

IDEOLOGICAL POLARIZATION OVER THE AFFORDABLE CARE ACT FROM AN ETHICAL PERSPECTIVE



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Abstract:

Among the most contested issues in the American welfare state is the reform of the long-lasting health care system. Liberals and conservatives formed the two conflicting parties over the repair of this system undertaken by the Affordable Care Act (ACA), nicknamed "Obamacare," in early 2010. Hence, a strong partisan ideology dominated the health care arena in the US. The scope of the heated debates lead to putting Obamacare implementation at crossroads. In an attempt to spot the ethical light on this ideological polarization, this paper employs a principle-based ethical theory introduced by Tom Beauchamp and James Childress known as Principlism. The objective is to assess the ethicality of these practices using self-autonomy, beneficence, non-maleficence and justice as relevant ethical principles included in Principlism. The respect for these principles reflects the ethicality of the action, whereas disrespect entails the action's incompatibility with these ethical rules. This research follows two approaches. First, it attempts to prove that the positions from the implementation of Obamacare reflect the principled policy choices of both right- and left-wing parties and their commitment to their different moral worldviews. Second, in light of the four principles designed by Principlism, the research revisits the political obstacles of Obamacare application to trace the juxtaposing attitudes and to assess the deep-rooted ethical implications that either push for or seek to prevent full implementation of the Affordable Care Act. This investigation concludes with the idea that Democratic liberals prove to be more considering of ethical issues concerned with public health than conservatives do.

Key words: Affordable Care Act; American Health care System; Ethicality; Ideology; Politics; Principlism.

Introduction:

History was made with the Affordable Care Act (ACA) being finally passed by Congress and signed into law by President Barack Obama on March 23, 2010. Yet, the reform of the American health care system, along with other welfare initiatives, has always been subject to political and ideological polarization. In this respect, the ACA, commonly known as “Obamacare,” is no exception. Taking the ACA as a case study does not isolate it from the previous liberal-conservative debates over the welfare programs. In fact, the Republican displeasure with Obama is not exclusively associated with his health care reform but as early as he took office, or even before. Hence, it was clear that ideological obstinacy has characterized both the enactment and implementation of the legislation. This habit helped raise a key inquiry regarding both the conservative opposition to the law and the consideration of public health ethics in the Democrats’ and Republicans’ ideological impetus to fulfill their agenda. In this context, the present paper employs a principle-based theory of health ethics known as Principlism to investigate the (dis) conformity of the two ends of the political spectrum with public health ethics. In linking theory with empirical substance, this investigation involves two main parts. The first will provide a theoretical framework for the liberal-conservative ideological conflict over welfare measures and the principles of public health ethics’ theory of Principlism. The second section offers empirical evidence of contested health care issues and traces the extent of acting in accordance with the relevant ethical rules, which upholds the idea that Democratic liberals show more compatibility with public health ethics.

PRINCIPLISM:

A Theoretical Framework

All ethical principles value life over death, health over sickness, and welfare over vulnerability. In this respect, Tom Beauchamp and James Childress give a thorough analysis of the principles that have strong links with human subjects, particularly health issues (Tom Beauchamp and James Childress, 1979, p. 14). These four major principles compose a public health theory called Principlism. This paper offers a conceptual framework for the analysis through employing this principle-based approach "principlism" with its ethical principles involving beneficence, non-maleficence, the respect for autonomy and justice.

Beneficence stands for the duty to do and maximize good for the benefit of people in general and patients in particular; non-maleficence means the obligation not to inflict harm upon people, particularly the patients; autonomy refers to the respect for the patient’s right to freedom of choice and voluntary decision-making; and justice is mainly concerned with acting fairly and contributing to public utility (David Kelly, Gerard Magill, and Henk Have, 2013, p. 64).

This paper aims primarily at analyzing a set of juxtaposing and antagonistic attitudes concerned with the Obamacare's provisions. Hence, it is an attempt to answer a major question: in what way are the hurdles of Obamacare implementation portrayed in the light of the political dichotomy and principles of ethical theory of Principlism?

CONTESTED ISSUES:

Three major components of the Affordable Care Act received both acclaim and criticism. They included the consideration of health care as a basic human right, the pursuit of affordability, and the greater good consideration. Though such endeavors received the approval of liberals, they triggered the displeasure of conservative adherents.

First Section:

Health Care: A Fundamental Human Right

The emanation of voices debating over the need to implement a national health care system raises a frequent inquiry regarding the notion of health care as a basic right to all humans. In this regard, Eric Meslin and Ibrahim Garba provide a modern definition of human rights. For them,

All persons, simply for being human, have inherent dignity. This dignity constitutes the normative foundation for people having certain inalienable rights. The terms *inherent* and *inalienable* mean such dignity and rights belong to people naturally and are, certainly, *not bestowed* by a political authority (Meslin and Garba, 2016, p. 248).

