

Ethical Implications of the Liberals' Support and Conservatives' Resistance to the Affordable Care Act

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Abstract:

The reform of the American healthcare sector was always a major source of contest between liberals and conservatives. This conflict came to the surface with signing the Affordable Care Act (ACA) into law in 2010. In assessing the liberals' and conservatives' positions from the ACA reform, this research utilizes the ethical principles involved in Principlism and Utilitarianism. It relies on case study and content analysis approaches as research tools and conceptual inquiries to trace the ethicality behind the liberal-conservative continuous debate. Through connecting theory to practice, this qualitative analysis of the ideological struggle concludes with the perception that liberals' positions demonstrate more respect to the rules of Principlism and public health ethics.

Keywords: *Conservatism; Ethicality; Healthcare; Ideology; Liberalism; Principlism.*

1. INTRODUCTION

Like all welfare initiatives adopted by liberals, the implementation of the Affordable Care Act – commonly referred to as “Obamacare” – in 2010 sparked heated debates in American society. The major criticism comes from the conservative trends in Congress and media. Indeed, the opposition to the ACA stems largely from deep ideological partisanship that keeps characterizing the American politics since a long time. This far-reaching polarization played a chief role in preventing making an efficient healthcare reform that adequately responds to the health care needs of the Americans. Therefore, it proved to be a real obstacle in the process of making the healthcare insurance in America both affordable and of high quality like its counterparts in the industrialized world. This vehement partisanship highly affects the Americans' living standards and leads to raise the research problem about the consideration of public health ethics in the positions and

policies adopted by the different parties. In this relevance, the Committee on Economic, Social and Cultural Rights specifies four major components that should be addressed by public health decision-makers. They include: "availability; accessibility; acceptability; and quality." Accordingly, this study opts for relevant principles composing the public health ethics theory of "Principlism." These principles include beneficence, non-maleficence, justice and utilitarianism. The objective is to seek and trace the relevance of the different positions and policies undertaken by the two American political spectrums with the ethical principles and rules included in Principlism. In the pursuit of linking theory with evidence, the present research includes two essential parts. The first will be devoted to present a theoretical framework for the public health ethical principles that underlie the Principlism theory. Part two will offer conceptual substance of the health-related positions and considerations of their ethical assessment. This part reveals the notion that the left-wing adherents express more respect to the public health ethical rules of Principlism.

2. Principlism: A Theoretical Framework

Public health ethics is closely linked to the relevant domains of health ethics – namely, the practical and professional arenas – in terms of resorting to a common set of ethical rules and principles. In this regard, there is a disparity in the challenges faced by health care professionals and practitioners on the one hand, and the ones met by public health decision-makers on the other hand. In this sense, ethical rules that emphasize the entitlement to social justice and health integrity are constantly present as the main interests of public health (Ortmann, 2016, p. 4). In their identification of ethical actions, Tom Beauchamp and James Childress reveal:

Moral judgements involve application of action-guides to concrete situations. They also involve factual beliefs about the world. For instance, if we hold that policy X is wrong because it imposes unjustified risks on a group of people, we presuppose certain beliefs about the facts of the situation (Tom L. Beauchamp, 1979, p. 6).

Hence, public health decision-making has a lot to do with ethics. The

government role in health care reform, particularly the ACA, can be justified utilizing Principlism and utilitarianism that include major ethical principles of beneficence, non-maleficence, justice, autonomy and utility. Accordingly, beneficence implies the good deeds, non-maleficence accounts for the avoidance of inflicting harm upon others, justice stands for the fair deliberation of resources and equitable distribution of benefits and burdens, the respect for persons' autonomy foreshadows the human right to make free decisions and choices away from the involvement of external forces (Ortmann, 2016, p. 22), and utility stands for the duty to do and maximize good for the benefit of people in general – and patients in particular – and the obligation to minimize harm inflicted upon them.

Regarding deontological theories, they value the rightness or wrongness of certain actions through their properties rather than their outcomes (Tom L. Beauchamp, 1979, p. 33). Yet, those who tend to consider deontology and consequentialism as two complementary ethical notions believe that beneficence and non-maleficence are derived from consequentialism which values the consequences of actions and determines if they are praiseworthy or blameworthy according to the results they bring to patients. Besides, they think of autonomy and justice in terms of the deontological concept that insists on actions themselves such as freedom and fairness. Other people incline to perceive deontology and consequentialism as two opposing concepts. The respect for autonomy has a lot to do with consequentialism. The freedom to choose one's future destiny allows seeking to give rise to desirable outcomes for the patient. Accordingly, the disrespect for patient autonomy brings about undesirable results. Likewise, justice is not limited to the essence of the action but goes beyond that to determine the goodness or badness of consequences that are likely to affect both society and individuals (David F. Kelly, 2013, p. 64).

