

#### 1.4 Social Meaning of Medical Underservice

It is often assumed that having reduced access to medical care may have a negative effect on an individual's or population's health status or health outcome. For some types of services (immunization, prenatal care, mammograms for women older than 50) the direct relationship between receipt of care and outcome is fairly clear; for other types of care the link may be less clear (Institute of Medicine, 1993; Robert Wood Johnson Foundation, 1993). But, the assumed link between access and outcome is an important reason many policy researchers and policy makers view access issues as being important and worthy of a policy response. Others identify lack of access as symbolizing the inequitable distribution of societal benefits (Walzer, 1983; Ignatieff, 1984; Beauchamp, 1988; Churchill, 1994). In a positive sense, efforts to increase access to care through universal health insurance or other resource distribution policies is seen by some as a way to increase social solidarity and a sense of community, a benefit in addition to any positive impact on population health status (Churchill, 1994). This is access viewed as a human rights or equity issue. From a financial standpoint, there is some evidence that those without adequate access are likely to experience more frequent and more severe illnesses, often leading to greater social (i.e. public) costs (Institute of Medicine, 1993; Robert Wood Johnson Foundation, 1993). Thus, ensuring a basic level of access may provide protection to everyone in the long run. For these reasons, access to care is considered an important public policy issue, and symbolic of the deficiencies in the health care system.

In order to more fully consider the importance of medical underservice as a phenomenon to be addressed from a political standpoint, Michael Walzer's (1983) pluralistic notion of distributive justice will be used to consider the social meaning of medical underservice. This is not simply an attempt to review the existence of medical underservice in order to bring attention to the plight of those with limited access to health care, nor a vehicle to criticize American culture for not providing a particular level of health services to all people; understanding the social meaning of medical underservice in the United States is important in ascertaining the importance of responding to the existence of medical underservice. In turn, this influences the

importance of developing better means of identifying medically underserved populations which are eligible for assistance.

Distributive justice is a useful framework with which to comment on medical underservice. Daniels (1985) defines distributive justice as a statement of who *ought* to get what.<sup>4</sup> This conceptualization provides a useful standard against which the actual distribution of a good can be compared.

But, in the area of health care, it is difficult to clinically or scientifically determine what people *ought* to get, partly because of uncertainty concerning the effectiveness of some types of medical care (Illich, 1976; Wennberg, 1985). This uncertainty combined with the cost of medical care means that there is some disagreement concerning the appropriate distributive principle which should be used to distribute health care resources. Some possibilities include the operation of a free market, identifying those who "deserve" a good based on set criteria, and distribution on the basis of need (Walzer, 1983). Determining what distributive principle is appropriate for a given good is necessary to determine whether the present distribution of resources is just. Of course, arguments must be made to assert which distributive principle is just, and on what basis it is determined to be just.

Walzer's aim is atypical among most philosophers interested in discussing distributive principles and justice. He does not set out to develop an overarching theory of distributive justice which implies that one distributive principle is correct for allocating all goods, or even a subset of primary or more important goods (Rawls, 1971). He does not attempt to identify primary or "special" goods because of his uncertainty over which goods actually are primary or "special". Because of this uncertainty, Walzer looks to the community or society in question to find the answer to the question who should get what, as opposed to trying to appeal to an abstract notion of distributive justice which he advances in all cases (Walzer, 1983). Walzer's answer to the question who should get what is that it depends on what the society in question

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<sup>4</sup>Harold Lasswell (1958) defines politics as the study of who gets what, when, how.

feels about the good being discussed.<sup>5</sup> This is the essence of Walzer's pluralistic notion of distributive justice.

The dependence upon society to determine the relative importance of goods shows that Walzer's analysis is not primarily about how *particular* goods are distributed. Walzer (1983) argues that discussing the distribution of any good is not about the individual's rights to certain social goods, but is a study of the character of a political community, and how that community deals with important issues. The details of how a social good is distributed in a society are not as interesting as what that distribution reveals about the society in question. A principal argument he makes is that a community attends to the needs of its members as it (the community as a whole) understands those needs. Thus, who ought to get what, is not externally determined or fixed across communities or even across time in the same community, but is determined according to what the members of the community in question believe about a good at the time.<sup>6</sup> Thus, simply knowing how a particular good is distributed in a given society is not terribly informative in discussing social justice. From Walzer's perspective, only in knowing the history and context of a society, and the importance that a particular society places on a social good can

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<sup>5</sup>This perspective on distributive justice can seem scary, and easily adapted to merely justify the existence of the status quo in a particular society. However, in the case of the United States, there are certain protections that each member of society has—for instance, those rights guaranteed by the Bill of Rights and the rest of the Constitution. These rights cannot be superseded by the will of the majority or what "society thinks" about that which is protected by the Constitution and Bill of Rights. This does not invalidate Walzer's claim that communities ultimately make the decisions though, because it was society that adopted the Constitution and there are provisions to change it, though they are fairly arduous.

