Health Care Reform.... Practical Manifestations of Theoretical Values

David A. Nash
University of Kentucky, danash@uky.edu

Click here to let us know how access to this document benefits you.

Follow this and additional works at: https://uknowledge.uky.edu/ohs_facpub

Part of the Dentistry Commons, and the Health and Medical Administration Commons

Repository Citation
Nash, David A., "Health Care Reform.... Practical Manifestations of Theoretical Values" (1993). Oral Health Science Faculty Publications. 28.
https://uknowledge.uky.edu/ohs_facpub/28

This Article is brought to you for free and open access by the Oral Health Science at UKnowledge. It has been accepted for inclusion in Oral Health Science Faculty Publications by an authorized administrator of UKnowledge. For more information, please contact UKnowledge@lsv.uky.edu.
Health Care Reform.... Practical Manifestations of Theoretical Values

Notes/Citation Information
Published in The Journal of the American College of Dentists, v. 60, no. 3, p. 9-14.

The American College of Dentists has granted the permission for posting the article here.
HEALTH CARE REFORM...

The American Association of Dental Schools (AADS) represents all 55 of the nation's Colleges of Dentistry, those in Canada and Puerto Rico, and many other dental, advanced dental, and allied dental education programs. In addition, our organization has 3,500 individual members. In some of my remarks today I will speak for our Association and I will speak about our adopted position on health care reform. I do this in my role as Chair of the Association's Legislative Advisory Committee. I will not articulate all aspects of the Association's policy on health care reform for that is a matter of record and available for your reading. I will also present our Executive Committee's comment on the health care reform position of the American Dental Association. Subsequently I want to speak for myself and examine the conceptual bases that may account for whatever tensions exist between these two positions. Finally, I will conclude with my personally held view of what values should undergird health care reform: values grounded in what I understand to be the concept of a profession, specifically a health care profession.

I will move fairly quickly from the practical machinations of health care reform to the differing value theories that give rise to alternative views of reform. I hold strongly to the intimate linkage between theory and practice. All practice is related to underlying premises and assumptions, whether identified and articulated, or not. Obviously, the better one understands one's theoretical base, the better one is able to understand what practices to advocate, and why one advocates the practices one does. In arguing for the nexus of theory and practice, I take encouragement from the celebrated American philosopher and a personal intellectual hero, John Dewey, who for many years served on this campus as a Columbia University distinguished professor; and today continues to be acknowledged as among America's most notable contributors to the funded intellectual wealth of our world. To not place my argument in a Deweyian context would be to fail to honor his spirit on this campus! Arguably, Dewey's greatest work was The Quest for Certainty, in which he affirmed the imperative of linking the practical and the theoretical, or of not failing to distinguish between the linking of means and ends. His constantly recurring emphasis upon the importance of an intimate, reciprocal relationship between theory and practice is one we must recur to in the context of our current discussion.1

I begin by excerpting the major premises of our Association's position statement.2

The American Association of Dental Schools believes that the health needs of the public require a health care system that provides access to care for all Americans and effective and therapeutic treatment at a cost that is affordable. The Association considers universal access to care a fundamental goal to be achieved in any restructuring of the health care system. We recognize that this goal may be achieved from federally-funded, federally-mandated, or private programs, and/or a combination thereof. The Association believes that federal funds must be included where no other funding is forthcoming to finance basic health care benefits.

1. The American Association of Dental Schools believes that the health needs of the public require a health care system that provides access to care for all Americans and effective and therapeutic treatment at a cost that is affordable. The Association considers universal access to care a fundamental goal to be achieved in any restructuring of the health care system. We recognize that this goal may be achieved from federally-funded, federally-mandated, or private programs, and/or a combination thereof. The Association believes that federal funds must be included where no other funding is forthcoming to finance basic health care benefits.
The Association strongly supports basic oral health care benefits for all persons. These benefits should include the provision of acute and primary care. Acute care is emergency care to treat pain, eliminate infection, treat life-threatening conditions like cellulitis and oral cancer, as well as to treat traumatic injuries. Primary care is diagnostic, preventive, restorative, and periodontal care. It also includes prosthetic care to restore minimal function. The Association believes that rehabilitative care that has as its goal the enhancement of aesthetics to an otherwise functional dentition is beyond the scope of the basic benefits grouping.

