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Ethical considerations in healthcare resource allocation: A health economics perspective

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This paper considers the importance of medical ethics in the process of allocating health care resources. Their importance is held to social ethics from the dominant role they play in clinical behavior and the important position of the clinical behavior in the production of health care and economics. It is pointed out that there is a potential conflict between the ethical style, and thus the behavior of the medical profession and organization of health, and the aim of maximizing social benefits from health care resources. This paper argues that medical ethics is very important, in that it raises social confidence which results to social capital and good health care.

Key words: Medical ethics, health economics, bioethics, social capital, social confidence.

INTRODUCTION

The concept of social capital reflects the belief that the levels of interpersonal trust, engagement in civic affairs and the reciprocity norms among citizens in a community determine the extent to which the cooperative and mutually beneficial behaviors occurred within the community.

In objectivity, the rapid development of technology in the world, the decrease of communication distance and the studies in health economics are expanding. In recent years, the topic of social capital in academia and the scientific literature in the world tends to expand rapidly and it has recently been raised seriously in Iran.

This concept was first raised at the beginning of the twentieth century in sociology. Its relationship with the economy was a debated issue in academic and scientific circles and it is like a revolution that led to the social capital of the community's entire numbers. This relationship requires an infrastructure of ethics such as bioethics. Bioethics is a general term that can impose the true and humanity connections in the secular and religious communities.

Intermediaries in the transactions are very important in the relationship of people, and as such, when they are closer to justice, they can lead to stronger connections. These connections lead to a particular social trust. Social trust is a fundamental principle in social economics, and

its increasing social capital transactions, if fair and not an extra cost, have been called "transaction cost" by economists (McGuire, 1986; Kluge, 2007; Dutt and Webber, 2009).

Trust is important in an institutional level, as trust in particular hospitals, insurers and health care systems, may affect patient support for the use of services and thus their economic and political viability. The focus of trust relationships may of course differ according to the model of health care delivery. In market based systems, such as the US, patient trust may be more important to secure loyalty to particular providers, whereas in tax- financed systems which are organized by national or regional agencies, public trust may be more necessary (Rosemary and Micheal (2004)

Lapse of social trust causes the community to pay more for transactions. As such, it can impose and affect all individuals of the society. This will undoubtedly affect the health of the economy that communicates with money and equipment. On the other hand, if the executive system (Ministry of Health), choose, propose and implement a method according to the interests of patients, not based on personal interests, then the trust of the society and social capital will become a major one. Social trust is formed when it is of interest to the entire community and not for the specific group. As such, this is one way to increase social capital, correlation and the links within the community.

In recent years, employers have taken such steps as increasing deductibles in order to shift more costs to

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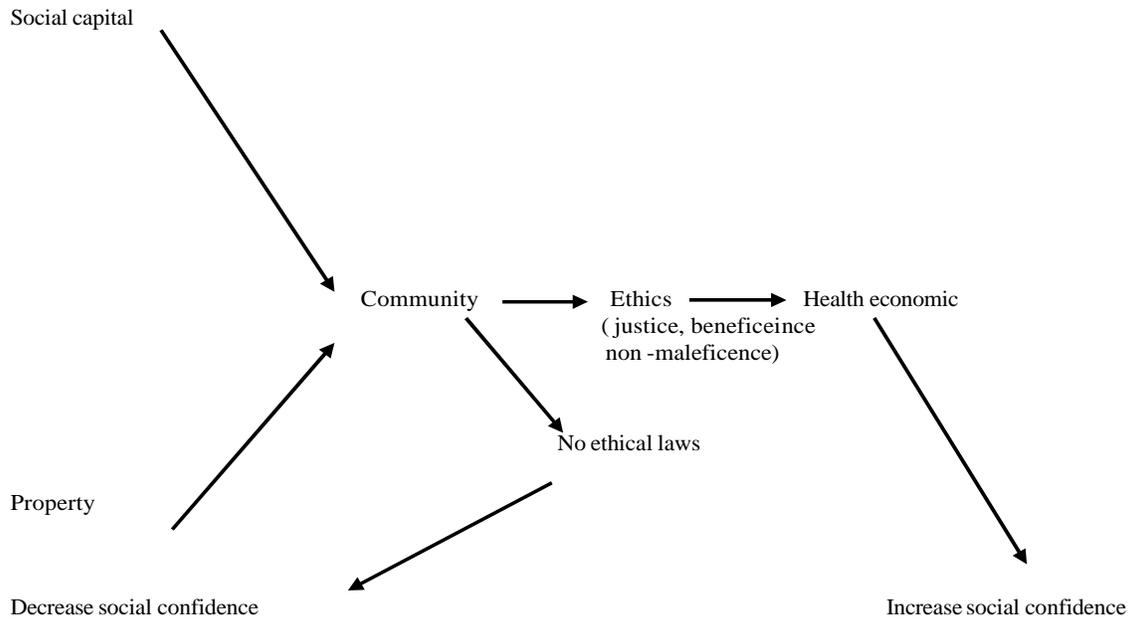


