
Introduction

ROSAMOND RHODES, PH.D.
Professor of Medical Education
Director, Bioethics Education

DANIEL A. MOROS, M.D.
Associate Professor of Neurology

THE INVENTION OF MONEY by the Lydians sometime between 800 and 650 BCE is hailed as one of the great advances in civilization. Money enables people to exchange whatever they have to offer for the things that they need and desire. Money facilitates transactions and thereby allows individuals to implement their personal values and priorities. By liberating people from the inconveniences of a barter system, money enhanced their ability to express autonomous choice and personal liberty.

Nevertheless, somewhere in its history, money developed a derogatory association; it became “filthy lucre.” This negative connotation, related to religious and moral avowals of poverty, introduces a peculiar dilemma into medical practice and medical transactions. Whereas physicians are supposed to altruistically fulfill their fiduciary responsibility by promoting their patients’ good, the practice of medicine is, at the same time a livelihood. The Good Samaritan may have only received a reward in heaven, but doctors have always been paid for the use of their knowledge and skill.

This apparent conflict between service and payment, between rendering medical benefits and charging, is the subject of this special issue. The underlying question is whether the bad press and negative associations of money are deserved: Does payment pollute medical service, and does money contaminate medical transactions?

On the one hand, money makes bookkeeping clear and straightforward. It allows people to understand who owes what to whom, and why. Money also makes it easy for people to express their own priorities by paying for the things they value most. And money facilitates distributions and redistributions of goods across and between societies. On the other hand, people do consider some things to be beyond price and inappropriate for buying or selling. They see a sharp line between items and services that can be bought, sold, and exchanged, and other entities for which commodification is inappropriate or impossible, such as the sale of surrogacy services and vital organs. Yet, when medical services can deliver health or happiness, or at least alleviate disease or unhappiness, people start to rethink the boundaries of the permissible and the impermissible.

The first group of articles in this collection addresses the broad theoretical issues of medical services and reimbursement. Historian David Valone presents a panorama of payment for medical services from the time of the Hammurabi Code through to the present. This chronicle of remuneration for medicine allows us to appreciate that today’s problems with reconciling the two are not unique to the twenty-first century. Valone’s account makes it clear that the tension between ministering to medical needs and receiving compensation has a long history and no simple solution.

The opposing positions are well illustrated by the next four papers. Merrill Matthews, a health policy advisor and architect of health care reimbursement accounts, argues for treating medicine like a business.

Issues in Medical Ethics: Mixing Money and Medicine

The market model, he claims, is now often hailed as the most effective mechanism for delivering high-quality goods to consumers at affordable prices. The market allows patients to decide what is most important to them and provides them, rather than third-party payers, with the wherewithal to get what they want. The market also encourages fiscal responsibility: When patients are insulated from costs, spending runs amok. Matthews explains how health care reimbursement accounts, paired with insurance for catastrophic medical coverage, could provide for medical needs and also engage incentives that encourage efficiency.

Mary Ann Baily is an economist. She explains why the problems of money and medicine are inherently incompatible with a market solution. The general need for medical services, the unpredictability of the need, and individuals' general inability to pay for their medical expenses when they are faced with a catastrophic or significant chronic illness all contribute to making a direct payment system inadequate and unrealistic. Furthermore, the complexity of medical information and the inaccessibility of information about medical expertise, coupled with the emotional stress and urgency involved in medical decisions, make patients far less than ideal consumers in an open market. Baily's argument points toward a solution in a single-payer system that employs salaried medical professionals.

Philosopher/medical ethicist Lance Stell and law professor/medical ethicist Stephen Latham both address the inevitability of medicine's quandary over money. Stell explains the conflict between a physician's medical art and the art of charging and collecting fees. Pointing to Plato's appreciation of the conflict and illuminating an array of conflicts of interest that arise within contemporary medical practice, Stell argues that there is no escape from the dilemma. His solution lies in opening our eyes to these facts and encouraging medicine to minimize the conflicts and learn to manage those that are inescapable. In a similar vein, Latham delineates the major distribution channels for health care and explicates the financial incentives inherent in each. He also explains how access to health care, medical service pricing, promotional tactics, and the referral network all raise problems related to money. Ultimately, he concludes that we must rely upon professionalism and call upon physicians to focus on their

moral commitment to the interests of patients, even when the good of patients conflicts with the physician's own good.

The second group of articles takes up the issue of monetary transactions for things that some believe should not be sold. Transplant surgeon Lewis Burrows explains the evolution of his own views on payments to living organ donors. Philosopher Bonnie Steinbock discusses the issues raised by payments for services and gametes in assisted reproduction. Philosopher Rebecca Pentz addresses payments to research subjects. In each of these discussions, one issue is whether payment can be coercive enough to invalidate the seller's consent. Another is whether the degree of risk and harm to the sellers makes the transaction unacceptable. A third issue is whether payments for transplant organs, donor eggs, surrogacy services, or research participation are unacceptable per se. In each kind of transaction it is important to avoid a simplistic and one-dimensional approach, and instead to appreciate the many factors involved and the importance of each in its context.

If we conclude that monetary exchange in these domains could be acceptable, then it is important to understand the conditions and parameters for the ethical conduct of these medical arrangements. The articles in this section further our understanding of the issues that need to be considered and suggest policies and limits for regulating these practices.

In sum, mixing money and medicine may be unavoidable and it may not be entirely bad. Mixing money and medicine does, however, require care and vigilance with respect to the identification of risks and harms that money introduces into medical activities. It also calls for thoughtful deliberation about the complexity of the moral landscape and appreciation of the priorities that people actually endorse in different situations. Many choices that we make every day involve some risk, promise some advantages, and entail some unchosen situational elements. All of these various factors have to be taken into account and the priorities that we assign them have to be justified. In endorsing policies to govern these activities we have to pay attention to honestly respecting the commitments that we endorse (e.g., liberty), to creating incentives that promote the outcomes which we claim to value (e.g., safety), and to policing medical behavior so as to make it easy for committed physicians to uphold standards of medical professionalism.