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THE MODERN MANIFESTATION OF THE HIPPOCRATIC OATH FOR HUMAN RIGHTS: MEDICARE-FOR-ALL

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Özet

This study evaluates the Universal Healthcare system through the lens of Social Contract Theory and the Hippocratic Oath also known as Medical Ethics, to understand the potential impact of a single-payer healthcare system on healthcare access, costs, quality, and overall health outcomes as well as the feasibility and challenges of such a system. The study synthesizes themes, patterns, and insights from existing literature through critical review, thematic content, and meta-analysis using multi methods based on literature review. The findings suggest that Medicare-for-All can provide fair and equitable access to higher-quality healthcare to all citizens regardless of socioeconomic status or geographic location. This system can promote the well-being of individuals and improve health outcomes by reducing financial burdens, facilitating access to healthcare services and facilities, and reducing taxes and restrictions on healthcare spending. From a Social Contract perspective, with Medicare-for-All, the government can serve to strike a balance between individual rights and social responsibility by allowing resources to be distributed and used fairly to meet the needs of all citizens.

İNSAN HAKLARI İÇİN HİPOKRAT YEMİNİ'NİN MODERN TEZAHÜRÜ: HERKES İÇİN MEDİCARE

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Abstract

Bu çalışma, tek ödeyicili bir sağlık sisteminin sağlık hizmetlerine erişim, maliyetler, kalite ve genel sağlık sonuçları üzerindeki potansiyel etkisini ve böyle bir sistemin uygulanabilirliğini ve zorluklarını anlamak için Evrensel Sağlık Sistemini Sosyal Sözleşme Teorisi ve Tıbbi Etik olarak da bilinen Hipokrat Yemini merceğinden değerlendirmektedir. Çalışma, literatür incelemesine dayalı çoklu yöntemler kullanarak eleştirel inceleme, tematik, içerik ve meta-analiz yoluyla mevcut literatürden temaları, kalıpları ve içgörüleri sentezlemektedir. Bulgular, Medicare-for-All'ın sosyoekonomik statü veya coğrafi konumdan bağımsız olarak tüm vatandaşlara daha yüksek kaliteli sağlık hizmetlerine adil ve eşit erişim sağlayabileceğini göstermektedir. Bu sistem, finansal yükleri azaltarak, sağlık hizmetlerine ve tesislerine erişimi kolaylaştırarak ve sağlık harcamalarındaki vergileri ve kısıtlamaları azaltarak bireylerin refahını teşvik edebilir ve sağlık sonuçlarını iyileştirebilir. Sosyal Sözleşme perspektifinden, Medicare-for-All ile hükümet, kaynakların tüm vatandaşların ihtiyaçlarını karşılamak için adil bir şekilde dağıtılmasına ve kullanılmasına izin vererek bireysel haklar ve sosyal sorumluluk arasında bir denge kurmaya hizmet edebilir.

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INTRODUCTION

The U.S. healthcare is the most expensive and unaffordable system compared to other Western countries. The lack of universal coverage, fragmented insurance system, high administrative costs, arbitrary pricing of drug prices and hospital fees by private insurance and pharmaceutical companies, and the lack of sufficient healthcare workers have led to quality concerns. According to the US Census Bureau data, the rate of people without health insurance in America in 2023 was determined to be 17.6%. This is a significant rate (Keisler-Starkey et al., 2024). Despite spending nearly twice as much on healthcare per capita as similarly sized and wealthy countries, the United States has lower life expectancy than its peers. Overall, the United States performs worse on measures of long-term health outcomes, certain treatment outcomes, premature and maternal mortality, some measures of patient safety, and experiences of underserving care due to cost (Kurani & Wager, 2021).

The United States lags other developed countries in preventing easily treatable diseases due to the costly health care system, the large uninsured population, and high out-of-pocket costs that prevent many people from seeking preventive care, as well as barriers to accessing regular checkups, screenings, and other preventive services due to the lack of universal health care coverage. In the U.S. 28% of adults have a high lifetime burden of chronic diseases such as asthma, diabetes, heart disease, and hypertension, compared to 22% or less in other countries. It also has the highest obesity rate among developed countries, twice the OECD average and four times higher than Switzerland and Norway. Despite high health care costs in the United States, Americans have fewer doctors and fewer doctor visits than their peers in other countries (Tikkanen & Abrams, 2020). Given these negative aspects of healthcare, it seems that a new health care reform is necessary to improve access to healthcare, lower costs, and provide better care for all Americans.

