Health Care Reform: Hope, Hype, and Having Enough

Laura Shanner Ph.D.
School of Public Health and
John Dossetor Health Ethics Centre
University of Alberta

Rethinking Health Care Expectations in a Global Context

- HOPE:
  - What do you want from health care?
  - What do you *need*?
- HYPE:
  - What are we getting?
  - How is it working for us?
- HAVING ENOUGH
  - Implications of global equity

The current health care debate

- HC costs are rising too quickly
  - What are we buying?
- HC consumes too much GDP
  - What *should* GDP be spent on?
- I want access to any treatment I may need, when I need it
  - Understandably…but
- I don't want to have to pay for it

International Comparisons

	% Public funding	%GDP 2003	US$ per capita	Life expectancy
US	44.4	15.0	$ 5,635	77.2 yrs
Canada	69.9	9.9	3,003	79.7
UK	83.4	7.7	2,231	78.5
Japan	81.5	7.9	2,139	81.8

OECD Health Data 2005: Statistics and Indicators for 30 Countries

End-of-life expenses (US)

- Almost 1/3 of US Medicare expenses come in the final 2 years of life
  - US$ 66.8 billion per year
- Surveys show that about 70% want to die at home, but about 50% die in hospitals

- Newsweek Sept 21, 2009 p 34-40

Public debate cont'd…

- Competition promotes innovation, cost savings
  - But supply/demand economics don't fit HC
- Nobody should be stuck without health care…but I still don't want to pay for it

Diagnosis:
Pathologically unrealistic expectations

HC demands are INFINITE

- We are mortal
  - Every time we are saved, something else will threaten us
- If not terminal, we seek improved QOL
  - Pain, impairment, life preferences
- If not struggling, seek improvement
  - Cosmetic, performance enhancement

The laws of supply and demand do not apply to HC - supply cannot possibly meet demand

"Sometimes the measurable drives out the important"

-- Howard Brody, MD

What do you WANT and NEED from HC?

- Primary vs. Secondary Goods (Rawls)
- Quality of Life
- Immortality?

What we emphasize: Technology

- Diagnostics
  - Defensive medicine
  - Non-problematic oddities treated
  - X-ray, CT scan induced cancers
- Intensive care life support
  - To what end?
- Emergency rescue
  - But not rehabilitation and long term care
- Replaceable body parts
  - But not health promotion strategies
  - Cosmetic enhancements

A different vision…

- We are vulnerable
  - physically, cognitively, emotionally, socially, etc.
- We are mortal
- We hate these facts
  - Most people seem to fear one more than the other: either being dead or what they would suffer along the way
- How can we help each other navigate our shared fears and vulnerabilities?

Determinants of Health

- 50% of person's health determined by SES
- Only 25% of health status attributable to health care system
  - Senate of Canada "Population Health Policy: Issues and Options" April 2, 2008

The remaining 25% is determined by:

- Genetics: 10-12%
- Large-scale events across SES groups (local disaster, epidemic)
- Personal lifestyle choices

"The historic dream of public health...is a dream of social justice."

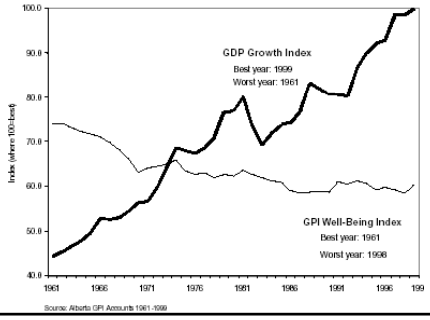
-- Dan Beauchamp (1976)

GPI: Economic, Personal-Societal, Environmental Well-being

- Redefining Progress, San Francisco; Mark Anielski, Edmonton

Economic	Personal-Societal	Environmental
• Economic growth • Economic diversity • Trade • Disposable income • Weekly wage rate • Personal expenditures • Transportation expenditures • Taxes • Savings rate • Household debt • Public infrastructure • Household infrastructure	• Poverty • Income distribution • Unemployment • Underemployment • Paid work time • Household work • Parenting and eldercare • Free time • Volunteerism • Commuting time • Life expectancy • Premature mortality • Infant mortality • Obesity • Suicide • Drug use (youth) • Auto crashes • Divorce (family breakdown) • Crime • Problem gambling • Voter participation • Educational attainment	• Oil and gas reserve life • Oilsands reserve life • Energy use intensity • Agricultural sustainability • Timber sustainability • Forest fragmentation • Parks and wilderness • Fish and wildlife • Wetlands • Peatlands • Water quality • Air quality-related emissions • Greenhouse gas emissions • Carbon budget deficit • Hazardous waste • Landfill waste • Ecological footprint

Alberta GPI Well-being Index vs. Alberta GDP Index, 1961 - 1999



OECD: Inequity in Canada Widens

"After 20 years of continuous decline, both inequality and poverty rates [in Canada] have increased rapidly in the past 10 years, now reaching levels above the OECD average" among 30 member nations.

– OECD, "Growing Unequal" Oct 21, 2008

OECD 2008: Canadian trends

- Top 10% income avg = US$ 73,000
  - Is 30% > OECD top decile avg of US$ 54,000
- Poor and middle classes in Canada 18% richer than OECD avg
- Overall Cdn poverty rate = 12% overall
  - 6% of elderly live in poverty
  - 15% of children/youths in poverty
  - Poverty = <1/2 of median Cdn income
- Canadians who fall into poverty likely to remain poor for longer than in most countries

Rx for HC reform in Canada, US

- Increase % single-payer, public funding
  - Reduce administrative waste, complexity

More importantly:

- Refocus: well-being vs. $
- Health protection vs. "sick care"
- Socioeconomic justice vs. competition
- ALL aspects of society vs. HC budget
- Governance vs. Politics

Ethics Requires Bifocal Glasses

(Gilligan)

- One / many
- Now / future
- Local / global
- Policy / exceptions
- Common humanity / unique priorities

U.N. Millennium Development Goals

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria, and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

Life expectancy at birth

- CIA World Factbook 2009 est.