3. Healthcare Policies and Ethical Considerations

3.1 Beneficence and Non-maleficence

It is commonly believed that “beneficence” is associated with moral philanthropy, charity work and generous donations; and this is what pushes a number of scholars to think of and talk about it in terms of virtue rather than

obligation. In this respect, morality does not always make it a duty to help other people, as philanthropy contributions are neither required nor possible to be all met on a regular basis (Tom L. Beauchamp, 1979, p. 137). Nevertheless, Beauchamp and Childress have an inclination to consider that "the duty of beneficence sometimes creates an obligation or duty even where the law is silent" (Tom L. Beauchamp, 1979, p. 143). Accordingly, beneficence underlies two disparate perceptions of requirement: a requirement determined by a moral obligation to benefit persons, and a requirement determined by a personal commitment to helping others like the tendency of benevolence and philanthropy (Tom L. Beauchamp, 1979, p. 138). Besides, the requirement of beneficent conduct may be generated from an obligation to prevent harm.

Unprecedentedly, Obamacare came with the pursuit to make 2014 as a starting point to provide all individuals and households below the threshold of 133% federal poverty line with "Medicaid." Despite the fact that the implementation of this new Medicaid strategy along with some other reform measures came in a period marked by socio-economic instability and budget shortage across America owing to the Great Recession, the federal government expressed a steady determination to implement these reforms (Kieber-Emmons, 2011, p. 1). Accordingly, Shanna Rose reveals:

The Affordable Care Act includes the single largest eligibility expansion in Medicaid's history, bringing in an estimated 17 million additional people—or half of the 34 million uninsured Americans who would be covered under the ACA—and revolutionizes Medicaid's structure by converting it into a program for all poor and near-poor Americans regardless of age, disability, or family status (Rose, 2013, p. 227).

Rose's statement reflects the idea that prior to the ACA legislation, a few social categories and a limited number of vulnerable people used to receive benefits in virtue of Medicaid involving disabled people and elderly groups. Later, the federal government enabled some other segments to be covered including pregnant females and children. In this regard, the federal authorities provided states with financial aid to help insure some other poor categories like childless single males. Hence, Obamacare promoted the

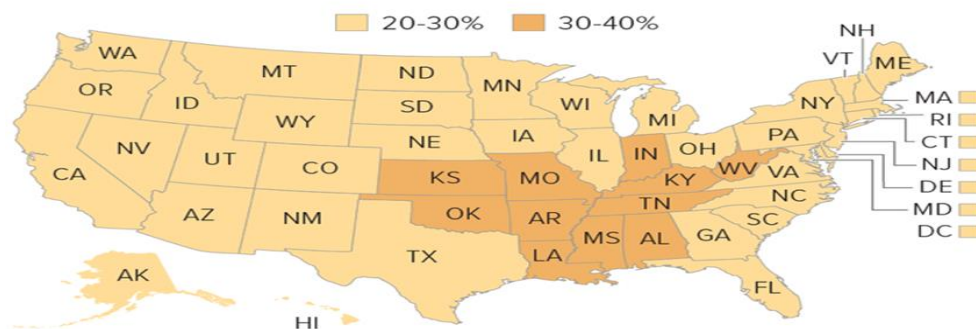
policy of equalizing the Medicaid program to be identical all across the American states. Such bold step helped enroll new other millions of poor Americans.

In Kantianism, when a person witnesses how other people experience massive difficulties whilst his life is going well, he might wonder about his relationship with what those others undergo and suffer. As he has no intention to benefit from the well-to-do people or envy them, similarly he has no impetus to support others in times of hardships. Yet, such a feeling cannot be valid as a universal law since life has a habit of exposing human beings to times of ordeal where love and sympathy are extremely needed from other people, and this is what necessitates us to act in favor of those suffering in order for us to be helped in times of need and weakness. Otherwise, depriving others of our assistance and taking this as a natural law entails that we have nothing to ask from others when we are the vulnerable ones (Immanuel Kant, 2002, p. 40). This goes in harmony with the ACA's policy which made mitigating the healthcare burdens as one of its major endeavors.

As a response to health-related hardships, and from its beginning, it was obvious that Obamacare sought to protect health care consumers from the different abuses and malpractices. In this concern, the lack of public insurance in the lives of many vulnerable Americans caused them considerable difficulties to be privately covered. The challenges involved the costly prices and the eligibility requirements established by private insurers. These practices helped diminish the magnitude of coverage because of the overpriced medical expenditure, and led even to deprive those with pre-existing conditions of healthcare insurance (Lueck, 2020). In a reaction to these undesirable practices, the ACA sought to tackle the insurance companies' perversion, the unjustifiable expensive coverage, and the unfair healthcare interventions. Accordingly, a significant number of individuals with preexisting conditions were denied coverage prior to the ACA implementation.

