

## Black Lives Matter

### News

- Aug 4th, Missourians will have the opportunity to vote [#YesOn2](#) to expand Medicaid in Missouri. Visit [yeson2.org](http://yeson2.org) to learn more about this important effort to bring healthcare to hardworking Missourians.
- Aug 17th, The Center for Practical Bioethics will host the 26th Annual Flanigan Lecture, a live online event 6:45 PM CDT – 8:00 PM CDT:
  - A Letter to My People: Reflections on Whiteness Amid a Racial Reckoning in America
  - Erika Blacksher, PhD, John B. Francis Chair, Designee

### Hot Topic

#### Different Healthcare for Different People

*Written by Margo Gerke & Ryan Pferdehirt*

As we struggle with entrenched inequalities and injustice in our country, nation and culture, we are reminded of the founding principles of the United States of America. In particular, the Declaration of Independence which states, “We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.”

This is an idea derived from John Locke’s second Treatises of Government, in which he argues for the natural right of individuals to have life, liberty and property. This argument, viewed by many as the founding principle of liberal democracies, establishes the idea of natural rights, meaning rights that are not given to persons through the government but rather hold true to all persons in all governments.

#### What is Justice?

Ethical healthcare and social justice are forever bonded together, with one not able to exist without the other. But difficulties arise with attempts to define and implement fairness and thus justice. Beauchamp and Childress provide an overview of several theories of justice, finalized in a *formal principle of Justice* stating, “Common to all theories of justice is a minimal requirement traditionally attributed to Aristotle: Equals must be treated equally, and unequals must be treated unequally” (p. 250). Thus, we can extrapolate that if all men are created equal, and equals should be treated equally, that all persons should be treated equally. This principle is furthered by Powers and Faden in their theory of justice, arguing that well-being contains six core-dimensions: health, personal security, reasoning, respect, attachment and self-determination (p. 16).

So, then the question becomes: Are we giving all persons within the medical system equal treatment and equal capabilities?

#### Unequal Access and Lower Quality

Current research and opinions resoundingly argue that we are not. As [Monique Tello](#) states, “We now recognize that racism and discrimination are deeply ingrained in the social, political and economic structures of our society. For minorities, these differences result in unequal access to quality education, healthy food, livable wages, and affordable housing.”

This unequal access to quality life resources negatively impacts African Americans, more so than just the results of poverty, as demonstrated in [2005 by the Institute of Medicine](#) (IOM) which released a report documenting that the poverty in which black people disproportionately live cannot account for the fact that black people are sicker and

have shorter life spans than their white complements. The National Academy of Medicine (which succeeded IOM) found that “racial and ethnic minorities receive lower-quality health care than white people—even when insurance status, income, age, and severity of conditions are comparable.”

This disparity is further demonstrated by statistics related to health conditions. Poverty and socio-economic disparities are a major but not the only contributors to access and health inequalities. When comparing within the same economic stratum, the screening rates for white women are higher than African-American and Latino women. As a result, “the death rate from breast cancer for African-American women is 50 percent higher than for white women...in the U.S., 60 percent of low-income women are screened for breast cancer vs. 80 percent of high-income women” ([Pearl, 2015](#)). There is no other way to understand it, health care is different if you are a person of color.

## Recognize, Name and Understand

What do we do with this information and where do we go from here? We first have to understand that this is not a problem that is going to go away. If anything, it is going to become even more of an issue: “As the United States becomes more diverse, there will be increased need to establish the validity and reliability of constructs and instruments across racial, ethnic, and cultural groups. Researchers need to continue to examine how ethnic differences in risk aversion and patient preferences influence medical decision making and health outcomes. In addition, perceived discrimination, racial bias, and stereotyping should remain legitimate research questions” ([Egede](#)).

Considerable steps need to be taken so that we can uphold the principles of bioethics and the foundation of the United States of America. One of the first steps we can take is to acknowledge the situation and work together moving forward. This is wonderfully summed up by Tello stating, “To fight racism and discrimination, we all need to recognize, name, and understand these attitudes and actions. We need to be open to identifying and controlling our own implicit biases. We need to be able to manage overt bigotry safely, learn from it, and educate others. These themes need to be a part of medical education, as well as institutional policy. We need to practice and model tolerance, respect, open-mindedness, and peace for each other” (Tello).

## Bioethics in the News

- [Should defunding the police be a bioethics priority?](#)
- [COVID-19 apps – Are there enough ethical safeguards?](#)
- [People Are Volunteering To Be Exposed To The Coronavirus...For Science](#)
- [Distributing a COVID-19 vaccine raises complex ethical issues](#)
- [Philosophy During a Pandemic \(Comic\)](#)

## Case Study

### [I Know What You're Thinking](#)

A Case Study by Diane Deese and Pat Tadel

An African American male patient, age forty-two, was admitted to a skilled nursing unit after surgery for head and neck cancer with lymph involvement, newly diagnosed. Extensive excision of the tumor had been done, and the patient had a newly placed tracheostomy and feeding tube. His history included years of “living on the street” and active drug abuse at the time of admission. The patient was very anxious on assessment, focused on his tracheostomy, pulling on the connections, to “make sure they are working” and complaining of pain “eight-to-ten” on a scale of one-to-ten, with intensity focused in the area of his surgical wounds.

