REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS*

CEJA Report 2-A-09

Subject: Financial Barriers to Health Care Access (Resolution 704, I-07)

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Referred to: Reference Committee on Amendments to Constitution and Bylaws (Daniel W. Van Heeckeren, MD, Chair)

Resolution 704 (I-07), introduced by the Colorado Delegation, and referred by the House of Delegates (HOD), asked our American Medical Association (AMA) to recognize that providing adequate health care is a fundamental societal obligation. The Council on Ethical and Judicial Affairs testified that it was currently considering the issue. The following report presents the results of the Council's analysis and deliberations.

Health care can be viewed as a fundamental human good because it affects "our opportunity to pursue life goals, reduces our pain and suffering, prevents premature loss of life, and provides information needed to plan our lives."[1, 2] AMA's *Principles of Medical Ethics* set out physicians' ethical obligation to support access to medical care for all people (Principle IX),[3] an obligation that physicians share with all who are involved in providing and financing health care, including the medical profession as a whole, health care facilities and payers, and public policymakers. Yet lack of health insurance and inability to pay out of pocket mean that many individuals do not have access to care.

This report examines financial barriers that prevent individuals from getting care and the ethical responsibility that physicians, individually and as a profession, have to ensure that all individuals can access needed care regardless of their economic status. Although financial barriers to access are only one of several factors that affect patients' health and well-being, they are a significant concern and one that physicians and the profession can take steps to address. The Council on Ethical and Judicial Affairs anticipates addressing other barriers to care in future reports.

THE IMPACT OF FINANCIAL BARRIERS TO ACCESS

Since the middle of the 20th century, a variety of steps have been taken to promote greater access to health care, including tying funding for the building and modernization of hospitals under the Hill-Burton Act to provision of charity care, mandating care in emergency situations through the Emergency Medical Treatment and Active Labor Act, and establishing Medicare, Medicaid, and the State Children's Health Insurance Program (SCHIP) to provide medical care to potentially vulnerable groups (children, the poor, the elderly, and persons with disabilities). Providing charity

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care has historically been an important mission of many religious institutions, such as the Catholic Health Association, and recognized as an ethical obligation by the medical profession, for example, through the *Principles of Medical Ethics* as well as public policy initiatives, such as the AMA's "Health Policy Agenda for the American People" in the mid-1980s or current "Campaign for the Uninsured."

Nonetheless, there are still financial barriers to access. In the U.S. today it is estimated that some 47 million Americans lack medical insurance; even within the insured population, 61 percent of adults report being underinsured or having persistent difficulty paying medical bills and out-of-pocket expenses for prescriptions.[4, 5]

Unable to afford basic treatment options, an increasing proportion of Americans must resort to postponing or forgoing required medical treatment and are less likely to receive preventive services or consistent care for chronic conditions.[6] The escalating prices of prescription drugs and the trend for employers to avoid providing medical insurance further exacerbate the situation of those already unable to afford coverage.

These financial barriers to care directly affect patients' well-being. Recent reports by the Urban Institute[7] and the Institute of Medicine[8] indicate that lack of insurance may directly increase the risk of mortality in adults by up to 25 percent, and that deaths attributed to lack of insurance have been rising during the past decade, even when socioeconomic status and lifestyle variables are taken into account. Inadequate access to health insurance carries significant economic and social costs as well, including financial risk for families with uninsured members, financial pressures for health care providers and institutions that serve vulnerable communities, and lost workforce productivity for employers.[9]

Financial obstacles to medical care may also diminish physicians' ability to use their professional knowledge and training to care for their patients. Modern medical care often requires more than a visit with a physician, and a patient without economic means to obtain needed tests, medications, or therapy can receive less than optimal medical care because of this. It is essential that physicians address financial barriers to access. How can physicians—and the medical profession as a whole—best meet the ethical imperative envisioned by the statement, "a physician shall support access to care for all people"?[3]

OBLIGATIONS TO PROMOTE ACCESS TO CARE FOR INDIVIDUAL PATIENTS

The profession of medicine is grounded in the universal human experience of illness and in the encounter between patients and the physicians who offer them hope of healing.[10] The moral relationship of trust and fidelity between patients and physicians that is central to health care gives rise to special obligations for physicians, including obligations to benefit the patient and to prioritize the task of healing over other interests. In its turn, the obligation of benevolence sustains a professional responsibility to take action to help ensure that patients receive needed care. The obligation of benevolence extends even to forgoing some measure of financial compensation in the interest of supporting a patient's access to needed care.

Medical knowledge is created and transmitted collectively; physicians' knowledge and skills are not solely their own, proprietary goods.[11] As a stakeholder in the creation of knowledge and the education of medical professionals, society has a legitimate claim on physicians' knowledge and

skills and may reasonably expect them to help ensure access to health care, both as a social good and to meet the needs of individual patients.

There are several actions physicians can take as individual professionals to reduce or eliminate lack of access for their patients who cannot afford to pay for needed care out of pocket. For example, Opinion E-6.12, "Forgiveness or Waiver of Insurance Copayments," (AMA Policy Database) encourages physicians to forgive or waive copayments when these create a financial burden that prevents patients from seeking needed care.[12] Similarly, while preserving their right to choose whom to serve,[11] physicians can opt not to turn away prospective patients who lack insurance coverage and accept new patients regardless of coverage. In recognition of their obligations of fidelity, physicians can continue to see existing patients who lose their insurance. Physicians can further honor the significant societal contribution to their knowledge and training by providing care for indigent patients at reduced or no charge. Additionally, physicians are in a position to provide needed services by ensuring sufficient emergency department coverage. This can be crucial to the extent that many who have insufficient access to care first seek it in the emergency setting.

