

Intelligent Disobedience in Healthcare: Navigating the Ethical Landscape and Upholding Justice

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ABSTRACT

In light of the pillars of healthcare ethics- beneficence, non-maleficence, autonomy, and justice- current practices in the healthcare field raise ethical questions regarding how to uphold these pillars. The concept of intelligent disobedience- refusing unlawful or harmful orders to uphold moral values- posits a viable solution in ensuring healthcare ethics are upheld for individuals in America. In the American healthcare system, the prevalence of price gouging, which refers to increasing medication prices to a level considered unfair to consumers, restricts individuals from obtaining needed medications for various conditions, demanding policy changes to ensure the pillars of beneficence and non-maleficence are upheld. Moreover, disparities in the healthcare field exacerbated by socioeconomic factors violate the pillar of justice in healthcare ethics, calling for telehealth services or mobile clinics to ensure adequate access to healthcare for all Americans. Lastly, deceptive marketing undermines the autonomy of individuals by failing to ensure informed consent, thus requiring stricter regulations to uphold the pillar of autonomy. By reforming the healthcare system to uphold the four pillars of healthcare ethics, Americans can strive for moral practices and set a standard for healthcare systems internationally.

Introducing Unethical Practices in Healthcare

According to the United States Census Bureau, in 2020, 28.0 million Americans (8.6% of the United States population) did not have health insurance at any point during the year, revealing a plague of the weakening health and welfare system (Keisler-Starkey & Bunch, 2021). In the contemporary medical healthcare system and medical field, ethics have been categorized into four fields: respect for patient autonomy, beneficence, non-maleficence, and justice. The four pillars of healthcare ethics in modern medicine underscore the importance of patient self-determination, aiding patients, never harming patients, and ensuring fair and equal distribution of benefits to patients (Western Governors University Blog, 2019). Modern medical practices have challenged the pillars of healthcare ethics and the preservation of patient autonomy, leading to the call for change in the healthcare industry by intelligent disobedience. Intelligent disobedience is characterized by the act of “refusing to follow orders that are either unlawful or will produce harm,” thereby “[working] within [a] system to maintain standards and uphold moral values” (Thomas & Chaleff, 2017, p. 58). By employing intelligent disobedience, policymakers, physicians, and researchers can aid and prompt revisions in medical and healthcare policies, thus navigating the way to fair policies and practices in the medical field. Therefore, the violations of healthcare ethics in the twenty-first century beg the question: Should intelligent disobedience be applied to challenge unethical practices in the healthcare industry, and in what ways?

In responding to the need to address unethical practices in healthcare, intelligent disobedience should be employed to challenge unjust conduct while maintaining moral standards and values. Hence, by intelligently disobeying the current medical system and thereby working within the framework of current healthcare policies,

physicians and policymakers can achieve justice in pharmaceutical and drug-based fraud, barriers to equal access, and deceptive drug and treatment marketing practices.

Unmasking Unethical Practices in Medication Pricing

Medication pricing is a contemporary challenge in the healthcare system, increasing barriers to prescription medications and calling for intelligent disobedience in the field to mitigate price gouging. In context, price gouging refers to increasing the price of medications to a level considered unfair to consumers. In his paper for the National Library of Medicine, Joseph Mattingly, a researcher from the University of Maryland School of Pharmacy with a PharmD, MBA, and Ph.D., analyzes the perils of price gouging in the Coronavirus pandemic. In his study, Mattingly articulates that price gouging "can harm consumers physically through inadequate supplies, as well as economically as a result of inappropriate price increases" (Mattingly & Hogue, 2020). Exploring the ramifications of high drug prices, Amy Tsou, a medical doctor working in the Division of Clinical Research at the National Institutes of Health, elucidates that high drug prices can affect patient care by "limiting access to treatment, increasing the burden of administrative tasks, and contributing to physician burnout" (Tsou et al., 2021). In demonstrating the operational consequences of high drug prices in the medical field, Tsou and others convey the unethical nature of increasing drug prices as surges in price hinder the quality of care patients receive. Furthermore, Harper Baird, a member of the Daniels Fund Ethics Initiative, a group that works to strengthen ethics-based education at the University of New Mexico, addressed the increasing price of medications in the context of an anti-parasitic drug called Daraprim and its fifty-fold price increase in 2015. Baird and others concluded that because pharmaceutical companies work with insurance companies, prices for prescription drugs are set at prices that insurance companies can pay. However, they fail to recognize their affordability for the average consumer; in effect, patients lose access to needed drugs, signifying a barrier to drug access (Baird et al., 2015). Additionally, Baird underscores that pharmaceutical patents have decreased competition and caused similar drug models among companies, demonstrating an unethical practice that causes barriers to patient medication access (Baird et al., 2015). Lastly, Ian Maitland, a former writer for the University of Cambridge's Business Ethics Quarterly journal, adds an international and political consideration when he argues that the United States government should mirror the model for drug price negotiation that foreign governments such as Japan, Canada, and France have established (Maitland, 2002, p. 465). By demonstrating the authoritative actions foreign governments have taken to make prescription drugs more affordable for consumers, Maitland conveys the feasibility of reducing drug prices while maintaining political and economic prosperity. Through the demonstration of unethical drug price practices exemplified by price gouging, intelligent disobedience can be applied to work within the healthcare industry and uphold the values of patient respect and beneficence. In the United States, companies should understand that patients in need of drugs require access to them, and prohibiting access to life-supporting drugs violates the beneficence and justice pillars of healthcare ethics. In making a solution that incorporates both ethical and economic considerations, the United States government should increase its role in the healthcare industry by negotiating directly with pharmaceutical companies, similar to the international models in France and Canada, in order to lower drug prices for citizens, and uphold the pillars of beneficence and non-maleficence in the healthcare system.

