

Soc 120: introduction to ethics and social responsibility healthcare assignment

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Our Right for Good Health Jason Daniel Kowalczyk SOC 120: Introduction to Ethics & Social Responsibility Joe Niehaus August 15, 2011 A doctor is familiar with something that many others may not be too familiar with, and that is the Hippocratic Oath. If you are to look at said oath, it says nothing about kickbacks from drug companies to push this new prescription. There is nothing about how expensive a treatment is, but what it does talk about caring for others in the Hippocratic Oath.

It does specify what a doctor does as something that is done for the benefit of the sick. In 1964, Louis Lasagna, Academic Dean of the School of Medicine at Tufts University, wrote a version of the oath that talks about how a doctor should care for the sick with compassion, humanely, and says nothing about working to get rich off of those who are suffering (Lasagna, 1964). In the United States, there should not be anyone who cannot see a doctor because they are poor; a doctor takes an oath to heal the sick wherever he can, not to heal the sick only if they are rich.

If being alive is an inalienable right, as documented by the Declaration of Independence, would it not be common sense that healthcare would also be a right rather than a privilege? The United States is the only wealthy, industrialized nation that does not make sure that all of its citizens receive proper health coverage. In 2004 lack of coverage is estimated to have caused 18, 000 deaths that have been considered unnecessary (Iom. edu, 2004). It is common knowledge that if a parent has an extremely ill child, and refuses to take that child to the doctor, the parent can be charged with neglect.

If the child is the healthy one, and her single father is diagnosed with cancer, who will be charged with neglect when he dies for no other reason than he doesn't have insurance? Could you imagine being so desperate for health care that you were willing to commit a federal crime in the hopes of going to prison to get the care you need? Richard James Verone handed a teller in an RBC Bank in Gastonia, N. C. a note, claiming he had a gun but was unarmed (Moisse, 2011). Mr. Verone, who had a growth in his chest, two ruptured disks, and no job said that he asked for only one dollar.

He wanted to show that his motives were medical, and not about the money (Moisse, 2011). The charge he was booked on was Larceny and would not give him the prison stay he hoped to get in order to get the treatment he desperately wanted. In a country as wealthy as the United States, why should any citizen even be tempted to do such a thing? It is terrible that a person who was law-abiding beforehand would have to become a criminal in order to save his life. Should health care be something that should only be available to the highest bidder?

In 2005 the per-capita health care spending reached \$6797, this is 40% higher than any other nation with health care outcomes ranking 37th according to the World Health Organization (Bybee, 2009). Between 2003 and 2007, the combined profits of the largest insurance companies rose by over 170%, which left their approval rating lower than tobacco companies. This was the result as worker's out-of-pocket spending for health care shot into the atmosphere 87% since 2000 (Bybee, 2009).

It is estimated that 47 million Americans lived without insurance before our economy fell apart and unemployment's rise did nothing but add to those numbers (Bybee, 2009). It is estimated that half of all personal bankruptcies stem from drowning in the expenses of medical care, and in 76% of those cases, it was the main income that had insurance coverage for the family (Bybee, 2009). Could there really be a better example that something needs to be done than what Mr. Verone did just to get healthcare? Deontologists of ethics don't look at the consequences of actions before coming up with an idea.

One way they might see the healthcare debate could be that healthcare should be a personal responsibility. It could be argued that healthcare is something is a personal responsibility. It is up to the individual or family to make sure that they have the coverage that they need. A Deontologist might say that by the government ensuring that there is healthcare available for people, it is government interference into people's affairs. If people want health insurance, than they can but it, or become employed at a job that provides healthcare. However, when healthcare costs are so high that hey are choking on the gases in Jupiter's atmosphere, those who may wish to have a family doctor so they can get regular checkups yet cannot afford it. Looking at it from a utilitarian point of view, the majority of the public would benefit from healthcare being available for all. For example, a hospital in Costa Mesa, California, dumped Steven Davis in skid row at the New Image Shelter in 2008. The thirty-two year old man was diagnosed as schizophrenic and was considered to be dangerously delusional and paranoid (LA times, 2009). Not only did Mr.

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Davis need care and medication, the hospital dumping him on the street could have turned out to be dangerous for someone else. Sadly, his is not the only case in which a hospital negligently dumped a patient for not having insurance. James Boykin, a veteran of this country, was dumped in the parking lot of a shelter in California by the Department of Veteran Affairs medical center after his toe was removed due to a bone infection. He was wearing hospital pants, carrying a urine bottle, and screaming for help from the wheelchair he was sitting in (Winton & Zavis, 2011).

According to the 2006 Human Development Report, the life expectancy of someone living in the United Kingdom is 78. 5, France is 79. 5, Canadians can expect 80. 2, with the American expecting around 77. 5 (Watkins, 2006). The only major difference between these countries is that all but one ensures that their citizens have healthcare. The only one would be America that doesn't. Common sense should indicate that if we as Americans had access to preventative care, we might be able to save some change in our pockets by avoiding costly ER visits.

