



# Bioethics Notes

Nov, 2004

" In law a man is guilty when he violates the rights of others. In ethics he is guilty if he only thinks of doing so "

Immanuel Kant

## Consult Services

We would like to remind you that the Bioethics Review and Advisory Committee in Danville provides ethics consultation services. We have an alphanumeric pager (2229). Anyone can request an ethics consultation. Page directly by phone, or leave a text message using the Infoweb Phone Directory. Enter "2229" in the Directory Search and then click on the "Quick Page" button.

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## Case Study

Mr. Thomas, a health plan member seeks coverage for surgery to repair temporomandibular (TMJ) joint dysfunction due to extreme pain and resultant weight loss due to pain when eating. An oral surgeon has recommended surgery, but when authorization was sought, the plan administrators pointed out that TMJ surgery was specifically excluded in the subscriber contract. They didn't deny that the patient needed surgery, just that his health plan wouldn't pay for it. (from Weber LJ, *Business Ethics in Healthcare: Beyond Compliance*, 2001)

In previous commentaries, we have focused on some of the intellectual bases for bioethics and on current bioethical principles: respect for autonomy, beneficence and nonmaleficence. *Justice* as a fourth principle was emphasized by the Belmont report predicated on John Rawls classic 1971 work, *A Theory of Justice*.

*Justice* is defined as the fair, equitable and appropriate distribution of resources determined by justified norms that structure the terms of social cooperation. But on what basis should resources be allocated to persons: an equal share? according to *need*? according to *effort*? according to *contribution*? according to *merit*? according to *free market exchange*?

Recently, the American Medical Association released a consensus report on the ethical design and administration of health care benefits packages: [Ensuring Fairness in Health Care Coverage Decisions](#).

This report recognizes that health care resource allocation is a complex process dependent upon access to health care, benefits design and benefits administration. *Access to health care* is the degree to which individuals and populations can and do obtain health care despite barriers (financial, cultural and geographic). *Benefits design* is the decision-making process that determines what assortment of health care services will be included in an insurance package (including co-payments, deductibles and provider reimbursement). *Benefits administration* is the decision-making process that determines the insurance coverage of specific services for specific individuals. The report only considered the latter two areas.

The report discusses in detail that organizational processes for designing and administering health benefits should be: **transparent, participatory, equitable and consistent, sensitive to value and compassionate.**

## Events

### Join Us at Our Annual Bioethics Conference

April 13th, 2005

Hemelright Auditorium

[Pizza, Pens & Pills: The Ethics of the Pharmaceutical Industry in Healthcare](#)

## e-mail

The Bioethics Review and Advisory Committee's address is:

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The Bioethics Review and Advisory Committee Homepage



Please visit our new web page, which includes frequent updates on ethical topics, links to selected bioethics websites, Geisinger ethics policies (under Bioethics Committee Resources), and past issues of Bioethics Notes

Similarly, the American College of Physicians, in conjunction with Harvard Pilgrim Health, recently published a statement offering guidance on preserving patient-clinician relationships, patient rights and responsibilities, confidentiality and privacy, resource allocation and stewardship and the obligation of health plans to foster an ethical environment for the delivery of care ([Annals of Internal Medicine 20 July 2004, Volume 141, Issue 2, Pages 131-136](#)). They recommend twenty-one Statements of Ethical Principles, but emphasize that the bedrock of patient-physician relationships, a covenant of trust and respect for the dignity of the patient, should not be compromised.

Although TMJ surgery is specifically excluded from this patient's contract, a legitimate claim to essential medical care should be afforded in any plan. While the patient's contract is important and exceptions should not be made arbitrarily and inconsistently, it seems that in this instance TMJ surgery is essential medical care. On the basis of justice principles, an exception to support this patient's surgery should be made.

Respectfully submitted,  
*Joel Berberich*

The Bioethics Review and Advisory Committee gratefully acknowledges *The Degenstein Foundation*, whose funding helps support the educational activities of our committee. Feel free to forward *Bioethics Notes* to anyone interested. They can join by using the link below.

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