Do the Poor Deserve Life Support?

A woman who couldn't pay her bills is unplugged from her ventilator and dies. Is this wrong?

By Steven E. Landsburg
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Tirhas Habtegiris, a 27-year-old terminal cancer patient at Baylor Regional Medical Center in Plano, Texas, was removed from her ventilator last month because she couldn't pay her medical bills. The hospital gave Ms. Habtegiris' family 10 days' notice, and then, with the bills still unpaid, withdrew her life support on the 11th day. It took Ms. Habtegiris about 15 minutes to die.

Bloggers, most prominently "YucatanMan" at Daily Kos, are appalled because "economic considerations," as opposed to what the bloggers call "compassion," drove the decision to unplug Ms. Habtegiris. I conclude that YucatanMan either doesn't understand what an economic consideration is or doesn't understand what compassion is, because in fact the two are not in conflict.

Here, for the edification of bloggers everywhere, is an example of an economic consideration: If you ask people—and especially poor people—what their most dire needs are, you'll find that "guaranteed ventilator support" ranks pretty low on the list. OK, I haven't actually done a survey, but I'm going out on a limb here and predicting that something like, say, milk, is going to rank a lot higher up the priority list than ventilator insurance.

In fact, I'll go further. The back of my envelope says that a lifetime's worth of ventilator insurance costs somewhere around $75. I'm going to hazard a guess that if, on her 21st birthday, you'd asked Tirhas Habtegiris to select her own $75 present, she wouldn't have asked for ventilator insurance. She might have picked $75 worth of groceries; she might have picked a new pair of shoes; she might have picked a few CDs, but not ventilator insurance.

She might even have picked something health-care related—a thorough physical exam, or, if there were better markets for this sort of thing, $75 worth of health or disability insurance. I doubt very much, though, that with $75 to spend, she'd have chosen to insure against needing a ventilator as opposed to any of the other minor and major catastrophes to which we mortals are susceptible.

Now let me remind you what "compassion" means. According to Merriam- Webster Online (which, by virtue of being online, really ought to be easily accessible to bloggers), compassion is the "sympathetic consciousness of others' distress together with a desire to alleviate it." By that definition, there is nothing particularly compassionate about giving ventilator insurance to a person who really feels a more urgent need for milk or eggs. One might even say that choosing to ignore the major sources of others' distress is precisely the opposite of sympathetic consciousness.

There is room for a great deal of disagreement about how much assistance rich people should give to

poor people, either voluntarily or through the tax system. But surely whatever we do spend should be spent in the ways that are most helpful.

Therefore there's no use arguing that the real tradeoff should not be ventilators versus milk but ventilators versus tax cuts, or ventilators versus foreign wars. It's one thing to say we should spend more to help the poor, but quite another to say that what we're currently spending should be spent ineffectively.

This is not to deny that the health-care system needs a massive overhaul; it does. But that's not the issue on the table here. The issue is: Given the current system, should or should not the federal government (or Baylor Medical Center, or somebody) effectively guarantee that nobody will ever die for lack of a ventilator? In other words, should poor people be given ventilator insurance?

The bloggers at Daily Kos say yes. But for the same cost, we could give each of those people a choice between ventilator insurance on the one hand or $75 cash on the other hand. If it turns out that I'm wrong and they all want the ventilator insurance, so be it. But why not at least ask them?

You can't do that with every government service. You can't offer people a choice between police protection and its cash value, because police patrols tend to protect entire neighborhoods at once, not just specific individuals. You might not want to offer people a choice between a flu vaccine and its cash value, because you'd really prefer to have vaccinated neighbors. But critical life support isn't like that; the benefits are targeted to specific individuals. There's no reason those individuals shouldn't be allowed to choose different benefits if they want them.

Tirhas Habtegris would probably have taken the cash. Then she'd have gotten sick and regretted her decision. And then we as a society would have been in exactly the same position we were in last week—deciding whether to foot the bill to keep Ms. Habtegris alive a little longer.

