

Healthcare and Human Rights

Life is priceless; medical care is not. But finding a way to spend less of the GDP on medical care is not the only important issue we face. What's most profoundly at stake in current debates is a core value in the American tradition: our equality in the eyes of the law. Revising how we finance health care must be based upon respect for the life and the value of each individual.

The system we have now devalues individual lives on the basis of income. Last weekend (7.15.2009), Peter Singer argued "Why We Must Ration Healthcare," a headline implying that this would be something new (<http://nyti.ms/2mp1bJv>). It's not. We are already covertly rationing health care. But we are doing so in ways that are morally indefensible, medically irresponsible, and financially ruinous. That's what has to change.

Health care is currently organized on the basis of personal income: the very poor have Medicaid, the very rich have whatever they want, and those with job-based insurance teeter on a brink, one diagnosis away from financial and personal catastrophe. Forty-five million Americans have no medical insurance at all. They and countless others have very limited access to ordinary out-patient primary care. There is no doctor they can call. That will generate a public health disaster of unimaginable magnitude should HINI "swine" flu acquire a deadly mutation.

If health care dollars were instead to be allocated in morally responsible ways, then more expensive procedures or medications would be covered when they provide a demonstrably better outcome for that particular patient—not when they have larger advertising budgets from the pharmaceutical industry, or when they generate larger profit margins for the medical facility and its providers, or when ordering every conceivable test is the best way to prevent a lawsuit for medical negligence. That's what happens now, and it's the medical equivalent of driving a Hummer. Of course we can't afford Hummer health care.

But the goal of health care reform is not to put a Hummer in every garage. The goal of reform is devising a fiscally prudent system that provides honest, objectively warranted, evidence-based medical care to every American. And our best protection in designing such a system is sustaining our national commitment to the belief that all of us are created equal and endowed with human rights that cannot be revoked, ignored, or surrendered.

That's the point where Professor Singer's argument goes badly awry. He asserts that because people with quadriplegia would rather not be paralyzed, their quality-of-life is therefore less than the quality-of-life of the non-disabled. From this assertion he concludes that we should either stop trying to remedy disabling injuries, or else we should admit that a year in the life of a person with quadriplegia is worth less than a year in the life of the non-disabled. He implies that health care reform will systematically rank all of our lives in this manner as a basis for allocating medical resources.

That is not the case. And furthermore, his logic doesn't hold. Our lives are not devalued by our yearning for a solution to some of the problems we face. Nor does the fact of medical research into how best to treat or to cure a disorder diminish the human rights of people who have that problem. Both suffering and yearning are innate to the human condition; compassion diminishes no one. We are puzzled and dismayed by this strange addendum to what is otherwise an excellent discussion of complex issues.

Nonetheless, the position Professor Singer takes is quite dangerous. It's a short step from undervaluing the lives of those with disabilities to deciding that wealthy bankers lead better lives than bricklayers, and thus bankers deserve better medical care. As Professor Singer himself points out elsewhere in his essay, "taking personal factors into account increases the scope for subjective—and prejudiced—judgments." Indeed it does. Social scientists can provide truckloads of evidence that critical thinking is unconsciously distorted by considerations based on race, gender, socioeconomic cues, and so forth. If we admit the rankings Professor Singer imagines, we will in short order recreate the injustice of the current system. No one can judge the quality of someone else's life, and it is morally reprehensible to pretend otherwise.

That fact matters dearly for any of us who will someday be old, and for any of us who cope now with pre-existing medical conditions like diabetes or arthritis or even an allergy to chocolate that might make our lives seem unimaginably awful to someone else. Does “someone else” have a say?

“Someone else” should not have a say. Researchers have tried to find objective grounds for predicting quality-of-life from the outside. All sorts of assessments have been attempted, and all of them—even those by health care professionals—have profoundly underestimated the life satisfactions actually experienced on average by people with even the most severe forms of quadriplegia. What’s true of people with disabilities is also true of many who live rich lives despite significant problems: the human spirit is a remarkable thing. Human happiness and life-satisfaction cannot be accurately predicted by external measures of the visible details of anyone’s life.

The life-satisfaction reported on average by people living with disabilities may seem surprising, but it can be explained by recent work in positive psychology, by studies of resilience, and by evidence of neurological changes elicited by spiritual disciplines such as meditation practice. These studies are in turn supported by the ancient teachings of philosophers, sages, and moral teachers world-wide: wisdom, serenity, compassion, happiness, resilience, and gratitude may be spiritually elusive traits, but they can transform individual lives.

As Dan McAdams has argued so eloquently in *The Redemptive Self: Stories Americans Live By*, there is something quintessentially American in facing troubles squarely, coping resiliently, and then creating or recreating a life of rich meaning and complex value after what looked like catastrophe. Wise, gracious, interesting people who live with disabilities have been telling this American tale for years. We need to listen to them.

Health care reform centered on evidence-based medicine is probably our best safe-guard against unconscious bias or spurious assumptions about our quality-of-life. And if health care is assured as a human right in an evidence-based medical system, and then you are hurt in a car accident, corporate profits won’t dictate your care. It won’t matter whether your skin is black, whether your hair is grey, whether you use a wheelchair. All

that will count is what medical research has discovered about the best way to treat your injuries.

In the long run, both lives and money will be saved by putting an end to Hummer health care. Medical care will be a human right, and all of us humans will be treated equally. Period.

That's the American way.