The AADS recognizes that important groups of patients require extensive care because of developmental defects and acquired conditions that are not amenable to education or training. The Association believes that the scope of health care benefits must be sufficiently broad to provide rehabilitative benefits as part of the basic benefit package for these persons.

The Association believes that the number of minority graduates of dental education institutions should increase. Among the differences in the ADA and the AADS positions is that the ADA believes that dentistry should not contribute appreciably to the inflation in charges for dental care. The AADS supports the provision of federal and state grants to dental education institutions to establish and maintain practices in underserved areas and persons. The Association supports the establishment of grants to dental education institutions to offset the cost of providing to unserved and under-served groups.

The AADS supports programs that provide grants and low-cost need-based loans to students. In addition, the Association urges direct public support for dental education. The retention and graduation of practitioners from disadvantaged groups as a goal is important for the public's health. The Association supports grants and loan forgiveness programs for disadvantaged persons and minorities.

Research is critical to the health of the nation. Both basic and clinical research have led to improvements in oral health. Further improvements will be the result of continued efforts to produce new knowledge in the prevention and treatment of oral diseases. The Association believes that the allocation of resources for biomedical research must receive a high priority. The Association also supports funding for educational research. Similarly, research in health services has increased the knowledge in the area of effectiveness of treatment and health care delivery. The impact of this research will contribute to cost containment, improved quality of care, and increased understanding of barriers to access. Therefore, the AADS supports funding for oral health services research.

With this I conclude my excerpts from the written policy of the Association of American Dental Schools.
out oral health. To suggest that oral health is not integral to and important for health generally diminishes dentists and dentistry as a health profession. If I could appropriate a line from Linda Nisens, in her testimony at the recent Annual Session of the American Dental Association: "I am confident that none of us dentists here who have the degree D.D.S. would ever want to have that designation changed not as a means to a literary and language of ethics as a libertarian theory of justice. On this view the dentist is one who, through personal initiative and discipline, has earned the right to offer dental services. Similarly, patients have the right to seek from wherever, whatever care they want... and if so, can afford. This view of justice, societal benefits are distributed based on individual merit, contribution, or effort; not on the basis of need or equality. Health care will be unequally distributed, for wealth is unequally distributed. The preservation of the traditional prerogatives and personal autonomy of dentists (and of patients) is a principle not to be violated by society's priorities for the distribution of health care resources. In such a "free enterprise system," the business or commercial model of providing health care underwrites what we shall subsequently characterize as a professional model...or a model I will want to argue is rooted in a tradition of caring. Commercialization of dental care in the United States has transformed the culture of dentists from a society that views health care as a commodity produced and sold for a profit. This commodification is free enterprise — therefore dentists produce, compete, and publicize their competitive spirit through advertising. Not only do dentists compete with one another, but they compete with their patients. The patient attempts to gain the greatest service from the dentist for the least cost, while the dentist is attempting to gain as great a net financial benefit as possible. The fiduciary relationship between dentist and patient becomes "discretionary spending" and is purchased in much the same manner in which a vacation is purchased... or a new automobile. If you can afford it, you buy it. If you cannot buy it, you do without. Dental care is a commodity that dentists sell and patients buy. The dentist is a producer, the patient a consumer, and the interaction between dentist and patient is one of transactions in the commercial marketplace. As one leading critic has said, "new language has infected the culture of American health care. It is the language of the marketplace, of the tradesman, and of the cost accountant."

This libertarian theory of justice, of ethics, is challenged by both egalitarian and utilitarian views. On an egalitarian concept of justice, social and economic inequalities are not just to be accepted as the law of nature, a type of "social dispensation" where the fittest survive, but are to be arranged, so that they can be... and not as a means. Professions and professionals are humans. It is impossible to conceive of a profession by identifying six cardinal characteristics of a profession. It is not a moral community. In fact, the moral fabric of a society is best understood by how it treats its least advantaged. It is related more to the professional classes that rest comfortably in the face of poor oral health as a profession and a profession by identifying six cardinal characteristics of a profession. It is not a moral community. In fact, the moral fabric of a society is best understood by how it treats its least advantaged.