Although he receives morphine on an “as needed basis” he waits as long as he can to “ring the nurse” because he worries that asking for pain medication will “label him” with the staff. He also complains about not getting much sleep, and thinking often of the poor choices that got him “into this trouble.” He has anxiety related to “breathing through this tube, like I am not getting enough air in,” and ongoing pain, which “gets less but never gone.” He readily admits to “risky behavior,” which had alienated him from family and social support for some time and is willing to discuss his years of drug and alcohol abuse.

When the nurses and the attending physician describe the patient’s condition, they explain that his anxiety is “probably related to being a druggie” and that his pain is mostly “drug seeking” in nature, as evidenced by his “calling for more medication a few times a shift,” and that he seems to “watch the clock.” They also note that this patient is a “homeless street person” who waited too long to seek help. He hasn’t held a job for some time, has no visitors, and is probably using his illness to feed his addiction.

## Ethical Musings

### The Meaning of Equal Opportunity and Its Implications for Affirmative Action

*Written by Margo Gerke & Ryan Pferdehirt*

There is an undeniable history in the United States of America of racial and gender discrimination. In order to combat these generational systematic injustices, programs of affirmative action were put in place. This is justified through theories of social understanding called egalitarianism. Consider three central statements of egalitarianism,

1. All persons have equal moral and legal standing.
2. In some contexts, it is unjust for people to be treated unequally on the basis of irrelevant traits.
3. When persons’ opportunities or life outcomes are unequal in some important respect, we have a reason to lessen that inequality. (This reason is not necessarily decisive.) (<https://www.iep.utm.edu/egalitar/>)

Each of these statements strives for a considered level and/or goal of equality, while moving to more active and progressive means. The debate between what an equal society looks like, equal opportunity or equal outcome, continues. Statement 1 concerns itself with each opportunity, as each person has equal moral and legal standing but the statement does not require that life circumstances continue equally. Statement 3 is more focused on equal outcomes, stating how an equal society works to lessen unequal outcomes.

There is little political debate on the merits of equal opportunity within the United States. All fair-minded persons believe that individuals should be given equal opportunities, but that does not guarantee equal outcomes. There is considerable debate requiring the value of unequal outcomes and what is an acceptable level of inequality, and inequality of what. Some believe unequal financial situations are acceptable but unequal access to justice is not. This is famously demonstrated in the debates and argument of John Rawls and Robert Nozick. Rawls outlined the *Difference Principle* that strongly supported equal outcomes within a just society, with those that are lesser off receiving the majority of the benefits. This was famously counterargued by Nozick who used the example of the most famous basketball player at the time, Wilt Chamberlain.

In this society, [Wilt Chamberlain](#) is an excellent basketball player, and many teams compete with each other to engage his services. Chamberlain eventually agrees to play for a certain team on the condition that everyone who attends a game in which he plays puts 25 cents in a special box at the gate, the contents of which will go to him. During the season, one million fans attend the team’s games, and so Chamberlain receives \$250,000. Now, however, the supposedly just distribution of holdings is upset, because Chamberlain has \$250,000 more than anyone else. Is the new distribution unjust? The strong [intuition](#) that it is not unjust is accounted for by

Nozick's [entitlement](#) theory (because Chamberlain acquired his holdings by legitimate means) but conflicts with the egalitarian theory. Nozick contends that this argument generalizes to any theory based on patterns or historical circumstances, because any distribution dictated by such a theory could be upset by ordinary and unobjectionable transactions like the one involving Chamberlain. Nozick concludes that any society that attempted to [implement](#) such a theory would have to intrude grossly on the liberty of its citizens in order to enforce the distribution it considers just.

<https://www.britannica.com/biography/Robert-Nozick/The-entitlement-theory-of-justice#ref828038>

But Nozick's argument rests entirely on the truth of individuals having equal opportunities. The argument is invalid if there are systematic oppressions on individuals that prevent them from having equal access and opportunity. From there, additional considerations need to be applied to ensure that equality, for if the sociality is incapable of true equal opportunity then structures need to be put in place to ensure equal outcomes.

In his essay of the *Policy of Preference*, Thomas Negal outlines a four-step process for how the United States of America reached the current (written in the 1970s) situation regarding affirmative action. They are as follows:

1. Accept that deliberate barriers against deliberate barrier for desirable positions should be abolished.
2. Recognize that even with explicit barriers there could still be discrimination (consciously or unconsciously).
3. Realize that the social system may continue to deny equal opportunities or equal access even after the discrimination barriers are lifted.
4. Acknowledge that some unjustly caused disadvantages cannot be overcome by special programs of preparatory or remedial training (Negal, p. 92-93).

He then outlines two alternatives, either one of which can permit social injustice to confer a disadvantage in access. Alternatively, one can institute a system of preferential selection that facilitates access for those who are subject to unjust discrimination (p. 94).

The definition, implementation, and practical solution for a system of justice is a challenging endeavor. But as the famous analogy of the Arc of Justice instills, that the arc is long but bends towards justice, we are moving in the right direction. But it does take the consistent work of dedicated people, great thinkers, and passionate activists to move that arc forward.