	Overall	Male	Female
Japan	82.12	78.8	85.62
Canada	81.23	78.69	83.91
US	78.2	75.6	80.8
Lesotho	40.38	41.18	39.54
Zambia	38.63	38.53	38.73
Angola	38.2	37.24	39.22
Swaziland	31.88	31.62	32.15

A Startling Statistic

In Sub-Saharan Africa in the early 1990's
-- BEFORE HIV/AIDS --
the median age at death was < 5 years

- World Bank 1993 quoted in Paul Farmer *Pathologies of Power*

Infant mortality rates
Deaths per 1,000 live births

- CIA World Fact Book 2009

Angola	180.21	Singapore	2.31
Afghanistan	153.14	Bermuda	2.46
Liberia	138.24	Sweden	2.75
Niger	116.66	Japan	2.79
Mali	115.86	Canada	5.04
		US	6.22

Maternal mortality *WHO 2005*

	Maternal deaths per 100,000 live births	Lifetime risk = 1 in:
Developed regions	9	7300
East Asia	50	1200
SE Asia	300	160
North Africa	160	210
Sub-Saharan Africa	900	22

Health in War Zones

- Since 1970's, mortality rates in Congo have *declined* during periods of armed conflict

  Why?
- Relief agencies flood into refugee camps, bringing supplies and staff unavailable in community otherwise
  - Incl Public Health blitz (e.g vaccines)

- Newsweek Feb 1, 2010 p. 6

"Stupid Deaths" - Haiti

- Some deaths are unpreventable
- Some would have been easily prevented elsewhere
  - the medicines and techniques exist, but are not available here

Drug Resistant Tuberculosis

- Standard TB treatment takes 6 months
  - Patients often stop showing up for treatment, and HC resources too limited to follow up
- 1990's: MDR-TB - multi-drug resistant strains
  - Now found nearly every country
  - DOTS: Directly observed therapy initiated
  - 30% death rate even with treatment

XDR-TB

- Extreme drug resistant TB discovered in South Africa 2006
  - Treatable by only one antibiotic
  - Now found in 57 countries
  - Kills 60% even with treatment
  - Treatment takes 2 years
  - Costs 200-1000 x standard TB treatment
- First new TB drugs in 40 years in development now

- Atlantic Jan-Feb 2010 pp 18-19

90/10 Global Expenditures (2000's, annual)

- Health Care: $2.2 trillion
  - 87% spent on 16% of world population, who bear 7% of global disease burden
- Health Research: $70 billion
  - 90% on diseases that account for 10% of global disease burden
  - 1393 new drugs (1975-1999), only 16 for TB and all tropical diseases (0.01%)

Determinants of health redux

- Health care accounts for only about 25% of health status
- Socioeconomic disparities account for at least 50%
- The issue is global equity, not global health care

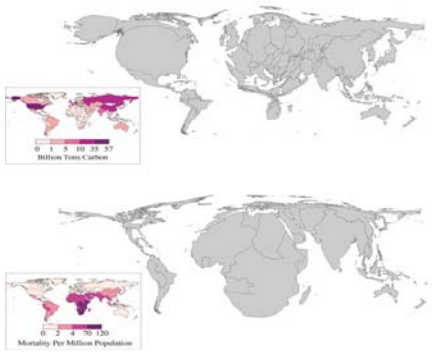
Sub-Saharan Africa (2001-2)

- Development aid received: $21.2 billion
- Debt owed: $275.6 billion

- 13 million displaced people
- 14 million AIDS orphans
- 40 million undernourished
- 475 million living on less than $2 / day

Producers and Victims of Greenhouse Gas Emissions

(Courtesy J. Patz Nov 6, 2007)



Ethics as Personal Commitment in a Global Context

- The question is not 'what do we want?' or 'what do we need?', but 'what do we deserve?'

- What is our fair share of lifespan, quality of life, and HC resources?
  - Life expectancy, health status
  - Per capita consumption and garbage generation

- We tend not to like the answers...

"But the poor person does not exist as an inescapable fact of destiny. His or her existence is not politically neutral, and it is not ethically innocent. The poor are a by-product of the system in which we live and for which we are responsible. They are marginalized by our social and cultural world...Hence the poverty of the poor is not a call to generous relief action, but a demand that we go and build a different social order."

- Gustavo Gutierrez, *The Power of the Poor in History*

The way forward

- Equal worth of every human being
  - International Human Rights
  - Liberation theology: "Preferential option for the poor"
- Justice for future generations
  - Sustainability: environmental, economic, social
- All social, political, economic activities
  - Not just health care

Hard questions for us to address

- How many years of life are fair and reasonable for me to expect?
- When my body starts failing, what extent of life support, repair, or replacement is reasonable and fair?
- What should I write in my advance directive?

More hard questions

- How must my lifestyle change not only to protect my own health, but to promote a more equitable world?
- What are my responsibilities as a voter and as a citizen of the world?
  - Health care system design, financing and use
  - Technology and scientific priorities
  - Economic structures
  - Environmental sustainability

Take-Home Message

Health is not dependent on health care, but on social, economic and environmental justice.

Go forth and change the world!

Thank you for being here today.