Fig N^o (01): Affordable Care Act Protections Enable People with Preexisting Conditions to Get Coverage

Share of non-elderly adults who could have been denied coverage due to pre-existing conditions before ACA



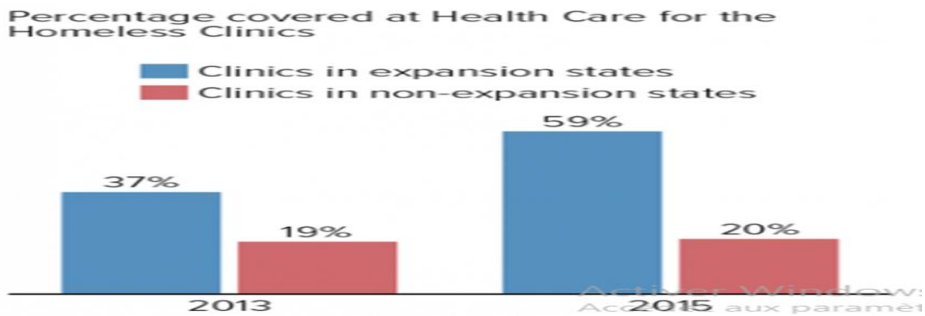
Source: Center on Budget and Policy Priorities, 2019

The map demonstrates the high levels of those with preexisting conditions across all the states before ACA. The rates oscillated between 20% and 40%. Obamacare's expansion of insurance and its pursuit to respond to the needs of this disadvantaged social segment helped safeguard a significant number of vulnerable individuals from the undesirable lack of insurance coverage and protect them from the harms and injuries caused by pharmaceutical corruption.

A major principle in the healthcare field is the notion of "veracity" which requires truth-telling and prohibits fraud and deception. This principle is closely linked or even derived from other relevant principles like utility, non-maleficence, and fidelity (Tom L. Beauchamp, 1979, p. 202). Accordingly, there is a common tendency to associate non-maleficence with the "harm" and "injury" dichotomy (Tom L. Beauchamp, 1979, p. 98). Furthermore, Ross derives from the principle of non-maleficence what he calls the duties of "not injuring others" (Ross, 2002, p. 21). For him, people have an obligation to avoid acting either in a tendency to inflict harm upon others or in a pursuit of one's own interest and pleasure that may cause harm. In such case, the non-inflicting of harm upon people has a priority over the tendency to seek one's own pleasure that has the potential of accidentally harming others (Ross, 2002, p. 22). Since the perception of morality is associated with the pursuit of well-being for oneself and for other people,

therefore, witnessing a force acting against the well-being and welfare of a significant portion – or all – of persons entails an appropriate depiction of being unethical. Similarly, though adherents and leaners of extreme conservatism defend their political views by moral considerations, this does not prevent the fact that their policies have a habit of causing a remarkable harm and, therefore, containing the seeds of their own unethicality (George Lakoff, 2012, p. 26). This claim is apparent in the statistics presented in figure 02 below which sheds light on the disparate levels of Medicaid coverage among homeless persons living in liberal-dominated and conservative-governed states.

Fig N° (02): Medicaid Coverage Among People Experiencing Homelessness Rose Under ACA's Expansion



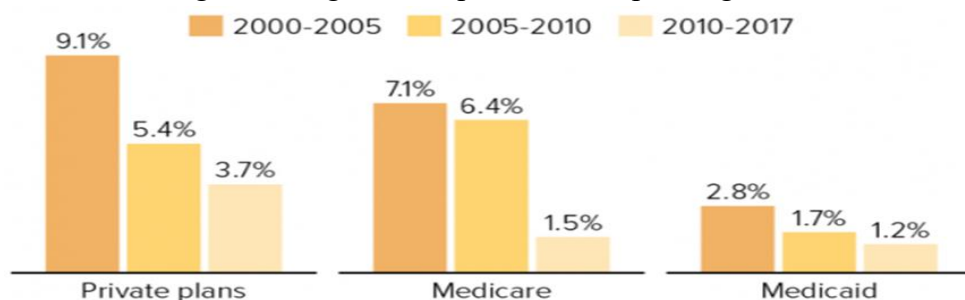
Source: Center on Budget and Policy Priorities, 2020

The figure clearly demonstrates that the states in blue that adopted the Medicaid expansion under Obamacare witnessed a significant rise in rates (from 37% to 59%) among homeless individuals receiving Medicaid insurance. Conversely, the homeless people residing in other red-colored non-expansion states (predominantly conservative-governed) that refused to expand Medicaid saw no amelioration in their health coverage in the 2013-2015 time slot (19% to 20%). This disparate situation reflects the socio-economic effect of ideological polarization on the aggregate health status in the US and the ACA's compatibility with the beneficence requirements.

Importantly, the ideological disparity that characterizes the positions of conservatives and liberals in the provision of resources stems from their different perception of the claimants' deservingness. Yet, the conservative indifference towards the difficulties met by vulnerable households poses an

ethical concern over the conformity to the non-maleficence principle. These underwent hardships are part of the cost paid by these targeted social sections as a consequence of the George Bush policy's failure to meet and respond to all the needs of the vulnerable segments. According to Kant, "the practical imperative will thus be the following: *Act so that you use humanity, as much in your own person as in the person of every other; always at the same time as end and never merely as means*" (Immanuel Kant, 2002, pp. 46-47). In contrast, the conservative-led capital-based health care system generated negative practices because "a profit-motivated system extends itself beyond wasteful practices" (Sam Mirmirani, 1993, p. 426). Consequently, the percentage of families that endured financial burdens of clinical care in 2012 reached up to 25% (Robin A. Cohen, 2014). As a reaction, President Obama revealed: "well, it should be pretty clear by now that I didn't do this because it was good politics. I did it because I believed it was good for the country. I did it because I believed it was good for the American people" (Obama, 2012). This statement reflects Obama's intention to be on the side of those vulnerable through expanding their insurance coverage and mitigating their financial burdens.

