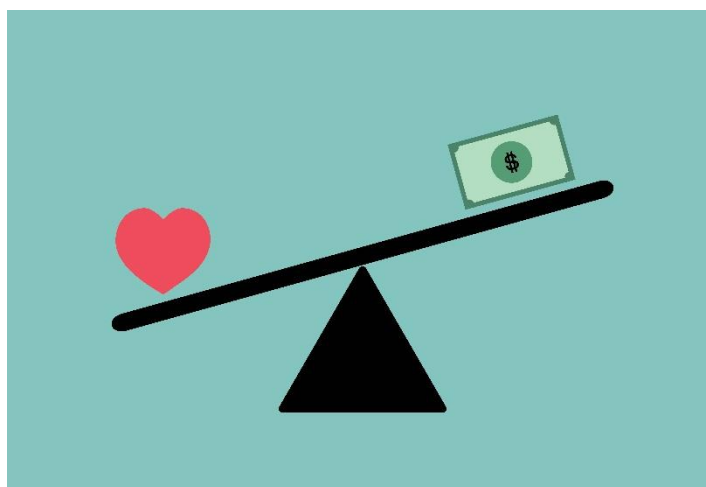




Health Care Delivery: Market Justice vs. Social Justice



In a perfect world, health care delivery, consumption, and production would all have an equal impact on all members of society. Unfortunately, inequalities in health care delivery are inevitable because no developed country has found a perfectly equitable method to distribute limited economic resources. Countries have, therefore, allocated resources according to their respective guiding principles, which are based on cultural norms and societal beliefs.

Equity is reflective of how health care systems employ necessary services to all members of society which can be achieved through market justice and/or social justice. Market justice is the theory that health care should be based on an **individual's** ability to pay through their own legitimate efforts in a “free” economy. Market justice assumes a free market, instead of a government, allocates health care resources most efficiently and equitably and that when people pursue their own interest, society benefits.

The principle of social justice relies on the idea that the provision of health care is a **societal responsibility** instead of an individual's responsibility. This theory promotes social good instead of economic good and embraces the idea that health care should be collectively financed and available to all citizens regardless of their ability to pay. Public health is oriented to social justice which envisages that the inability for someone to obtain care because of a lack of financial resources is unjust. Unlike market justice, social justice assumes health care is unlike most other services, the responsibility for health is shared, and the government, not the market, can better determine the amount of health care production and its availability to its citizens.

Health care delivery in the United States is vast and complex and mostly relies on the government to oversee its health care system through policymaking covering insurance, provider reimbursement through managed care and other avenues, the availability of new drugs and procedures, use of information systems, quality initiatives, and other regulatory measures. Market justice and social justice in the United States complement each other. Market justice drives private, employer-based health insurance, while



social justice is the driver for publicly financed health care programs, such as Medicaid, Medicare, Children’s Health Insurance Program coverage, the Affordable Care Act, and worker’s compensation.

The issue with health care delivery in the United States, specifically, is when market justice and social justice collide. This occurs when uninsured individuals cannot afford private insurance and are ineligible for public programs like Medicaid and Medicare. What happens to these groups of people? They typically end up using emergency rooms and urgent care centers as their primary care providers. That, in turn, overburdens those emergent and urgent use centers and clinicians. Closing the divide between the insured and uninsured is possible through policy interventions, community-based interventions, health care interventions, and individual-level interventions.

Policy Interventions. The Affordable Care Act was repealed in 2019. According to the Congressional Budget Office, this means more than 13 million people will be without insurance by 2027. Since the penalty to maintain insurance was lifted, many young and healthy people chose to drop their insurance altogether, which meant higher insurance premiums for those remaining in the insurance pool affecting mostly older individuals. Therefore, policy interventions are necessary to address this spike in premiums, as well as basic nutritional, safety, social service, and health care needs.

Community-based Interventions. Many community-based programs are managed by nonprofit organizations through federal, state, or local funding and receive tax benefits for their services. These programs can positively impact health disparities by offering services at a lower cost than private health care organizations that are beholden to their shareholders to offer competitively priced services.

Health Care Interventions. Value-based care is a health care intervention that is rapidly rising within health care organizations. Value-based care programs offer a reimbursement incentive for providing high quality care for the value. This is a shift from traditional fee-for-service reimbursement models and largely focuses and value for better patient outcomes. Another intervention is integrating electronic medical records systems to improve patient care and prevent safety events.

Individual-Level Interventions. Individuals must be advocates for their own health care to counteract the negative effects of social determinants. This is possible through eating healthily, exercising, by not smoking, amongst others. As well, integrating behavioral science into public health can be a valuable contributor to providing life-changing strategies for improving health for individuals within a market or social system of justice, or a combination of both.