Spring 2014

Justice in Healthcare: Universal Healthcare's Deliverance of Optimal, Patient-Centered Healthcare

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JUSTICE IN HEALTHCARE: UNIVERSAL HEALTHCARE'S DELIVERANCE OF OPTIMAL, PATIENT-CENTERED HEALTHCARE.

A thesis submitted to
Regis College
The Honors Program
in partial fulfillment of the requirements
for Graduation with Honors

by

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May 2014

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS v

I. INTRODUCTION 1

II. HEALTH INSURANCE IN THE UNITED STATES 12

III. THE INJUSTICES WITHIN THE UNITED STATES' PRIVATE HEALTHCARE INDUSTRY 16

IV. UNIVERSAL HEALTHCARE IN SWITZERLAND 23

V. CONTRAST BETWEEN THE UNITED STATES AND SWITZERLAND HEALTHCARE INDUSTRIES 27

BIBLIOGRAPHY 30

LIST OF TABLES

TABLE I: Contrast between the United States and Switzerland Healthcare Industries 23

ACKNOWLEDGEMENTS

First and foremost, I would like to thank Dr. Lafosse and Dr. Palmer for advising me for over a year throughout this process and for supporting me throughout my entire career at Regis. They are truly inspiring and I will be forever thankful for their guidance, their commitment to learning, their genius, and their extreme kindness. I would also like to thank Dr. Bowie for his support throughout these four wonderful years. I am honored to have worked with such a wise and intellectually stimulating man. His grace and peaceful energy soothed our class, especially during times of stress, while his ideas and words both left us in awe and fed our souls. Thank you, Dr. Bowie, for your stories.

I would also like to thank my wonderful mother, father, and sister. They have steadfastly supported me throughout my life and I could not have accomplished what I have without their love and guidance. Mama, thank you for being my go-to-gal and for making me feel better during times of stress. Papa, thank you for all of the thought provoking conversations. You have taught me to forever question and reflect. Marcella, your strength inspired me to write this thesis. Thank you for your love, your constant support, and for always making me laugh.

Finally, I would like to thank my boyfriend Jared for his constant support. Jared, I could not imagine spending my life with anyone else. Thank you for your peaceful nature, your kind heart, your energetic spirit, your knowledge, and your influence. You are a wonderful man.

INTRODUCTION

Before discussing what a just healthcare system is, it is important to first answer the question, what is justice? Justice, like truth or virtue, is an elusive idea that increasingly taunts us throughout our lives. Judicial systems are constructed in justice's name and social movements strive to achieve it; mankind longs to understand and live in accordance with justice. It is evident that it is an inherent part of the human condition. Most importantly, justice is the promotion of the human condition. It protects human life, allowing individuals to flourish without fear of persecution. It preserves human expression, giving human beings the freedom to use their unique talents.

In essence, justice gives individuals the freedom to create an identity that is their own while protecting them from oppression. It understands the scope of the unified life, which is: the notion that a man is not simply a man, but is a father, a brother, a husband, an employee, one who aspires, one who dreams, etc. Justice promotes those internal and external qualities of the individual that gives him or her life and happiness. Justice is flexible in order to accommodate the multitude of different human identities, which both protects and promotes their growth and self expression. More specifically, justice does not and cannot limit the personal identity, for it is a critical foundation for it.

What is the relationship between justice and health care? Human flourishing, the ability to reach one's natural potential, is first and foremost made possible by good health. Personal health is a crucial component of personal identity. It is our functional abilities with which we identify and that challenge us to push the boundaries of our limitations. These capabilities show that we have the ability to be more as individuals and it is our health that allows us to use these abilities to become more. One cannot attend to one's ambitions or interests when battling with illness. Sickness limits the richness of human life and shortens its duration. Thus, good health is one of the primary concerns of justice. In order for justice to promote human potential and human identity, it must first protect human *life*. Without good health, there is no life. Therefore, justice cannot limit human identity or the potential for good health. It must give individuals the opportunity to sustain their lives in order to pursue the good life.