Meslin and Garba's statement above holds true as it prioritizes the humanity of the persons over political considerations. In accordance with this view, the human rights' law endorsed by the global community and included in the various rights-based treaties instructs governments to respect, preserve, and realize the human rights of persons (Michael Krennerich, 2017: 32). Hence, the human right to health care means that government undertakes its liability to supervise and protect people's health from self-interest conflict, provide citizens with fundamental necessities of healthy living and work conditions, and ensure the continuous reception of basic health care needs (Krennerich, 2017: 23). Accordingly, dealing with health care as a human right entails the duty to avoid neglecting the conditions that help promote and keep this right. The idea is that non-compliance with this right leads to inflicting harm on people. In this concern, Beauchamp and Childress emphasize the obligation to avoid causing harm and to ensure abiding by beneficence (Beauchamp and Childress, 1979, p. 139).

Importantly, conservatives have an inclination to perceive and talk about the welfare state in general, and particularly the health care, in terms of self-

responsibility and individual interest (Oussama Mahboub, 2020, p. 46). According to the conservative moralists, health needs can be addressed by associations of charity and anthropology away from any meddling or active role to be played by the government. Therefore, they oppose government intervention in the health care arena. For them, “physicians [and policy-makers] often think in terms of patients' needs and interests” (Beauchamp and Childress, 1979, p. 204). Such a vision can cause decision-makers to adopt a paternalistic position instead of a focus on patient autonomy. Yet, what refutes this position is the argument that patients have a habit of perceiving things in terms of rights far more than prioritizing needs and interests (Beauchamp and Childress, 1979, p. 204). Besides, as a reaction, Robert Dickman accuses this view of adopting discrimination and breaching the people's autonomy. He argued:

By being perceived as charity and practiced in an environment that allows for the dehumanization of patient interaction, health care for the urban poor violates human dignity and compromises personhood because it fails to treat individuals as ends in themselves, seeing them instead as a means to some further end. In that sense, clinical care for the poor has as its roots the violation of a basic, unconditional moral rule (Robert L. Dickman, 1983, p. 171).

Dickman's quote above reflects a sense of dehumanization in associating health care needs with philanthropy instead of human rights. Apparently, this position stands against conservative thought and upholds the liberal vision of health care as a fundamental human right, especially for the patients and most vulnerable social segments.

In his reference to the least advantaged members of society, John Rawls presents the notion of primary goods. This latter refers to the different essential social statutes and means that sufficiently help citizens recognize and adopt their moral perception of both justice and good in a democratic community. For him, “these goods are things citizens need as free and equal persons living a complete life; they are not things it is simply rational to want or desire, or to prefer or even to crave” (John Rawls, 2001, p. 57). The conception of these goods relies on, he adds: “various general facts about human needs and abilities, their normal phases and requirements of nurture, relations of social interdependence, and much else” (Rawls, 2001, p. 57). This position reflects both the importance of social collaboration and the need to consider people's basic primary goods in order to ensure their welfare.

Immanuel Kant refers to people's conception of welfare as attaining their natural objectives and as complying with the three higher faculties, namely theology, law, and medicine. Through the first, they pursue happiness after death; through the second, they seek to secure their properties in the community by public law enforcement; and through the last they long for health and bodily safety (Immanuel Kant, 1979, p. 49). In this respect, Otfried Höffe highlights the importance of the notion of human rights. This latter not only involves many

persons, but extends to include all humans (Otfried Höffe, 2010, p. 74). He shows how Kantianism emphasizes that “it is only ethics which makes the extensive demand for a disposition towards right which recognizes the principle of right ‘out of duty’” (Höffe, 2010, p. 77). In accordance, President Obama expressed his commitment to promote the health care issue as a fundamental right and not a government grant (Barack Obama, 2016). In fact, among the ACA's consequences was the reduction of uninsured individuals from almost 50 million in 2010 to slightly above 27 million six years later (Jonathan Oberlander, 2016, p. 1309). This policy reflects the respect for the principle of justice and its requirement of fair equality of opportunity.

In his emphasis on Rawls's notion of fair equality of opportunity, Norman Daniels asserts that “a person's well-being will be measured, for the most part, by the primary goods that accompany such jobs and offices” (Norman Daniels, 2008, p. 58). As aforementioned, according to the Rawls theory, what is meant by primary goods are the objects that free and equal persons need in order to keep being able to act as free and equal citizens (Norman Daniels, 2008, p. 50). In line with this, Norman Daniels and James Sabin state: “a right to health care is thus a special case of a right to equal opportunity” (Daniels and Sabin, 2002, p. 17). In fact, the deficiency that may target the normal functioning of individuals' lives through certain sorts of maladies and disablement reduces a person's opportunity to demand that share compared to the capability of his talents that would make him entitled to claim it if he were bodily-fit (Daniels, 1996, p. 215). In this respect, Beauchamp and Childress argue that “in trying to determine priorities among diseases, policy-makers should take into account the pain and suffering involved, the health costs of various diseases, the ages in life when different diseases occur, etc.” (Beauchamp and Childress, 1979, p. 190). In this respect, health care access is considered among the primary goods that help ensure equal opportunity. This justice-based idea gives an ethical impetus to the liberal attempts to expand health insurance and reciprocal behavior requirements among society members.