Fig N^o (03): Health Care Cost Growth Has Slowed Since 2010, Due Partly to ACA Reforms Average annual growth in per-enrollee spending



Source: Center on Budget and Policy Priorities, 2019

The graph above demonstrates how the growth in health care cost saw a considerable decrease from 2010 onward compared to a decade before. The role of the ACA in this decline is apparent in virtue of the law's modification of payment channels. This reform helped moderate the expenditure on private health plans; provided clinics and medical institutions with incentives to help

reduce hospital readmissions; and established an evidence-based data base to allow consumers to obtain information concerning the different medical services provided. The reduction in health care costs led to ensure considerable savings for both the government and consumers. Additionally, Obamacare safeguarded consumers from insurance companies and their abusive practices through setting up preventive care treatment. The ACA's measures proved to be a bold attempt towards helping minimize any augmentation of diseases, avoiding extra financial extravagances, and thus respecting the non-maleficence considerations.

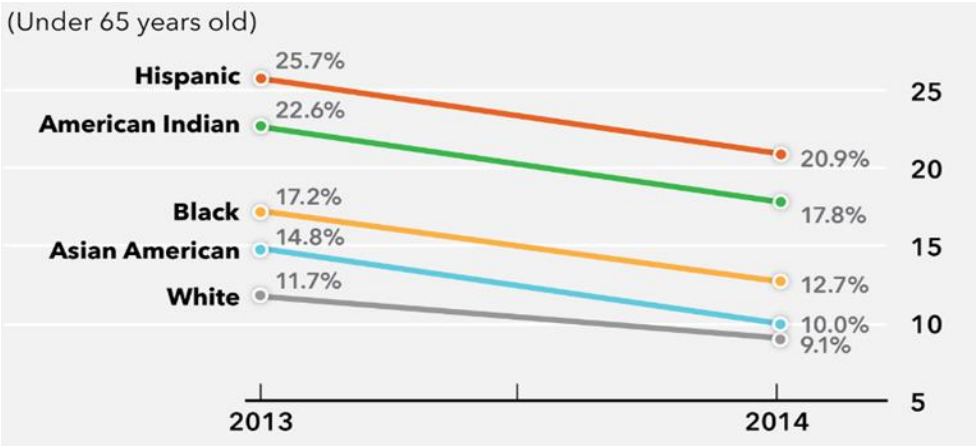
3.2 Justice

Justice is mainly concerned with acting fairly and contributing to public utility. The American law philosopher Ronald Dworkin introduces the concept of "equality of personal success" which demands that the allocation should be based on the grounds that it makes people equal in the scope of meeting each individual's choices and fulfilling his prospects in life (Dworkin, 1981, p. 204). This is in line with the sort of justice introduced by Aristotle and known as rectificatory. It requires the distribution of common resources to be based on both the proportion and the balancing of losses and gains (Crisp, 2004, p. 87). Therefore, justice here stands for the idea that more benefits and fewer risks reflect gain, and the reverse reflects loss (Crisp, 2004, p. 88).

Dworkin also provides what he labels as "equality of enjoyment" as another concept of equality. Enjoyment is the outcome of the contentment from meeting one's individual needs and preferences, while displeasure is the result of having these preferences ruined (Dworkin, 1981, p. 221). In his assumption of relevant principles concerned with equality of distribution, Dworkin supposes that equality of enjoyment "holds that resources should be distributed, so far as possible, so that people are equal in the enjoyment they take directly and from their beliefs that their personal preferences are achieved" (Dworkin, 1981, p. 221). This gives health care a special position that urges careful and adequate intervention. For Daniels, health care should be given an extra interest because of its peculiarity compared to other social services. Though there are some situations where inequalities of resources'

distribution are accepted and tolerated, there is an inclination to value the need for justice, equality, and elimination of disparities when it comes to the distribution of health care resources (R. Bayer, 1983, p. 1). Such a noble endeavor to promote equality and curb socio-racial differences in medical care provision formed one of the paramount interests of the ACA.