Any healthcare system, being one that is created by mankind for the betterment of mankind, must function in accordance with justice. Since a health care system should be primarily dedicated to increasing quality of life, it appears that a just healthcare system is one that administers optimal care, which begs the question, what is optimal care? This is already answered through our understanding of the role of justice: optimal care is just care, which protects good health rather than limiting it. Thus, optimal care should be unlimited in order to provide any necessary opportunities for better health. Good health *and* its accessibility (Ruger, 2009) should be two of the primary foci of a just healthcare

system. In addition, a just healthcare system should strive to preserve and, if needed, restore individuals' functional abilities so that they may lead more fulfilling lives.

It is important to recognize that in order for a healthcare system to promote functional capabilities, it must also first identify them. Thus, the individual identity of the patient must be realized, coinciding with the principle that justice embraces the scope of the unified human life. To only attend to one's ailment is to ignore and neglect one's individual identity. Thus, a just healthcare system must protect personal identity by promoting good health.

In addition, optimal care is not limited to the patient, but also includes those involved in the patient's treatment. Just as justice is committed to the flourishing of all individuals, so too must a just healthcare system protect the professional talents of physicians and those who are personally involved in helping the ill. Thus, a physician's clinical opinion should be primary and not limited, for it is the skill of the physician that helps restore health to the patient. This valuable potential to increase quality of life also directly fuels the physician's personal identity and his or her own human flourishing. Thus, the physician's professional skills should be supported, rather than limited for the sake of his or her, and the patient's, betterment.

In summation, the goal of a just health care system should be to promote or restore good health by administering optimal and unlimited, care. Again, *optimal* care is *just* care, one that preserves the unified, personal narrative of both the physician and the

patient through protecting personal and professional potential for good health. Unfortunately, such imperatives are not the focus of the private healthcare industry in the United States. As will be explained later, the current healthcare industry is not patient-centered and is primarily concerned with profit making. Thus, good health has merely become a commodity rather than a human necessity. Thousands of poor individuals do not have health insurance and are thereby denied access to healthcare, ultimately revealing that, in this present system, human flourishing is only for those who can pay, putting a price tag on quality of life. By keeping healthcare from those who cannot pay, this system fails to realize that health and the potential for it are most important for *all* individuals.

What's more, limiting healthcare threatens the personal identities, the beliefs, and the skills of the physician and the patient, transforming them into simply means used to increase revenue. As will be discussed later, the potential and the skill for doctors to save the ill are suppressed by the current healthcare system, limiting the opportunity for human flourishing. Thus, the private healthcare industry ironically lacks humanism by not protecting human identity or human life. Thus, it is not a just health care system. Change must be enacted for the sake of justice and the preservation of human life. With its primary focus being equally accessible healthcare to all citizens, universal healthcare in Switzerland offers an alternative to the private, for-profit, health care industry to which we are currently subjected. It is a system where every individual can receive needed,

unlimited, optimal care, where physicians are not forced to ration care (which will be discussed later), and where everyone has an unlimited opportunity to restore their functional capabilities in order to live more fulfilling lives. Thus, Switzerland's universal healthcare system delivers a more humane, patient-centered environment and overall better healthcare. By focusing on the needs of the patient, the doctor, the human being rather than succumbing to the temptation for money, Switzerland's healthcare system, one that is in accordance with true justice, could be implemented in the United States.

HEALTH INSURANCE IN THE UNITED STATES

The United States' healthcare system offers both private and public health insurance. Public healthcare includes Medicare (a federal program for the elderly), Medicaid (a program for the poor and disabled), and other public systems such as The State Children's Health Insurance Program (Chua, 2006). More than half of the American population has private health insurance. (Chua, 2006).

There are two forms of private health insurance. The first is employer-sponsored insurance, which is the primary method in which individuals receive health insurance in the U.S. (Chua, 2006). Businesses offer their employees benefits packages that include health insurance packages administered by private insurance companies. These packages vary; some cover prescription drugs and certain procedures and others do not (Chua, 2006). The insured also are only allowed to see certain physicians and receive treatments that are approved by their insurer. The employer and the employee pay an unequal amount to finance the insurance coverage, with the employer usually paying the majority of the cost (Chua, 2006). Patients may be responsible for paying a copayment fee for each routine doctor visit or preventative care procedure. They may also have to pay an annual deductible, a family deductible, or a coinsurance. Patients are required to

pay for unapproved procedures out-of-pocket in addition to charges that exceed the approved amount given by the health plan (Chua, 2006). Finally, patients usually are responsible for paying for visits to doctors or specialists who are not approved by the insurance company, except in the case of an emergency.

