

Equality and Justice in Medicine: a paradigm of Uncertainty

Equidade e Justiça em Medicina: um paradigma de Incerteza
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ABSTRACT: Equity in the sense of equal access to mainline contemporary medicine is recognized as one of today's greatest challenges: economically, politically, and morally. The treatments of contemporary medicine are either unavailable or too expensive for most sick persons in the world. There is an experience of inequity and injustice which is extensive and can be turned into a motor for revolution if left unaddressed. The distribution of health-care services to all persons on the same standard is both an ideal and a driving force to change in society. In Natural Law Theory, equity and justice are principles revealed in human responses to reality. Human beings, even children, demand equity and justice. Health care systems attempt to put these principles into concrete services, but none do so adequately or to the satisfaction of all. This situation creates the challenge of equity and justice in high-tech medicine. Different medical service models are looked at and compared. Challenging circumstances to achieving equity and justice in health care are considered. Finally, the challenge created by a war metaphor and an industrial metaphor, both of which operate in contemporary medicine, is examined. Ideals like equity and justice are never fully concretized but remain important for driving needed changes in health-care systems.

KEYWORDS: Equity. Medicine. Bioethics.

RESUMO: A equidade no sentido do acesso igual à medicina contemporânea elitista é reconhecida como um dos grandes desafios de hoje: econômico, político e moral. Os tratamentos da medicina contemporânea são estão disponíveis ou são demasiado caros para a maioria das pessoas doentes no mundo. Há uma ampla experiência de desigualdade e injustiça que pode ser transformada em um ímpeto para a revolução caso não seja resolvida. A oferta de serviços médicos a todas as pessoas no mesmo padrão é um ideal e uma força motriz para mudar na sociedade. Na teoria do direito natural, a equidade e a justiça são princípios revelados em respostas humanas à realidade. Todos os seres humanos, inclusive as crianças, demandam equidade e justiça. Os sistemas sanitários tentam traduzir esses princípios em serviços concretos, mas nenhum o faz adequadamente ou para a satisfação de todos. Essa situação cria o desafio da equidade e da justiça na medicina de alta tecnologia. Os diferentes modelos de serviço médico são examinados e comparados. São também consideradas as circunstâncias desafiadoras para alcançar a equidade e a justiça nos cuidados médicos. Por fim, o desafio criado por uma metáfora da guerra e uma metáfora industrial, ambos em operação na medicina contemporânea, são examinados. Ideais como a equidade e a justiça nunca são inteiramente concretizados, mas permanecem sendo importantes para realizar mudanças necessárias nos sistemas de cuidados médicos.

PALAVRAS-CHAVE: Equidade. Medicina. Bioética.

RESUMEN: La equidad en el sentido de la igualdad de acceso a la medicina contemporánea tradicional se reconoce como uno de los desafíos más grandes de hoy: económico, político y moral. Los tratamientos de la medicina contemporánea son inasequibles o demasiado costosos para la mayoría de las personas enfermas en el mundo. Hay una experiencia de inequidad y de injusticia que es extensa y se puede convertir en motor para la revolución si no se la resuelve. La distribución de los servicios de cuidado médico a todas las personas en el mismo estándar es un ideal y una fuerza impulsora como para cambiar la sociedad. En la teoría del derecho natural, la equidad y la justicia son principios reveladores en respuestas humanas a la realidad. Seres humanos, incluso niños, demandan equidad y justicia. Los sistemas sanitarios intentan convertir estos principios en servicios concretos, pero ninguno los hace adecuados o a la satisfacción de todos. Esta situación crea el desafío de la equidad y de la justicia en la medicina de alta tecnología. Se examinan y se comparan diversos modelos del servicio médico. Se consideran las circunstancias desafiadoras como para alcanzar la equidad y la justicia en los cuidados médicos. Por fin, se examina el desafío creado por una metáfora de la guerra y una metáfora industrial, que funcionan en la medicina contemporánea. Ideales como la equidad y la justicia nunca se concretizan pero siguen siendo de todo importantes para conducir cambios necesarios en los sistemas de cuidados médicos.

PALABRAS LLAVE: Equidad. Medicina. Bioética.

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THE EXTENT OF THE CHALLENGE

In the context of medicine, equity refers to issues of distribution and access. At the most concrete level, it works out in the way patients are treated in health-care facilities. It is hard to imagine an area with more uncertainty.