Although the need for national health reform has been felt and discussed more intensely in recent times, the history of these studies dates to 1912. Historians argue that the failure of national health insurance was due to many reasons such as the complexity of the problems, ideological differences, the lobbying power of special interest groups, the weakening of the Presidency, and the decentralized nature of Congressional power (Hoffman, 2009). However, the proposal to approve the Medicare-for-All Bill was first introduced to the United States House of Representatives in 2003 by Representative John James Conyers. In 2019 senator Bernie Sanders sponsored the Medicare-for-All Act trying to establish a national health insurance program. Similar health care bills were proposed in 2021 and 2022. Continuing support for and implementing single-payer systems would be a project worth considering in terms of cost, patient comfort, health outcomes, and equity, as well as the results of medical research.

In this article, we will discuss what the effects of universal healthcare might be if it were to replace the current US healthcare system, and whether a single-payer system could be a manifestation of the Hippocratic Oath, which ties human rights protection to ethical principles. In this context, we will first examine the current healthcare system in the US and compare it to the single-payer system. Then, we will discuss how universal healthcare could be a solution to the current problem of physician shortages. After examining Americans' views and approaches to Medicare for All, a general comparison of universal healthcare models implemented around the world will be discussed. In the conclusion section, the findings and suggestions presented and the gaps in future studies are mentioned.

This study is a literature review based on a systematic and critical evaluation of existing research on Medicare-for-all. The purpose of the study is to answer the questions, “Could Medicare-for-all be a modern manifestation of the Hippocratic Oath for human rights?” and “What are the potential impacts

of a single-payer healthcare system on access to healthcare, costs, quality, and overall health outcomes, and what are the feasibility and challenges of such a system?". To comprehensively understand the current state of knowledge in literature, I classified previous studies as conceptual reviews. Instead of generating new data, I synthesized existing knowledge. In this process, I used thematic analysis to uncover themes, patterns, and insights, and analyzed recurring concepts, patterns, ideas, and arguments in the texts. I analyzed the content of the articles using content analysis and critically appraised the literature using the critical review method; this helped me realize the strengths and weaknesses of the reviewed studies and identify gaps and inconsistencies in the research. Finally, I used meta-analysis to quantitatively synthesize the research findings to gain a clearer and more robust understanding of the topic.

Theoretical Framework

This study examines the Universal Healthcare system through the lens of Social Contract Theory and the Hippocratic Oath, also known as Medical Ethics, to understand the potential impact of a single-payer healthcare system on healthcare access, costs, quality, and overall health outcomes, as well as the feasibility and challenges of such a system. Social contract theory is the idea that people's moral and political obligations are based on an agreement to form a society (Hobbes, 1960). It was first explained and defended by Thomas Hobbes. After Hobbes, John Locke, Jean-Jacques Rousseau were among the advocates of this theory. The purpose of social contract theory is to show that members of some societies have reason to approve of and comply with the basic social rules, laws, institutions and/or principles of that society. Simply put, it is about public legitimation (d'Agostino et al., 1996). Social contract theory is an important framework that includes ethical principles and is based on the view that individuals in a society agree to abide by certain rules and norms for the mutual benefit and well-being of all. It argues that morality and social order are based on a shared understanding of ethical obligations and rights.

Social contract theory is based on principles such as mutual benefit and obligation, public consent, social principles, social order, solidarity and cooperation. Therefore, it functions in harmony with ethical principles. Although the foundations of ethical studies were laid by Socrates and Plato, Aristotle's systematic approach to ethics with his work "Eudaimonia", which explores virtue, happiness and the good life, made him a strong name in this field (Nicomachean ethics, 2019). Hippocrates raised ethical standards for medical practice and created a holistic model of health care that included physical exercise, diet, and mental health. Ethical perspectives ensure that rules are beneficial and fair to all members of society and help develop a social contract in which moral principles such as justice, fairness, and equality guide the creation of rules and agreements.

The Hippocratic Oath

Hippocrates, considered the father of medicine, was a good philosopher as well as a doctor. He set the standards for the ethics of conduct, which has been in effect since 400 BC, by basing it on the oath that is known by his name and has been considered the gold standard of ethics in medicine period (Indla, 2019). Although, the oath has been subjected to different interpretations on issues such as abortion or euthanasia, according to the changing conditions of the changing time, three of its guiding principles are universal and still maintain their importance in our time. These principles are beneficence, protection of patients against harm (non-maleficence) and being fair on an individual and social level (Jones et al., 2015). As Palmer summarizes in Physicians for a National Health Program (PNHP), while the foundations of a universal healthcare system were successfully laid in Europe in the 20th century, efforts to prevent harm and injustice by providing health care also yielded positive results, these efforts in America have been challenged since 1915 by for-profit American

exceptionalism and the health care industry's and doctors' concerns about personal income security (Palmer, 1999). Likewise, Gegory H. Jones points out in his comparison of health policy in Europe and America, contrary to the development of health services in Europe, the U.S political structure does not meet the needs of the majority, rather it favors selected interest groups, as well as the resistance of different segments against the national health system. These are the most important obstacles to the universal healthcare system (Jones, 2020). In line with all these, the obstacle to a single-payer health system seems to be political rather than socio-economic. As Christopher emphasizes, if this obstacle is a matter of politics, the only way to remove it is to educate the public about the virtues of this system and mobilize public support (Christopher, 2016).