The second form of private health insurance is private non-group or individual market insurance. Individuals who are self-employed, individuals who cannot receive employer-based insurance, or those who are retired can receive health insurance from private insurance companies. These individuals must pay for their coverage out-of-pocket and are at risk of being denied health insurance due to a pre-existing condition or due to age. Like those offered in employer-based coverage, the insurance packages offered to private individuals vary. In addition, premium amounts depend on the condition of the patient, meaning that those who are sick or present a high risk of being sick will pay higher premiums and vice versa (Chua, 2006). In sum, the individual market coverage presents significant risks in contrast to employer-based health insurance. These private individuals, if unhealthy, will more likely pay more for their health coverage compared to the healthy or are even at risk of being denied coverage entirely. Those who receive coverage through their employer, fortunately, are not vulnerable to these risks.

The U.S. consists of multiple payers that finance its healthcare system. The government collects money generated from taxes, premiums, and tax subsidies to reimburse private insurers for their coverage (Chua, 2006). Private insurance companies

collect revenue from premiums, businesses, and the government to reimburse health providers such as hospitals and doctors for their care of the insured.

As is revealed by the process of financing private health insurance, the patient has an indirect role in the healthcare system and is underrepresented. It is the insurance company that is the primary decision-maker, rather than the patient. Insurance companies and pharmaceutical companies dominate the market system in the U.S., owning 50% of market power in all but five states (Moses, Matheson, Dorsey, George, Sadoff, & Yoshimura, 2013). This limits patients' choices in what coverage they can receive and limits physicians' choices in what medications they can administer to their patients. Thus patients are forced to make do with whatever packages are offered by those few and powerful companies. In this real sense, private insurance dominates the healthcare industry.

In addition, private insurance companies can and do reject individuals due to age or pre-existing conditions. For all individuals who have private health insurance, insurance companies predetermine what doctors, treatments, and facilities their customers can see, receive, and visit, limiting their choice for care. In addition to this freedom in creating various insurance plans, insurance companies also determine the price of those packages. This ultimately makes the patient, the employer, and the government pay more to cover costs, which has increased by 11.4% since 2011 (Moses et al., 2013).

Annual health care costs for a family of four have increased by 6.5% since 2012 to an escalating $22,030, which includes $5,544 in payroll deductions and $3,600 employee out-of-pocket costs. This annual sum is approximately the amount that is needed to attend an in-state public college for one year (Munro, 2013) and is about 44% of the median annual family income of $52,100 (Pear, 2013). Thus, insurance companies are the "champion of social policies" (Moses et al., 2013) and health care administration. They are the decision-makers in the United States, limiting choice for both the patient and the physician. This dominance and the costs they impose negatively affect the relationship between the patient and his or her patient and have marginalized their value as human beings.

THE INJUSTICES WITHIN THE UNITED STATES' PRIVATE HEALTHCARE INDUSTRY

The government and private insurance companies have dominant roles in our current healthcare system. More specifically, the government currently controls 42% of the nation's medical care spending (Wollstein, 1992) and insurance companies, including major hospitals and pharmaceutical companies, own more than 50% of market power in 45 states (Moses et al., 2013). This large amount of control over market prices of medical goods has allowed these major companies, particularly insurers, pharmaceutical companies, and hospitals, to increase healthcare costs, making healthcare a financial burden for the rest of the country.

