

ABSTRACT OF THE DISSERTATION

Justice, Health Care, and Budgeting

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Key has argued that the question, “On what basis shall it be decided to allocate X dollars to activity A instead of activity B?” is the ultimate one for governmental budgeting. This study will explore the relationships between the concepts of justice held by survey respondents and the likelihood that their views of justice will affect their support for budgeting options in health care.

The literature review for this study establishes the case for the possibility of justice as a possible norm for health care budgeting decisions by government and for the use of the public administration approach to budgeting as the best way to accommodate justice as a norm for budgeting. However, the literature review also documents major disagreements among current and past philosophers as to an understanding and definition of justice. The range is from Nozick to Rawls, from justice as entitlement, to justice as fairness.

Individuals from the public and private sector, with a focus on the health care industry and the university community, were invited by e-mail to participate in a 54-question survey; 620 individuals completed the survey by way of a privacy-protected web

site. Our analysis of the survey findings shows, first of all, specific ways that people's values, categorized in the way they view need, equality, and desert, as proposed by David Miller, affect the positions they take with regard to budgeting for health care.

Secondly, our analysis assesses to what extent people's knowledge and awareness of disparities in health care and health outcomes will affect their positions with regard to budgeting for health care. For example, the study reports to what extent respondents, who are aware of certain disparities, are more likely to support universal health insurance and major increases in federal and state budgets for health care, as compared to respondents who are not aware of the disparities. Furthermore, the study shows to what extent respondents, who view inadequate access to health care as a major reason for racially-based disparities in health-care-related outcomes, will support universal health insurance and the major increases needed in federal and state budgets to provide health care for everyone.

Thirdly, the analysis identifies specific budget recommendations for which there appears to be basic agreement among all respondents, despite differences in their views of justice. These findings provide a basis for taking a position with regard to whether an overlapping consensus is possible. The findings show, for example, that there is more support for increases in funds for facility-oriented health care, such as aid to hospitals and health care centers, than for funds for patient-oriented health care, such as health insurance. Finally, the study presents evidence from our survey's findings as to how people's views of justice affect their positions with regard to the role of government in health care and how our survey points to strong support for a combined state and federal approach to addressing our nation's health care needs.

The conclusion of the study addresses the role of public administration in the debate about budgeting in health care. Based on this study, people's views of justice seem to be a very important factor in determining what they are willing to spend for health care, particularly care for the poor and uninsured, and to what extent they are willing to be taxed to pay for the health care of others. Therefore, a renewed focus in public administration on the concept of justice and what it means for health care may be timely and extremely valuable.