<sup>6</sup>Some goods will likely be found to be important by virtually all societies at different points in history, such as food and shelter. However, what type of food or shelter is deemed necessary for a member of a community to survive has changed over time. History and the norms of a society or culture are key in determining the relative importance of goods, and thus the "correct" distributive principle to guide their distribution in that society or culture. This perspective allows for the history and context of a given society to determine how a good should be distributed, and is a more realistic approach than trying to develop a stylized theory of distributive justice using hypothetical examples or unrealistic circumstance.

you make a judgment regarding whether the distribution of a particular good at a particular time is just or not.<sup>7</sup>

Walzer (1983) further clarifies his argument for a pluralistic approach to assessing equality and distributive justice by suggesting that different goods should be distributed according to different principles (free market, need, desert, etc.) *within* the same society. He is not simply suggesting that different societies will differ in the one distributive principle by which they choose to allocate all goods, but argues that distributive justice is determined on a good-by-good basis. Adopting Walzer's perspective on distributive justice demands a historical and cultural argument relating why medical underservice is important, and worthy of continued policy efforts to respond to it in the United States.

#### 1.4.1 Is Health Care a Special Good in the United States?

The U.S. health care system represents an American success, and illustrates the widespread American notion—and almost religious belief—that through hard work, money, and a little luck we can conquer anything (Churchill, 1987). Success (conquering of disease) is seen as a matter of time. We (in the United States) have witnessed success in conquering several high-profile diseases such as polio, smallpox, cholera and dysentery, and even though basic sanitation and public health were primarily responsible for these victories, the general public is convinced that new inventions and wonder drugs hold the key to realizing future success stories (Starr, 1982). Some "wonder drugs" have been found, whetting our appetite for more. Penicillin and subsequent antibiotics drastically cut mortality from common infectious diseases after World War II (Starr, 1982). We have declared "war" on cancer and heart disease and are carrying on a romanticized high-tech assault on most things that would shorten life (Starr,

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<sup>7</sup>This is important in the consideration of the history of medical underservice in the United States. Presently, medical underservice is a fairly large issue because the health care system is seen as very important to people's lives. In the 19th century, the fact that physicians were maldistributed was no big deal because the health care system was not perceived to be an essential part of American life.

1982). Americans are convinced that the health care system will one day be able to cure almost anything with a magic bullet (Churchill, 1987). This shared belief in the wonder of American medicine, and the true successes in preventing and curing diseases that used to systematically be fatal, mean that most Americans are convinced that they want to have access to the system of health care that our nation has developed. Thus, health care is seen as "special" by popular American culture.

Our national interest in the health care system and the belief that it is essential to our individual and collective lives is illustrated by the increasing attention that the health care system has received in the past decade. The most recent health care reform debate (1992-1994) brought to the forefront of the nation's consciousness conflicting sentiments: the fact that many people did not have health insurance and that this is frightening; that those covered feared they might lose theirs; and that those who felt secure in the own coverage seemed to view the whole process as a way to take something valuable from them and give it to someone else (Churchill, 1994; Blendon et al., 1994).<sup>8</sup> The common theme in almost all the discussions, from almost all sides of the debate, is that the American health care system is the best in the world and that everyone wants to be included as beneficiaries. Those without coverage want into the system; those who were included did not want to lose out. The health reform debate of 1993-94

