



Three Myths about the Ethics of Health Care Reform

The Association of Bioethics Program Directors (ABPD) represents the leadership of 60 academic bioethics programs across North America. At this critical juncture in the national debate about health care reform in the United States, our membership wishes to send a clear message about some myths that challenge the ethics of reform proposals.

Myth #1: Health care reform will mean giving up control of my own health care decisions.

Fact: The field of bioethics has long championed the rights of individual patients to make their own health care decisions in consultation with their physicians. If we thought the major proposals being considered posed a serious threat to these rights, we would be the first to speak out. But that is NOT the case. The right of individuals to make decisions about their health care is engrained in the ethics of American medical practice and that won't change under any of the approaches to health care reform currently under discussion.

Myth #2: Health care reform will control health care costs by depriving patients of important, but costly, medical treatments.

Fact: This is also untrue. If anything, the provisions in current health care proposals will increase the likelihood that patients will get quality medical care and decrease the likelihood of medical errors that kill thousands of patients every year. There are unethical ways to control costs, including refusing to treat the uninsured or those who have insurance but cannot afford the exorbitant out of pocket costs of expensive treatments—*that* is the status quo. Health care reform offers a more coherent approach to delivery of health care that aims to control costs while maintaining the quality Americans have come to expect and deserve.

Myth #3: Health care reform will deny older Americans medical treatments at the end of life.

Fact: This may be the most pernicious myth of all. In proposed approaches to reform, there is a provision that supports the rights of individuals and their families to make decisions at the end of life by institutionalizing a process for patients and families to express their desires to their physicians and other health care professionals. This right is part of the culture of American medicine, defended since the beginnings of the field of bioethics, and supported by case law going back over 50 years. Some opponents of health care reform have twisted both the intent and effect of this provision, making unsupported claims about how it will push older Americans into hospice against their will, and even euthanasia. Nothing could be further from the truth. Straightforward conversations about end of life are critical to quality health care, with decisions continuing to be made by individuals and their families in ways that are consistent with their values and in consultation with their physicians.

Here is the real bottom line: The current state of health care is unethical. It is neither just nor fair. There is no morally defensible reason why some Americans get excellent medical care at costs they can afford and other Americans lose their homes or go into bankruptcy attempting to

secure treatment for a seriously ill loved one. The current proposals being debated in Congress all go a long way towards making health care in America more just. At the same time, there is nothing in the current proposals that threatens a patient's right to choose, a critical feature of an ethically acceptable health care system.

We commend efforts to reform the health care delivery system with commitments to cover all Americans while protecting choice and maintaining the high quality care that our fellow citizens deserve. We stand ready to aid however we can in this vital effort.

This statement is issued by the ABPD Board of Directors on behalf of its members. A list of members can be found at www.bioethicsdirectors.org/wp-content/uploads/2008/10/statementmembers.pdf.