Fig N⁰ (04): Percent of People Uninsured by Race, 2013 and 2014



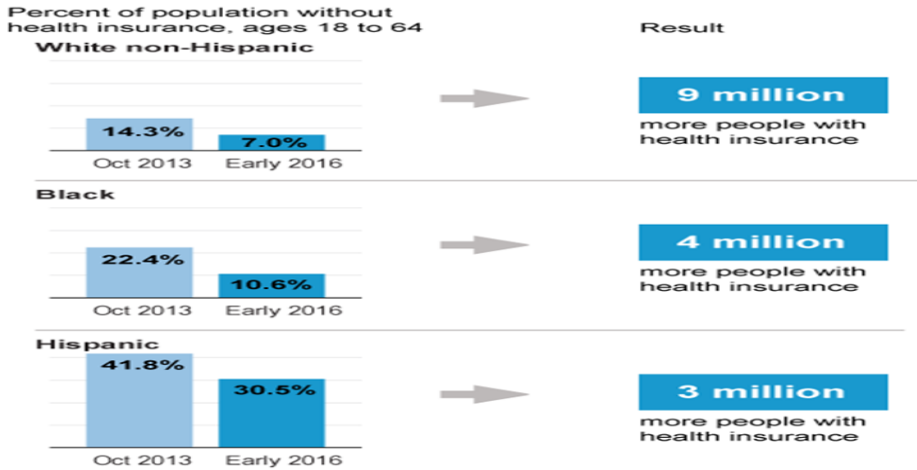
Source: Algernon Austin, 2015

The graph shows how uninsured rates went significantly down among all people under 65 years old after setting Obamacare into motion in the 2013-2014 period. The number of those uninsured considerably decreased by 5% in one year among the majority of racial segments. These statistics reflect a clear impact by Obamacare in its endeavor to reach equality of healthcare access among all Americans, away from any racial linkages.

The political philosopher John Rawls gives a broad conception of justice as he urges the fulfillment of the requirement that “all social values – liberty and opportunity, income and wealth, and the social bases of self-respect – are to be distributed equally unless an unequal distribution of any, or all, of these values is to everyone’s advantage” (Rawls, 2009, p. 54). What is meant by equal opportunity is the guaranteeing of fairness or procedural justice in terms of competition. Fair practices will produce fair outcomes, regardless of their equality (Daniels, 2008, p. 51). Therefore, a disparity in health is considered unjust when it comes as a result of the unjust allocation of the socially controllable factors that impact people’s health or its apportionment (Daniels, 2008, p. 27). This position refutes the conservative

inclination towards respecting differences on the one hand, and upholds the liberal attitude of seeking to minimize them, on the other hand. The ACA's strenuous efforts to reduce disparities in health insurance proved to be both efficient (figure 05) and considering of the justice principle.

Fig N^o (05): Gains in Health Insurance Coverage Broadly Shared



Source: Wisconsin Budget Project, 2016

The bar chart clarifies that the decline in the uninsured rate among the 18-64 years old population during the 2013-2016 time span was significant across all community groups regardless of their racial or ethnic origins. The rise in health insurance amounted to 9 million, 4 million, and 3 million new covered individuals among whites, Blacks and Hispanics, respectively. These numbers reflect the various attempts conducted by the ACA to universalize insurance access and to promote justice among all Americans.

Rawls shows that justice as fairness employs two major rules as foundations for institutions to achieve and act in conformity with the principles of freedom and equality praised by everyone in a democratic environment. In virtue of these values, citizens tend to think of themselves and other community members as free and equal agents who “participate in society viewed as a system of fair cooperation for mutual advantage” (Rawls, 1985, p. 227). In this respect, Rawls highlights these two key principles. First, he emphasizes that “each person has an equal right to a fully adequate scheme of equal basic rights and liberties, which scheme is compatible with a similar scheme for all” (Rawls, 1985, p. 227). Second, socio-economic disparities

are supposed to respect these two considerations: they should be linked to positions available to everyone under terms of fair equality of opportunity, and must seek the greatest good of the worst-off population of the community (Rawls, 1985, p. 227). This position offers a justification for the ACA's intervention to universalize healthcare access and equalize the opportunity of its provision in conformity with the political ethicist Norman Daniels' statement that "since health care promotes health (or normal functioning), and since health contributes to protecting opportunity, then health care protects opportunity" (Daniels, 2008, p. 29). This argument entails the fact that though disparities can be tolerated in some other fields according to equity and deservingness considerations as conservatives argue, the differences in healthcare reception are ethically invalid as long as they help undermine the fair equality of opportunity.

In this concern, the American scientists in medical ethics Beauchamp and Childress differentiate between two layers of difficulties that encounter the issue of justice in the distribution of benefits: they emphasize the notion of "macro-allocation" and "micro-allocation." Regarding the former, it stands for the decisions concerned with the scope and amount of resources that should be allocated for social benefit – involving medical spending – and social categories that have priority in receiving these benefits. These resolutions are determined by proper decision-makers including Congress, state legislative bodies, and relevant independent institutions (Tom L. Beauchamp, 1979, p. 188). The significance of macro-allocation decisions comes from the fact that the federal government and its institutions are increasingly engaging in research and treatment plans. Moreover, there seems also to be a rising conviction that the considerable spending of funds cannot be based exclusively on terms of economic considerations away from relevant principles of justice (Tom L. Beauchamp, 1979, p. 189). This notion implies that the conservative formula of "ability to pay" is starkly incompatible with justice rules.

In a nutshell, it was clear that the ACA's policy went beyond the conservative practice of providing healthcare insurance exclusively through the "ability to spend money" channel which proved to be partial as it made

coverage access available only for those who can afford it. In contrast, the liberal attempt at universalizing healthcare coverage meant primarily at expanding medical access to reach all society members regardless of the socio-economic circumstances of health care consumers. Such an ambitious endeavor proved to be compatible with the impartiality requirements and justice principle.

