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Review Article

Financial Constraints as Grave Ethical for the Developing Countries

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ABSTRACT

Health is the most basic right, as declare by WHO, that should be exercised by all individual of the world without any constraints. However, financial limitations are one of the barriers to access health services in few parts of the world. WHO has estimated that the GDP spent on health in Pakistan is nothing but 2.8%, out of which more than half of the contribution is being made out-of-pocket. This paper aims to illuminate the ethical challenges raised by healthcare providers through harnessing various ethical principles and concepts in a clinical scenario. Moreover, it will further highlight the ethical discussions through the theoretical lens of "Liberal Individualism" versus "Utilitarianism" and the state's role in Universal Health Coverage (UHC). The overall responsibility for the providence of sufficient health services to each citizen belongs to the state by taking mitigating measures. Few suggestive recommendations could be implemented at multiple levels such as institutional, societal, and national levels to give financial challenges a close attention and reduce disparities thus enhancing positive health outcomes.

Keywords: Right; Health for all; Financial constraints; Universal health coverage; Health expenses; Ethical theories Ethics

INTRODUCTION

Health is the fundamental human right of every individual around the globe. At present than ever before, maximum people possess accessibility to essential health services even then; nearly 50% of the world's population still lacks it. Recently, the national statistics revealed a massive burden on the health taskforce that is only 0.82 physicians and 0.57 nurses are allocated for every 1000 people in the country. Unfortunately, financial constraints contribute to becoming a barrier in approaching health services in lower-income and middle-income countries. Additionally, according to an estimation drawn by World Health Organization, Pakistan spends only 2.8% of its Gross Domestic Product (GDP) on health. Out of which, the government is accountable for its 36.8% whereas, 55% is contributed by households through out-of-pocket payments. The report also revealed that annually, around 100 million people are driven into extreme poverty worldwide, due to out-of-pocket expenditure on health. Even though general taxation is the highest source of a nation's finances for health expenditure, however, the public cannot access the health services in Pakistan. Therefore, it becomes challenging for the low socioeconomic population to access health facilities when there is a limited number of Health Care Professionals (HCP) with extremely expensive services at the same time. The literature endorses that poor health outcomes are accountable for financial constraints such as lack of health insurance, non-governmental financial support, and high transportation costs to reach healthcare facilities. The key ethical challenge is encountered in the healthcare setting when the treatment decision lies upon the patient's incapacity to pay the hospital bills versus his survival chances. Hence, this paper aims to illuminate the ethical conflict by harnessing various ethical principles and concepts in a scenario where a patient lost his life due to the lack of financial support [1-3].

CASE REVIEW

The scenario is about Mr.X, a 25-year-old male, presented with a history of gunshot injury leading to C2-odontoid fracture of the spinal cord resulting in him becoming quadriplegic for a lifetime. After staying three months in the hospital, Mr.X recovered consciously, unable to move but could communicate through his facial expressions and depends primarily upon a

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mechanical ventilator for survival. Besides, due to having extreme financial constraints, the family paid only 15% of the hospital's total bill. However, the hospital administration and the primary medical team decided to waved-off the hospitals outstanding. Further, they suggested family either arrange a portable ventilator at home or take the patient to another hospital for the continuity of care since multiple patients were waiting in the emergency department requiring a ventilator. Despite the patient's unwillingness, the family had no other choice but to transfer the patient to another hospital with a heavy heart. During his way to the other hospital, the patient got collapsed due to neurogenic shock and ultimately died because of the absence of medical help.

ANALYSIS OF THE ETHICAL DILEMMA

This paper is going to mainly highlight ethical discussions through the lens of "Liberal Individualism" versus "Utilitarianism" and the state's role in Universal Health Coverage (UHC). Out of multiple ethical dilemmas observed in the crux of Mr.X's case, the most inevitable when despite the patient's unwillingness, the family had to transfer the patient to another hospital due to the unaffordability concerns. The ethical principle of autonomy was violated when the patient was provided which a decision instead of possibilities by the hospital administration. Also, it was very traumatic for the family to get multiple reminders on an everyday basis to clear the outstanding bills or else, take the patient to another hospital. After possessing grounds on bioethical knowledge, the following propositions could be answered respectively:

Was it ethically justified to give discharge to the already on-board, ventilated patients for the reason they cannot afford the futures treatment?

