Social Justice & Social Work Ethics in Health and Mental Health Care

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Overview of Presentation

1. Inequalities in Health & Mental Health Care in the U.S. Today: Why we need a social justice approach
2. Dimensions of Inequality & Injustice in Health Care
3. Social Justice & Health and Mental Health Policy
4. Ethical Issues in Health and Mental Health Care
5. Conclusion -- "Doing Justice": Socially Just and Ethical Practice in Health and Mental Health Care

Part 1: Inequalities in Health & Mental Care in the U.S.

Why We Need A Social Justice Approach
in the United States Today

"Housing policy is health policy. Educational policy is health policy. Anti-violence policy is health policy. Neighborhood improvement policies are health policies. Everything that we can do to improve the quality of life of individuals in our society has an impact on their health and is a health policy."
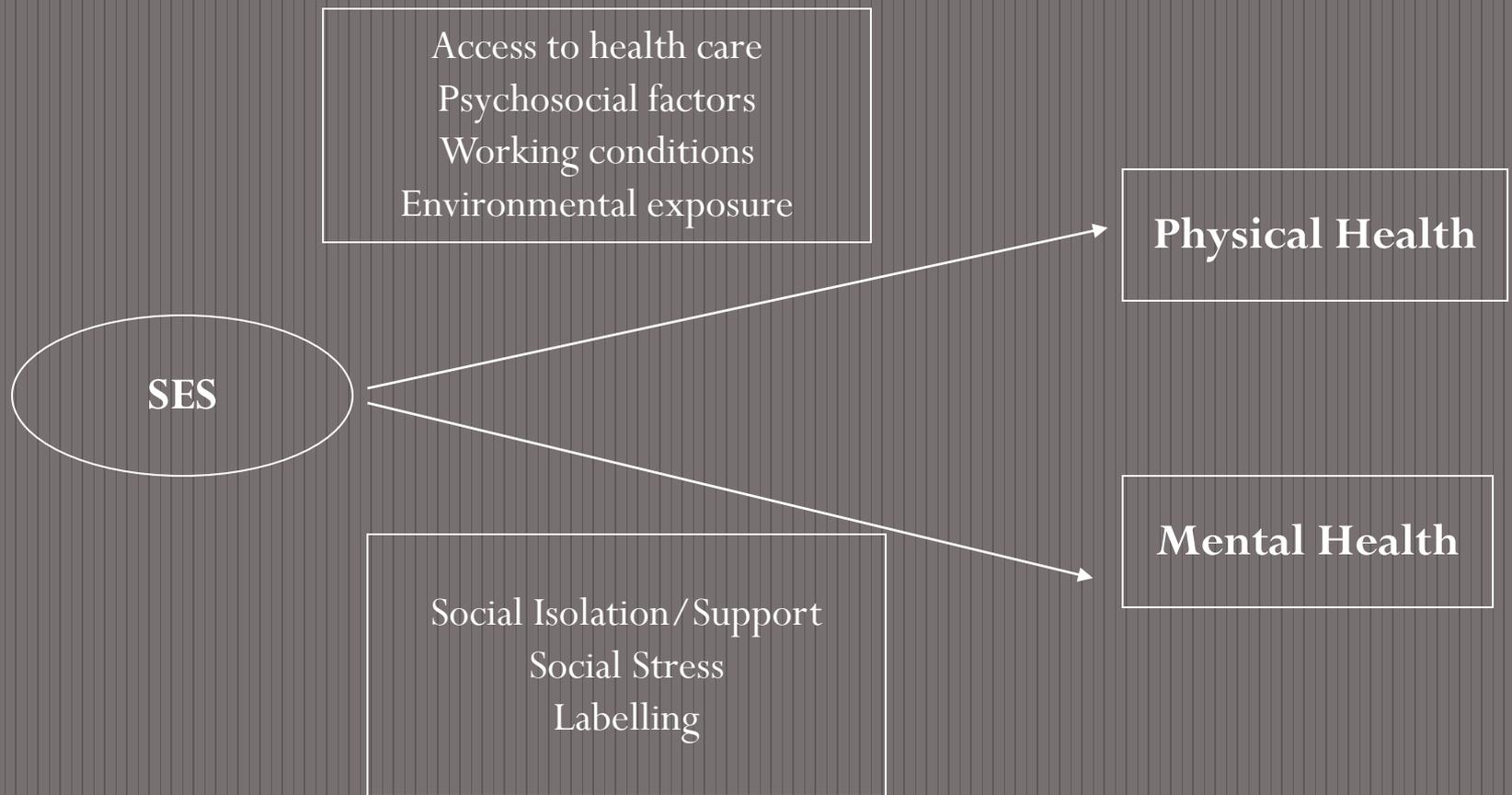
- Dr. David Williams
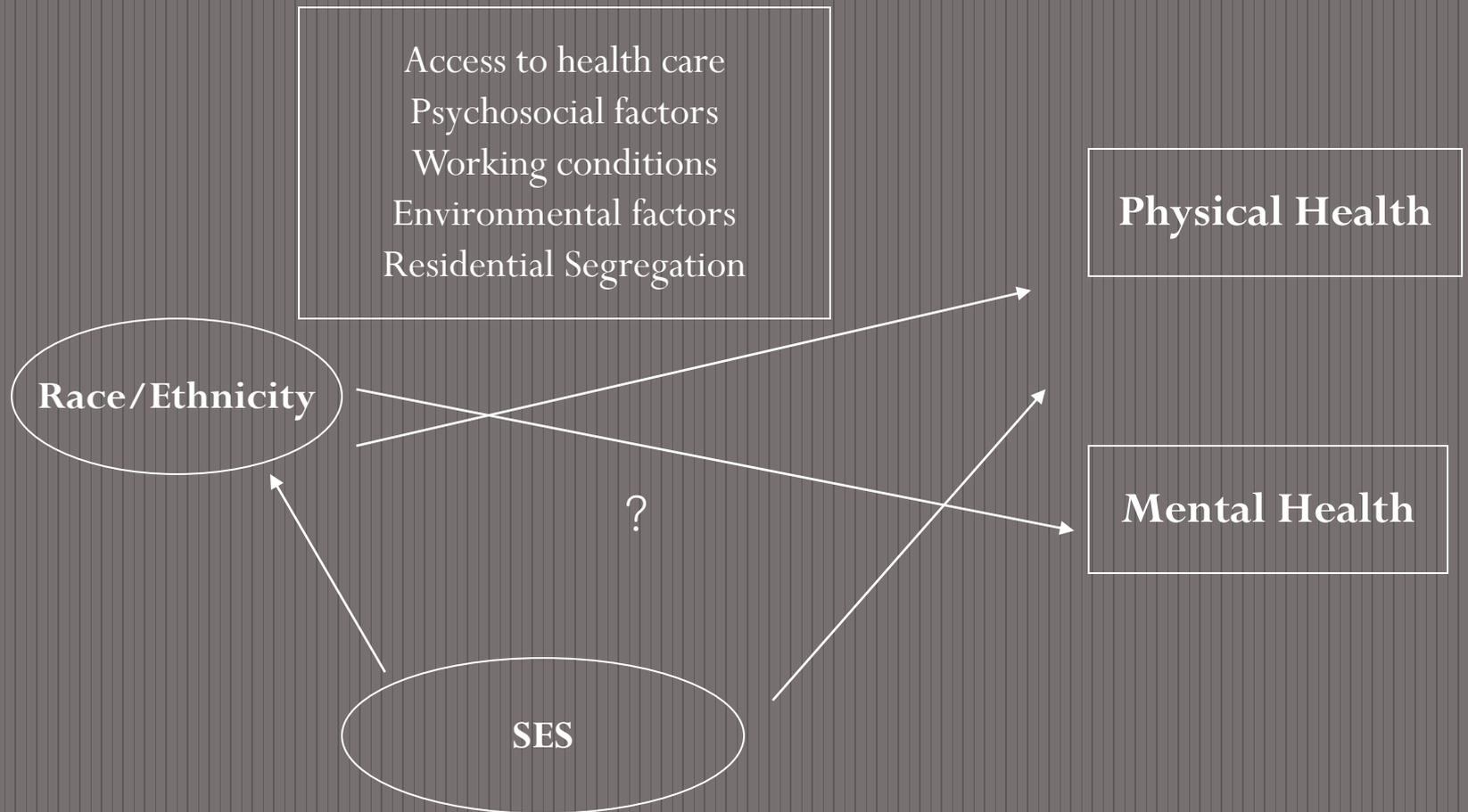
Harvard School of Public Health