3.3 Utilitarianism

“Empathy” is a major social responsibility which is generally meant for vulnerable segments of the community and those unable to look after themselves. Progressives tend to think of government as a protector of citizens that find difficulties being adequately nurtured such as "the elderly unable to work, the disabled, the homeless, the jobless, and those afflicted by poverty" (George Lakoff, 2012, p. 19). While the conservatives emphasize the self-reliant character of the American individual, the liberal perception of collectivism (taxation, for example) is framed in the moral principle of both individual and social responsibilities. For the left-wing adherents, the individual success is always relying on community support.

Providing for the benefit of the public to ensure its continuity is a high moral imperative reflecting gratefulness (George Lakoff, 2012, p. 19). This reciprocal position adopted by liberals apparently conforms to Childress and Beauchamp’s instruction that morality’s requirements are not solely concerned with treating individuals autonomously and avoiding inflicting harm upon them, but also seek to contribute to the health and welfare of others (Tom L. Beauchamp, 1979, p. 135). Accordingly, for the British philosopher John Stuart Mill:

The happiness which forms the utilitarian standard of what is right in conduct is not the agent’s own happiness, but that of all concerned. As between his own happiness and that of others, utilitarianism requires him to be as strictly impartial as a disinterested and benevolent spectator (Mill, 1906, p. 25) .

He further concludes with the notion that the maximization of good in society has a priority because “the only self-renunciation which it applauds is devotion to the happiness, or to some of the means of happiness, of others;

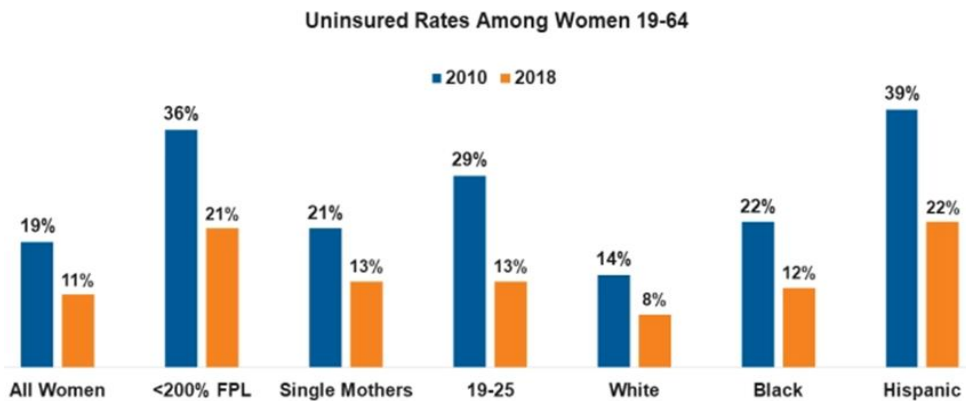
either of mankind collectively, or of individuals within the limits imposed by the collective interests of mankind” (Mill, 1906, p. 24). Mill’s statements above reveal the utilitarian prioritization of collectivity over individuality. This position, therefore, contradicts the conservative inclination to self-responsibility and upholds the liberal tendency toward social collaboration. In this regard, during his candidacy for presidency by Democrats in 2008, Barack Obama made it clear that his presidential program includes the intention to adopt a universal healthcare model like other countries of the first world. The reason that lies behind this position was the significant number of uninsured population in America despite expending on healthcare more than all other countries of the First World (Mahboub, 2020, p. 44).

In the right-wing perception of economic liberty, for instance, it highlights the self-reliant personality and the freedom to seek one's own interests away from any external regulation or intervention and without any social responsibility to provide or a need to receive from others. This assumption denies the fact that the individual's and household's well-being relies on the role of the public and communal society in terms of protection and support (George Lakoff, 2012, p. 62). In contrast, liberals argue that "every businessman has used the vast American infrastructure, which the taxpayers paid for, to make his money" (Lakoff, 2004, p. 25). For them, individualism does not justify ungratefulness and selfishness because the rich largely benefited from the money previously collected from taxpayers and they have a reciprocal duty to contribute to others' good (Lakoff, 2004, p. 26). This makes the conservative promotion of individualism in the healthcare sector and opposition to the ACA’s endeavor of insurance universality look like a source of anti-reciprocal practice that may even involve ungratefulness.

The utilitarian theory involves both “egalitarian” and “communitarian” properties. In their depiction of these features of utilitarianism, Leonard Ortmann et al. argue that it is egalitarian in taking into account everybody’s advantage and balancing each individual’s interest on an equal basis, against prioritizing a few privileged persons; and it is communitarian in terms of pursuing the greater and general good rather than special self-interests (Ortmann, 2016, p. 17). Since the utilitarian approach aims primarily at

realizing the greatest good in the benefit of the whole community under the grounds of collective contribution, it theoretically provides a substantial justification for the government to intervene in people's well-being; a paramount component of which is public health (Ortmann, 2016, p. 17). In Aristotle's depiction of the human good, he stresses the inclusion of the ends of other people. Even if an individual's good is equal to a community's, this latter remains more advantageous and favorable to seek, achieve, and maintain "for while the good of an individual is a desirable thing, what is good for a people or for cities is a nobler and more godlike thing" (Crisp, 2004, p. 4). These rules help refute the conservative position of little state meddling in people's lives and justify the liberals' attitude of government regulatory role. This enthusiasm towards a paramount function to be played by state secured both a great support to the ACA's bold reform initiatives and a remarkable efficiency in terms of reducing uninsured levels (figure 06).