In the wealthiest nation on earth, some elderly people are skipping meals in order to pay for medications they need to stay alive. Some younger patients with serious illness have to wait until a crisis develops in order to be admitted to an emergency room, their only access to health care. Some doctors treating rich patients make millions of dollars a year providing enhancement procedures (removing wrinkles and tucking tummies) while other doctors are leaving the profession because they cannot make a living on what they are paid for treating the poor. Some HMOs that restrict critically needed therapies are paying out rich dividends to shareholders while other HMOs that provide the same services are in bankruptcy and closing. Medical science is creating new drugs for previously untreatable illnesses, but the drugs are so expensive that most people in the world remain sick and die because neither they nor their health plans can pay for them.

Outside the U.S., in some state-run medical systems that claim to provide universal access, 75% of the population never even see a physician. Government supported health-care for all citizens began in Russia, but now the Russian health care system is in virtual collapse. During the Soviet era, things were bad. In the Soviet Union in the early 60's, I saw treatment of patients that was inhumanely insensitive. Standards of care were shockingly low. Patients were treated with the same indifference that customers experienced in Soviet department stores or banks. Now, however, only the rich in private hospitals get decent treatment. Public hospitals are dirty, do not have even basic medicines or technologies, and are overwhelmed with desperately ill people. The health care system that pioneered equity is now a paradigm of inequity and inhumane medical care.

High-tech scientific medicine today is better than ever equipped to cure and to prevent disease, but most individuals, industries, even governments cannot afford the costs. Wealthy patients may experience the ecstasy

of recovery from life-threatening illness, but increasingly greater numbers of economically less fortunate patients experience anger and frustration because of being left to die. (Paradoxically, these economically less fortunate people may at least die quickly and peacefully, while economically affluent people may die only when expensive but futile interventions are no longer able to extend the dying process.) The gap between the wealthy who have access, and the poor who lack access to health care is a potentially explosive issue both in countries with a predominantly free market health care system and in countries with a predominantly government-run system^a. Basic ethical components of a doctor-patient relationship cannot be violated without serious repercussions. Any proposed solution to the issues of justice and inequity in health care will be full of ambiguities and uncertainties. Christianity, more than any other background belief system, provides the most solid foundation for a health care system based upon solidarity and fraternity, equality and social justice: a health care system for the rich and the poor; the intelligent and retarded; the emotionally weak and emotionally strong; the lucky and the unlucky.

When richer people, or persons from certain races or from certain places have access to needed health care and survive, while poorer persons or people from other races or places do not have access and die, intuitively we recognize that basic bioethical values are being violated. Equity is violated. Justice is violated. Wherever equity and justice are violated, human beings recognize the immorality, experience anger, and suffer frustration. Then if political movements for changes to remedy the immorality and frustration are unsuccessful, revolution can result. The ethical values of equality and justice may be abstract and theoretical, but there are potentially serious consequences if they are ignored or if they fail to be implemented.

Plainly stated, equity requires that essential goods and services that are provided to some persons in a society should be available to others similarly in need, and sharing the same dignity. Essential health care should not be available only to some. If even essential goods and services are so scarce or so expensive that they cannot be provided to all, then according to one theory, they should be made available through a form of lottery. The equal value of each person it is claimed, would thereby be protected¹.

a. It seems ironic, but today in China, the government system is too expensive and officials have opted for a private free-market system to ease the economic pressure. The value sacrificed in this change of course is equality.

The logic of such a conceptualization is admirable but providing for essential human needs in an equal way is so complex that the logic does not work out in practice. The logic is simple, but the realities are complex. Equality imposes obligation, but the principle of equality alone, applied through lottery, cannot solve basic health care distribution problems. Overly simple schemes to implement equity are no help.

In New York, a small health care revolution in the 1990's brought badly needed primary care physicians to newly constructed clinics in the city's poorest neighborhoods. The bold initiative was led by a Primary Care Development Corporation. The system provided what amounted to efficient and affordable health care for poor people who had been taking routine needs to emergency rooms. But the number of uninsured patients increased. Then Medicaid, Medicare, and managed care payments declined, and primary care doctors started to move to more affluent neighborhoods. Some clinics finally began to close, and the courageous effort to bring a degree of equity in health care, despite strong political support, is now on the brink of collapse. If this happens in good economic times in the U.S., imagine what *is happening worldwide during this period of economic slump*.