Regarding the need to consider reciprocity, John Stuart Mill contends that every person who benefits from the society's advantages – such as protection – has a duty of returning benefits. Protecting one's own life within society imposes respecting the rules of conduct that govern the relationship between community members and their responsibilities towards one another (John Stuart Mill, 2001, p. 69). In this context, Robert N. Johnson contends that “each person has a duty to others to promote their permissible ends that others thereby have a right to our help to promote their ends” (Robert Johnson, 2010, p. 205). Additionally, Mill further highlights the importance of the reciprocity principle as he reveals: “human beings owe to each other help to distinguish the better from the worse, and encouragement to choose the former and avoid the latter” (Mill, 2001, p. 70). These positions go in harmony with the conservatives' ideology that asserts the obligation of reciprocal

action – including the promotion of each other's health conditions – among dwellers of the same community.

Kant introduces the notion of duty which includes the concept of good will. He differentiates between actions performed in virtue of duty and those fulfilling a self-seeking objective. Among the major actions that are in accordance with duty is the protection of one's own life, and humans by nature have a tendency to do this (Immanuel Kant and Jerome Schneewind, 2002, p. 13). Accordingly, the health care coverage is a duty of government towards its citizens, and a right to be claimed by persons. Therefore, the government that leaves a host of its residents malnurtured, homeless, unhealthy or despaired can be considered both irresponsible and unethical. Besides, people who stand against such governmental duties are irresponsible persons. The advocacy to social programs, in general, comes from the idea that they create a channel for government both to aid its citizens and assist itself (Lakoff, 2016, p. 179). Such a vision upholds the liberal position of active government role in securing acceptable health care coverage to everyone in society. In this respect, among the ways of preserving the basic rights of Americans in health care is the pursuit of affordability, the curbing of skyrocketing costs, and mitigating the pharmaceutical industry's abuses.

Second Section:

The Pursuit of Affordability

The health care arena is one of the most growing sectors in the US, with a significant expenditure reaching 40% and exceeding the country's Gross Domestic Product (GDP). Despite this considerable spending on health care, the American people were not satisfied because of two main reasons: the complexity of gaining suitable health care access and the growth of costs (Sam Mirmirani and Richard Spivack, 1993, p. 419). In fact, in the period that preceded Obamacare, there were millions of uninsured Americans, and even those insured used to be largely exploited, abused, and obliged to pay much money to insurance companies without any government regulations.

By going back into history and shortly after the Second World War, most First World countries rushed out to create universal health insurance platforms. While a number of nations moderated their health care systems by government-run procedures, others depended on the unregulated private sector to undertake this objective; yet others largely relied upon a dual strategy combining both public and private sectors. Unlike the rest of the Industrialized World, the United States adopted the channel that health insurance is supplied to employees and their households exclusively through their employers (Merrill Goozner, 2017, p. 123). According to Sam Mirmirani and Richard Spivack, what makes the profit-driven health care system unsustainable is the fact that:

There is no definitive conclusion that humane health care delivery is possible in a capitalist society. The rights of citizens to health care remain ambiguous. The medical profession and large American corporations continue to exploit illness for profit (Mirmirani and Spivack, 1993, p. 427).

From Mirmirani and Spivack's statement above, it clearly appears that health care cannot thrive in a competition-led, profit-driven, and capital-based environment. Meanwhile, the conservative ideology represented in the George Bush administration used to prioritize a minimal role of government and a maximal function of private sector.

These practices gave the ACA an impetus to act and respond to the skyrocketing costs. For instance, the law removed the so-called pre-existing conditions. This latter used to be adopted by insurance firms and this led to deprive millions of Americans of health care coverage. For those uninsured or struggling to get insured, the ACA introduced a number of new options that help them choose between a range of state-private health care plans. Accordingly, in all American states, a variety of health coverage choices were at the disposal of consumers in the form of private health plans included in the federal marketplace concerned with health insurance. Those unable to secure adequate insurance could check eligibility for federal financial aid to reduce the price of premiums in the health insurance marketplace. In this respect, many Americans were qualified for benefiting from a health plan that costs no more than \$100 a month (Barack Obama, 2010).

