The U.S. healthcare system is at once the envy of the world and in very deep trouble. Some resist the word “crisis” to describe our situation, suggesting that the diagnosis is too cynical. Others, like the Hudson Institute, have predicted that the impact of Boomers on the healthcare system will lead to the collapse of employer-provided healthcare (see William Styring and Donald Jonas, *Health Care 2020: The Coming Collapse of Employer-Provided Health Care*).

According to the Brookings Institute, healthcare spending in the United States now exceeds $2 trillion annually (nearly 17% of all spending). If the current rate of spending continues to grow, the cost of family health insurance coverage will exceed $17,000 annually per family by the year 2011. Within five years many families will pay over $20,000 per year for coverage.

Depending on whose figures one cites, more than 45 million Americans are uninsured at least part of each year. Yes, some individuals step in and out of coverage because they change jobs. An inordinate number of illegal immigrants and their children are uninsured. There are ways to massage the numbers, but whatever the causes, those are still frightening statistics.

Healthcare funding has already played a part in the Presidential race and now that the primaries are over, the issue is likely to assume an even more prominent role, just behind the war in Iraq and the economy. For these and other reasons we thought it would be prudent for the Center’s annual summer conference to focus on healthcare allocation, funding, and reform. After all, this is where the ethical action is for both physicians and patients. The physician-patient dyad is now truncated by the health maintenance organization (HMO). The unintended consequence of which is what can only be described as adversarial medicine?patients are wary of doctors, doctors
carry exorbitantly expensive malpractice insurance, and no one trusts the HMOs to act in the patient’s best interest.

Arguably, the “common good” is the appropriate moral matrix for thinking about healthcare. The doctrine of the common good should not be confused with John Stuart Mill’s utilitarian “greatest good for the greatest number.” The pursuit of the greatest good for the greatest number always ends up jeopardizing the minority for the sake of the majority. The common good serves the interests of the community viewed as a whole.

French philosopher and economist Bertrand de Jouvenel is not a household name these days even among academics; but we neglect his wisdom to our own peril. During the 1950s and 60s de Jouvenel was much better known than today. He lectured at Yale, Berkeley, and other prestigious universities. He was a respected public philosopher. In Sovereignty (1957), the second volume of his great trilogy on political philosophy, de Jouvenel has an extended discussion of the common good. Pursuit of the common good does not assert “rights” and “obligations,” those being antithetical to the common good. Instead, a focus on the common good enables us to see that we are “members one of another” and arouses within us an awareness of the “we?” and the “us?” as opposed to the “he?” and the omnipresent “me.”

Helping us to think about the implications of this way of understanding our medical life together is an outstanding collection of scholars and practitioners. No stranger to CBHD, Dr. Edmund Pellegrino, the chair of the President’s Council on Bioethics, will set the stage for our understanding of the common good in the inaugural address of the conference. James Capretta, a specialist in healthcare financing and a fellow of the Ethics & Public Policy Center, will help us locate ourselves in the policy debates about healthcare reform. We will hear from patients, physicians, nurses, policymakers, and others. One former member and two current members of the President’s Council on Bioethics will speak to our healthcare morass. But this will not be mere navel gazing. Fully one third of the conference will be devoted to an exploration of remedies and recommendations. Since all of us are potential patients we all have a stake in this debate.

You will not want to miss a single session!

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