References

1. Brody H. Moral values in health care reform: implications for family practice. J Am Board Fam Pract 1994; 7:236-41.
2. Sade RM. Medical care as a right: a refutation. N Engl J Med 1971; 285:1288-92.

The above letter was referred to the author of the article in question, who offers the following reply:

To the Editor: Because Dr. Chop is doing precisely what I recommended in the article to which he refers — seeing the debate about health care reform as involving ethical issues and not merely political and economic issues — I can hardly criticize his conclusions too severely. A few brief reactions might, however, be informative.

The basic moral difference between Dr. Chop's position and my own appears to lie in the relative priority of libertarian or individualistic values and what are increasingly being called "communitarian" values. Those who hold that the American political tradition should adhere solely to libertarian values would, of course, denounce any government-run health care system or indeed any health care system at all that depends upon either taxation or mandates. But these libertarians must then deal with important criticisms of their view of the individual — that they have created an unrealistic portrayal of an isolated, atomistic being whose membership in families, communities, and other social and cultural units is irrelevant to the moral definition of selfhood. In addition, this system of morality is totally inadequate to define what would count as a compassionate or caring society, once we get beyond the procedural stipulation that all members of the society must have freely consented to whatever is done.

This view of the American political tradition was discussed within the ethics working group to the "secret" Health Care Reform Task Force and was rejected in favor of a view which holds that Americans have always adhered to a balance between libertarian and communitarian values, even when our political rhetoric seemed to deny the existence of the latter. (It might be of some interest that it was more the religious, rather than the philosophical ethicists, in the group who took the lead in demanding that we confront the communitarian values as an important component of our political tradition.) On this view, human individuals are fundamentally beings who live in societies, and the societies in which we live and in which we have been raised form an important element of our identities as persons. Not only is a good society one in which we assure a wide range of basic liberties equally to all citizens, but it is also a society in which, when it comes to important personal and social goods, some balancing occurs between individual liberty and other basic values.

My colleagues who practice and teach in such countries as Canada, Australia, and New Zealand would deny heatedly that their nations do not cherish individual liberty. (They might add that what they see in the US is not cherishing of liberty but some form of idolatry.) They certainly believe that nationalized health care in their countries, particularly in the old days when funding was more plentiful, is fully consistent with respect for individual freedom as a core political value.

Returning to the practical level, I see every day in my own practice how my own choices and the choices of my patients are constantly being eroded. Seldom is it government interference, today, that is the culprit; instead it is the operations of the "free" market system as both employers and insurers seek to maximize profits. As new insurance and managed-care contracts are signed, the rules of the game seem to change month by month, and the hassle factor rises exponentially. I can only conclude that if I want to practice the sort of medicine that I was trained to practice and to serve the needs and interests of all of my patients (not just the temporarily well-insured ones), the Clinton plan would offer a much more positive environment than the present fragmented, market-driven nonsystem.

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To the Editor: On reading Brody's article[1] on the virtues behind the Clinton health care plan — the third such article that I have read on this very same subject[2,3] — I was reminded of Mark Twain's observation, "The more he spoke of virtue, the more we checked our wallets."

Why do we need to be told over and over again that Clinton's plan is virtuous? After all, most Americans do support universal access to health care.

Robert Blendon of the Harvard School of Public Health explains that the public has a low level of confidence in the government. "Unfortunately, complex plans require a very high level of trust of political leaders, because you basically have to say — 'Look, I can't understand this, but I trust you.' And Clinton does not have that level of trust."[4]

The public fear is that decisions about medical care will be made by a blind bureaucracy; Americans fear that their personal physicians will be replaced by an impersonal "doc in the box" who worries more about cost containment than treating their illnesses. Another fear of older Americans is that the Clinton health care plan will actually decrease their medical coverage, especially if rationing is instituted in the future.

Brock, who was also on the Clinton ethics panel, admits that "Health plans facing cost containment pressures would make many decisions about what type of treatment is appropriate given the cost, and they would seek guidance from . . . authorities about what limitations they impose."[2]

Civil libertarian Nat Hentoff[5] has observed that Hillary Rodham Clinton's statement that "people will know that they are not being denied treatment for any other reason that it is not appropriate — *will not enhance or save the quality of life*" (italics mine) could mean being denied treatment if you are judged to have