Figure 1. Explanation of medical ethics in increase social confidence.

employees, giving them a financial incentive to use fewer services. In this area, innovation is underway, in that new benefit structures have been developed, including consumer-directed health plans, which typically have employer-funded spending accounts tied to insurance policies with a large annual deductible that exceeds the annual contribution to the account (Ginsburg, 2004).

The output of the study is that ethics can properly communicate the circulation of health issues in society, and justice is one of the factors. As such, the study wants to consider the ethics pillars of the health economy.

Health economics and theory of consequentialism

Societies with the principles of ethics based on consequentialism which appears in most countries, even in Islamic societies, are an inseparable part of ethics and they strive for more profits in the health economics which means that addition and subtraction of data ultimately arrive at a moral commitment. If the person or community benefits from the treatment, in accordance with this moral theory, there is a proper ethics-based task. The benefit means that the monetary profit gains, but this is not sufficient and therefore, in order to gain the trust of the society, the Ministry of Health as target organ and other organizations who work in health economics should consider the possibility to operate in a more versatile environment and should be thinking of the benefit for all in this category.

The next issue is justice for all people to benefit from health in their ideal conditions and, finally, prevent the damage of their financial matters. Considering the

aforementioned issue, we can conclude that the healthiest and most active social capital has led to the best utility for the community and this is the mission of the executive manager of health in society (Mulvaney and Kendrick, 2005; Khawaja and Mowafi, 2006).

METHODOLOGY OF THE STUDY

Personal characteristics and properties were considered in the health system. As such, social confidence and satisfaction of the study's questionnaire was considered in the study.

All data were collected, with assistance from Pubmed system, for evaluation of other centers in the world.

RESULTS

We can conclude that if the health and research centers are planning and acting on ethical principles, the social confidence will be established and it will cause an increase in social capital (Figure 1).

As mentioned in the discussion, health and medical community is not only in relation to the individual and society, but also in relation to the international community, based on ethical principles, as discussed in the emerging issues from bioethics. This means that trying to find points of common morality in the world, the study must plan on the basis of these common elements. This applicable and desirable issue should be applied in the World Health Organization. So when we think global, applying ethical principles in the profession will increase social confidence, and also, the observation of common ethical principles of human society will lead to increased confidence in the global community and increased social

capital (Stilwell et al., 2004).

DISCUSSION

The relationship between physician and patient has a characteristic that is firmly related with social capital, in that the physician is seen as the medical provider and service seller to the patient and also as a lawyer to select the patient's needed services. The physician can, in fact, due to his knowledge and skills, recognize the patients' needs and options. According to the principle of patient autonomy, the physician should provide a therapeutic option for patients and contribute to it as a wise and trusted counselor.

This relationship needs the confidence of the patient to the doctor and can only be established with respect to the patient and the vindication of his rights and not on the basis of personal interests.

The existence of physicians' trust in the community and the confidence in the behavior of the executive organs is social capital. Then, if the physician or health care provider, consider their personal interests, for example, unnecessary testing for the acquisition of income or hospitalization with no scientific reason or unnecessary surgery for more revenue and reputation, this will decrease patients' confidence and trust, in the entire society, to health care system, which will result in the depletion of social capital. The following links show the importance of social capital in developing a society.