The Current U.S. Healthcare System

The current US healthcare system embodies several distinctive features. The finance structure is a complicated network of multiple payers, involving both private and government health insurance and healthcare providers. Medicare since 1965 provides health insurance for seniors (Barr, 2021, p. 211-214). Additionally, Medicaid and children's Health Insurance programs provide health care to low-income families and veterans (Commonwealth, 2020). Many studies have revealed that health insurance premiums and profits of insurance companies are increasing rapidly in the U.S. Top managers of health companies are making large gains, however, comparing the U.S. healthcare system from a global perspective shows that the U.S. has worse outcomes despite higher spending. Andrea S. Christopher, internist at Harvard Medical School, argues that “our complex network of insurance plans is wasteful - in large part due to high administrative costs and lack of price control” (Christopher, 2016). A similar finding stands out in Roosa Tikkanen’s comparison between America and Organization for Economic Cooperation and Development countries (OECD). The United States spends nearly twice as much on health care as the average OECD country, but it has the lowest life expectancy, the highest chronic disease burden, and the highest obesity rate. America is among the countries with the highest number of hospitalizations and preventable deaths due to preventable causes, as people cannot receive timely and quality healthcare (Tikkanen, 2020). Galvani’s study stated that although per capita health care spending in the US is higher than in any other country, more than 37 million Americans have no health insurance and 41 million more have inadequate access to care (Galvani, 2020).

Zieff et al. emphasize that significant health disparities exist in the United States, and segments of the population with lower socioeconomic status have less access to quality health care and are at greater risk of developing chronic non-communicable diseases such as obesity and type II diabetes. Arguing that a transition from a market-based system to a universal health system is necessary. Although the universal health system has disadvantages such as cost and logistical difficulties in the beginning, it will help create a healthier society in the long run and reduce the economic costs of an unhealthy nation (Zieff et al., 2020). Single payer offers a solution to America’s persistent problems with health care costs, access, affordability, and fragmentation and complexity of insurance. A single-payer system should not be perceived as evocative of socialism. Blumberg and Holahan (2019) indicate that single-payer healthcare does not require the government to own hospitals and directly employ healthcare personnel, but it will eliminate private health insurance (Blumberg & Holahan, 2019).

Would Medicare-for-All Change the Current Scarcity of Physicians?

An article from *LeverageRx* states, that although this is a nationwide problem, “studies show that patients living in rural areas are 5 times more likely to live in a county with a physician shortage than those living in urban and suburban areas” (Wolstenholm, 2019). Individuals living in rural areas are more likely to be covered by Medicaid than those living in urban areas. The National Center for

Health Statistics (NCHS) argues that physicians in rural areas are more likely than those in urban areas to accept new Medicaid patients, and about the same accepting new patients with Medicaid coverage as they are patients with private coverage (National, 2016, p. 17). Tikkanen from the Commonwealth Fund states one of the major problems with health care in America is the inefficient use of the doctors we already have. Americans see doctors far less than other countries despite the highest level of health care spending (Tikkanen, 2020). Kerns and Willies from the *Harvard Business Review* estimate that 20 percent to 30 percent of physician productivity is absorbed by paperwork, electronic medical record inputs, and other compliance-related work (Kerns and Willies, 2020).

Creating a universal healthcare program could unburden many physicians by passing a fair amount of paperwork to the Medicare system. One of the other problems that could be addressed with a new Universal healthcare bill is to increase the number of subsidies medical students receive. The Association of the American Medical Colleges (AAMC) notes that medical school enrollment has increased nearly 30% since 2002. The study highlights that despite significant growth in student enrolments, concerns remain over the number of available internship places and the supply of instructors (Association, 2019, p. 16). A Medicare for All healthcare system could help manage physician utilization by creating a nationwide database and eliminating or implementing some of the additional paperwork. It could give the federal government a chance to increase subsidies and graduate medical education. Universal healthcare could level the playing field in rural areas. It would give doctors more incentives to practice in disadvantaged areas and in rural America.