For equity to work, economics has to work, and many other ethical principles have to be put into practice. Autonomy, for example, cannot be ignored. Neither can sanctity of life. And without compassion, equality could neither determine needed health care nor provide needed services. Equity first has to be clearly defined and then related to economics and to other ethical principles. Challenging uncertainties have to be overcome.

UNDERSTANDING EQUITY: DEFINITION AND FOUNDATION

Equity in the Natural Law tradition means conformity to accepted standards of justice without prejudice, favoritism, or fraud. Equity and justice are closely related. Justice sets up standards for goods distribution, and equity is one of the standards. Natural Law requires that equals be treated equally. In most Natural Law perspectives, equity and justice are one.

Justice in the sense of distributive justice refers to the allocation of limited goods and services. The distribution of goods and services to everyone on the same basis is one

meaning of both justice and equity. Ideally, justice would strive to make all human beings as equal as possible. Justice, fairness, impartiality, equity, these are at the very least comparable categories: different ways of expressing the same Natural Law ideal and objective.

The Natural Law foundations of justice and equality are revealed in human responses to reality. Even small children have a sense of justice and equity. Protest and crying can erupt at a birthday party if one child thinks his piece of cake is smaller than the child's cake next to him. Justice and equity are values which have a foundation in reality and are built into the human psyche, even a small child's psyche.

Sensitive persons at any age can see in the face of the other a basic similarity; similar needs, similar responses to reality, a parity, indeed, a sameness. Equity expresses this intuition into reality in a moral category which communicates both the objective basis of the intuition and the corresponding sense of obligation. Equity connotes a requirement that we try to flesh out the intuition of sameness by trying to bring essential goods and basic services to all on the same basis. If the goods and services are medical, then the obligatory aspect of equity point toward a universal health care system in which basic medical goods and services are provided to all persons.

A sensitive person can grasp the sameness of all humans, simply by looking attentively into another person's face. But even less sensitive people can grasp this sameness when human beings are ill. Whether illness is physiological or psychological, human beings all experience the same distress, loss, pain, and suffering. Depression is similarly experienced whatever the person's socio-economic status or ethnic identity. Cancer, heart disease, kidney dysfunction, all are experienced the same way by all human beings. The needs created by disease and illness are the same. It is the overwhelming sameness in experiencing disease and illness that grounds the intuition that persons suffering from the same condition should be similarly helped or treated the same way. terminal kidney disease, for example, means that persons either receive dialysis, or a transplant, or they die. It is the same for everyone. This is the objective Natural Law foundation for the moral claim of equity in health care. But the moral claim is one thing, and measuring concretely what particular goods and services the claim of equity requires is something else.

MEASURING EQUITY

How efficient is a health care system in providing basic goods and services to all? The answer to this question depends upon how the basic goods and services are identified and measured. The measurement depends upon the instruments of measurement and the background assumptions of those operating the instruments. Children in the U.S. for example, may be considered generally healthy by some measurements, but if data are collected differently or if different conditions are focused on, children here are worse off than children in developing countries. Compared with adults, the death rate among children in the U.S. is low, but compared with children in other places, it is not. Life is too complex for most measurement devices to produce clear, cogent, and unarguable data related to equity in the area of health.

Every society organizes, finances, and delivers health services differently. Health care organizations attempt to provide this essential human good within the limits created by available resources, competing goods, and reigning political perspectives. Comparing one health care system with another is difficult because the very definition of health care may differ considerably from one culture to the next. Health care in some cultures like our own, may be synonymous with curing particular illnesses. In other cultures, health care may mean prevention rather than curing of illness. Judging equality and inequality cannot be separated from all kinds of background metaphors and socio-cultural beliefs.

Some of the newer medical interventions are more effective than older ones, but no system of health care delivery could provide the most expensive interventions to all. Who really needs the newer more expensive drugs and procedures? Who could get along with the older, less expensive ones? Is making such a distinction defensible? Who decides this? How are the data created? Are the standards fair? Measuring equity is complicated by all these variables.

Almost everyone agrees that primary and preventive care are critically important areas of health care, and equal access to these may seem feasible. In these areas, persons are required to be more responsible for their health: to eat right, to exercise, and to receive routine care. Consequently, the costs are less. But even these less expensive health care services are not cost-free. Healthy practices on

the part of patients require monitoring. Someone has to monitor blood pressure, lipid levels, sugar levels etc. Then, professionals have to interpret the data and provide routine care. Even the less expensive primary and preventative care costs something. If economic resources are very scarce, even equal access to these may fail. If secondary and tertiary care are added to the goods and services, costs skyrocket. Adding secondary and tertiary care in a system inevitably expands the disparities and reduces equity.