Some ACA detractors point out that employing market-driven expressions like "affordable" care reflects the economic trajectory of the reform. Health services are goods that require specific prices to be acquired or simply given for free. This latter option does not exist because America's healthcare is jointly publicly-privately funded. Still, the circulating words of "free," "affordable," and "available" impose the market frame and, therefore, promote considering vulnerable individuals as "consumers" and their health as "commodities." This perception makes the government as a boss in a large business administering the prices of products and services. If a business offers goods for free, the ultimate consequences are going into debt or getting bankrupt. Such a trajectory upholds the conservative position that privatizing business and giving the upper hand to the self-regulatory market is the solution for the national deficit (George Lakoff and Elisabeth Wehling, 2012, p. 107). They emphasize the idea of "a minimal public system and a maximal private system" (Lakoff and Wehling, 2012, p. 18). Yet, privatization and market deregulation proved to be contributing to the unsustainability of health care prices. In this concern, Merrill Goozner revealed:

A deregulated market may provide price-sensitive consumers, especially low-and-moderate-income wage earners without serious medical conditions, with the option of purchasing low-cost plans. But they will include very high deductibles—hence the name "catastrophic plans." Only when hit by a serious illness will consumers discover the plans are inadequate. For most American

families, a \$5,000 or \$10,000 hospital bill is just as unaffordable as a \$50,000 or \$100,000 bill (Goozner, 2017, p. 130).

Goozner's statement points out the private sector's exacerbation of vulnerability and promotion of partiality through giving priority to those able to afford health care costs and depriving those unable to pay. As a response, the ACA provided subsidies to citizens and acceptable premiums and incentives to private corporations in order to expand the insurance to reach everyone in society, with evidence-based quality and reasonable prices (Susan D. Gold, 2012, p. 8). These responses proved to be efficient in mitigating the skyrocketing health care costs that marked the pre-ACA period. This efficiency appears clearly in the graph below.

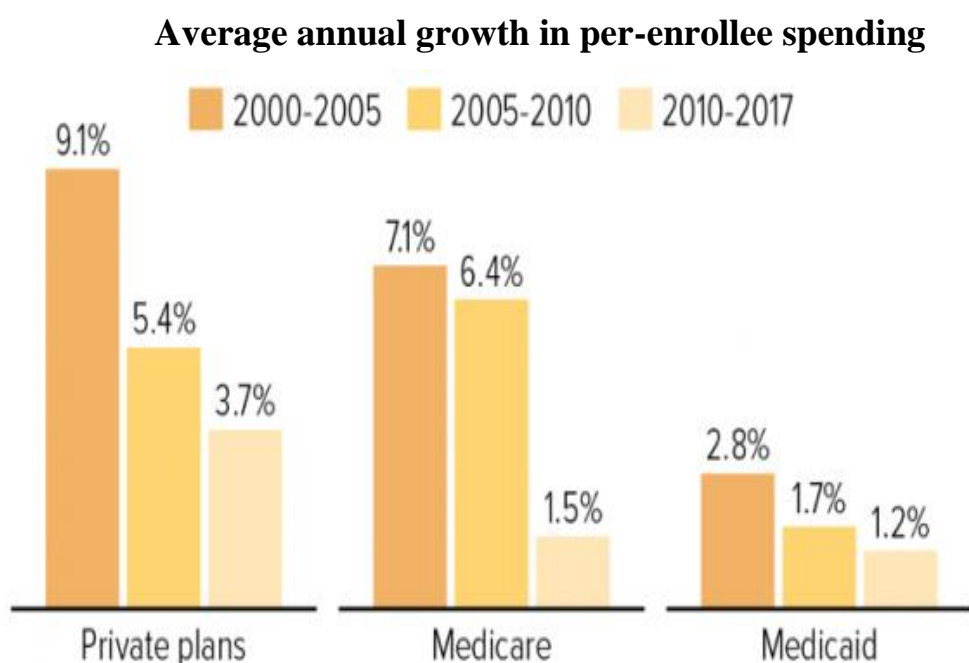


Figure 1. Health Care Cost Growth Has Slowed Since 2010, Due Partly to ACA Reforms (Center on Budget and Policy Priorities, 2019, p. 9)

The bar chart above demonstrates the plummeting of health care cost growth compared to the previous decade thanks to the ACA implementation. This decrease affected both the federal programs of Medicare and Medicaid and the private plans moderated by insurance providers in the healthcare marketplace. Among the major reasons for this accomplishment is the idea that Obamacare established the “insurance exchanges.” The latter sought to ensure higher competition among insurance firms in order to mitigate spending, to offer reasonable health care plans, and to diversify the consumer's options (Daniel Ein and Akilah Jefferson, 2014, p. 6.). Yet, many of these measures depended on tax collection as a reciprocal procedure to help the greatest number of citizens getting covered.