This concept of justice affirms the value and worth of every human being. It is related to Immanuel Kant's second formulation of his categorical imperative: "act so that you treat humanity whether in your own person, or that of another, always as an end and never as a means." People are ends in themselves... never as a means for others. Professions and professionals are human beings. It is impossible to conceive of a profession by identifying six cardinal characteristics of a profession. It is not a moral community. In fact, the moral fabric of a society is best understood by how it treats its least advantaged.

The current health care reform. He said he was able to appropriate a line from Linda Nisens, in her testimony at the recent Annual Session of the American Dental Association: "I am confident that none of us dentists here who have the degree D.D.S. would ever want to have that designation changed not as a means to a...
advantaged citizens. The index of a nation's character is how it treats its underclasses.

The egalitarian view offers a compelling case for policies that are aimed at promoting the common good. It is a view that is often misquoted. He is misquoted according to Charles E. Wilson, in 1953, while appearing before a Congressional Committee made a comment, which is often misquoted. Wilson said, "What is good for the country is good for General Motors." In fact, what he said was, "What is good for the country is good for General Motors!" What is good for the oral health of the nation's citizens is good for the nation's oral health. We all acknowledge that such a statement does not necessarily follow. Wilson is a profession of dentistry committed to health care reform. Has he said, that must be served as well. The oral health of the nation is good for the nation. Wilson is of a profession that is characterized by society as a profession of practitioners caring, compassion-ate, caring, for the oral health of America and all Americans. My appeal is for all of us in the profession to work together with society to pursue the common good in the oral health of America— which is the pursuit of the common good in oral health— which is the pursuit of the common good in oral health— which is the pursuit of the common good in oral health— which is the pursuit of the common good in oral health— which is the pursuit of the common good in oral health— which is the pursuit of the common good in oral health— which is the pursuit of the common good in oral health. My appeal is for all of us in the profession to work together with society to pursue the common good in the oral health of America— which is the pursuit of the common good in oral health— which is the pursuit of the common good in oral health. My appeal is for all of us in the profession to work together with society to pursue the common good in the oral health of America— which is the pursuit of the common good in oral health— which is the pursuit of the common good in oral health. My appeal is for all of us in the profession to work together with society to pursue the common good in the oral health of America— which is the pursuit of the common good in oral health— which is the pursuit of the common good in oral health. My appeal is for all of us in the profession to work together with society to pursue the common good in the oral health of America— which is the pursuit of the common good in oral health. My appeal is for all of us in the profession to work together with society to pursue the common good in the oral health of America— which is the pursuit of the common good in oral health. My appeal is for all of us in the profession to work together with society to pursue the common good in the oral health of America— which is the pursuit of the common good in oral health. My appeal is for all of us in the profession to work together with society to pursue the common good in the oral health of America— which is the pursuit of the common good in oral health. My appeal is for all of us in the profession to work together with society to pursue the common good in the oral health of America— which is the pursuit of the common good in oral health. My appeal is for all of us in the profession to work together with society to pursue the common good in the oral health of America— which is the pursuit of the common good in oral health. My appeal is for all of us in the profession to work together with society to pursue the common good in the oral health of America— which is the pursuit of the common good in oral health. My appeal is for all of us in the profession to work together with society to pursue the common good in the oral health of America— which is the pursuit of the common good in oral health. My appeal is for all of us in the profession to work together with society to pursue the common good in the oral health of America— which is the pursuit of the common good in oral health. My appeal is for all of us in the profession to work together with society to pursue the common good in the oral health of America— which is the pursuit of the common good in oral health. My appeal is for all of us in the profession to work together with society to pursue the common good in the oral health of America— which is the pursuit of the common good in oral health. My appeal is for all of us in the profession to work together with society to pursue the common good in the oral health of America— which is the pursuit of the common good in oral health. My appeal is for all of us in the profession to work together with society to pursue the common good in the oral health of America— which is the pursuit of the common good in oral health. My appeal is for all of us in the profession to work together with society to pursue the common good in the oral health of America— which is the pursuit of the common good in oral health. My appeal is for all of us in the profession to work together with society to pursue the common good in the oral health of America— which is the pursuit of the common good in oral health. My appeal is for all of us in the profession to work together with society to pursue the common good in the oral health of America— which is the pursuit of the common good in oral health.