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<sup>8</sup>Many who are convinced that each person should have access to a basic minimum of health care simply balk at having to participate in paying for the practical implementation of such a policy. A review of public opinion polls on health care between January 1, 1992 and April 14, 1994 shows some of the inconsistencies of how Americans view health care (Blendon et al., 1994). Polls have found that 73 to 86 percent of those asked believe that universal coverage is very important, and 65 percent feel that the federal government should guarantee health coverage to all Americans. At the same time, less than 50 percent of Americans report that they are willing to pay more taxes to fund the expansion of health coverage to all citizens of the United States, and the only taxes garnering the support of over 50 percent of the persons in the nation are taxes on alcohol, cigarettes, and ammunition; ones not able to raise the amount of money necessary that broad-based taxes could raise (Blendon et al., 1994). These results lead Dr. Blendon to comment in a New York Times article about public opinion and health reform, "If we (the public) are unwilling to make these tradeoffs, we had better be careful of crying "gridlock," for the gridlock will be of our own making" (Blendon, 1994 New York Times, May 22, 1994, p. 15E). It appears that the American public is not willing to say that the need that they say they feel for everyone to have health coverage implies a right to health care that society will guarantee. See Ignatieff, 1984 for a discussion of the relationship between sentiments and practical implementation of such sentiments via legal means, or rights.

showed that access to the health care system is valued by virtually all Americans (Blendon et al., 1994).

Because of the importance of access to the health care system to society, need is properly viewed as the correct distributive principle for the allocation of health care services (Walzer, 1983). As Beauchamp (1988) notes, "illness is the relevant reason for distributing medical care and health protections" (p. 3). Implicitly, he is making an assumption about the importance of health care as a social good in our society that makes illness (need) the relevant distributive mechanism. In this research, need is seen as the proper means of distributing health care services, not because it is absolutely clear that improved access will necessarily improve health, but because *society as a whole is convinced that it will*. Because of its importance in our culture, and the vast public expenditures to support the health infrastructure, access to the health care system should be provided to all members of this society on the basis of need "as a basic token of equal citizenship" (Beauchamp, 1988, p. 4). Walzer makes this point using health care as an example,

Were medical care a luxury, these discrepancies [in access to health care] would not matter much; but as soon as medical care becomes a socially recognized need, and as soon as the community invests in its provision, they matter a great deal. For then deprivation is double loss—to one's health and to one's social standing. Doctors and hospitals have become such massively important features of contemporary life that to be cut off from the help they provide is not only dangerous but also degrading (Walzer, 1983, p. 89).

However, health care resources remain maldistributed in our society at least partly because a free market or entrepreneurial distributive principle has been allowed to leak into the "sphere of justice" in which primary health care resources are distributed.<sup>9</sup> If health care

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<sup>9</sup>I do not mean to imply here that all persons will accept my argument, I am only trying to describe what I mean. In fact, some see the problem in health care as being caused because there

services were a less crucial good in American society (such as VCRs, a vacation home, opera tickets) then a similar maldistribution might not be seen as unjust; a free market could be the correct distributive principle.<sup>10</sup>

Health care resources remain maldistributed throughout the nation, as does receipt of health care services. This contributes to the presence of systematic problems with access to health care (the definition of medical underservice in this research). Health care is a good which is seen as essential to a normal and productive life in the United States and much public money supports the system. This implies that it must be supplied to all members of the community on the basis of need if the distribution of health care resources in this society is to be just. The existence of medical underservice in the United States shows that it is not supplied to members of the nation solely on the basis of need. From the conceptual framework developed here, and upon the basis of which several new measures of medical underservice are proposed, the organization and provision of medical services on any basis than medical need is "unjust." Justice is therefore a technical term by which the process of resource allocation may be assessed. The existence of medical underservice is unjust in this conceptual framework because it illustrates that health care resources are not distributed on the basis on need alone. Need is seen as the correct distributive principle because of the *societally-determined* importance of health care in this society. This importance of medical care in our society, and the maldistribution of health care resources that is illustrated that is shown partly through the existence of medical underservice makes some type of response imperative. This situation

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are not enough "free market" forces involved in the allocation and distribution of access to primary health care resources.

<sup>10</sup>It is crucial to understand that Walzer's view of distributive justice is not static but dynamic and allows for changes over time of the importance of the same good at different periods of time. For instance, in ancient Greece the theater had great significance in society since it was a focal point of their lives. Maldistribution of this good (going to the theater) may have been unjust at that point in time, but maldistribution of opera tickets in the present day United States probably is not unjust since opera does not play such a central role in our society. In Walzer's framework, distributive principles are not tied inexorably to a good through time or across communities at a particular time.



deserves to be addressed, and targeted programs to designed to improve access of populations identified as medically underserved seems likely to continue as our nation's policy. In order to go about responding to those who are medically underserved in this targeted manner, new methods for identifying these populations which are able to better differentiate the medically underserved from those who are not would be an improvement. That is why this research has been done.