Who is responsible in this case? Hospitals or the state? All healthcare professionals take the pledge to care for the sick without sparing no effort to conserve life, alleviate suffering, and promote health with maximum determination. Therefore, it is their utmost preliminary obligation to prevent the disease burden by augmenting benefit to the patient. Healthcare professionals including nurses and doctors often experience ethical conflicts on an everyday basis in a clinical setting while caring for their patients. These conflicts should be resolved by maintaining moral values and ethical principles in the practices reaching towards a rational decision that should be in the best interest of the patient. The ethics in healthcare is entrenched within the health organizational culture and its environment which expands its ideology with practical policies and procedures to get the greatest rationalized action. However, the ultimate ethical dilemma arises in healthcare when there is juggling between the provision of patient's service and preserving financial sustainability of a healthcare organization that is either to do good to a single patient or follow the organizational guidelines and hospital's business ethics. The hospital business has an ethical duty to give back to society.

IDENTIFICATION OF THE POSITION

In my opinion, life is sacred, and each patient possesses a right to be treated and should be provided an opportunity to live a quality of life. Based on bioethical knowledge, I contemplate that patient's treatment plan and the decision to withdraw from the ventilator should never be based on the patient's financial stability. Moreover, I firmly believe that patient's outcome could have been far better, and the family would not have ended up with such stringent consequences if the patient would either possess private health insurance or hold a UHC by the state.

RIGHT BASED THEORY VERSUS CONSEQUENCE BASED THEORY

The concept of Libertarianism refers to the freedom of choice based on personal autonomy while making decisions. It is a right based theory that endorses the notion of International Human Rights. Specifically, in the healthcare setting, it ensures the essential protection of a person's life, liberty, quality care, privacy, information, as well as freedom from discrimination, torture, and cruel, inhumane, or degrading treatment. Concerning the scenario, Mr.X and his family should have had the treatment continued with dignity since the concept of libertarianism allows a person to exercise its right of getting the preferred option of treatment. An ethical analysis of Mr.X's case illustrates that all these rights were violated [4,5].

However, when it comes to business ethics, the consequence-based approach is often ruled over the right based theory while dealing with patients in healthcare settings. The concept of utilitarianism proposes that an action is evaluated as good or bad concerning the consequence, outcome, or result which brings maximum advantage. Moreover, Childress and Beauchamp endorses it to be more beneficence-focused instead of consequence-focused for society. Therefore, the decision of hospital administration to get the patient transfer to another hospital was justified in bringing utilization of ventilators to other needy patients in the hospital [6].

AUTONOMY VERSUS DISTRIBUTIVE JUSTICE

At the crux of Mr.X's case is a question of autonomy and the right to health. In biomedical ethics, the concept of "autonomy" can be referred to as a capacity to live life under self-motives and reasons without being a product of distorting external forces. Likewise, the right to health is the notion that signifies an equal opportunity for every individual to receive the highest attainable standard of health. WHO constitution and United Nation Declaration have enshrined the "right to health" as one of the most fundamental rights for each human being and made a legitimate obligation on the state for the provision of accessible, acceptable, and affordable healthcare of appropriate quality through human rights-based approach [7].

On the other hand, the concept of justice ensures fair, equitable, and appropriate distribution determined by justified and socially

acceptable norms. Whereas distributive justice in healthcare emphasizes the equitable distribution of any scarce resources among patients. Notions of distributive justice vary across cultural, societal, and even individual norms by allowing for discrimination based on merit or need [8]. This principle is embedded in the concept of equity in healthcare. Since mechanical ventilators are considered the most scarce and expensive healthcare recourse that often patients require to keep their survival chances maintained. Therefore, the intention of the hospital administration to retrieve the ventilator and make it available for the patients waiting in the emergency room was also justified.

ARGUMENTS AND COUNTER ARGUMENTS

The argument persists that every individual in the world holds the right to life, health, and continuity of treatment in case of health morbidities. According to Leghari, the "right to health" is the health protection and coverage of unaffordable diagnosis and treatment. Many states have incorporated this right within their respective constitutions through amendments. Unfortunately, the 1973 Constitution of Pakistan does not explicitly recognize the right to health. Though, Article 38 (under the heading of Principles of Policy) only talks about "necessities of life, such as food, clothing, housing, and medical relief, for all such citizens irrespective of sex, caste, creed, or race". However, the 18th constitutional amendment in 2010 granted exclusive legislative and executive control to all four provinces over healthcare. Moreover, the National Health Vision Pakistan 2016-2025 launched enabled provincial health departments to contextualize their policy frameworks to achieve UHC. As a result, many acts and reforms were initiated across the country to make substantive progress on Sustainable Developmental Goal (SDG3) and comply with the United Nations (UN) resolution. Few of these initiatives entail rural ambulances and mobile health units, increase basic health units, telemedicine units, immunization, and Sehat Sahulat as a micro-health insurance program [9].