According to an article published by Time magazine, about $2.8 trillion was spent in the U.S. in 2013 on healthcare alone, about $60 million per week, which is 27% more than other developed countries and two and a half times the Organization of Economic Cooperation and Development (OECD) average. Of this $2.8 trillion, $2 trillion was paid by private health insurance, those who pay for a percentage of what their insurance did not, and those without insurance. The remaining $8 billion was paid by the federal government through Medicaid and Medicare programs (Bril, 2013). Individuals are being burdened with having to pay costs that have increased by 30% since 2009. Yet, despite such spending, what our healthcare produces is worse than the outcome in other developed countries. According to the OECD, life expectancy in the U.S. is shorter by

four years compared to the 17 most developed countries in the world, primarily Western Europe and Japan.

In addition, 75% of physicians are employed by hospitals or health systems, or are residents within them, and are no longer independent practitioners, meaning that the "private physician" is history (Moses et al., 2013). Thus, 75% of all physicians in the United States represent an insurance company, a pharmaceutical system, and the health system of which they are a part. Due to this, patients have indirect relationships with their insurance companies, which ultimately marginalize them as patients. The dominating roles insurance companies play in healthcare administration and healthcare costs have transformed healthcare into a commodity in the twenty-first century, a system where physician and patient status is lost and is placed under the control of the insurer (Osorio, 2011).

With this new corporatized mode of healthcare, third parties have dominated the industry, using their market power to increase revenue by increasing healthcare costs. The vast majority of physicians who do not have a private practice are thrown into the public spotlight, becoming supervised "wise stewards of limited resources", making medicine "an arbiter of public morals" (Bloche, 2011). Physicians must uphold the double role of having a responsibility to their patients while at the same time only administering care that is approved by the insurance company, regardless of their professional, medical opinion. In addition, physicians are pressured to see more people

more quickly to satisfy hospital protocol, which makes them see their patients less. This forces physicians to only direct their attention to the dysfunctional system the patient suffers from (Osorio, 2011). This puts curing and caring at odds with each other and again transforms the patient into a mere client (Osorio, 2011) who is defined by his or her ailment, ultimately diminishing the patient's personal care.

This speedy consultation with doctors, brought on by insurance company interference, and the patients' indirect relationship with their insurers disempowers them as consumers (Moses et al., 2013) and abandons them as mere consumers. This interferes with the physician-patient relationship, hinders the progress in the patient's health, and victimizes both the physician and the patient by limiting their abilities to help heal and be healed. Through this, insurance companies have transformed physicians and patients simply into providers and clients, which changes their personal relationship into a mere encounter. The dominance of insurance companies in administering healthcare reveals how conditioned the medical system is to "mercantilist forces, excessive savings, and increased revenues and profits [...]" (Osorio, 2011) and how unfocused it is on patient health and well being. This has ruptured the physician-patient relationship into an impersonal interaction that is devoid of humanist treatment. We can see this limitation in healthcare in a case reviewed by *Time Magazine*.

Forty-two year old Sean Recchi was diagnosed with non-Hodgkin's lymphoma in March of 2012. Desperate, Sean and his wife Stephanie sought help from doctors at MD Anderson. In order to be examined for six days, they were forced to pay $48,900 in

advance in order to even be seen by a specialist. "Sweating and shaking with chills and pains [and with] a mass in his chest that was…growing," the panicked Sean was forced to wait for ninety minutes in the reception area before beginning his urgent treatment because "the hospital could not confirm that [an additional $35,000] check had cleared" (Brill, 2013). Only after spending a total amount of $83,900 in advance was Sean able to see a physician, get a treatment plan, and receive his initial dosages of chemotherapy. What's most disturbing is many of his treatments and medications were overpriced, amounting to a cost that was forty percent more than what MD Anderson initially paid for the various medicines (Brill, 2013). Thus, MD Anderson is extremely overpriced. In addition, Despite MD Anderson being a nonprofit department of the University of Texas, it made a profit of $531 million in the 2010 fiscal year, which is a profit margin of 26% on revenue of $2.05 billion according to the U.S. Department of Health and Human Services (Brill, 2013).

