Why the Ethics of Parsimonious Medicine Is Not the Ethics of Rationing

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T he ethics of rationing health care resources has been debated for decades. Opponents of rationing are concerned that societal interests will supplant respect for individual patient choice and professional judgment. Advocates argue that injustices in the current system necessitate that physicians use resources prudently on behalf of society, even in their daily work with individual patients. The debate is important, potentially divisive, and unavoidable.

Various groups have championed the cause of medicine practiced leanly, consistent with the professional responsibility to use resources wisely. These initiatives, which champion “parsimonious medicine,” have highlighted the 20% of routine practices in US medicine that add no demonstrable value to health care but that persist in the inertia and rituals of clinical work. The specialty societies and the Choosing Wisely collaborative outline commonsense principles for avoiding unnecessary, wasteful care.

Recent calls for waste avoidance and parsimonious care are not just a clever way to help physicians ration health care. Despite the intuitive similarity between themes in rationing and waste avoidance, the ethical rationales underlying the two differ considerably.

The Ethics of Rationing

Rationing means explicit or implicit withholding and allocation of beneficial resources from some patients for the sake of others. In the United States, health care rationing occurs routinely (and justifiably) in situations of absolute resource scarcity such as organ transplantation, distribution of blood products, or mass casualty events. In these circumstances, prespecified principles guide the timing of how the resource is delivered to maximize benefit. In other circumstances, health care is rationed de facto (and arguably less justifiably) by financing schemes, even when the resource in question exists in adequate supply. In the current US system, health care is rationed by ability to pay: underinsured and uninsured patients do not receive the care they need more frequently than those who are well insured. This “rationing by ability to pay” is morally suspect in part because it lacks transparent ethical principles, such as likelihood of benefit, that guide allocation of truly scarce resources (eg, organs). Thus, different types of rationing may be more or less ethically justified, depending on the underlying ethical rationale.

The ethical rationale for rationing appropriately rests on a concern for distributive justice. Some have argued that basic health status is a prerequisite for equal opportunity to participate in society and that health care is therefore a basic social good or even a human right. To the extent that health care helps citizens obtain health, health care should be distributed fairly throughout society, especially where supported by public funding. Expenditures of health care resources that are only modestly more effective but far more expensive represent a barrier to achieving this basic right for all. Using such a framework, some argue that “bedside rationing” is warranted and necessary, falling squarely in every physician’s job description for the greater good. For instance, even when contemplating an expensive beneficial resource not in absolute scarcity, like bariatric surgery, it is argued that, for instance, a physician caring for a morbidly obese patient who would benefit from bariatric surgery might choose to delay or avoid the surgery to help keep short-term state Medicaid programs solvent. But this physician role has not been widely accepted by medicine or by society for routinely available resources that are costly but otherwise widely available to those who can pay.

The Ethics of Parsimonious Medicine

The seeming ubiquity of different forms of rationing might lead some observers to conclude that parsimonious medicine—limiting the use of wasteful tests and treatments—constitutes another form of justified rationing because it too limits routine care analogous to the way organ allocation, blood product distribution, and mass casualties are triaged by societal rules.

But parsimonious medicine is not rationing; it means delivering appropriate health care that fits the needs and circumstances of patients and that actively avoids wasteful care—care that does not benefit patients.

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Parsimonious medicine promotes starting with basic, proven tests and treatments; calibrating intensity of testing and treatment consistent with the seriousness of the illness and patients' goals; using good, sound judgment, like asking "will this test change management?"; using time as an ally in the diagnostic process; tolerating uncertainty; and using interpersonal skill to allay patient fears. This approach to medicine provides ethical warrant for addressing requests of patients for or having discussions with patients about unneeded and inefficacious tests (eg, routine screening with cardiac computed tomography or chest radiography in an asymptomatic patient).9

When all of these characteristics are in place, perhaps expensive testing and treatment may be ethically warranted. For instance, in the example of bariatric surgery for a Medicaid or Medicare patient with medically complicated obesity, if all conservative options for weight management have been tried, a physician can confidently and ethically recommend bariatric surgery regardless of whether the institution will make money from the surgeon performing this operation or whether performing the operation might require the state or the nation to reduce or eliminate services to other patients. Moreover, parsimonious medicine leaves open the option of using investigational, expensive, and off-label tests and treatments, but only when other more established options are exhausted and when they are consistent with the patient's personal and clinical circumstances. Thus, systems of care that respect parsimonious medicine must allow for exceptions that could include equitable strategies for allowing care such as "dispenace as written" prescriptions for brand name medications using transparent criteria.

Parsimonious medicine reflects the profession's deepest commitments to do no harm and to help even when the sick cannot be cured. The ethical rationale rests on the traditional assumption that what is best for individual patients must be prioritized. This involves beneficence and nonmaleficence—seeking the best, and minimizing the harms, for patients. The best for a given patient may not always be the same as what the patient wants; acquiescing to a patient's desires may help conclude the encounter but may not always be the right thing to do.9 Sometimes patients need to be advised, for their own good, not to undergo tests and treatments. Parsimonious medicine practiced with integrity may require physicians to be deliberately inconvenienced for the good of the patient. Moreover, individual physicians devoted to parsimonious care must place themselves in organizations and care settings in which temptation to promote greed or self-interest does not undermine ethically appropriate care.

Parsimonious medicine requires the virtue of prudence—the internal disposition toward the wise exercise of judgment in the service of a good that responds to all the relevant details.9 If an expensive test is only marginally beneficial because prudence (not necessarily statistically significant "efficacy") would argue against starting with that therapy,10 that is relevant information. Exercising restraint implicit in prudence is part of the basic Hippocratic caring role for individuals—not a rationing strategy. Convincing patients that they are "worth it" need not always involve expensive tests.

Reducing waste in health care, which includes reducing the use of ineffective and inappropriate services, could produce major savings of both public and private dollars.2 Thus, the practice of parsimonious medicine, were it to become widespread, could have the additional collateral benefit of freeing resources that could be used to provide care for those who are currently disadvantaged and underinsured or uninsured. But those potential consequences are not the primary ethical basis for parsimonious care—concern for individual patients is the primary focus. Parsimonious care is not "rationing," because it does not withhold something effective to provide it to others; on the contrary, it restrains the use of unnecessary and potentially harmful services. Whether the restraint implied in parsimonious medicine could also produce benefits for others lacking basic care is a plausible economic additional benefit of doing the right thing.

Both parsimonious medicine and rationing aim to reduce resource use. Nevertheless, the ethical difference between the two is clear. Rationing requires principles of distributive justice, which is good and important in circumstances of resource scarcity; parsimonious medicine rests squarely on the principles of doing no harm and attending to the good of patients in need. This is an essential attribute of professionalism.

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