People generally agree that equity is important and should be pursued. But they also have other beliefs. Most North Americans believe in the free market rather than government as provider and distributor of medical goods and services. In other countries, people believe that health care is a government responsibility. Given different beliefs, the variety of delivery systems, the diversity of cultural values, the different economic systems, and the different levels of care, equity becomes a value difficult to measure and difficult to implement.

A Socialist theory of justice measures equity in health care one way, and a Libertarian theory makes the measurements differently. The Socialist perspective leaves out of consideration individual freedom, and hard work. The libertarian vision leaves out of consideration influences like genetics, and environmental factors. Socialist theory maximizes access. Libertarian theory maximizes personal responsibility. In the Libertarian theory state intervention to concretize equal treatment is considered a violation of personal property and justice. In the socialist view, ambition and hard work is discounted. Libertarianism tends to undermine community and shared benefits. Socialism tends to create inadequate wealth for decent health care.

EQUITY AND THE CONCEPT OF HUMAN RIGHTS

Health insurance was introduced as a way of protecting wage earning workers who become vulnerable if they got sick. Workers with a basic health care insurance policy attained a certain degree of equity in health care. Later, governments stepped in to extend basic coverage to other vulnerable groups (elderly and poor). It was the concept of health care as a basic objective human right which made insurance and its extensions possible. Broadly extended health care insurance gave flesh to the idea of equity in health care as a Natural Law principle and basic right. The human right concept provided motivation

for industrialists and politicians to implement health care programs for the needy.

The human rights concept is linked with equity in health care both historically and philosophically. Equity is an old concept, but only in this century has it been proposed as a universal human right. Equity in effect is joined with such basic Natural Law requirements for decent human life as freedom from slavery and torture and arbitrary arrest. It is on the same level as freedom of speech and assembly and religion. Equity in health care is included under the general concept of the right to equal treatment under Law. The inclusion of equality among the most basic human rights certainly puts the continuing campaign for equality in health care on firm ground.

HISTORY AND THE RIGHT TO EQUALITY

Equality as a universal right is frequently mentioned alongside freedom. Both equity and freedom have roots in Natural Law theory, Roman law, and the Enlightenment. Certain political documents advanced both freedom and equality: the Magna Carta in 1215, the American Constitution in 1787, the French Declaration of the Rights of Man in 1789, the American Bill of Rights in 1791, the UN Declaration of Human Rights in 1948. This last document proclaimed “the equal and unalienable right of all members of the human family to freedom, justice and peace in the world.”

The XIV Amendment of the U.S. Constitution stated that no state shall “deprive any person of life, liberty or property without due process of law: nor deny to any person within its jurisdiction the *equal protection of the law*.”

The philosophical and political texts express a Natural Law vision, and that vision gradually is translated into concrete cultural and political practices. Remedies for inequality in health care need not wait until everyone agrees on how equality in health care is defined or how it will be measured. Steps toward implementing the value of equality in health care are ongoing. And implementation is aided by expressing the value of equity in rights language.

THE RIGHT TO EQUALITY IN HEALTH CARE

Equality as a right translates into the right to equality in health care. As a negative right, it means a right to

be protected against serious health hazards. As a positive right it means the right of access to certain basic health care benefits. Rights to health care begin as moral rights, supported by ethical arguments and a Natural Law vision of humanness. Subsequently, human rights become legalized; i.e., turned into legal rights. The objective of Natural Law declarations of human rights is to express what people need for truly human lives. Legal rights to health care access attempt to put the moral declaration into concrete practice. Health care programs try to give concrete form to the ethical vision of equality and the Natural Law based right to health care for all.

The impact of the concept of equality as a universal human right has only begun to be felt. It may take centuries before the concept is concretely established in particular laws in diverse cultures. But the different declarations of equality as a universal right are already having an effect. Changes are taking place here and elsewhere to give flesh to the proclamation of this ideal. For example, a few years ago Cardinal Bernadin in Chicago gave concrete expression to the ideal through his challenge to legislators to make basic health care universal by 2002. He left the mechanism for achieving equality to the experts in healthcare, politics, and economics. Hopefully they are still working on that project. To the extent that the politicians and economists meet his challenge it will be one more example of how a Natural Law vision, and concepts like human rights, and abstract principles like justice and equity can bring about more improvements and better changes than wars and revolutions ever did.

