

Editorial

Engagement in Democratic Health Reform

SCOTT C. RATZAN

The ideal for democracy to be a just form of governance is well-founded in Western thought. While twenty-first century democracies envelop leadership and decision making for millions, health care has grown at differing rates with variable forms of governance and engagement. Today, all of us are engaged in some health care “system” activities as a patient, professional, caregiver, or policymaker. It appears that systems at every level are engaging in health “reform” in the quest for the best approach.

The words health and reform are inextricably linked and ongoing. A Google search yields 136 million hits. Today, in most major developed countries, health is at center stage as it commands a growing amount of the gross domestic product (GDP), currently as high as 16% in the United States. Furthermore, with an aging population and projected use of resources to sustain health, the costs will rise.

Today, as we live in a communication and interconnected world with innovation in many different forms—from gene level predictors, diagnostic devices, tailor-made medicines, to name a few—the questions are broad: How much do we need and want, and what will we be able to afford as both an individual and society? What is the appropriate amount of GDP to spend on health care? How much is a disability adjusted life year (DALY) or health active life expectancy (HALE) worth? What value should we place on emotional medicine advances (e.g., pain and palliative), incremental innovations, and experimental approaches?

There is an overarching question that is related to fundamental approaches and innovation: Are we (as individuals or society or both) satisfied with the knowledge and tools we have today in health care? If so, we should work on increasing productivity in the system, mass marketing all that we have, and penetrating the psyche of our current knowledge base. If the answer is no—that is, I want to have more clear preventive measures, the ability to detect disease more accurately and earlier, and have better and newer medicines and treatments for disease—then we need to embody a health system that values democracy and progress, promulgating individual engagement in garnering the best care and treatments.

On a system level scale this would translate into morals and values that respect human dignity; promote ethics at professional levels with equity and nondiscrimination; target public health improvement; focus on patients and citizens sharing responsibility and participating in decisions for their own health; focus on improvement in accessibility, quality, and cost-effectiveness; improve regulation and

Scott C. Ratzan, MD, MPA, is Editor-in Chief of the *Journal of Health Communication: International Perspectives*. He also is Vice President, Pharmaceuticals and Global Health, Government Affairs-Europe, for Johnson & Johnson.

promote decision making based on sound science, evidence, and moral values; and enhance the ethical and science-based research environment thereby orienting a system for primary health care valuing primary, secondary, and tertiary prevention.

The evidence in this journal that advances ways we engage as health communicators demonstrates how actions “outside” the health care system, such as education, nutrition, entertainment, and prevention of risk behaviors such as unsafe sex (see article by Noar and colleagues) and obesity (see article by Hoek and Gendall), have an important effect on health.

Yet, despite the great contribution of health communication outside the system, we need to develop ways to advance principles within the system in support of ethical standards for health reform within the system. As health economists are most often in the lead with policymakers in health reform development, their literature and conclusions are also important to consider.

For example, the “market” in health care that is subject to “reform” is particularly complex—health insurance and health care services are subject to uncertainty, adverse selection, asymmetry of information, plus the implications of value judgments.

Economists remind us that the market in health care is inefficient: The interests of employers, workers, and providers are paramount and center on preserving the status quo and are resistant to any change that would disadvantage them. To overcome positions of the key players in the U.S. system requires a great deal of understanding and commitment to change by the rest of society. This has great implications for health communicators who often promulgate spending outside the system on environmental elements or suggest investment in prevention or both. Similarly, gatekeepers in other “democracies” are government officials or payers who often protect silo budgets or microsystems focused on cost rather than on value.

Economic evidence also suggests that everything that sounds like “competition” or “markets” or “private sector” will not necessarily improve economic performance. The fact that something is done in the private sector does not mean that rational economic incentives necessarily apply. The fact that something is in the public sector does not necessarily mean that they do not apply. Yet, supporting competitive markets to stimulate innovation would be an evidence-based approach to health reform.

In health care, people (patients, carers, and citizens) respond to differing incentives other than economic ones, especially in health care. Hence, a focus on economic resources hinders efficiency and is not promulgating “evidence-based medicine.” Yet it is important to get the economic incentives right for resources to be spent on those people and institutions that do the best job.

Finally, what this all means is that an ideal health system should have main elements: information for patients to make the ideal (read, not always rational) decision; information on innovation, quality, and cost; payers with incentives to seek value and provide value-based (read, equitable) care; reforms to support innovation in health care delivery from home to hospital; providers capable of enhanced productivity and communication (both to patients and using information technology [IT]); and a proinnovation and speedy regulatory framework that describes and diffuses risk, benefit, safety, and value.

As health will continue to be the common fabric of humankind, it is incumbent upon us to help develop ethical and moral ideals in the health reform arena. Ideally, health communicators should advocate a role alongside economists and other professionals to advance the future systems of health care.