Fig N⁰ (06): Uninsured Rates Have Dropped Among Most Groups of Women Since the ACA



Source: Usha Ranji et al., 2020

The graph demonstrates the fact that the benefits generated by Obamacare were distributed among most females regardless of social categories or ethno-racial rankings. The ACA was set into action in early 2010, and uninsured rates among nonelderly women dropped by almost half for the majority of female groups eight years later. The categories that received advantages involved those below the federal poverty line, single mothers, middle-aged women, whites, Blacks and Hispanics. The key factors that contributed to this accomplishment involved the ACA's expansion of

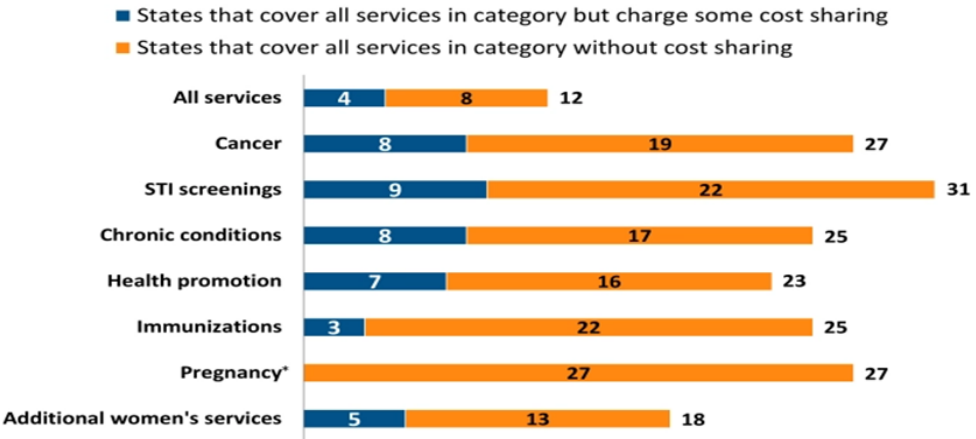
federal Medicaid, repair of the ESI program, and extension of insurance to include abortion and contraceptive measures. Despite the fact that the scope of coverage was not the same among the various racial and social segments, it was apparent that Obamacare overrode the ethno-racial and socio-economic matters in its endeavor to reach general good and maintain a fair and equal access to health insurance among all the population.

The liberals' pursuit to maximize "general welfare" and promote "aggregate good" appears through Obamacare's attempt at making health care broader and more inclusive. In her description of the ACA's efforts to universalize health care insurance, Joyce Pulcini states:

The Obama plan seeks to insure more Americans and to offer a wide variety of preventive services at no extra cost to consumers, with the goal of creating a more equal system for all. His plan seeks to insure a significant percentage of the millions of Americans who are uninsured and underinsured with the goal of moving the United States closer to being a country with universal access to health care, a designation that all other industrialized countries now hold (Pulcini, 2012, p. 25).

Pulcini's quote goes in harmony with the other studies that illustrate the different healthcare services and multiplicity of preventive services provided in virtue of the ACA's policy. The ACA's pursuit of the collective good and expansion of prevention proved to be unprecedented as figure 07 demonstrates.

Fig N⁰ (07): Medicaid Coverage of Preventive Service Categories, Jan. 2013



Source: Alexandra Gates et al., 2014

The graph illustrates the reform targeting the preventive measures in virtue of the Obamacare directives. In this regard, from 2013 on, all preventive services started to be available in the states despite the slight differences. Still, some preventive arrangements were implemented by a number of states either at a plausible price or for free. The preventive services were included in the insurance coverage involved cancer, STI screenings, chronic conditions, health promotion, immunizations and pregnancy. This step that seeks to lessen the costs is widely welcomed by liberals because, in doing so, Obamacare aims at minimizing the financial burdens, mitigating the pain, and maximizing pleasure and satisfaction among all social categories.

By going deep back into history, the intolerant position of trends of individualism during the Enlightenment came as a reaction to the destructive practices experienced by people of the time under the name of collectivism, including tyrannical and oppressive actions that characterized the rules of both state and church in their promotion of cohesion and solidarity. As a response to this, individualist adherents sought to bring about structures that do secure not only the individual's survival, but also prosperity. Yet, no individual is capable of totally thriving alone (David F. Kelly, 2013, p. 37). Rawls contends that the notion of full autonomy is achieved by individuals when they act according to principles of justice that determine the agreed-upon fair terms of cooperation that citizens would abide by when fairly considered as free and equal persons. In his words: "it is not the parties but citizens of a well-ordered society in their public life who are fully autonomous" (Rawls, 1993, p. 77). What further contradicts the conservative tendency of individualism in the health care domain is the communal nature of health as a common concern. Topics like this one come under the rule that "social claims on an individual – as well as social obligations to respect values such as individual autonomy – only arise in a social context. The duty to benefit others thus arises from complex social interactions." (Tom L. Beauchamp, 1979, p. 141). Basic ethical considerations of autonomy and beneficence are inherent in a social, rather than individual environment. Therefore, social interaction, general welfare, and communal empathy prove

