

What's wrong with our health equity slogans and how to fix things

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Aims of this talk

- To suggest that four common health equity slogans are not very helpful if you *really* care about justice and fairness
- To try to explain why that's so
- To offer you nine *useful* slogans to tout instead (if you *really* care)

Four poor slogans

- health care ought to be allocated in proportion to a person's need
- geographical allocation of health care resources (generally, purchasing budgets) ought to be allocated in proportion to the population's need in each area
- access/utilization of health care ought to be equal for all members of society
- efficiency and equity in health and health care usually conflict and, when they do, equity trumps efficiency

Why are they bad?

- they are not good ethical principles in the first place
- they are confused and confusing
- the words used are very fuzzy
- they are not practical – it's not clear what policy steps follow

Equity is not the same as equality

The two great Aristotelian principles:

- ***Horizontal Equity***: the equal treatment of people who are equal in a relevant respect
- ***Vertical Equity***: the unequal treatment of people who are unequal in a relevant respect

Distinguish between health care and health

- one is a means; the other an end
- health matters ethically because it's necessary for leading a fulfilling life
- inverse correlation between ill-health and income/wealth/Socio-economic class (SEC)
- inequitable distribution of financial consequences is easy to add to inequity in health

Relevant respects

- need: equal treatment of people with equal needs; more favourable treatment of people with greater needs
- mortality and morbidity: equally ill populations ought to be treated the same; the sickest ought to get more
- desert: People of equal desert ought to be treated the same; those of greater desert ought to get more
- resources themselves: a purely horizontal equity argument – each ought to have equally access to resources
- capacity to benefit: those with equal ability to benefit from health care ought to get the same; those with high capacities ought to receive more
- health: greater equality of health: give priority to those with low health or who are furthest away from the average

Four new general principles

- health care resources ought to be allocated so as to promote more equally distributed health – and as much of it as possible (i.e. efficiency)
- that means you have to be able to assess the impact of health care technologies on health
- it means you can't distribute the resource by formulae alone (need deliberative and consultative processes right down to local levels)
- and it means you need a practical, low-cost, generic and acceptable measure of health and changes in it

Necessary steps

- a policy answer to the question “equity of what?”
- a mechanism to select a pragmatic empirical measure of health
- a province-wide commission (?) with tasks:
 - annually determine the allocation of resources to geographical areas (LHINs?)
 - advising LHINs on the intra-LHIN distribution of resources for equity
- setting annual targets for greater equality in the distribution of health

New slogans

- avoidable inequality of health is unacceptable
- all cost-effective health care ought to be provided free (cost-ineffective care ought not to be provided at all)
- access should be as cheap as is necessary for clinicians to assess people's need
- equity and efficiency march hand in hand
- equity in health is impossible without an empirical measure of health

More new slogans

- the *largest differentials* between persons and groups should command the joint highest priority
- the avoidable inequalities of health that are *easiest to remove* should command the joint highest priority
- *unavoidable* gross inequalities ought to be accompanied by generous palliative provision and other compensations
- achieving equity in health requires a policy implementation process that is deliberative and not just formulaic
- equity in health is impossible without an information database (covering health and its distribution; health resources and their distribution; an evidence inventory on the likely impact of resources on health inequalities)

From talk to action...

Ontario lacks:

- a clear vision of the meaning of terms like 'equity' and 'inequity' and why they matter ethically
- a clear and operational vision of what is meant by 'health'
- routine databases for measuring inequity or inequality
- an inventory of 'what works' in affecting the distribution of health for the better
- policy targets for achieving equity
- mechanisms, beyond the broad structural characteristics of the system, for promoting greater equity

...and it's time this was fixed!