

Priority Setting from the Lens of Justice in Existing Health Care Industry of Pakistan

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Abstract

Pakistan is a developing country which has modest health resources while health resources are not used efficiently in private and public health settings. Interventions should be used efficiently considering resources to give maximum health benefits to population at large level. There is also need of logical and research based approaches that decrease burden of disease, having cost effective analysis with equity basis in the society. Therefore, multiple scientific approaches are essential in clinical settings to deal with different health issues.

Keywords: Priority setting; Equity; Health care disparities; Nonmaleficence

Introduction

To strengthen the health care system the developed countries has adopted and operationalize priority setting at strategic level. However, in Pakistan due to inadequate Priority setting guidelines and poor rationing decisions most of the financial resources are wasted every year both at private and public sectors. The distribution of health facilities shows disparities among different social groups on the basis of affiliations and economic status. Considering health as a basic human right this paper will focus on ethical principles of beneficence, nonmaleficence and Rawls theory of justice considering the day-to-day health care resource distribution issues faced by health care professionals and administrators.

Scenario

Two severely head injured male patients, Raza 70 and Bilal 16 yrs old (fictitious names) were received in emergency department of a private tertiary care hospital followed by a road traffic accident (RTA). Unfortunately only one ventilator was available and both patients needed mechanical ventilation support due to their critical condition but Raza was prioritize over Bilal in regard of his health insurance. Bilal was referred to another hospital without airway management, and availability of mechanical ventilator was not confirmed as well, while few hours later family of Raza arrived and insisted to withdraw mechanical support stating that he has cardiac problems and the support will be futile. The health care team counseled the family about the positive outcome and possibility of survival but all in vain. The health care team followed the family decision and removed the patient from mechanical support due to which he died within two hour of gasping.

Analysis of the scenario

Person involved: The persons involved in this situation were health care professionals, hospital administration and family members.

Facts and assumptions: The disparities noticed around the world over the past decades existed in the form of wealth, race and gender. The health status of individuals has been affected badly due to these disparities. The leaders all over the world took steps to reduce these disparities of fair distribution resulting in health improvement and reduction in mortality rate. Pakistan has a long way to go compared to European countries that abridged these inequalities in their respective population. A huge gap has developed between rich and poor in Pakistan due to socio-cultural practice, religious influence, growing population and poor market driven policies to elevate its dooming economy (Tauseefullah, personal communication, May 15, 2012).

Underlying ethical concepts: The scenario will be discussed from different ethical horizons based on two violated ethical principles; beneficence and nonmaleficence along with the theory of teleology and justice. The Ethical theory of teleology is violated here as it considers the morality of any action taken in any given circumstances [1]. In 1970s John Rawls, an American philosopher developed the theory of "justice as equity". The basics of this theory works same as the deontology theory but the author argues that priority should be given to the disadvantaged in cases of conflicts of interests of resources [2]. In the health care field, following Rawls's thought; the underprivileged could be evaluated by their social and economic status, health status and severity, and personal vulnerability or fragility [3].

Ethical conflict: Patients seeking health care should be treated according to severity of their health problem regardless of their paying capacity. Giving priority to a patient based on health insurance with less survival chances and referring a young patient was not justified and fair in this clinical scenario. In the given scenario following are the two ethical conflicts encountered by health care team (nurses & doctors) and family of the patient; (a) Prioritizing treatment option on the basis of affiliation (b), Withdrawing mechanical support of incapacitated patient.

Following questions came into my mind related to this scenario: Does the decision taken (referring patient) was justified and shows equity between both patients? What are the guiding ethical criteria of a good and fair prioritization of health care in a situation of limited resources? Is it ethically right to remove patient from life saving

support when the patient is incapacitated? Does the state consider health care equity as a basic human right? What is the role of state in setting priority guidelines and its allocation of health resources in private and public sector? Considering principle of justice how can we help them in attaining health care facilities without facing any financial constraints?

My position

In developing countries like Pakistan, where we are lacking in health care resources the underprivileged might benefit from priority identification by health care professional in situations of insufficient beds in hospital or requiring intensive care. Similarly in the respective scenario it is difficult to decide the best option under such circumstances but it would be more productive to give priority to Bilal because he is still young and can live for many potential years. Deontological justifications support the minority, such as: "Because it is a child. Children should always be prioritized," or "The child, as he/she is more vulnerable" [4]. The inter-generational equity criteria that advocated equal opportunity to enjoy all stages of life, supports the treatment of young over elderly [5]. Moreover, capitalist model also supports to give priority to young patients because we are in need of labor and social security [4]. In Brazil they conducted an ethical analysis to see the priority preference in case of medical emergencies between young and old patients [4]. Majority of participants (78.8%) gave preference to 25 yrs old patients in a car accident compared to 65 yrs old on the basis of productivity and social utility.