On the contrary, healthcare organizations should not be held accountable for patients requiring life-long treatments in a hospital. The decision carried by the hospital administration in the scenario was appropriate considering the hospital's business. Business ethics provides a set of morale and guidelines to conduct their operations and transactions in a socially acceptable way. Hospital administration is not expected to keep the patients admitted for the rehabilitation process and hospice care in the hospital since this may bring maleficence instead of beneficence to Mr.X, in terms of acquiring hospital infections. Generally, care-dependent patients are transferred to nursing homes and rehabilitation centers from acute care settings. Unfortunately, a very limited number of care homes and rehabilitation centers are being operated in the country.

Moreover, the WHO has endorsed the drive towards UHC and has considered it as one of the most prominent global health policies. Therefore, made a legitimate responsibility on the state to provide justice and equality in health services across the nation. From the above-discussed assertions, it is evident that there is an utmost need for UHC in the country to confront healthcare-related affordability constraints. According to the WHO (2010), UHC provides financial protection to the citizen of a country for using health care and ensuring access to the required health services. However, the WHO Global Monitoring Report on Tracking Universal Health Coverage revealed that Pakistan shows sedentary progress by standing miserable at 162 place out of 183 countries on the service coverage index of the UHC target of the SDG3. Hence, despite the initiatives taken at the provincial level, more critical efforts are required for the policymakers by reforming health policy, revenue collection, resource pooling, resource allocation, purchasing, and health care provision in the country. Moreover, private health insurance also plays an active role in fostering cost-effectiveness and selection of the desired health organization. However, according to Reddy, it limits the treatment options and affects the decision making of the primary physician as well [10-12].

JUSTIFICATION OF OUR POSITION

Based on all the conflicting arguments in Mr.X's case, my stance pertains to be more ethically acceptable for the patients who are financially deprived and require continuity of care. The battle of a dilemma confronted by healthcare organizations between saving Mr.X's life versus offering medical facilities to other members of the society will remain a question. But UHC and private insurances can play a very pertinent role in this regard and prevent the family from going through a guilt trip and losing life due to the unaffordability of healthcare. Moreover, my position is well justified and endorsed by the divine book of Muslims and the fundamental principles of Islam regarding human rights such as the right to life, justice, freedom, social security, and the protection against torture. Furthermore, God commands to consider human life as sacred and proclaims saving one life as if saving entire humanity. Besides, my stance is strongly advocated by the Hippocratic oath as well, which all healthcare professionals take before commencing professional life. The pledge contends, "I solemnly promise that I will do the best of my ability to serve humanity, caring for the sick, promoting good health, and alleviating pain and suffering" [13].

POSSIBLE CONSEQUENCE OF OUR POSITION

My position endorses all the perspectives that come within the sphere of Mr.X's right to health treatment despite experiencing economic restrictions. However, healthcare businesses do require financial resources to operate their hospital facilities and provide quality care to their customers. Following my position to continue providing care to the patient in the hospital without charging a fee may bring financial losses to the hospital. Additionally, this may also result in occupying an expensive and scarce resource unnecessarily on a patient who can be transferred to home with transitory and portable arrangements. Also, this will consequent in averting the accessibility of ventilators from the patients possessing extreme

needs. Thus, preventing hospitals to provide maximum benefit to society.

RECOMMENDATIONS

The affordability of healthcare services in today's world is a huge challenge that requires close attention to enhance health outcomes and reduce disparities. Therefore, implementing my position would require recommendations to be executed at multiple levels including institutional, societal, and national levels. At the institutional level, all healthcare professionals may provide with pieces of training about biomedical ethics to enhance their sensitivity towards such concerns. Also, increasing the number of mechanical ventilators in the hospital would help in confronting the issue related to insufficient supplies. While, at the societal level, accessibility of care homes and rehabilitation centers in the community in collaboration with non-governmental organizations and social support groups could be beneficial in diminishing the burden from the hospitals. However, at the national level, law, and policy reformation would play a significant role in the investigation, planning, implementing, monitoring, and evaluating the strategies to provide health coverage to all its citizens. Additionally, strengthening the provincial and state laws against corruption would ensure stringent accessibility to the deprived population. Lastly, emphasis to enhance the quality of primary healthcare through health promotion and prevention would assist in preventing the disease burden.

CONCLUSION

In conclusion, health is a preliminary right of an individual despite financial constraints. The medical community often encounters an ethical dilemma in hospitals while providing care to patients with intense financial constraints. Likewise, Mr. X's miserable outcome could have been better, if his health would either be ensured or would possess UHC by the state. Hospitals also have their social and moral responsibility towards other members of the society who require health treatments with acute and chronic conditions. However, the ultimate responsibility of providing health services to its citizen lies upon the state by offering taking mitigating measures to their citizens. Manifold recommendations could be implemented at all levels including organizational, communal, and state levels to help achieve UN resolution for SDG3.

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