Conservatives have a tendency to distort the provisions that adopt tax collection. They promote the idea that it is taken from hardworking people to be spent on irresponsible dependent ones (Mahboub, 2020, p. 45). Hence,

conservatives aim to change tax-payers' opinions and push them to avoid financing public projects since they waste both efforts and money (Lakoff and Wehling, 2012, p. 105). However, this position contradicts the Kantian argument that "we must state others as the ends of our will, in adopting our maxims of practical conduct, i.e., the happiness of others is an end incumbent on us as a duty" (Kant, 1886). Moreover, Mirmirani and Spivack refuse the conservative tendency toward individualism and privatization since "profit-motivated providers in a market-oriented system, however, would have the incentive to perform unnecessary procedures that eventually exert additional burden on the system" (Mirmirani and Spivack, 1993, p. 426). This burden promotes price escalation and affects people's health and well-being. Such conservative practices, therefore, raise ethical concerns over the respect for the principles of non-maleficence and justice.

Conservatives emphasize the priority of merit over considerations of need. They may use John S. Mill's argument that "it is universally considered just that each person should obtain that (whether good or evil) which he deserves; and unjust that he should obtain a good, or be made to undergo an evil, which he does not deserve" (Mill, 1906, p. 66). Yet, the beneficence duty accounts for the imperative to adopt behaviors that harness one's own means to enhance others' level of happiness, especially those in need, without waiting for something back (Paul Guyer, 2010, p. 145). Thus, what gives moral credibility to a given action is the priority of the principle of the will itself, regardless of the desirable ends or potential outcomes that can be derived from this action. Kant tends to label the will as a priori, whereas the ends are called a posteriori. While he considers the former as formal, he contends that the latter is material. The priority is given to the formal principle (the will) because it comes first and the material one is derived from it. This is what determines the volition whether the action is performed from duty or just conforms to it. The former (the will) is morally laudable and the latter (the end) has no real moral esteem. Kant draws the conclusion that "duty is the necessity of an action from respect for the law" (Kant and Schneewind, 2002, p. 16). Hence, the end is a mere effect of an action and not the performance of a will. Therefore, it is just an inclination which does not require any respect if it is not framed by the law (Kant and Schneewind, 2002, p. 16). This view conforms to the ACA's position of seeking affordability.

Many people tend to perceive the disparity in access to health care insurance as unjust (Daniels, 2008, p. 19). They build their position on the injustice of partiality. In this respect, Mill makes it apparent that "it is, by universal admission, inconsistent with justice to be partial; to show favor or preference to one person over another; in matters to which favor and preference do not properly apply" (Mill, 1906, p. 67). Thus, in almost all communities there is a consensus among people that the factor that should be considered in the access to health care is need rather than ability to pay (Daniels and Sabin, 2002, p. 14). In cases of conflict between a society's codes and the prevalent practices, the person should resort to

maximizing utility in this particular circumstance; and when a person is capable of relieving another's anguish, he should take the initiative to do so, regardless of the requirements of certain codes and practices prevalent in the community (Richard B. Brandt, 1992, p. 115). Hence, the ACA's endeavors to curb the increase of health care expenses and to minimize the use of ability to pay channel – which is benefiting only those who can afford health costs – reflect a bold step toward eliminating discrimination and promoting impartiality.

Moreover, people have certain obligations of justice to preserve opportunity (Daniels, 2008, p. 21). According to Norman Daniels, “if justice requires society to protect opportunity, then justice gives special importance to health care.” (Daniels, 2008, p. 29). Under the justice requirement in the field of health care, people owe each other strong and durable medical systems which offer functional insurance plans, adequate information, and a respect for the people's preferences whether to purchase or leave these plans. Besides, “the principle of efficiency, prominent in welfare economics, says that an efficient arrangement is one in which no one's welfare can be improved without reducing the welfare of someone else” (Daniels, 2008, p. 54). Therefore, we may owe the most destitute an acceptable, restricted, minimum level of care without causing these restrictions to be imposed on all others (Daniels and Sabin, 2002, p. 14). In this respect, Daniels argues that “protecting basic liberties as well as fair equality of opportunity involves significant limits on allowable inequalities” (Daniels, 2008, p. 55). These ideas support the liberal position claiming that reducing inequalities is a basic requirement of the justice principle.

In the conservative perception, the poor are responsible for their situation because the American economy gives the opportunity of success to everyone in society. Therefore, the failure to be rich is a result of laziness and irresponsibility. Correspondingly, liberals urge the need to contain rather than ignore those vulnerable. In this regard, it is common that a neglected child is incapable of showing respect or expressing sympathy towards other people. This concern lies at the center of liberals' position claiming that cooperation – rather than competition – should come first and lead people's relations. In the liberals' perspective, prioritizing cooperation over competition would help promote a culture of appreciation over inclinations of confrontation (Lakoff, 2016, p. 113).