Counter argument

After discussing the whole scenario, considering all perspectives of ethical principles, I agree that health workers are ethically right for offering treatment to Raza because he is also vulnerable "The elderly, as he is the most vulnerable" in this case and his condition supports that he should be treated on priority basis, first because he has the legal right and secondly as he is a senior citizen and has a history of social utility. Moreover, the priority setting guidelines were not operational and the health care professionals used deontological approach to save Raza. Moral reasoning of health workers to withdraw mechanical support is justifying in regard of family's autonomy to make decision on behalf of patient when the patients is incapacitated. However, it is worth respecting the decision of family in some cases but those surrogates who lack competency and rationality in decision making about health issues are liable to defy because of beneficence to incapacitated patients. Surrogate decision making is a good option for incapacitated patients but decisions become chaotic when the surrogate do not consider expert opinion [6]. Therefore, another person is authorized of decision making on behalf of such patients.

Justification of my position

In the following situation my view point strongly advocates the equal distribution of health care facilities under the following principles of justice: As a health care team member, if I reflect according to Rawls theory of justice I can say that all persons in the society should get an equal distribution of healthcare facilities [7]. In addition Norman Daniels also supports Rawlsian principle that proposes the distribution of health care facilities on the basis of fair equality of opportunity [8]. Moreover Bilal has only head injury and has more chances of survival compared to Raza so we can assume that Bilal can live a full life so maximizing principle is also in favor of giving priority to him [9]. However, Raza was on medical insurance and has

the legal right to get treatment but health resources should be accessible to all, and individuals should be treated equally contrary to their paying ability as supported by principle of egalitarian [7]. In the given scenario need and maximizing principle best favors the treatment of Bilal [10].

Health as a basic human right: The right to health is fundamental human right as declared in the 1946 constitution of World Health Organization that states "enjoyment of the highest attainable standard of health"— also defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"— "is one of the fundamental rights of every human being" [11]. This preamble emphasizes that this objective should be achieved without distinction of religion, race, and political belief, economic or social condition. In 2015 another statement added in this constitution was "governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures" (WHO, 2015). State plays an important role to ensure the availability of health services for all on equal basis under the basis of right to health.

Nonmaleficence versus Beneficence: The Principle of nonmaleficence emphasizes not to inflict harm to other while beneficence refers to the kindness for others [12]. Removing harm and defending for patients rights is the duty of health care professional [13]. In the given case the health team has violated the maxim of beneficence by not offering first aid and further treatment to Bilal, while the family has violated the principle of nonmaleficence by withdrawing mechanical ventilator support without heeding expert's opinion [7].

Health care disparities: Health facilities should not reflect health disparities and be equally available to poor and rich. These health disparities that are plausibly avoidable can affect the socially disadvantaged groups on the basis of identity, age, social status and other affiliations. Disparities in health and its determinants are the metric for assessing health equity, the principle underlying a commitment to reducing disparities in health and its determinants; health equity is social justice in health. So treating Raza on the basis of health insurance was not justified as supported by principle of justice that treatment should based on rule of equity and does not reflect any type of disparities.

Decision making and priority setting: Majority of the patients do not get these basic health rights due to inadequate decision making and inadequate priority setting among health care institutions. This is due to little interaction among decision makers at all levels of health system (macro, meso and micro) that makes the situation more complex. Moreover due to lack of guidance, budget restriction and increasing demand of health care facilities the hospital administrators are challenged to maintain quality and availability of services [14]. In addition poor adherence to priority setting guidelines keeps the underprivileged deprived of health care facilities and the economy remains fluctuating [15]. Now if we assume that Raza is also not availing health insurance then most probably the decision by the health care team may favor priority treatment to Bilal.

Conclusion and Recommendations

Disparities in health can be reduced by offering health care on basis of priorities that would show equity. It is the responsibility of the Punjab health department and Ministry of National Health Services, Regulation and Coordination to operationalize priority setting

guidelines of WHO both at provincial and federal level [16]. In addition WHO should extend their Universal Health Coverage (UHC) in Pakistan with a motive to increase intensive and trauma care facilities considering the increasing health care burden. The ambulance services should be synchronized with the hospital triage nurses to make appropriate measures before the patient arrival. National Highway and Motorway Authority of Pakistan should encourage helmet and seat belt use and strictly implement rule to ride vehicles in specific lanes to reduce accidental trauma and deaths and discourage driving by teenagers and older adults with medical problems.

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