In response to Sean and his family's protests, MD Anderson commented, "the issues related to health care finance are complex for patients, health care providers, payers and government entities alike… MD Anderson's clinical billing and collection practices are similar to those of other major hospitals and academic medical centers" (Brill, 2013). This exposes other major hospitals and healthcare clinics to be procuring profits that exceed the quality of care they deliver and they have the means to continue doing this. According to the Center for Responsive Politics, pharmaceutical companies, hospitals and other health services have spend "$5.36 billion since 1998 on lobbying in

Washington", which is four times the amount spent by defense, aerospace, oil, and gas industries (Brill, 2013). This immense amount of market power of the healthcare market has allowed it to transform hospitals into the most profitable businesses in cities all across the country (Brill, 2013). Additionally, these powerful institutions, like MD Anderson, are able to charge more for medications and procedures than their market value, forcing patients to pay for overpriced and financially unfeasible care, which ultimately limits care. MD Anderson and institutions like it dominate the economy with their high priced procedures and medicines. As already mentioned, this has caused annual healthcare costs for families to rise to an astounding $22,030, which is a 30% increase since 2009 and is 44% of the median annual household income according to the Milliman Medical Index. Thus, patients, like Sean, are financially burdened and thus financially limited from receiving optimal care. Private insurance companies have victimized patients by making medical care a strict commodity. Healthcare is limited only to those who can pay, transforming good health into something that is traded.

The doctor-patient relationship should be founded on mutual cooperation, where patients have rights and physicians promise to steadfastly protect the health of their patients (Osorio, 2011). While the healthcare industry should strive to promote mutual partnership and preserve the humanity of both its physicians and its patients, it has fallen prey to the increasing medical costs brought on by powerful, for-profit insurance companies and major hospitals. This has threatened the doctor's commitment to the ill, transforming medicine into a high profile and political industry and forcing physicians to

abide by policies whose incentives are for-profit. These companies have increased cost so much that doctors are forced to not administer certain medications simply because they are too expensive. This limitation in patient care diminishes care. Thus, optimal care for a patient has become a limited resource, with its administration controlled by the insurer. Again, patients have merely become paying customers and opportunities to increase revenue rather than being valued as individuals who have a human need to sustain life. Patient care has become a transaction rather than a mutual partnership between the physician and patient. Thus, optimal health has become a consumer good.

These limitations in healthcare, the manipulation of the physician's role as caregiver, and diminished patient value reveal that profit is the true incentive of the current U.S. healthcare system rather than optimal health and treatment for its patients and even its physicians. Thus, individual identity and human value seem absent in this current model. By limiting healthcare, patients are prevented from achieving optimal health, which is the foundation for the good life. The U.S. healthcare system does not protect human health, thereby threatening human life. Individual identity, individual worth, and the human being are marginalized and neglected, which lacks justice in its entirety. Thus, the private healthcare industry cannot and does not administer optimal care because it limits and is negligent of human worth. Change must be made for the sake of justice and the quality of human health. Lessons can and should be learned from other

countries and it is necessary to apply new methods for the sake of a better, just healthcare system.

UNIVERSAL HEALTHCARE IN SWITZERLAND

It is important to explain why Switzerland's healthcare system has been chosen as a point of comparison with the healthcare system in the United States. First and foremost, it is necessary to introduce the similarities and differences these two systems share with each other in order to illustrate Switzerland's use in this thesis. To begin, Switzerland and the United States are very economically successful and powerful countries. Both have two very important similarities: they both have democratic forms of government and their healthcare systems have equal access to the latest technologies (Roy, 2011). There are, however, important differences. Namely, Switzerland's governmental system is a pure, direct democracy in which citizens decide on political policies directly, contrary to the representative democracy found in the United States. Switzerland's direct system increases the responsibility of the Swiss as citizens to vote. In essence, Switzerland's governmental policies are citizen-driven. This powerful role of the citizen in politics transpires into the workings of the healthcare system.

To continue, Switzerland does not have socialized medicine, like most European countries (Bachmann, 2012). Rather, it has universal coverage in which all citizens must purchase private health insurance. This system is one that the Affordable Care Act is currently working to achieve in the United States. Moreover, the roles of the government,

the insurance company, the patient, and the doctor in Switzerland's healthcare system are fundamentally different to those at play in the United States.