Accordingly, the conservative commitment to the policy of providing health care exclusively through the rule of the market and the ability to pay indicates a sense of partiality. This latter is clear in prioritizing those who can afford health care and excluding the vulnerable segments of the community. Therefore, the ACA's endeavor to curb socio-economic discrimination and promote both universality and affordability of health care reflects impartiality and justice. Besides, the mitigation of financial burdens targeting the normal functioning of the ordinary and vulnerable population is in conformity with the principles emphasizing beneficence and promoting greater happiness for all social segments.

Third Section:

The “Greater Good” Consideration

What makes a given action ethically good is the ethicality of the motives and purposes that lay behind conducting this action. Hence, sadness and sympathy with others in times of deprivation, hardships, and calamities are considered ethically good because they are derived from an interest in others’ well-being and normal functioning and concern over their pleasure and happiness (David Ross, 2002, p. 156). In this regard, Jerome Schneewind highlights the Kantian assertion of the need for happiness and satisfaction of the desire for beings. In virtue of this position, every one of us has a relative duty to assist others and help them meet their needs and happiness. Accordingly, the Kantian theory does not simply refer to morality as a number of virtues or instructions that bring happiness for our benefit and others. Rather, the role of morality is to mark the frames within which we are allowed to pursue our satisfaction and give others the opportunity to reach their happiness (Kant and Schneewind, 2002, p. 89). Marking these frames requires both an interest in public utility and consideration of justice values.

Rawls introduces two major principles of justice. First, “each person has an equal right to a fully adequate scheme of equal basic liberties which is compatible with a similar scheme of liberties for all” (Rawls, 1993, p. 291). Second, he allows tolerating socio-economic disparities under two chief conditions: “first, they must be attached to offices and positions open to all under conditions of fair equality of opportunity; and second, they must be to the greatest benefit of the least advantaged members of society” (Rawls, 1993, p. 291). This attitude raises a major question concerned with the fair allocation of health care provisions.

When there is a lack of consensus over fair allocation of resources, procedural justice provides procedures that receive the agreement and approval of most parties as a fair term of treatment. Resorting to this mechanism enables us to identify what is considered as a fair process (Daniels and Sabin, 2002, p. 04). In fact, though the US allows inequalities to exist in income and wealth, for instance, it does not fully tolerate them in health as it provides the neediest population with a minimum level of insurance and supplies those aged and seriously disabled with universal coverage (Daniels and Sabin, 2002, p. 15). Accordingly, President Barack Obama made it clear from the beginning that he sought the interest of everyone in society. He confidently stated:

The plan I'm announcing tonight would meet three basic goals. It will provide more security and stability to those who have health insurance. It will provide insurance for those who don't. And it will slow the growth of health care costs for our families, our businesses, and our government. It's a plan that asks everyone to take responsibility for meeting this challenge – not just government,

not just insurance companies, but everybody including employers and individuals (Obama, 2009).

Obama's statement emphasizes both the requirement to act on behalf of all the health consumers and the endeavor to ensure security, expand coverage, and decrease health care costs. The impact of the ACA's policy is demonstrated in the Center on Budget and Policy Priorities' inclusive graph below (figure 2) which clarifies the significant decrease in the number of the overall uninsured Americans after Obamacare was set into motion in early 2010.

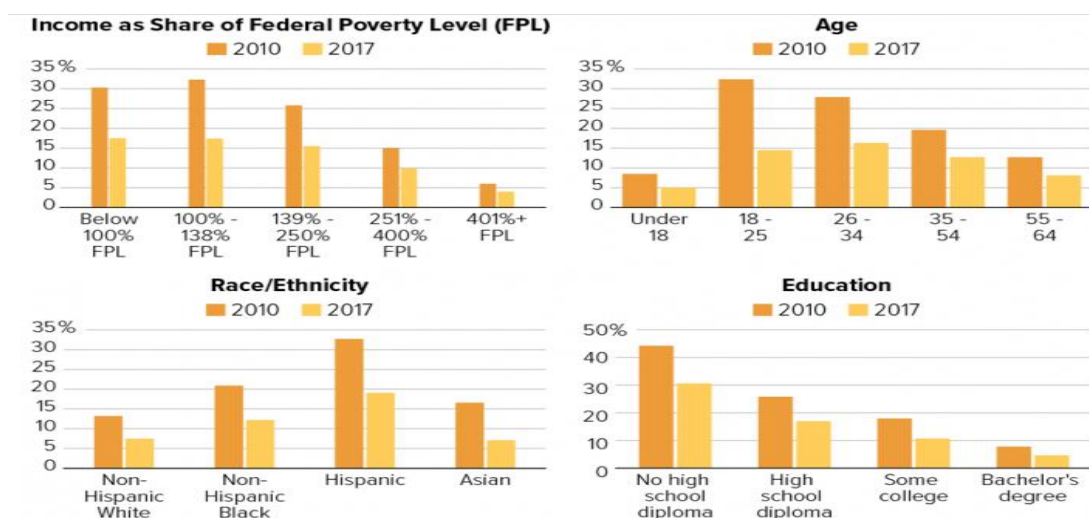


Figure 2. Uninsured Rates Fell Dramatically for Almost All Demographic Groups As the ACA Took Effect (Center on Budget and Policy Priorities, 2019, p.2).

