

15 Resource allocation and rationing in health care

The success of modern medicine has brought many challenges. With every advance in modern medicine, and exacerbated by ageing populations, the cost of health care as a proportion of GDP in developed countries continues to rise. It is predicted to reach 20% in the United States by 2020, and has an enormous impact on the overall US economy [1]. In Australia, the rise as a proportion of GDP has been more restrained—from 8.4% in the 2001–02 financial year to 9.5% in 2011–12 [2]. However, the resources available for the health care of a country's population, even in wealthy countries, are finite and some forms of rationing are inevitable [3,4].

Prior to recognition of the need to address the growth in public (government) expenditure on health care, doctors were rarely constrained in adhering to the ethical precept of putting the interests of their patients as their first concern. The notion that a decision to treat one patient might unfairly limit the care available to another patient (of that doctor or some other doctor) was never foremost in a doctor's mind. This is undoubtedly changing and is reflected in the relevant sections of the Medical Board of Australia's code of conduct:

2.4 Decisions about access to medical care

Good medical practice involves:

2.4.4 Giving priority to investigating and treating patients on the basis of clinical need and effectiveness of the proposed investigations or treatment. ...

5 Working within the health care system

5.1 Introduction

Doctors have a responsibility to contribute to the effectiveness and efficiency of the health care system.

5.2 Wise use of health care resources

It is important to use health care resources wisely.

Good medical practice involves:

5.2.1 Ensuring that the services you provide are necessary and likely to benefit the patient.

5.2.2 Upholding the patient's right to gain access to the necessary level of health care and, whenever possible, helping them to do so.

5.2.3 Supporting the transparent and equitable allocation of health care resources.

5.2.4 Understanding that your use of resources can affect the access other patients have to health care resources [5].

However, the relevant sections of the of the Australian Medical Association's 2006 *Code of ethics* states the following:

1.1.25 Protect the right of doctors to prescribe, and any patient to receive, any new treatment, the demonstrated safety and efficacy of which offer hope of saving life, re-establishing health or alleviating suffering. In all such cases, fully inform the patient about the treatment, including the new or unorthodox nature of the treatment, where applicable.

4.2 Use your special knowledge and skills to minimise wastage of resources, but remember that your primary duty is to provide your patient with the best available care [6].

The emphasis on careful use of resources in one code contrasted with the emphasis on acting as an advocate for one's patient in another code captures perfectly the dilemma of the modern doctor. In this chapter, we explore the central ethical issues and describe responses designed to assist the community and the medical profession to cope with this new reality. The issues of resource allocation as experienced by politicians, health economists and health administrators are not addressed here. Instead, we focus on the ethical principles involved so that practising doctors can be more engaged in debate and decision making, and more fully understand how strong are the links between resources used in treating individual patients and the resources available to the entire community.

15.1 Ethical considerations

In the allocation of health-care resources, be it at government, institutional or medical practitioner level, the ethical principle of justice, particularly 'distributive justice', is central. In a 1990 discussion paper on ethics and resource allocation, the National Health and Medical Research Council stated:

In the allocation of any public resources our concern should be primarily with justice. This involves giving to each person his or her due. In allocating health care resources our concern is largely with distributive justice — to distribute amongst members of the community those benefits and burdens due to them. The basis of distributive justice is the notion of fairness. The most appropriate criterion for a fair distribution of resources would appear to be those of equity and need. More specifically, a just allocation should offer equal treatment for those whose needs are similar. In other words, each person is entitled to enjoy an appropriate share of the sum total of the resources available according to their need. However, the need which justifies one person's entitlement must be a need which can be fulfilled in a way compatible with fulfilling the similar needs of others [7].