The Ethical Toll of Healthcare Disparities

By ensuring equal access to healthcare and medications across the United States through acts of intelligent disobedience, the contemporary healthcare industry can uphold the pillar of justice in healthcare ethics. In her discussion of the moral problem of health disparities published in the National Library of Medicine, Cynthia Jones, a member of the Pan American Collaboration for Ethics in the Professions, argues that according to

Kantian ethics, “health disparities are a significant moral wrong because they violate a basic respect for persons,” ultimately asserting that society has a “moral duty to avoid perpetuating this violation of respect for individuals” (Jones, 2010). Building on the fact that health disparities are a moral wrong, Jones argues that larger governmental bodies should and can successfully act to mitigate gaps in access to healthcare, integrating the consideration of intelligent disobedience and proactive change within a current framework to her argument (Jones, 2010). Adding a socio-economic consideration to disparities in access to healthcare, researchers from the Center for Population Health and Aging at Texas A&M University articulate that “wealthier older adults have better access to care” compared to poorer older adults (McMaughan et al., 2020). Furthermore, in their study of nearly 50,000 elderly people, the researchers emphasized that “costs were cited as a major reason for not obtaining needed [medical] care,” thus supporting the notion of socio-economic status dictating access to healthcare and medical treatments (McMaughan et al., 2020). In light of the unethical and immoral practices of unequal access to healthcare as proved by Kantian ethics and socioeconomic disparities within communities of varying economic statuses, governing bodies and leaders of the American healthcare industry should proactively work within the healthcare system to maintain ethical standards for access to healthcare, characterized by intelligent disobedience. Because intelligent disobedience “requires refusing to follow orders that are either unlawful or will produce harm,” in the application of unequal access to healthcare, the ramifications of the lack of medical access can produce medical harm for impoverished communities, thereby calling for the implementation of intelligent disobedience by governing bodies and leaders of American healthcare to ensure the prosperity of individuals’ medical health (Thomas & Chaleff, 2017, p. 59). Specifically, governing officials and leaders of the healthcare industry should implement telehealth services for those in remote areas and inexpensive mobile clinics for individuals in challenging socio-economic situations, thus mitigating the perils of obtaining needed medical care.

Deceptive Marketing’s Influence on Individuals’ Autonomy

In combating the perils of deceptive marketing, healthcare industry leaders should employ intelligent disobedience to preserve patient autonomy and informed consent. In the context of this paper, deceptive marketing refers to misleading advertisements and marketing techniques undermining the severity of certain medications or medical treatments. According to Scott Atlas, a Physician and senior fellow at Stanford’s Hoover Institution, an argument supporting the maintenance of current drug prices is that Americans will lose the benefit of having “early access to lifesaving medications” as decreased medication prices limit the availability of research opportunities with smaller profit margins (Atlas, 2020). Atlas demonstrates that pharmaceutical companies can be motivated monetarily, posing the problem of the ethical means by which a company will achieve profit-based and monetary goals. This concept applies to Thomas and Chaleff’s claims when they analyze that “organizations that punish [those] who attempt to do the right thing,” or those promoting ethical practices over monetarily-motivated ones that can be unjust, “will maintain a culture where... dishonesty [is] encouraged in the unwritten culture” of the organization’s values (Thomas & Chaleff, 2017, p. 64). By exemplifying the unjust practice of punishing those who advocate for moral acts instead of unethical ones, Thomas and Chaleff demonstrate the unfeasible nature of the counterargument to resisting intelligent disobedience in combating deceptive marketing; thus, Thomas and Chaleff signify that though the implications of health care reforms can alter or hurt stakeholders such as insurance and pharmaceutical companies’ monetary gains, the considerations of preserving patient autonomy, ensuring equal access to healthcare, and fairly pricing prescription medication outweigh the minor monetary detriments that reforming the healthcare industry with intelligent disobedience can cause. Building off their claims, in their article entitled “Moral Courage and Intelligent Disobedience,” Thomas and Chaleff articulate that “operational pressures [often cause] the values of people to become blurred when the mission becomes more important than virtues,” emphasizing that prioritizing the mission over virtues represents the notion of “ends justifying means” (Thomas & Chaleff, 2017, p. 58). By demonstrating that organizational