In 2004, retiring representative Billy Tauzin of Louisiana stepped down early with the intention of taking a job as the new president and CEO of the drug industry's top lobbying group, Pharmaceutical Research and Manufacturers of America (Welch, 2004). According to watchdog groups such as the Center for Responsive Politics, prior to this event, Tauzin received \$218, 000 in campaign contributions from those in the pharmaceutical industry with contributions reaching \$91, 500 for 2002 which was the year he first became

chairman of the committee with jurisdiction over the drug industry (Welch, 2004).

There have been so many arguments over the separation of church and state, how about we start the argument over the separation of corporations and the state? In Cuba, 75% of the people are feeling positive regarding their education and healthcare systems (Worldpublicopinion. org, 2011). While many may not be so happy with their individual freedoms, they are happy with the fact that they can be seen by a doctor when they feel like it, considering their healthcare is universal.

If a dictatorship which our government sees as an enemy will ensure that its citizens have healthcare, what does that say about the government of a free country like ours? Should a woman be forced to choose between buying groceries and paying for her prescription medications in the United States? In a personal interview, Melissa Tetreault shared her story about how she lost her health insurance, just when she needed it the most. In 2006 she was diagnosed as having bipolar depression and post-traumatic stress syndrome. She started going to therapy once a week and got on medication which she said greatly improved her situation. It was unbelievable, the difference I felt after I got on the right medications. It was like a weight had been lifted off of my shoulders. For the first time in years I was able to think clearly” (M. Tetreault, personal interview September 21, 2011). She was on state health insurance and was kicked off of it because of a political decision by former Governor Blunt. Previously, single mothers were allowed to get state health

insurance until their child became 18, but a recent bill passed saying that after the child turned one, the mother would lose the insurance.

This meant more money for the state of Missouri, but it also meant that single mothers like Melissa were left without healthcare. She stated that she tried to apply for disability insurance so that she could continue with her therapy and medications, but was rejected. Because she was able to maintain a job, she was not considered eligible for any assistance. “ I felt like I was being punished for actually trying to better myself. You hear all the time how people with the same condition I have are not able to hold down a job, or care for their kids, but because I am trying and making it, I cannot get any help. (M. Tetreault, personal interview, September 21, 2011). Soon after losing her healthcare, she had to abandon both the medications and the therapy. Melissa stated that it was very difficult going off of the medications “ cold turkey. ” She shared that it was a very emotion-filled time for her. According to Melissa, her moods fluctuated frequently and she experienced many panic attacks in the first months afterwards. She said that as time went on, it became easier for her to cope, but that there are times when it is extremely difficult.

Melissa stated that she “ can handle herself when she is manic by keeping herself busy, but when I am depressed, I can’t think straight. Right and wrong sometimes go out the window when I get really into that state. It’s like what ever feels good at the time seems so logical” (M. Tetreault, personal interview, September 21, 2011). We tell our children that money is not everything, but yet when it comes down to the choice of more money or the

well-being of a human, more often than not it is the money that wins out. Melissa Tetreault went on to share with me the story of her coworker of seven years, Bruce Patterson.

According to Ms. Tetreault, Mr. Patterson has been on high-blood pressure medicine for quite sometime, but when his hours got cut at work, he had to make some drastic changes in his lifestyle to be able to stay on his pills. Just to stay on the medicine that he very much needs, he stopped paying his electric bill for months in his trailer. Melissa said that it was during the winter of this year when he lost power for his home and would do things like stay at his job at Burger King for many hours after his shift, sometimes even napping at the store in order to sleep some place warm (M.

Tetreault, personal interview, September 2, 2011). Via electronic communication Ms. Patti Hollis shared her sister's story of how she was left in pain because of lack of healthcare coverage. According to Ms. Hollis, her sister had been experiencing pain in her leg and hip so she went to the ER in Girard, Ohio. The doctors did a CAT scan, which revealed nothing that would cause her to be in so much pain. They gave her a shot and sent her home. Over the next days she her condition did not improve, even after going to the ER three more times.

Because she had no insurance, the doctors refused to continue to seek out the cause of her condition. Her sister then brought her to St. Elizabeth Free Medical Clinic in a wheelchair because, by this time, her sister was not able to walk. Here X-rays were conducted, which also revealed nothing, so her sister was told that there was nothing more that they would do. She asked if

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maybe and MRI would help, but the nurse practitioner refused to order that test. Seeing her sister crying in pain, and knowing they were running out of options, she placed a phone call her own doctor (P.

Hollis, electronic communication, September 26, 2011). This doctor recommended her sister be taken to the ER in St. Elizabeth's Clinic by ambulance. She followed her doctor's advice, and her sister was admitted into the hospital. After getting an MRI, her sister learned she had a herniated disc and had to have surgery. They also learned that she was diabetic. Once the surgery was performed, the pain went away and was doing very well. However, even after diagnosing her with having diabetes and prescribing her insulin, at no point was she taught how to take the medicine.

A phone call was placed to the director of the hospital about the poor treatment her sister received at St. Elizabeth's and she was assured that her sister would be taken care of. It is the firm belief of Ms. Hollis that her sister's suffering was totally unnecessary. Had her sister had health insurance, she believes that the doctors would have been much more inclined to order tests. It was appalling to Ms. Hollis that they would leave her sister crying in a wheelchair, and refuse to do anything to help her (P. Hollis, electronic communication, September 26, 2011).

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