Do American People Want Medicare-for-All?

The most Americans feel that universal healthcare would cost the country and government tons of money. However, contrary to widespread belief, it would save the United States an abundant amount of money. Jenny Blair claims that "a single-payer healthcare system would be much more economically efficient than our current fragmented structure and would save over $450 billion (about $1,400 per person in the US) per year" (Blair, 2022). Government involvement will begin the process of regulating healthcare decisions. Government spending needs to be accessed immediately if the US does not want to deal with the future debt deficits that it will face if not approached. Saving the U.S. government revenue from switching to universal healthcare can aid in other major issues that this country may face. Examples of other major issues being poverty, shelters, unemployment, etc. This in return would make Americans pleased with Medicare-for-All healthcare system. Researchers argue that most people are happy with current healthcare policies. According to research from PEW research center, Bradley Jones states "63% of U.S. adults say the government has the responsibility to provide health care coverage for all" (Jones, B., 2020). The elimination of private insurance means that the cost for medication and treatment would be cheaper. Regulation from governments will start to make health costs more efficient and realistic. In the Kaiser Family Foundation Health poll, 26 percent of respondents said the current health policy is sustainable if left as is, while 73 percent indicated that the current health policy needs changes. That means three in four adults say changes need to be made to ensure the Medicare program is sustainable, according to the poll (Gans, 2023).

Free health care would cover the uninsured. Per the American Academy of Family Physician (AAFP), "Ensuring that all people in the United States have affordable healthcare coverage that provides a defined set of Essential Health Benefits (EHB) is necessary to move toward a healthier and more productive society" (American Academy, 2013). The most important advantage of free healthcare is that 50 million civilians who are currently uninsured will now be insured and cared for. Because healthcare is currently so expensive, many individuals and families cannot afford basic checkups, vaccinations, etc. The health of these vulnerable people should not be determined by whether they

have enough money to pay for healthcare. Government control of healthcare will help these civilians live healthier and longer. Healthcare should not be a privilege for those who can afford it. Medicare-for-all will satisfy everyone, including the homeless, low-income, large families, single mothers.

Comparing Healthcare Models Across Globe

Many countries of different socioeconomic levels are implementing Universal Healthcare because of its benefits and compliance with human rights. When we consider the example of three countries that use the universal health insurance model, we see that the obstacles faced by this model have been somewhat resolved. Canada's universal, publicly funded health care system, known as Medicare, is a source of national pride and a model of universal health coverage. It provides relatively equal access to physicians and hospital services through a public insurance plan financed by 13 state and territorial taxes (Martin et al., 2018). The Universal coverage National Healthcare System (NHS) is provided to all permanent residents of the United Kingdom that is free at the point of use and paid for from general taxation (Chang et al., 2011). Türkiye has offered universal healthcare through its Social Security Institution (SGK) since 2003. The Turkish health system has been implementing a new system that includes significant improvements in terms of quality and efficiency, wider access to health facilities, and has provided better financial protection for the poor against high health expenditures, as well as equality in access to health services across the population (Gürsoy, 2015, p. 83). The cost concerns, physician shortages, and quality concerns associated with universal healthcare in the United States are not insurmountable problems. With good planning and scheduling, a smooth transition from the current healthcare system to Medicare-for-All should be possible.

CONCLUSION

The findings suggest that the US replacing private insurance with Medicare-for-All would eliminate many of the health and economic problems that people are experiencing today. The government’s move to Medicare-for-All would fulfill the universal principles of human dignity that the Hippocratic Oath has rooted in human rights (Blake, 2020). Medicare-for-All would provide broader coverage than current insurance due to lower costs for prescriptions and preventive care. The government should be able to pay lower drug prices by negotiating directly on behalf of all Americans, rather than having individual insurance companies and plans negotiate separately (Katz et al., 2019). The efficient use of physicians and the reduction in the cost of medical schools would bring about a positive change in the doctor’s shortage. Financing and modernization would help rapidly advance the health sector, and the revenue that the government and citizens would save could be used to address other major US controversies (Johns & Rosenthal, 2020). The government would help millions of people who are currently uninsured and would relieve public anger when it comes to health care. The greatest benefit is the satisfaction and happiness that US citizens experience when they switch to Medicare-for-All. The US government’s job is to protect and help people. This is also true when it comes to health. In addition to this study, future research is recommended for targeted populations. For example, more research is needed to reduce scarcity and disparities in rural communities, improve and expand access to health care and medical facilities, provide financial assistance to low-income individuals and families, and eliminate systemic barriers for minority communities.

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