pressures can cause immoral decision-making and actions, Thomas and Chaleff demonstrate the unethical nature of prioritizing a group's mission over the actions that enable them to achieve their goals, mirroring the immoral actions of companies implementing deceptive marketing practices in the medical field. Regarding deceptive marketing in the medical field, companies utilize it to gain more service and thereby increase wealth-based gains, reflecting the concept of the ends of wealth justifying the immoral means by which companies increase profits and consumerism. According to Kantian ethics, the concept of ends justifying means is unethical, conveying the immoral and unjust nature of deceptive marketing practices in the healthcare industry (Lee, 2018).

Regarding autonomy and informed consent in the healthcare system, in a study evaluating the ability of Physicians and consumers to detect deceptive prescription drug promotions, Kevin Betts, an analyst at the Center for Drug Evaluation and Research at the U.S. Food and Drug Administration and others emphasize that "promotional communication [can make] claims that far exceed expectations" in a given area of drugs or medical conditions (Betts et al., 2021). By exaggerating drug or treatment capabilities, companies hinder the effective and truthful communication of drugs or treatments, inhibiting patients' informed decision-making abilities. Building on the lack of informed decision-making in patients with deceptive marketing, Alonso Villarán, a writer for the Journal of Business Ethics, adds another consideration when he elucidates the autonomist criticism against commercial manipulative advertising, which emphasizes that "irrational advertising violates the audience's autonomy" (Villarán, 2017, p. 479). In connecting manipulative advertising to deceptive marketing in the medical field, according to autonomist perspectives, preventing informed knowledge and promoting falsified information violates individuals' autonomy, demonstrating the immorality of deceptive advertising. In combating the perils of deceptive drug and medical treatment marketing, leaders of the American healthcare system and government officials must employ intelligent disobedience in protecting the autonomy of patients receiving medical care under the current framework of the healthcare industry. A counterargument to intelligent disobedience is employing civil disobedience, as exemplified by Jacob Lawrence's silkscreen print entitled "Confrontation on the Bridge." In this image, Lawrence conveys African Americans' challenge to systemic oppression and injustice during the Civil Rights Movement, representing an effort by African Americans to employ civil disobedience and preserve their political and individual autonomy (Lawrence, 1975). The Confrontation on the Bridge movement resulted in attacks from state troopers and subsequent injuries of African American protesters, demonstrating that civil disobedience can lead to the harming of protesters. Thus, although civil disobedience can cultivate progress in a similar light that intelligent disobedience can, by working in a framework of laws when employing intelligent disobedience, progress can be achieved in reforming aspects of society with significantly more success than when employing civil disobedience. Lawrence also depicts African Americans utilizing civil disobedience to maintain their autonomy. He mirrors the implementation of civil disobedience in the Civil Rights Movement to the potential for intelligent disobedience in the contemporary American healthcare system, signifying that leaders of the healthcare industry and policymakers can uphold the pillar of respecting patient autonomy in healthcare ethics by utilizing intelligent disobedience and consequently denouncing and dismantling companies that promote deceptive marketing strategies.

Overall, in navigating the solution for combatting deceptive marketing practices, increased government regulation of drug companies' advertisements will mitigate misinformation and misleading notions regarding medical treatments and drugs. By increasing government regulation of drug advertising, the healthcare system will ensure informed consent and thus preserve and uphold the pillar of autonomy in healthcare ethics.

Conclusion: Unifying Ethics with Intelligent Disobedience

To conclude, the areas of healthcare surrounding pharmaceutical price gouging, barriers to equal access, and deceptive drug and treatment marketing practices call for employing intelligent disobedience to ensure the highest quality of care for American citizens and allow for the prosperity and development of the nation on the basis of equality and just policies in healthcare.

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