

Healthcare Reform & Death with Dignity

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3-2 Short Paper: Healthcare Reform & Death with Dignity

Scenario 1: Healthcare Consolidation

Healthcare consolidation, characterized by mergers and acquisitions, is prevalent in the Midwest and has sparked extensive debate. Mergers and consolidations can positively and negatively affect the healthcare system. On the positive side, consolidations can increase efficiency, improve patient care, and enhance access to specialized services (Ribeiro & Cavalcanti, 2020). Economies of scale can reduce costs, allowing hospitals to invest in advanced medical technologies and better staff training. Additionally, consolidated healthcare systems can provide more comprehensive care by integrating various services under one umbrella, which is particularly beneficial in rural areas where access to specialized care is often limited.

However, there are significant downsides to consider. Consolidations can create monopolies, reducing competition and potentially leading to higher patient healthcare costs. Moreover, employees might face job insecurity, increased workloads, and changes in management practices, which can negatively impact morale and job satisfaction (Berenson & Murray, 2022). The shift in work culture might also result in a less personalized patient care experience, as considerable healthcare systems can become more bureaucratic.

In rural settings, the impact of healthcare consolidations can be mixed. On one hand, consolidations can improve access to specialized care by pooling resources and expertise. On the other hand, they might lead to the closure of smaller, local hospitals, forcing patients to travel longer distances for care. This could exacerbate healthcare disparities in rural communities.

Scenario 2: The Right to Die

The debate over the right to die, particularly the use of life-ending drugs, is complex and emotionally charged. Advocates argue that passing life-ending legislation is an act of

compassion, allowing terminally ill patients to end their suffering and die with dignity. This perspective emphasizes respect for patient autonomy, enabling individuals to decide about their lives and deaths. The case of Brittany Maynard, who chose to end her life to avoid prolonged suffering from terminal cancer, highlights the importance of providing patients with the option to die on their terms (Maynard, n.d.).

However, there are ethical concerns about enabling life-ending practices. Opponents argue that such legislation could lead to potential abuses and a slippery slope where the value of human life is diminished. Healthcare professionals might face moral and ethical dilemmas, such as assisting in life-ending procedures conflicts with the Hippocratic Oath, not to harm. The sanctity of life is a fundamental principle in medical ethics, and permitting life-ending drugs challenges this core belief.

Advocating for treatment plans contradicting personal beliefs is another ethical challenge for healthcare professionals. Maintaining professional integrity requires respecting patient autonomy and the right to make informed decisions about their care. Navigating these conflicts necessitates a balance between personal values and professional responsibilities. Healthcare providers must separate their personal beliefs from their professional duties, ensuring patients receive unbiased and compassionate care.

Conclusion

Healthcare consolidation and the right to die present significant ethical dilemmas for healthcare professionals. Consolidations can enhance efficiency and access to specialized care but pose risks of increased costs and reduced local services. The right-to-die legislation emphasizes patient autonomy and compassionate care but raises concerns about the sanctity of life and potential abuses. Navigating these complex issues requires healthcare providers to

balance legal, ethical, and professional responsibilities while maintaining compassion and respect for patient autonomy.

References

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