The inclusive graph reveals that the ACA's expansion of health benefits and insurance targeted all social and ethnic segments in American society. These numbers clearly show the disparity in insurance levels between 2010 and 2017. Hence, the ACA's endeavor to universalize health care access was partly met. In an ethical regard, including everyone in insurance accessibility means both respect of fair opportunity for all and consideration of the benefit of the least advantaged community members. This makes it apparent that the liberal pursuit of health care universality promotes fairness and justice.

Unlike the views that associate the ACA with health care universality, Daniel Béland signals the absence of universal health care coverage under Obamacare. For him, it is not possible to get everyone covered in the current healthcare system since "the USA is not set to provide health care coverage to all" (Daniel Béland et al., 2016, p. 428). He attributes this absence to certain aspects that lie at the core of American politics, notably the partisan rivalry, institutional fragmentation, and policy package (Béland et al., 2016, p. 433). Besides, many conservative critics target the law and portray it as unreal and uncaring. In fact, the nickname "Obamacare" was first adopted by conservatives to associate the law with Obama and exclude it from its general American interest. In a reaction to

these claims, Obama defiantly argued: “supporters and detractors alike refer to the law as Obamacare. I don't mind, because I do care. And because of Obamacare we're moving forward toward a health care system that broadly provides health security” (Obama, 2012). In harmony with this position, Noam Schimmel affirms his alignment with the attempts of healthcare universalization under Obamacare as he enumerates the effects of healthcare absence. For him,

The lack of universal healthcare for Americans has been one of the great social injustices that tens of millions of Americans have suffered for almost a century; its impacts on life expectancy, quality of life, individual freedom, family stability, economic productivity, and social cohesion are substantial (Schimmel, 2016, p. 2-3).

Schimmel's argument holds true as it foreshadows the great burden of insurance shortage on the American population in terms of aggregate equality, living conditions, personal liberty, household safety, and normal social functioning. Hence, what poses an ethical concern is the idea that any Republican attempt to repeal Obamacare will reproduce and recreate the pre-ACA undesirable social conditions. This means depriving millions of people of insurance and certainly affecting Americans' health conditions and general well-being. Such an unwanted outcome will have a huge impact on people's autonomy and freedom.

Shelly Kagan reveals that the Kantian theory starts with freedom. This latter is the ground of morality because moral actions need to be performed by free agents (Shelly Kagan, 2002, p. 112). Kagan emphasizes the idea that rational agents can refuse the persuasions and actions that do not go in accordance with the free persons' standards. Hence, convictions and actions can be modified according to what those free persons find suitable. For instance, free people are not compelled to behave on pursuits that they seek when they have the conviction that these desires are needless, or seeking them in the current time would be inconvenient (Kagan, 2002, p. 114). This idea may serve the conservative position that the government cannot meddle and impose health care insurance on people without their consent. However, the notion of reciprocity has a lot to do with the government role in securing health insurance access. The conception of reciprocal action for John Rawls is that:

[It] lies between the idea of impartiality, which is altruistic (being moved by the general good), and the idea of mutual advantage understood as everyone's being advantaged with respect to each person's present or expected future situation as things are (Rawls, 1993, p. 16-17).

Rawls' quote about reciprocity reveals a combination of just distribution of resources and maximization of good. Therefore, the idea is not that the government takes from the responsible hardworking persons to spend on the lazy ones as conservatives argue, but a collection of benefits that the wealthy had gained from

the public to spend them on the patient and poor in conformity with reciprocal action approved by law.

Apparently, there is no contradiction between freedom and abiding by the law. Accordingly, in Katrin Flikschuh's revision of the Kantian notion of autonomy, he states that "the idea of autonomy – consciousness of the law as determining ground of actions – is implicitly restricted to ethical lawgiving" (Katrin Flikschuh, 2010, p. 54). Besides, in a Kantian perception of our duties towards others, Robert N. Johnson argued that

Our duty is to make the good of others our own end. That will ordinarily translate into particular helping actions at times when there is opportunity to help someone who needs it, there is no dramatic sacrifice required, no more important duties conflicting, and so on (Johnson, 2010, p. 206).

