The Ways of Being Almost Perfect

There are many people in the world that would benefit from qualified health care. The best approach to providing such care would be to examine the state of health of the population, produce a plan that will guide the prevention of diseases and the treatment of people who have them, and then implement it. The rehabilitation of those who have been damaged by the disease and are no longer able to perform their personal or social role would also be a part of that plan. All available knowledge would be brought to action and research necessary to obtain the missing knowledge would be put in operation. Such a strategy has several advantages – it would rid the population of diseases and help all those who suffer from them and their consequences. The only limitation in this strategy would be that of insufficient knowledge: an obstacle that would get smaller and smaller in the light of massive investment into research that would complement available knowledge.

Health and other politicians (in rich and poor countries alike), while occasionally lamenting that such a strategy, unfortunately, cannot be used because there is not enough money, use various ways to produce the impression that they are ardently pursuing the noblest of strategies outlined above although they have only very scarce resources. There are many such ploys: I will describe only a few here, four to be exact, to remind ourselves of the many others that we have seen or heard about.

One such ploy is “banalization” – the declaration that certain diseases or health impairments are so trivial that they do not deserve any medical attention or support. The refusal to reimburse any cosmetic surgery (even when the persons requesting them suffer greatly because of their appearance and when a cosmetic intervention would change their life) or the refusal to pay for any form of psychotherapy (including those forms of therapy that have been demonstrably useful in treating certain disabling conditions such as severe phobias or milder forms of depression) are examples of the strategy of saving money by declaring certain conditions trivial and therefore not a subject for health care support.

Another ploy is the “commoditification” of treatment of certain diseases (and of health). In this ploy the treatment of a disease is valued in terms of economic returns to the investor. The treatment and return to health is therefore equated with a commodity – such as sugar or cotton for example. Treatment will be provided if there is a “bidder” – someone who will pay for the treatment because it will bring him or her significant economic benefit. If there is no “bidder,” the treatment is not offered. The “bidder” might be the local authorities who will have to decide whether the fact that people are returning to work is worth the investment into their treatment. In tough times the authorities might be less inclined to pay for the treatment of elderly workers (because it is probable that they will work for only a few more years) or for the care of people with a chronic and at present incurable illness. Operations such as an appendectomy would be a good treatment to buy because it is not terribly expensive and it is expected to make the individual concerned able to work again very soon. The pernicious consequence of this strategy is that the ethical imperative of a society to look after its feeble and needy members is replaced by an economic imperative. Once it is accepted that life has a specific price and that it can be put on the market with other commodities, it is perfectly possible to imagine situations in which the purchase of other commodities will be more convenient or more profitable with the consequence that health and lives of citizens will be exposed to irretrievable loss.

Another ploy is the “politicization” of diseases – declaring an order of priority for health intervention on political grounds. One of the older examples of this ploy is the Spartans’ habit of throwing children that were less likely to be healthy (soldiers) down a cliff. More recently there are other examples – such as that of genetic engineering – intended to diminish the number of individuals who do not possess a characteristic that the government considers as particularly important. These extreme forms of politicizing health care are easier to spot than the systematic neglect of persons with some disorders because the money that was to cover their needs was spent on the treatment of some other disease that were politically more important.

“Displacement” is another ploy in some ways related to that of calling a disease insufficiently important to receive care. The displacement strategy is the assignment of the responsibility for the treatment of a disease or the rehabilitation of a patient who suffers from it to a sector other than health. The person is thus disqualified from receiving further help from the...
health sector – thus diminishing the total numbers still using resources from the health sector. A person who has just survived an episode of illness and still remains disabled by its consequences might be entrusted into the care of the social welfare organizations that deal with disabilities. Once in a different social service sector, the individual does not only cost the health sector less but will also improve its statistics and its chance to claim that it has successfully dealt with health needs of a defined population. Displacing the responsibility for the people from one social service sector to another (or to the patient’s family) makes it possible to claim that needs have been satisfied or – if that is politically expedient – to ask for a different distribution of funds among the social service sectors. In most societies the dumping of responsibility from health to other sectors is more than matched by the displacement of responsibility for people with a minor health problem (e.g., an elderly person with minimal cognitive damage and no family) from the social or educational sector to the health institutions.

For a doctor or other health worker it is simpler and more satisfying to see one patient after another and do one’s best to help them than it is to think about these and other ways in which information about health care is handled, priorities for health care set and successes and failures of the health care system presented to the population. Yet, unless health care workers take an active interest in these matters, deformations and abuses of the health system are bound to happen thus jeopardizing the very purpose that they have taken as their life’s goal.