Inequalities in Health and Mental Health in the U.S.

- Different groups are differentially affected by certain health and mental health problems based on:
  - Race/ethnicity, age, gender, socioeconomic status, geographic location, occupation, & sexual orientation
- Health & mental health disparities have a reciprocal relationship with inequalities in other domains, e.g.
  - Social, political, and economic conditions
  - Education
  - Housing
  - Environmental pollution

Inequalities in Health & Mental Health

Access to health care
Psychosocial factors
Working conditions
Environmental exposure

SES

Physical Health

Mental Health

Social Isolation/Support
Social Stress
Labelling

Inequalities in Health & Mental Health

Access to health care
Psychosocial factors
Working conditions
Environmental factors
Residential Segregation

Race/Ethnicity

SES

?

Physical Health

Mental Health

International Comparison

- U.S. spends much more per capita on health care than any other nation. Yet, in comparison to other industrialized nations and even some developing nations, Americans have

  - Lower life expectancy
  - Less coverage and quality care
  - Less access to primary and preventive care

Part 2: Dimensions of Inequality & Injustice in
U.S. Health & Mental Care

AKA, 5 "A's" & a "Q"

Aspects of Inequality in Health and Mental Health Care

- **Absence of Care**

- **Accessibility to Care**: Location, Hours, Culture

- **Accountability for Care**: To whom? How?

- **Affordability of Care**: Inadequate Insurance Coverage, Information, Transportation

- **Allocation**: Resources, Benefits

- **Appropriateness of Care**: Provider Bias, Culture

- **Quality of Care**: Different ways of measuring

Absence of Care

- Post-Hospitalization/Rehabilitation Care

- Preventive Programs

- Long-Term Care for Chronic Illness

- Oral Health/Dental Care

- Mental Health Care: Stigma & Limitations

- Prescription Drugs & Medical Equipment

- Discrimination in Coverage Against Gays & Lesbians

- Lack of Portability of Insurance Coverage

- Lifetime Caps in Benefits

Access to Care

- Maldistribution of Health Care Providers Esp. Rural
- Lack of Preventive, Primary Care & Public Health
- Lack of Programs for Women, Gays, & Minorities
- Lack of Programs w/Cultural & Language Sensitivity
- Denial of Care Because of Pre-Existing Conditions
- Denial of Care Because of Immigration Status
- Denial of Care Because of States' Medicaid Coverage
- Denial of Care Because of Different Eligibility Rules
- Loss of Insurance Due to Unemployment/Cutbacks

Affordability of Care

- Lack of Health Insurance (48+ million)
- Inadequate Health Insurance for Millions More
- Reliance on Employer-Sponsored Insurance
- High Deductibles and Co-Payments
- High Cost of Prescription Medications
- High Cost of In-Home After Care
- High Transportation Costs
- State Cutbacks of Medicaid and SCHIP

Appropriateness of Care

- Differential coverage based on employment status, income, geographic location, age, gender, race, etc.

- Lack of research on different health issues and needs of women & persons of color. Implications?

- Relationship between health/mental health disparities and other manifestations of inequality including socio-economic status, social isolation/support, stress

- Variations in **quality** of health/mental health care across populations, age cohorts, regions.

Allocation of Health Resources

- Who will pay for health care needs in the 21st century?

- How should finite resources be allocated? What criteria should be employed to make these decisions?

- Who should make this determination?

- What types of benefits should take priority?