Switzerland's government mandates the workings of the private insurance companies. For the sake of affordable and equal access to health coverage, the government controls what packages (i.e. cost sharing features, coinsurances, and deductibles) the private health insurance company can offer, which makes healthcare costs transparent to the consumer (Roy, 2011). It requires every insurer to offer a base package that includes doctor visits, hospital stays, medicine, rehabilitative care, and in-home care (Bachmann, 2012). In addition, these companies must always provide coverage to all prospective consumers. No citizen can be denied coverage due to age, pre-existing conditions, etc. Finally, the Swiss government controls how much every citizen must pay for insurance, copayments, procedures, etc. For any service, the citizen will never pay more than eight percent of his or her yearly income (Bachmann, 2012). This is 36% less than the annual cost of individual market private health insurance and 10% less than the annual cost of employer-sponsored private health insurance in the United States. The Swiss government will compensate for any expenditure that exceeds this limit. This accessibility of private insurance to all citizens illustrates the commitment the Swiss healthcare system has for the health and well being of its consumers.

The well being of the patient is critical and it is the private insurance companies' responsibility to give them access to needed services. This means that they must

financially assist all patients in receiving care that the physician deems necessary for his or her patient. In addition, the patient, not the insurance company, chooses which doctors he or she would like to consult and which hospital or clinic to visit. Patients also do not have to wait to see a specialist, to have surgery, or for other procedures to be performed (Bachmann, 2012). Also, in an effort to reduce costs and ensure patient satisfaction, physicians must justify to the insurance company the treatments they wish to use and medications they wish to prescribe. This guarantees that physicians are caring for their patients effectively.

Because the patient decides which physician he or she wishes to visit, physicians are pressured to administer their best care and perform their duties well in order earn the business of citizens and attract patient interest. Thus, insurance companies and physicians cooperate with the government to deliver the best financial and medical support for the patient. This commitment to patient satisfaction also illustrates the responsibility of the patients as being those who must independently decide which insurance company suits their needs the best and which coverage plan is optimal.

As is revealed by Switzerland's direct democratic structure, citizens are the decision-makers for public policies. Paralleling this, citizens are responsible for purchasing their own private insurance rather than relying on other systems, such as their employer, to choose certain packages. Thus, the patient and the insurance company have a direct relationship, unlike the majority of U.S. citizens who purchase insurance through

their employer. This forces the Swiss to be proactive with their medical needs and allows them to control who they see and where they are seen (i.e., which hospital or practice) without fear of financial limitations. Thus, the healthcare industry in Switzerland is customer-driven, providing universal healthcare where there is no middleman and where care is not limited (Schwartz, 2009).

In sum, the U.S. and Switzerland offer private healthcare insurance and have similar forms of government, which shows that Switzerland is easily comparable with the United States. Despite some differences between these two systems, the similarities show that the Swiss system of healthcare can perhaps be more easily implemented in the United States, compared to perhaps other European countries, such as Cuba, that offer socialized medicine and have governmental systems, such as communism, that are incompatible with the representative democracy found in the U.S. There are valuable lessons to be learned by the methodologies of Switzerland's universal healthcare system, lessons that can effectively aid in the reformation of the current system in the United States.

CONTRAST BETWEEN THE UNITED STATES AND SWITZERLAND HEALTHCARE INDUSTRIES

Table I illustrates the differences between the United States and Switzerland healthcare industries.

Table I: Contrast between the United States and Switzerland Healthcare Systems

	United States	**Switzerland**
Types of Healthcare Insurance	Public and Private	Universal, Private
Costs of Healthcare (% of annual income)	Employer-sponsored- 18% Individual Market- 44%	Always less than 8%
Incentives	For Profit	Patient-centered
Limitations in Healthcare?	Yes	Never

Despite that both the United States and Switzerland's healthcare systems offer private insurance, the incentives of each system are profoundly different. This difference is revealed by the roles played by the government, the insurance company, the physician, and the patient in each. In the United States, insurance companies dominate healthcare administration due to having more than 50% market power in all but five states (Moses et al., 2013). Due to this, they are able to charge higher rates, which ultimately increases total healthcare costs. In addition, American citizens do not have a legal right to healthcare (Hoffman, 2013). This allows insurers in the United States to deny coverage to

anyone, in the individual market, due to pre-existing conditions or age. In other words, the insurer rules and is motivated by profit rather than by optimal health for its consumers. Thus, the U.S. healthcare system is a profit-driven industry that allows: high medical costs created by private insurers, the limitation of a physician's professional decision-making for the sake of increasing revenue, and the denial healthcare to those who cannot afford it. This current system limits human flourishing, unlike Switzerland's consumer-driven healthcare system.

