



Champaign County Health Care Consumers

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Grassroots organizing for health care justice since 1977.

Community Rights and Health Care Providers' Ethical Obligations to Serve the Community

Champaign County Health Care Consumers (CCHCC) is a non-profit grassroots consumer health advocacy organization founded in 1977. CCHCC believes that health care is a basic human right. CCHCC's mission is to work for quality, affordable health care for all and to give consumers a voice in the health care system.

CCHCC produced this handout to provide consumers, communities, health care providers, and community leaders with a framework for how to think about the relationship between health care providers and their communities in order to assure health care access to all local residents and create a healthy community.

This perspective provides the foundation for understanding that communities have rights in expecting health care providers to ensure access to care for all community members and health care providers have ethical obligations to serve their communities. Whether for-profit or non-profit, the most basic ethical obligation that health care providers have to the community within which they practice is to provide health care services to local residents.

True access to health care services includes affordable prices and reasonable payment plans, as well as acceptance of public insurance (such as Medicare and Medicaid) in addition to all other dominant forms of health insurance of the area. Limiting or denying care to any population within the community is unacceptable, harmful to the community as a whole, and is a violation of the basic ethical obligations of health care providers. No one should be locked out of any part of the health care system.

Special nature of health care: Health care as a basic human right, an essential service, and a social good, unlike any other commercial service

Health care is unlike any other commercial good or service, and should not be allocated in the same way that other commercial goods and services are allocated. Health care is a specialized essential service that all people, regardless of income level or insurance status, need in order to have an adequate standard of living. Health care is a basic necessity of life.

Health care is universally recognized as one of several basic human rights. Article 25 of the *Universal Declaration of Human Rights* states that, "Everyone has the right to a standard of living adequate for ... health and well-being of himself and his family, including food, clothing, housing, medical care and the right to security in the event of ... sickness, disability..."

The special nature of health care is clear when we consider that people do not choose to suffer from cancer, accidents, or any illness, nor do they control the timing of those health events so that they occur when they can best be afforded. Health care simply cannot be treated as any other commercial good or service, an option available only to those who can afford it. Because of its special nature as an essential service, health care – whether provided by non-profit or for-profit providers – is a social good and should be treated in accordance with that special status.

Other for-profit services are expected to provide community benefits and services. For-profit health care providers should follow these models.

Communities have the right to expect for-profit, as well as non-profit health care providers, to ensure access to health care to all community members, just as other for-profit essential services are required to do.

The concept of requiring for-profit corporations to meet social obligations by providing necessary services can be found in other industries. For example, utility companies must serve all geographic areas, including unprofitable rural regions and low-income neighborhoods. Likewise, banks must make basic checking services available to all communities and reinvest assets into the communities in which they do business. Under the federal Community Reinvestment Act (CRA), every bank must demonstrate that it is taking steps to serve its community, and not just its customers. In other words, banks are prohibited from serving only wealthy customers and ignoring the needs of the entire community.

We should expect the same of our for-profit health care providers because:

- Health care is a social good. The concept of “community benefits” applies this social good understanding of health care. For-profit health care providers should ensure access to health care in non-emergency situations as a community benefit for the purpose of improving community health and serving the community in its entirety.
- For-profit health care providers should provide community benefits, in the form of access to health care services, in order to be good “corporate citizens” of the community.

Serving patients who are low-income or who have Medicaid insurance will not cause major health care providers to go broke.

Major for-profit health care providers often use financial reasons as excuses for why they limit or deny access to certain populations, such as people who have Medicaid insurance or people who do not have health insurance.

Medicaid insurance is the state and federally-funded insurance for low-income consumers, children, and people with disabilities. Some health care providers discriminate against patients with Medicaid insurance, citing financial reasons. Medicaid in the State of Illinois reimburses health care providers at a lower rate than other forms of insurance, and payments are typically slow to reach the health care providers. However, large health care providers can absorb these losses, and do in fact, pass the costs of health care on to other consumers and health insurance companies anyway.

