

Avoiding "Unnecessary" Healthcare Services

BY LEONARD J. WEBER, PhD

While recently clearing away some unread articles that had been accumulating for several months, I began to skim an article by Robert Goldman on healthcare marketing ethics—and then decided to read it carefully. In particular, I found myself reflecting on the second of Goldman's four ethical principles: Avoid unnecessary services. He writes:

Marketing should not induce a patient to accept excessive, unneeded, or nonmedically indicated healthcare services, regardless of cost, risk, or source of payment. ("Practical Applications of Healthcare Marketing Ethics," *Healthcare Financial Management*, March 1993, pp. 46-48)

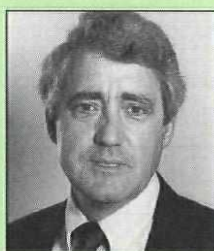
I am attracted to the suggestion that a basic principle of healthcare marketing ethics is to avoid promoting unnecessary services. It is not immediately clear, however, what "unnecessary" means.

Concerns about marketing ethics have often focused on advertising, particularly false or misleading claims. In recent years, however, the range of considerations in marketing ethics has clearly extended far beyond advertising. In promotion, much more is at stake than honesty and accuracy. The principle of avoiding unnecessary services is a clear recognition of one of the major contemporary priorities in healthcare marketing ethics—the importance of assessing the impact of marketing decisions on the consumption of healthcare services.

WHAT IS UNNECESSARY?

Goldman does not fully explain what he means by "unnecessary" or why it is so important to avoid unnecessary services. Before exploring the latter question, I want to distinguish "unnecessary" from some other descriptions of treatments or services.

Unnecessary Is Not the Same as Unmarketable The fact



*Dr. Weber is
director, the
Ethics Institute,
University of
Detroit Mercy,
Detroit.*

that there is a market for a particular service does not mean that the service is necessary.

Marketing professionals often say their job is simply to respond to consumers' own perceptions of what they need or want, not to decide for consumers what they should have. If it is ever true that marketing decisions are based on independent consumer preferences (after all, preferences can be shaped), it should not be true in healthcare. Healthcare providers' mission is to respond to the community's very real healthcare needs, not to focus on individual preferences.

Unnecessary Is Not the Same as Unsafe Some treatments are not medically indicated because the risk is too high for the anticipated benefit. Unsafe treatments of this sort are, of course, unnecessary. On the other hand, some treatments and services are perfectly safe but not always necessary (e.g., a particular type of diagnostic testing). Unsafe and unnecessary are two different concepts.

Unnecessary Is Not the Same as Experimental Careful attention needs to be given to the manner in which experimental treatments (those not established as medically indicated) are made available to patients. This is different, however, from the question of whether a service or treatment is necessary. A particular treatment can be recognized as clearly beyond the experimental stage and still not be necessary.

Unnecessary Is Not the Same as Cosmetic Cosmetic treatment is often thought to be less central to the healthcare mission because it is not as basic to human functioning as preventive healthcare and treatment of diseases and injuries. That may be true in some cases, but not in every case. It is not helpful to simply equate "unnecessary" and "cosmetic."

Unnecessary Is Not the Same as Nonbeneficial Most of us would agree that nonbeneficial treatment is unnecessary and should not be made available. Much of the discussion today of "futile treatment" is an attempt to understand what is nonbeneficial in terms of life-sustaining treatment efforts. That important discussion should contin-

ue, but it is a different issue from that of marketing unnecessary treatment. Healthcare managers routinely recognize that some treatments which could benefit some individuals are unnecessary in terms of the services to be provided in a particular community. Nonbeneficial treatment is clearly unnecessary; it does not follow that all beneficial treatment is necessary.

A Treatment Can Be Unnecessary Even When a Physician Says That the Patient "Needs" It Physicians commonly use "need" language when they decide what should be done next. What it means to say that the patient "needs" a particular procedure varies enormously. Sometimes it means that the patient will suffer serious preventable harm if the procedure is not done (a patient with acute appendicitis "needs" an appendectomy). Sometimes it refers to the preferred way for a physician to proceed (a patient "needs" bypass surgery rather than medical management). Sometimes it means that this is the only alternative left that the physician can offer a patient, even if the benefit is highly questionable (a dying patient who stops breathing "needs" cardiopulmonary resuscitation). From the perspective of healthcare marketing, what the physician thinks his or her patient "needs" in particular circumstances is not the same as what is necessary healthcare.

A COMMUNITY CONTEXT

So what *does* it mean to say that a healthcare service is unnecessary? As the above discussion indicates, the answer to that question is not simple. We need more reflection on the meaning of unnecessary healthcare if that concept is to guide responsible marketing decisions.

I suggest that we determine what is "necessary" or "unnecessary" in the context shaped by a commitment to a just healthcare delivery system and to advancing the community's health status. In healthcare marketing ethics, we need to focus on the allocation of healthcare resources and on the impact of services on the community. It is not enough to ask whether individual patients will consider the services desirable or acceptable or necessary to meet their "needs."

Using a community context, rather an individual context, for understanding what is an "unnecessary" healthcare service immediately suggests one example: An unnecessary healthcare service is one that is already sufficiently available to meet community needs adequately. The service itself may well be beneficial to those who receive it, but that fact alone does not make it necessary for the community.

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IS IT "UNNECESSARY"?

Which, if any, of these services should be considered "unnecessary" for a particular healthcare institution?

- Genetic counseling
- Cardiac bypass surgery
- Hospice care
- Cosmetic surgery
- Psychiatric services

If "unnecessary" services are to be avoided, healthcare managers need to think very carefully about the meaning of that term.

Much has been said and written about the excessive use of certain medical interventions in U.S. healthcare, resulting from an overabundance of providers or suppliers. Some evidence indicates that supply creates demand—and waste—in regard to some medical services. "Wants" that we are accustomed to satisfying easily become "needs." What is necessary, what is unnecessary, and what is wasteful should be determined by the impact on the community's health and on the allocation of healthcare resources, not by whether there are sufficient services to meet the "needs" claimed by individual patients.

The general thrust of the ethical principle to avoid unnecessary services is the recognition of healthcare managers' social responsibility. The American College of Healthcare Executives Code of Ethics acknowledges managers' responsibility to "consider the short-term and long-term impact of management decisions on both the community and on society" (section IV, D). To acknowledge an obligation to avoid unnecessary services is to acknowledge an ethical obligation not to promote services that make it more difficult for society to guarantee a basic level of healthcare for everyone. It is to acknowledge an ethical responsibility to avoid healthcare services that do not maintain or improve the health status of the community as a whole.

The ethical principle to avoid unnecessary services is attractive because it emphasizes the importance of calculating the consequences of promoting a particular service here and now—the consequences for the community's health and for the justice and efficiency of the whole healthcare system. This effort to calculate the consequences is at the heart of healthcare management ethics. □