The Council recognizes that individual physicians and groups are limited in their ability to financially support increased access. Certainly, physicians should not risk the viability of their practices or the quality of care for their patients overall in order to provide greater access to care. As one recent commentary noted, "[i]f physicians do not charge for services, they cannot survive." Yet as the commentary also noted, "If patients cannot afford those services, they cannot survive."[12] When it is not feasible to provide care at no or reduced cost to the patient, individual physicians can still aid patients in other important ways.

For example, physicians can honor their ethical responsibilities to promote access to medical care by acting as advocates to help patients obtain needed care when patients cannot do so by themselves.[13] It will not always be apparent which patients face financial barriers to care—and many patients will be hesitant to raise concerns about cost of care with their physicians. Thus physicians should routinely inquire about patients' financial concerns and assist patients to access public or charitable programs when appropriate. To provide this assistance, physicians should familiarize themselves and their staff with locally available charitable resources, as well as industry- or government-sponsored programs designed to help patients who are unable to purchase medical care or prescription drugs.

Finally, in keeping with Principle IX of the *Principles of Medical Ethics*, it is essential that individual physicians take an active role in public debate about policy solutions to mitigate financial barriers to access, including the expansion of public medical programs and other programs designed to solve many of the problems that lead to financial barriers.[14]

BEYOND INDIVIDUAL PHYSICIANS' RESPONSIBILITIES

Action by individual professionals can help meet the needs of identified patients, but in itself this is not enough. Simply relying on the charity of individual physicians is neither a viable nor a fair way to address financial barriers to care—individual action alone cannot address problematic variations in access to care and risks disproportionately burdening physicians who are in a position to respond voluntarily to the medical needs of the uninsured. Eliminating financial barriers to care requires participation from all stakeholders in health care, including health care facilities, health insurers, and professional medical societies and organizations, to advocate for resources for individuals in need of medical care.

The Medical Profession

Collectively, the medical profession should work to ensure that societal decisions about the distribution of health resources safeguard the interests of all patients and promote access to health services by patients who belong to socially, economically, or otherwise medically disadvantaged groups.[14, 15] The profession should participate in the policy development process by supporting proposals that will benefit patients and are consistent with the ethical principles on which the medical profession is established.

Physicians should also recognize that as professionals they share responsibility to help one another address financial obstacles for patients in their individual practices. Declining referrals for patients who have limited insurance coverage or ability to pay adversely affects not only individual patients, but the professional community as well. When physicians cannot rely on consultants to deliver needed services they may feel they must provide the care themselves, which may not be in the best interests of patients or of the medical profession as a whole.

Health Care Facilities & Payers

The entities in the best position to remove financial barriers to access to care may be those that most greatly affect the cost of care: health care facilities and managed care plans or other third party payers. Hospitals account for nearly a third of health spending and insurers, including managed care entities, account for nearly two-thirds of private health expenditures.[17] Although one of the primary duties any corporation holds is to its shareholders, an organization providing or funding health care must also realize how its decisions can affect the health and livelihood of individual patients. Recently, increased scrutiny of the practices of insurers[18] and health facilities[19] has heightened public awareness of the role these entities play in access to health care.

Physicians, even when they are not decision makers in hospitals and insurers, can still exercise their influence as clinical leaders to encourage these organizations to use their resources to improve access to care. Further, those physicians who are employed by or otherwise involved with these entities should remember their ethical obligations regardless of whether they are directly providing medical services.[20] The well-being of patients should always be the foremost obligation of physicians, health facilities, and insurers.

Public Policymakers

For decades, the federal and state governments have assumed large roles in ensuring that individuals' access to care is not inhibited by lack of ability to pay. However, even with Medicare, Medicaid, SCHIP, and other public programs, millions still do not have sufficient access to care. Public programs should fairly distribute available resources to those in need.[21] Specifically, the use of public funds should be appropriately targeted to benefit patients on the basis of medical and financial need.[22] While programs that directly assist individuals in accessing care are certainly appropriate, other programs that can address underlying causes of poverty (such as education, health literacy, discrimination, etc.) are also necessary and should be considered as part of any solution to the problem of access.

RECOMMENDATION

The Council on Ethical and Judicial Affairs recommends that the following be adopted in lieu of Resolution 704 (I-07), and that the remainder of this report be filed:

Health care is a fundamental human good because it affects our opportunity to pursue life goals, reduces our pain and suffering, helps prevent premature loss of life, and provides information needed to plan for our lives. As professionals, physicians individually and collectively have an ethical responsibility to ensure that all persons have access to needed care regardless of their economic means. In view of this obligation:

(1) Individual physicians should take steps to promote access to care for individual patients.

(2) Individual physicians should help patients obtain needed care through public or charitable programs when patients cannot do so themselves.

(3) Physicians, individually and collectively through their professional organizations and institutions, should participate in the political process as advocates for patients (or support those who do) so as to diminish financial obstacles to access health care.

(4) The medical profession must work to ensure that societal decisions about the distribution of health resources safeguard the interests of all patients and promote access to health services.

(5) All stakeholders in health care, including physicians, health facilities, health insurers, professional medical societies, and public policymakers must work together to ensure sufficient access to appropriate health care for all people.

(New HOD/CEJA Policy)

Fiscal Note: Staff cost estimated at less than $500 to implement.

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