The argument that large for-profit health care providers cannot afford to serve patients who have Medicaid insurance because of low reimbursements does not hold merit. Other for-profit health care providers, such as pharmacies, are participating in the Medicaid insurance program without discriminating or suffering financially. Because of a mixture of different types of clients and different types of insurance, pharmacies are able to meet the needs of lower-income clients who have Medicaid insurance while also serving consumers who have private insurance.

Too frequently, large for-profit health care providers claim that their organizations cannot “afford” to serve people who have Medicaid insurance or uninsured people, even as the health care organizations are expanding their practices and business and building new facilities. Situations like this make it clear that the health care provider organizations are choosing larger profits at the expense of caring for the entire community. This trade-off may be acceptable for non-essential commercial goods and services, but it is not for health care services.

When health care providers, such as primary care providers or specialists, discriminate against people who have Medicaid insurance or people without insurance, by denying access to health care, the whole community pays a price. Community health and productivity is affected as people go to school and work less healthy and less capable due to untreated illnesses or injuries. The whole community pays in the form of higher costs for health care for everyone as people are forced to seek costly medical care through hospital Emergency Departments. In addition, small local non-profit social service agencies are strained in trying to meet the needs of the community as more of their clients suffer from untreated illnesses or injuries and social service providers must spend their time trying to link their clients with health care services. Discrimination against any members of the community in providing access to health care leaves the entire community vulnerable.

Everyone who pays taxes contributes to the health care system and to the education of physicians. For-profit physician practices should recognize this.

All major for-profit health care provider organizations are supported, in part, by all community members, including low-income community members who are uninsured or who have Medicaid insurance. All major for-profit health care providers receive tax-payer subsidized federal and state funding and payment, including Medicare reimbursements, federally funded research dollars, and health insurance payments for federal and state employees. All of these sources of state and federal funds are tax-payer subsidized. We pay income taxes to fund the federal Medicare program and state income taxes to fund the state government, including state employee health insurance, to name just a few examples. Therefore, it is not fair to assume or state that low-income people are not paying for the health care services they need.

Furthermore, most physicians' education is tax-payer subsidized. Although most physicians have had to assume significant debt in the form of student loans in order to obtain their educations, much of their education and training is tax-payer subsidized. Tax payers subsidize the federal student loan program so that low-interest loans are available to medical students. In addition, many physicians obtain their medical education and training at public universities and in publicly funded or supported hospitals and health care settings. Because tax-payers help to subsidize the education costs of physicians, they are bound by this social contract to serve the common good.

Physicians, by virtue of their profession, also have obligations under the Hippocratic Oath. This Oath is taken by physicians and provides the ethical foundations for the practice of medicine. The Oath dictates that physicians will practice medicine for the benefit of the sick, keep them from harm, and keep the good of the patient as the highest priority. Physicians have chosen a profession that obligates them to the community in which they live and essentially binds them to service of all community members. The policies and practices of large for-profit physician organizations should reflect the ethical principles of the Hippocratic Oath.

Conclusion

It is clear that the special nature of health care endows communities with certain rights and expectations while obligating health care providers with certain ethical responsibilities. Health care is a basic human right. It is an essential service that is highly specialized and is not widely available in the same way that other goods are available.

And although health care is frequently provided through for-profit organizations, it is still unlike any other commercial good or service, and in fact, is publicly subsidized in many "hidden" ways and therefore must be treated differently than other commercial goods or services. There is a social contract between the public and health care providers because of the special nature of health care and the public financing that makes health care services possible, even in for-profit settings.

The obligations of health care providers, whether for-profit or non-profit, are clear, concrete, and are supported by evidence that these obligations are reasonable and consistent with the foundations of the special nature of health care, including the principles reflected in the Hippocratic Oath.

It is important to note that communities also have responsibilities to their health care providers. Communities must seek accountability from local health care institutions in the interests of their community's health. Ideally, communities and their health care providers should collaborate to ensure that all people have access to quality, affordable health care and that efforts are continually made to improve the community's health.

For more information:

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