THREATS TO EQUALITY AS A BASIC RIGHT

The trouble is that no matter how great the effort and how much of limited resources is invested in extending health care to all, the ideal has not been realized. Consequently, some have simply given up and substituted autonomy for equity. Individual autonomy joined to free-market capitalism creates a vision that makes health care something which each person pays for from his or her personal wealth. No one however is required to pay for anyone else in this vision. If equality in the sense that every person has a right to health protection and health care cannot be attained, then any attempt to approximate the ideal is abandoned. Here is a classic example of baby being thrown out with the bath water.

Paradoxically, the same concept of rights that once helped propel equity initiatives in health care, now challenges the hard won advances. People are concerned about rights, but the concept of rights is now more broadly employed. Rights are not restricted but greatly extended. Besides individual patients claiming a right to access health care, doctors too claim a right to decide whom they will treat. Insurance companies and capitalist health care institutions claim a right to satisfy the financial interests of their stockholders. Industrialists and businessmen claim a right to compete worldwide and not be disadvantaged by having to pay for health care benefits for workers. Drug companies claim a right to make a profit on the products of their research and therefore to charge exorbitantly for their medications. All these rights claims work against efforts to put into place a right to equal access to basic health care for all.

RESPONDING TO THE THREATS

One way to address the threats to equality would be to downplay the concept of rights and focus on a concept of justice that balances equity and autonomy. Working out the concrete details of a health-care system which balances micro-allocation with macro-allocation, primary care with curative medicine, acute therapeutic interventions with public health measures, equality with autonomy; this is the challenge.

A rationing system is one way to try to respond to the challenge. Rationing, alone, however, does not accomplish the goal of equity. Health care costs always exceed patient needs for health care goods and services. No matter how much rationing is decreed, health benefits for all persons are not provided equally. The rich, the socially well connected, the celebrities, the imaginative, the persistent, the less than honest, always find a way around the rationing no matter how strongly the system tries to promote equity.

Every system of rationing is based on the concept of need. Rationing attempts to meet essential health care needs of all citizens. But how are "needs" defined? Is any benefit a need? How about benefits which restore normal functioning? Could "need" be correlated with "significant" health benefit? Even if the concept of need is reduced to basic or essential or minimum need, it remains difficult both to define and to meet. What is meant by

terms like "basic" or "adequate" or "essential" or "minimum" need in health care?

And there are other needs which make a claim on the same limited resources: food, education, shelter, transportation, police protection, drug prevention, water supply etc. These are not considered health needs, but certainly they have an impact on health. Resource limits make equality in health care a challenge which may never be perfectly met, but a challenge which can be faced up to, one that can generate creative initiatives, and one that can effect gradual improvements in the health care system.

COMMUNITY AND COMMON GOOD

Early in this decade, a President's Commission in the U.S. made a plea for universal access only to an "adequate level" of health care, and did so in terms of community responsibility rather than individual rights. In this perspective, the community, whether local or national, without a health care system that provides some version of equal access for all community members, is morally deficient. The community-based moral obligation focuses attention precisely on community members who are marginalized and whose health care needs are not attended to². "Common good" rather than individual rights becomes the foundation of equity and the basis for a community obligation. Common good incorporates the value of equity. Even if the common good concept does not immediately produce equal access to adequate health care for all, at least it makes possible steps in that direction.

But even the contribution of community and common good to equitable access to adequate health care is not without its limitations and drawbacks. Is the community responsible to provide adequate health care even to those persons who flagrantly ignore their individual responsibilities? And, how can individual responsibility be separated out from public pressure created by the advertising of unhealthy products and behaviors like smoking? How can individual responsibility be separated from peer pressure, psychological weakness, genetic predisposition etc.? In the U.S. we have a culture of "victims." Intravenous drug users and overeaters and anorexics and alcoholics claim not to be responsible for their health problems. Rather than being removed from community responsibility lists, they claim the right to added community support for healthcare based on their self-declared

victimhood³. Besides, the ethics of the medical profession has always required doctors to treat persons in need without judging their responsibility for their problems.