- What populations/issues should take priority?

- What types of cost efficiencies can be implemented? What would be their benefits? Other consequences?

Part 3: Social Justice & Health and Mental Health Policy

Options, Alternatives, & Consequences

in the United States Today

Approaches to Social Justice

- Equality of rights and opportunities (**Fair Play**)
- Equality or equity of outcomes (**Fair Shares**)
- Unequal distribution **based on individual needs**
- Unequal distribution **based on individual status**
- Unequal distribution **based on different "contracts"**
- Unequal distribution **based on merit/productivity**
- Unequal distribution **based on compensation**
- Balance equality of rights/more equitable outcomes, esp. for the least advantaged (**Distributive Justice**)

Dilemmas of Social Justice

1. Lack of clarity within the social work profession about the meaning of social justice and how to translate its ethical imperatives into practice.

2. **Most discussions of social justice focus on eradication of injustice, <u>not</u> on what would constitute a socially just society or community**.

3. Most discussions of social justice assume a universal definition when this has not and does not exist.

4. Most discussions focus exclusively on socially just goals and **pay <u>insufficient attention to the means</u>**.

Social Justice Principles

- Hold vulnerable groups harmless in distributing goods

- Emphasize mutuality, reciprocity, common humanity

- Focus policies and services on prevention/investment

- Stress multiple forms of helping at multiple levels via multiple points of access – Facilitate greater access.

- Combine an emphasis on rights and needs.

- Promote true democratic participation at all levels.

- Address the mutually reinforcing structures of privilege and domination in all of their forms.

Enhance Access

- Create government-funded health care facilities, especially in inner cities and rural areas.

- Provide incentives to develop private facilities (ex?)

- Provide incentives for health care providers to practice in under-served areas (examples?)

- Link provision of health care to other established services & institutions (schools, churches, workplace)

- Utilize advanced technology to increase access to diagnostic centers and facilitate coordinated care.

Expand Care

- Extend health coverage to include MH & Dental Care
- Eliminate pre-existing conditions & lifetime caps
- Add long-term care and post-hospitalization coverage
- Provide domestic partner coverage
- Make employer-sponsored insurance portable
- Create more satellite and primary care clinics
- Use greater variety of health care professionals
- Promote education & greater self-care thru technology

Increase Affordability

- Subsidize purchase of insurance from private co's.

- Provide tax credits for purchase of insurance.

- Have government provide insurance (like Medicare): Q: Should this be universal or for certain populations?

- Create national health care system (like VA, military)

- Link provision of health care to other systems (e.g., school-based health care, employment, etc.)

- Cap costs of payments/insurer profits/drugs, etc.

- Purchase drugs in bulk from other providers

Allocate Resources Equitably

- Create universal health care system for all. [Q: How would this be funded? With what consequences?]

- Prioritize needs of elderly, poor, children, unemployed

- Focus on primary & emergency care provision

- Restrict access to tertiary care facilities

- Create means test for Medicare & other benefits

- Spend more on public education

- Find administrative efficiencies (e.g., recordkeeping)

Address Persistent Disparities

- Invest in programs for underserved populations

- Mental health parity

- Address structural causes of disparities: employment, education, housing, pollution, other social conditions

Q: Which of these approaches should have priority?

   How should such alternatives be funded?

   What are the pros/cons/consequences of each?

Establish Clear Accountability

- Who is responsible for health and mental health outcomes?
  - Individuals
    - Deservedness, moral judgment
    - To what extent should this be a factor?
  - Structural and community factors
- Who should provide health care?
  - Individuals
  - Government (at what level?)
  - Employers
  - Combination

Satcher Framework

- Expand access to and quality of medical care
- Address individual risk behaviors
- Focus on conditions in the physical environment
- Address disparities in the social environment
- Eliminate persistent discriminatory social policies and practices that have deleterious effects on health and mental health

http://www.cdc.gov/NCCdphp/publications/CDNR/pdf/CDNRspring02.pdf

National Health Care Models

- Individual vs. Employer Mandates

- Separation of Health Insurance from Employment

- Single Payer vs. Multiple Insurers

- Initiatives in Obama Administration's Budget

Part 4: Ethical Issues In Health Care

Definitions

Dilemmas

Means of Resolution

Definitions (see handout)

- Ideology

-- Unified world view that reflects preferences in value systems

- Values

-- Endured beliefs about what is good and right; guides to moral judgments that shape behavior & way of thinking

- Morals

-- Principles or habits with respect to right or wrong conduct; rules and standards of conduct and practice

- Ethics

-- Propositions derived from values and morals that form the basis of actions to achieve desired ends.

