Working well with less? Clinical ethics in contexts of diminishing health care budgets

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Change unsettles moral norms

What implications for clinical ethics?

Outline

- Economic declines and restrictions of:
  - health service resources and provision
  - household budgets
- Recognised as public health and justice concerns
- Neglected as challenges for health professionals
- What can clinical ethics work offer?
  - How should good practice be understood and fostered in contexts of diminished budgets?

Health care policy shifts

- **Reductions in service provision**
  - **Particular kinds of intervention**
  - **For particular groups of people**
- **Staffing reductions or role substitutions**
- **Pay and/or pension cuts for staff**
- **Transfers of health care costs to patients**
- **Transfers of care responsibility to patents**

Declines in household incomes

- Unemployment
- Low work intensity
- Low wages
- Low social welfare
- +++

So what for professional practice and clinical ethics?

Sources of moral distress, ethical tension and uncertainty

- Inability to do what was previously done here and is still important for good quality care
- Pressure to transfer cost and responsibility to patients when some cannot bear them
- Concern to find ways to help people who can't afford professional care, BUT…
- Concern to find ways to help people with limited capacity for self-care, BUT…

Inability to do what was previously done here ...

Reduced ability to provide services fairly

"Because for me care is universal, I don't pay attention to race, colour, nationalities… The Spanish health system, which I am very proud of, was of universal coverage… It [the new decree] seems terrible"

Nurse, Spain,
Cervero-Liceras et al, *Health Policy*, 2015; 119: 100-106

Reduced ability to offer a broadly supportive service

"The quality of the assistance is decreasing, completely, the waiting times for interventions and consultations are growing. . . Hospitals and primary health centers are overcrowded"

Health professional, Spain
Cervero-Liceras et al, *Health Policy*, 2015; 119: 100-106

Reduced ability to listen and be responsive to patients

"You cannot provide the same care that you want as a doctor and that the patient needs… What suffers in this situation is the conversation with the patient. You just don't have time to discuss, to listen to the patient a bit more"

Doctor, Greece
Kerasidou et al, *Int J Equity Health*, 2016; 15: 118

Potentially unsustainable effort?

"Regardless of how tired I feel, regardless of how my patient will talk to me, I have to respect them. Yes, by giving a big battle that has a personal cost, I believe that I provide my patients the best I can as a doctor."

Doctor, Greece
Kerasidou et al, *Int J Equity Health*, 2016; 15: 118

Supporting ‘self-management’ often works well…

But shifting costs/responsibility to patients can be problematic…

Some patients cannot afford vital medicines

"He was a cardiac transplant patient. He stopped taking the medication and died… He stopped taking it because he didn't have enough money."

Health professional, Spain
Cervero-Liceras et al,
Health Policy, 2015; 119: 100-106

The assumptions behind some 'transfer' policies are inadequate

Problems:

Poor [health] due to:

- **Poor knowledge**
- **Poor choices**
- **Poor behaviours**

Professional support:

Remedy this by:

- **Education/training**
- **Motivation/activation**
- **Patient led goal-setting**

But what about people's social circumstances?

Concern to find ways to help, BUT how good are they?

- How acceptable are the residual shortfalls?
- How appropriate are the value trade-offs?
- How well was uncertainty handled?
- How fair and sustainable are 'workarounds'?

Good practical adaptation or inappropriate compromise?

"So when a patient comes and tells you that he can't afford the drugs, you pick the drugs he's got and prescribe the minimum, so at least he stops using the more expensive and less useful pills…"

Health professional, Spain
Cervero-Liceras et al, *Health Policy,* 2015; 119: 100-106

What resources and capabilities does this person have?

They usually would say "I don't have enough money". Some don't. Some don't – I'd agree. And keep it secret. But then you can find out in other – well, I don't know how you'd find out in other ways.

Diabetic specialist nurse, UK, discussing food insecurity
K.Machray, MSc thesis, University of Aberdeen, 2016

How can you challenge supportively and with respect?

"So there's always this dilemma: how far do you interfere with someone's head when they tell you one story and you worry that the truth is maybe a different story"

Doctor, United Kingdom
Entwistle et al, in progress

Appropriate prioritisation of this patient or all patients?

"For example, a dilemma occurs when a person comes to emergency services and says she hasn't got the 2 euros for [common analgesics] for her son. You feel like giving her [them] for the baby. You know the mother doesn't have the income to buy it and the child has fever. It's not the child's fault"

Health professional, Spain
Cervero-Liceras et al, Health Policy (2015) 119: 100-106

Work for clinical ethics?

- Better recognition of the ethical challenges health professionals face in these contexts
- Development of (shared) understandings of how these challenges can be handled well
- Educational and organisational support for health professionals to handle them well

Can we help ensure unsettled moral norms resettle well?

Thank you for listening. Discussion welcome!

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