In Switzerland, the government mandates that insurance companies be committed to patient health. By requiring every citizen to have health insurance and by only allowing customers to pay a certain percent of medical costs, eight percent of their annual income, Switzerland's government creates a universal healthcare system where healthcare is easily accessible and financially feasible. Each participating group in this system, from the government to the physician, works to cater to the medical as well as financial needs of the patient. This healthcare system is patient-centered, promoting and protecting optimal health and human flourishing. Unlike the private healthcare industry in the U.S., Switzerland's universal healthcare system does not limit the physician's medical practice. Rather, it demands of the physician effective treatments that can be medically justified; it demands optimal care.

Being a consumer-driven industry, universal healthcare is committed to the betterment of the human being, one in which patients have direct relationships with their

insurer and can choose which physicians they wish to see and which insurance companies better suit their financial needs. Thus, Switzerland's universal healthcare protects individual identity by giving patients the freedom to choose policies, such as the physicians who are seen, deductibles, and cost-sharing features that compliment their own unique lifestyles. This unlimited care for human health is justice in healthcare. Patients are given unbiased, medical guidance and are the champions of social policies, which promote their health and thereby increase quality of life.

In addition, it is important to note that Switzerland spends roughly the same amount on healthcare as the United States. According to the OECD, 19.1% of Switzerland's GDP is spent on healthcare and 20.0% is spent in the United States. Despite this similarity, Switzerland more effectively achieves better health results for the money that is spent (Bachmann, 2012). According to the OECD, the average life expectancy of a Swiss citizen is 82.6 years, which is 2.8 years more than the OECD average and is 3.8 years more than the average life expectancy of an American citizen. Switzerland has the second highest life expectancy in the world and has one of the healthiest populations, whereas the United States is in 38th place for life expectancy (Bachmann, 2012). Thus, Switzerland's universal healthcare system improves health and increases life expectancy. Governmental regulation of medical costs and the requirement of every citizen to have health insurance keeps the population healthy, which reduces the need for emergency room visits and the costs that go with it (Bachmann, 2012). In addition, healthcare costs are markedly lower in Switzerland than in the United States. According to the Milliman

Medical Index (MMI) and as mentioned previously, those with employer-sponsored private insurance pay 18% of their annual income and those with individual market private insurance pay 44% of their annual income in the United States. In contrast, the Swiss never pay more than eight percent of their annual incomes on healthcare (Bachmann, 2012). Therefore, healthcare in Switzerland is more affordable and, as a result, more than half of the nation's citizens praise this current system, compared to the 21% in the United States (Bachmann, 2012).

Having a successful, just and patient-centered healthcare system, Switzerland offers a learning opportunity for our nation. What's more, the similarity between the American and the Swiss governmental systems is promising and shows that perhaps Switzerland's approach to healthcare can be more easily implemented in the United States compared to other countries. Equally accessible, unlimited healthcare can be achieved. A patient-centered healthcare system can be implemented. The real challenge is to recognize the invaluable worth we human beings, physicians and patients alike, possess and to admit that the Swiss model of universal healthcare benefits human health and overall quality of life in ways that the United States healthcare system cannot. By limiting care and increasing costs, the for-profit private healthcare industry in the U.S. makes optimal health almost unattainable to the average American citizen. Reform is needed to make optimal healthcare more accessible. In addition, the patient must also learn to rise to the role of decision-maker. He or she must exercise the new responsibilities of choosing what better suits his or her personal medical needs rather than depend on employers to provide

healthcare insurance. Through this, our nation's healthcare system can grow to become more effective in keeping its people healthier and happier, one where health is not neglected or ignored, and where every citizen has an equal and unlimited opportunity to thrive as healthy human beings.

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