Recurrent Themes in SW Ethics

- **Respect for <u>All</u> People**
- **Emphasis on Rights <u>&</u> Needs**
- **Social Justice**
- **Pursuit of the Common Good**

- **Persistent & Contemporary Conflicts Regarding Themes**

Examples of Ethical Dilemmas

- Truth-telling vs. Org'l Interests
- Confidentiality vs. Duty to Warn
- Allocation of Scarce Resources
- Self-Determination vs. Responsibility
- Divided Professional Loyalties
- Whistleblowing
- Others?

Sources of Value Conflicts

- **Difficulty Establishing <u>Trust</u> With Others from Different Demographic or Cultural Backgrounds**
- **Different World Views/Interpretive Lenses**
- **"Separation" of Values from Others**
- **Separation of "Work" and "Life"**
- **Awareness of One's Ignorance**
- **Ongoing Need for Courage & Patience**

Sources of Ethical Conflicts

- Fear of Compromising Principles – Professionally & Personally
- Impact of Religious Beliefs on Choices
- Impact of "Political Correctness"
- Relationship with Authority
- Gap Between Rhetoric & Reality in Practice
- **OTHERS?**

Sources of Ethical Dilemmas

1. When two ethical principles **conflict**
2. When the **reasons** to select (or not select) a course of action are **unclear**
3. Where there is **insufficient time** to make a reasoned judgment
4. When one is **compelled to choose** between equally good or bad options
5. When ethical principles **conflict with legal or organizational obligations**

Key Questions to Guide Us

1. What are the ethical issues in this situation?
2. What **additional information** is needed?
3. What are the **relevant ethical rules**?
4. If the situation involves a conflict of interest, who should be the **principal beneficiary**?
5. How would you **rank the ethical rules**?
6. What would be the **consequences** of using different ethical rules or ranking?
7. **Who** needs to resolve the dilemma?

   (See Ethics Workup – Handout)

Part 5: Conclusion - "Doing Justice"

**Socially Just & Ethical Practice in Health
& Mental Health Care Settings**

Q: Is socially just practice just good social work practice?

A: No – Socially just practice refers more broadly to <u>social work practice in the context of unequal power relations.</u>

"Doing Justice": Assumptions

- Social justice practice is not merely an "add on."

- "Doing justice" requires multi-level attention & action.

- "Doing justice" focuses on **both goals** & **processes.**

- "Doing justice" recognizes the critical role of context.

- "Doing justice" focuses on overcoming oppression.

- Cultural awareness and competence are necessary but insufficient components of socially just practice.

- "Doing justice" is **both an end and a means**: It is a necessary pre-condition to the achievement of social and personal peace and harmony.

Socially Just Practice

- Involves more than the eradication of injustices.
- Is aware of differences which exist even within the social work profession.
- Is aware of our "points of departure" – i.e., our emphasis on structural or identity frameworks, and what theories or disciplinary perspectives we use.
- Recognizes role of diversity in all practice situations
- Clarifies meaning of "success": How do we know when we have attained socially just goals? Sustained them?

Socially Just Practice

- Is informed by what is transpiring at other levels – especially as this relates to issues of justice/injustice.

- Incorporates efforts to help people overcome social forces that are barriers to achieving life goals.

- Involves visioning how the achievement of the purposes of a service contributes to a more just world.

- Is aware of power at all practice levels & in all its forms

- Recognizes the social nature of people & practice & integrates this recognition in problem definition and determination of problem resolution.