SPECIFIC CHALLENGES TO EQUITY IN HEALTH CARE

We spoke earlier about equity as a more realizable ideal if health care is restricted to primary and preventative care. Is it possible to imagine that a community reaches consensus about primary, preventative and acute health care? If that consensus is reached, what more does essential or basic or adequate care for all cover? What more should all persons have access to: dental care, rehabilitation services for alcohol and drug addiction, nursing home care, pre-natal and post-natal care, family planning services, and supplies? Deciding these questions depends upon resources.

Even in the case where equity is concretized by agreement about primary, preventative, and acute health care for all, poor people usually cannot access all services. Even if they could gain access, the institutions which provide care for the poor are rarely equal to institutions for the rich and well insured. Continuity of care is usually lacking. In effect, even primary, preventative, and acute health care may not be equal. Making basic or adequate or essential care equal and accessible to all is not impossible, but it requires continuing effort.

Take the example of Canada. The fact is that Canada has for 50 years been operating a single party payer system, which attempts to provide a version of basic benefits for all. Over those years, continuing efforts, continuing changes, continually increased financial commitments have been made. And yet, Canada today is being forced to face reforms which will either reduce the basic benefits or back away from universal coverage because the cost is unbearable. Basic health-care benefits and services for all is a worthy ideal, but like most other ideals, implementation is a struggle.

Equity must, however, remain a moral objective that drives efforts for change⁴. And effective change starts with a careful assessment of each person's surrounding reality: *Yo soy Yo y mis circunstancias* (I am myself and my circumstance)⁵. Let me mention just a few aspects of that circumstance which create challenges to equity in health care and have to be considered.

1. Maintaining basic universal coverage in the face of steady increases in immigrant populations, some of whom migrate just for health reasons.
2. The problem of administrative costs which can quickly consume the resources assigned for care.
3. Micromanagement of physician decisions seen as a necessity for managers and as an intrusion by physicians.
4. Astronomical malpractice payouts, and in reaction, wasteful defensive medical practices.
5. The restraint of raising health care costs.
6. Co-payment requirements which can destroy equality.
7. The handling of high-risk patients.
8. Effective monetary constraints on medical suppliers and pharmaceuticals.
9. Managing the expansion of mental disease categories and payment for mental health care without downplaying the importance of care for the mentally ill.
10. Managing fraud and abuse which costs as high as \$100 billion a year in the United States.

FINAL CHALLENGE: DOMINANT METAPHORS

The Natural Law principle of equity (and the different values which it enshrines) struggles for recognition because it lacks a prominent place in our way of understanding medicine. As mentioned above, the prominent background metaphor in modern medicine remains that of war, and the war metaphor has a deleterious effect on medical priorities and medical practice. When we talk of a war on disease, we mean unlimited war rather than a just war perspective. We *battle* disease, *plan attack*, order *batteries* of tests, search for *magic bullets*. Doctors think of themselves as on the *firing line*, and in the *trenches*. They treat *aggressively*, especially *invasive* cells. They take *heroic action* and use the *body's defenses* to *conduct the fight*. The top doctor in the U.S. is the *Surgeon General*. Some doctors don't talk to other staff members and do not permit input from patients because that's the way tough generals behave during a war.

This background metaphor affects the way medicine is understood and practiced. If death is the ultimate enemy, we can understand overtreatment of the terminally ill and opposition to withdrawing treatment even at the

end of life. The war metaphor explains the priority of tertiary over primary or secondary care, of critical care over chronic care, of intensive care over hospice care. The point of all this is that the war metaphor has no place for *equality*. Consequently, *equity* has to struggle to find a place or a justification in modern practice.

In competition today with the metaphor of war is that of industry. Health care and medical treatment now is *an industry*. Doctors are *providers of services*, and patients are *consumers*. Patient care is *managed*. Concerns are expressed about *productivity* and *cost effectiveness*. Equity may find a place more easily within this metaphor, but it will not be easy. Neither in a war nor in a free market metaphor is there much talk about equity.

Bioethicists have their work cut out for them. But a more humane bioethics is an objectively based and solid moral ideal⁶. Ideals do not translate easily into concrete improvements in the way doctors treat patients and health care systems address the needs of sick people. But they do have an influence. Reforms and improvements take a long time. Based on long experience, liberal Catholics know about being persistent and being patient. A more humane bioethics will not be realized tomorrow, but improvements can be made and people can speak out against violations of basic ethical principles. If the speaking out is intelligent and convincing, it has a good chance ultimately of making a difference.

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