(A, B non-mal, jut)+ Trust between patient and physician + Social trust + Social capital.

For example, if a patient does not trust the physician, he will refer to another physician to test the right of his illness, and this causes a waste of time and costs which may lead to a wrong decision. As such, it finally enhances the progression of the disease that usually causes difficulty in treatment.

This process causes the confidence disruption of the patient's family, and if this happens in the rest of the community, it will lead to reduced social trust in the physicians and the entire health system. This mistrust of the community will lead to the loss of social capital. As mentioned earlier, the principles of these problems are based on ethics, if these principles of ethical standards, that is, respect for patient autonomy, try to give benefits to patients, respect for justice and finally, non-maleficent, are completely implemented on the bases of trust. These lead to social trust and, finally, social capital.

Clearly, the role of medical ethics can be seen in the improvement, increased social capital and benefit of the community.

Medical ethics has two main functions:

1. The role of medical ethics in the formation of social capital within the professional relationship.

2. The role of medical ethics in the formation of social capital in professional relationships with community members (Bin and Afek, 2009).

The professionals and the relationships between clusters

Recipients of health care trust (if physicians) are professionalized on the basis of their medical job. This makes a person and the society trust in this stratum and occupation those results to an increase in social capital. The fact is that more coherencies of medical organizations, under license from the Ministry of Health, lead to increased social trust and social capital. Of course, less conflict, disunity and diversity of professionals brings the principle of correlation more closely within the group. There are two important issues that must be looked at in order to achieve this goal (Chavez et al., 2004).

First, all colleagues in the profession of medicine (physicians) must follow governmental regulations especially medical council platforms. Secondly, ethical relationships between health-care colleagues prevent the formation of conflict.

Here, the pecuniary affair is an important issue that seems to include most of the factors and the other is to feel superior and monopolize what is seen in this profession. Each of these, if not to be repressed, results in a loss of social capital rather than trust in the community (Engström et al., 2008).

Relations between members of the profession and the community

This occupation is related to the community, individuals and even the international community. Physicians and patients in treatment levels and their relationship with the health service provider organization should be based on the criterion of medical ethics. Physicians should know and follow certain moral principles in the treatment of the patient, such as autonomy, benefit to the patient, administration of justice and, finally, non-maleficence principles. About the autonomy, the patient should be carefully informed on the consent form for each treatment and changes. There are some points about the informed consent form: The patient should be able to accept and recognize its context, it should be explained with a simple language, all questions should be answered and the questions are registered if they are related to the disease (Hoppe, 2007).

The next principle is the benefit for patients. The physician should try to yield the maximum benefit to patients and this principle should be the main component of the objectives of his job. He should not affect the business of advertisement by medical and pharmaceuti-

cal advertisement and should not prescribe medication to patients when the drug has not been fully confirmed. He should also reluctantly accept a new surgical technique unless approved by the competent authorities.

As regards the principle of justice, physicians and patients should respect justice and equity. This relates to both physicians and managers of health centers to implement monetary policies and equipment for patients with justice.

Finally, with regard to the principle of non-maleficence to the patient, physicians should try to treat patients with minimal or no damage. This may be related to drug use, invasive or non-invasive equipment and techniques of surgery.

The non-invasive techniques should be preferred when they are under the same conditions and with the invasive methods to be used without or with minimal damage. The surgeon should choose a technique with minimal damage and should have sufficient knowledge about this technique. However, the scientific and expert knowledge has an important role in surgery.

The aforementioned principles should be applied, especially in research. Health centers should have programs to cover for population groups, which to some extent, would strengthen the ethical principles in contrast to the weakness of others; for example, autonomy seems to be insufficient although the principles of justice and benefit are most highlighted.

In other researches, autonomy and informed consent are highlighted, while other principles are also important.

In general, health economics is related to funding and social capital. As such, the relationship between these two factors is quite regulated by medical ethics (beneficence, non-maleficence and justice).

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