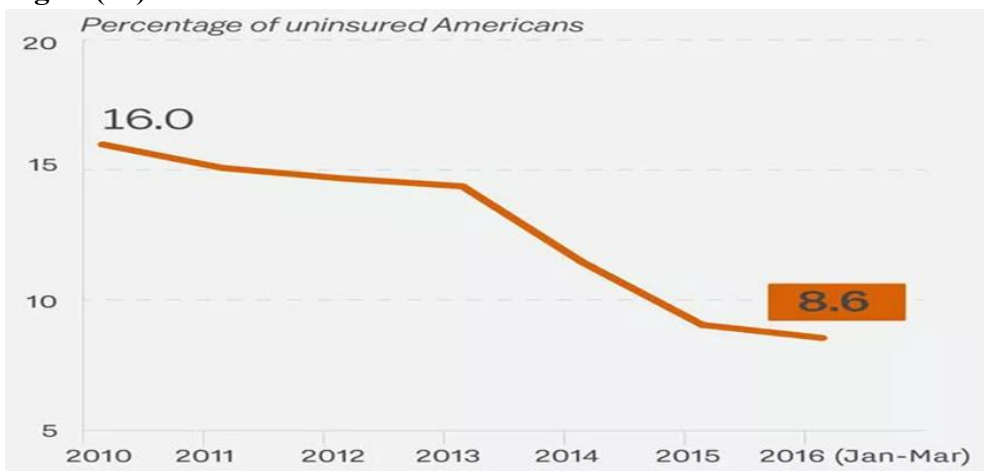
to be vital elements in public interest matters.

Another phrase that helped conservatives underestimate the Democratic noble objective to address people's needs and gave economic rather than human and moral impressions was the expression of "human resources." This latter reflected the need to minimize the financing of resources and entailed, therefore, the bad quality and jeopardized the human – and employees' – well-being (George Lakoff, 2012, p. 113). In contrast, liberals fought for a long time to reverse such an undesirable situation. In its depiction of the first 100 days that Obama spent in office, the *Lancet Medical Journal* reveals:

The White House Office of Health Care Reform has been created, and the first White House Forum on Health Care Reform held. The expansion of the State Children's Health Insurance Program insured an additional 4 million children. The 10-year budget stimulus package approved by Congress included \$635 billion for remaking the nations' health-care system, with \$19 billion set aside for electronic medical records, over \$1 billion for comparative effectiveness research, and \$25 billion for laid-off workers to continue their employer-provided health insurance (The Lancet, 2009).

The statement above reflects the role of the ACA in universalizing healthcare access and reducing the uninsured rates to unprecedented levels in the US. This reality can be better illustrated through figure 08 about the level of health insurance during the first six years of the law's implementation.

Fig N⁰ (08): Fewer Americans do not Have Health Insurance than Ever Before



Source: Sarah Kliff, 2017

As these statistics demonstrate, the uninsured rates sharply dropped by half reaching 8.6% in 2016 after its considerable record of 16% in 2010. Obamacare's inclusion of all this amount of uninsured and underinsured weak segments in a short period reflects the law's endeavor to involve everyone and to seek a utilitarian maximization of pleasure and minimization of pain.

All in all, the people committed to the liberal ideology had an inclination to expect more from the government whereas those belonging to the right-wing party had a tendency to expect less and prefer individualism. The general notion that resulted from this ideological partisanship is that unlike the conservative convictions of the values of self-reliance and responsibility, the liberal policy proved to be acting for the benefit of those vulnerable with all available means of help and empathy. According to these relevant considerations, it can be argued that the general good was eagerly pursued by those affiliated to the left-wing camp compared to their conservative counterparts.

4. CONCLUSION

The present paper has traced the ethical implications of the liberals' and conservatives' attitudes towards the reform of the American healthcare system. The paper reveals that beneficence and non-maleficence are present in Obamacare's protection of healthcare consumers from the exploitative policies of the pharmaceutical industry and the abusive practices of insurance companies. Justice is clear in the ACA's reaction to the conservative formula of "ability to pay" which proved to be biased and partial. Besides, it clarifies the idea that the Obamacare attempt at realizing equality instead of equity in healthcare stems from the idea that equity is desirable in other domains but when it comes to healthcare as a basic human right, the justice directives require an equal and fair share of healthcare opportunities among members of the same society. As for the utilitarian approach, moreover, the present article demonstrates that it manifests itself in the ACA's endeavor to expand and universalize healthcare insurance access to reach all socio-economic segments, age groups, gender categories, and ethno-racial classes in America. Though conservatives emphasize the notion of deservingness and prioritize

individualism over collectivism, the ACA's expansion of medical care reflects a pursuit of maximizing happiness and minimizing pain. In assessing the conformity of liberal and conservative attitudes toward the reform of the American healthcare system, the ACA in particular, this examination shows that the left-wing adherents exceed conservatives in the respect of the human right's nature of healthcare and demonstrate more tendency to act in conformity with the major public health ethical principles raised by this study. To better understand the implications of these results, future studies could address the (dis) conformity of the ACA with the other ethical theories like the deontological, consequentialist or utilitarian approaches.

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