Flikschuh's and Johnson's arguments above demonstrate that the Kantian perception of the human's freedom of option is closely linked to this being's capability to accord with the commands of pure reason and its underlying laws. Hence, what makes humans as ends in themselves is not the absence of causal laws or natural inclinations, but the autonomous will and freedom of choice (Lara Denis, 2010, p. 172).

Among people's autonomous choices is their inclination to sympathize and help each other. For John Stuart Mill, "they [people] are also familiar with the fact of co-operating with others, and proposing to themselves a collective, not an individual, interest as the aim (at least for the time being) of their actions" (Mill, 1906, p. 47). Such feelings are inherently installed in us by nature to adopt and perform beneficent behaviors according to Kant's perception. If these emotions are solid enough, a rational being will be more inclined toward beneficence. These feelings are subject to be reinforced and this proposes that there are some practices that induce us to carry out certain actions that will help boost these feelings. For instance, paying a visit to a hospital (Paul Guyer, 2010, p. 147), mitigating a patient's agony, and helping a vulnerable to get insured.

John Rawls refers to the right and the good as essential components of ethics. From these two ethical elements, one can derive the notion of a morally qualified individual, institution, or policy (Rawls, 2009, p. 21). While the good is perceived independently from the concept of the right, the right stands for the maximization of the good (Rawls, 2009, p. 22). Utilitarians defend the idea that goodness is associated with pleasure and badness with pain because the desire to confer happiness to others receives acclaim, whereas the desire to cause harm to others receives criticism (David Ross, 2002, p. 135). Yet, when considering the notion of merit and desert, as conservatives tend to do, the claim that pleasure has an ultimate good and pain constantly carries the seeds of its own badness proves to be inaccurate and needs to be qualified. Such an idea presupposes the persuasion that pleasure is good when the person is qualified for it, and pain is bad when he

does not deserve it. Still, it also implies the concept that pleasure is bad when the person is not worthy of it and pain is good and justifiable if he deserves it (Ross, 2002: 136). Therefore, the vision of ultimate goodness of pleasure and absolute badness of pain receives both approbation and objection.

It is true that some utilitarian trends tend to justify punishment exclusively on the basis of the results it comes up with. Since the pain experienced by those punished is conceived to be a sort of evil in itself, the sole justification given is that the outcomes of punishment are predicted to be better than the non-inflicting of penalty upon the wrongdoers (Ross, 2002, p. 56). This goes in line with the conservative thought. Additionally, conservatives adopt a "moral self-interest". This view comes from economic capital-based orientations emphasized by Adam Smith. It entails that increasing one's well-being or interest is an increase to the well-being of all. Accordingly, pursuing one's self-interest is inherent in the conservative mind (Lakoff, 1995, p. 190). Concerning the attitude towards the conservative moralists, they may fall under the criticism of "excessive discipline," i.e., when they consider ordinary human desires as immoral and, therefore, deserve punishment. This position may cause harm and contradict the principle of non-maleficence. Another worry associated with conservatives is the "authoritarian behavior." This latter violates the principle of autonomy, and this appears when decisions are taken and rules are issued from one part under coercion or against others' will (Lakoff, 1995, p. 205). Therefore, the conservative opposition to all welfare measures – including the ACA – and depriving millions of Americans of health care under the pretext of laziness, self-irresponsibility, and punishment deservingness reflect a needless resorting to excessive harmful discipline.

Conclusion:

This investigation has traced both the underlying impetus that pushes liberals and conservatives either to back up or to oppose the Affordable Care Act and the ethical implications of these conflicting positions. While liberals show a considerable devotion to values of mutual collaboration, social caring, and sympathy, conservative groups adhere to principles of individualism, self-caring, and self-reliance. The paper correlates the liberals' ideological model with the perception of health care as a basic human right, the pursuit of affordability as a social duty, and the greater good as a communal responsibility. Conversely, it associates the position of the conservative moralists with the exclusion of health care from human rights issues, the self-responsibility nature of health care, and the role of individuality (as opposed to collectivity) in realizing greater benefits for society. In this regard, the election of Donald Trump as President in America had remarkably diminished the Americans' enthusiasm toward universal health insurance coverage and reduced the ACA's impetus for this objective. In the meantime, the Congress, predominantly Republican, was planning to repeal Obamacare. Despite strenuous efforts in late 2017 to fully repeal the ACA by the Trump administration and the Republican-led Congress, the complete abolition is

not yet set into motion. These surrounding circumstances and potential uncertainties send a key message that reforming the ACA by inserting multifaceted regulations is very possible – and might even be desirable by many – but entirely repealing and replacing it will not certainly be an overnight trajectory. Comparatively, in terms of ethics, the paper has revealed that the Democratic liberals' aspirations through the support of the ACA's provisions (as opposed to conservatives' resistance to the law's measures) reflect more conformity with the ethical principles included in Principlism, namely beneficence, non-maleficence, justice, and respect for people's autonomy.

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