medical Ethics and Health Policy

Lessons

- Cannot let or ask docs alone to ration
- Cannot rely just on ‘evidence’ to ration
- Decisions made ‘higher up’ by accountable committee, group board
- Money must have some sway
- Transparency

PENN
University of Pennsylvania Perelman School of Medicine
Department of Medical Ethics and Health Policy

Bioethics and autonomy

- Respect for autonomy and patient values
- Autonomy should not be a reason to yield expertise and experience to patients or families.
- A hospital is not a restaurant

PENN
University of Pennsylvania Perelman School of Medicine
Department of Medical Ethics and Health Policy

Bioethics and autonomy

- Medicine has its goals and they are not merely serving the ends or orders of patients or their families
- It does no one any real favor to fudge the odds
- It does no one any good for doctors not to offer their views about best course of care
- Hospitals must be clear about ends on admission and asking attendings to do so with patients and families

What must be done at the Bedside

- NEVER START A TX WITHOUT A DISCUSSION OF WHEN IT WILL STOP
- ALL TEAM ON BOARD THE PLAN—all shifts, all HCWs
- NO OFFERS OF FALSE HOPE
- ALWAYS OFFER PROFESSIONAL OPINION AS A PART OF INFORMED CONSENT

PENN
University of Pennsylvania Perelman School of Medicine
Department of Medical Ethics and Health Policy

What must be done to avoid outlier cases

- Train staff to mediate
- Add mediation to ethics committee work
- Go to mediation early

PENN
University of Pennsylvania Perelman School of Medicine
Department of Medical Ethics and Health Policy