At that point, there's a powerful human instinct to come to the rescue. Well, more precisely, there's a powerful human instinct to demand that someone *else* come to the rescue. (I'm guessing that in the wake of the Habtegiris case, nobody at the Daily Kos has taken to funding ventilator insurance for the poor.) Be that as it may, choices have to be made. A policy of helping everyone who needs a ventilator *is* a policy of spending less to help the same class of people in other ways. Accounting for "economic considerations" means—by definition—trying to give people what they'll value the most. In other words, economic considerations are the basis of true compassion.

Weighing the True Costs and Benefits in a Matter of Life and Death

By ROBERT H. FRANK
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DO the poor deserve life support?" asks the economist Steven E. Landsburg in an article published under that title in Slate this month (www.slate.com/id/2133518/?nav= fo). The subtitle says: "A woman who couldn't pay her bills is unplugged from her ventilator and dies. Is this wrong?" Mr. Landsburg invokes "economic considerations" to suggest that the answer is "no."

Many commentators have attacked his argument as morally preposterous. Well, yes. But it is also economically preposterous. The two judgments are related. But before an attempt at explaining why, here are some details of the case, from the Slate article and the Dallas-Fort Worth television station WFAA:

The patient was Tirhas Habtegiris, a 27-year-old legal immigrant being kept alive by a ventilator as she lay dying of cancer last month in the Baylor Regional Medical Center in Plano, Tex. Physicians offered no prospect for her recovery. She was hoping, however, to hang on until her East African mother could reach her bedside.

Ms. Habtegiris had little money and no health insurance. On Dec. 1, hospital authorities notified her brother that unless another hospital could be found to treat his sister, Baylor would be forced to discontinue care after 10 days. But even with Baylor's assistance, the family was unable to find a willing hospital. True to its word, Baylor disconnected her ventilator on Dec. 12, invoking a law signed in 1999 by George W. Bush, then governor of Texas. The law relieved doctors of an obligation to provide life-sustaining treatment 10 days after having provided formal notice that such treatment was found to be medically "inappropriate."

Unlike the comatose Terri Schiavo , Ms. Habtegiris was fully conscious and responsive when she was disconnected, according to her brother. She wanted to continue breathing. Her brother and several other family members have described the agonizing spectacle of her death by suffocation over the next 16 minutes. Her mother never got there. (Baylor officials have said their decision had nothing to do with financial considerations.)

In Baylor's defense, Mr. Landsburg argues that Ms. Habtegiris's treatment would have failed the economist's basic cost-benefit test, which says that an action should be taken only if its benefit exceeds its cost. The cost of care is relatively easy to calculate, but measuring its benefit is more difficult, and it is here that Mr. Landsburg stumbles.

In general, economists measure the benefit of an action as what its beneficiaries would be willing to pay to see it taken. To place a rough upper bound on the benefit of supporting Ms. Habtegiris, Mr. Landsburg asks us to imagine that before her illness, she had been given a choice between free ventilator insurance and $75 in cash (his illustrative estimate of the cost of providing a healthy young person with such insurance). He assumes, plausibly, that she would have chosen the cash. The implication, he believes, is that the benefit of extending Ms. Habtegiris's care must be less than its cost.

He is mistaken for multiple reasons. For one thing, he ignores the economically compelling reasons for having social safety nets in the first place. Even those who are not poor recognize that catastrophe is

only one unlucky break away. One might lose one's job and be unable to afford health insurance, for example, or be stranded by a mountain blizzard and unable to afford a helicopter rescue. With such prospects in mind, most people favor collectively financed rescue efforts. That a poor person would not, or could not, buy private insurance against such contingencies is entirely beside the point.

Even more troubling, Mr. Landsburg completely ignores moral emotions like sympathy and empathy. As economists since Adam Smith have recognized, economic judgments are often tempered by these emotions. The upshot is that large numbers of people benefit when a patient in imminent mortal danger receives treatment. Had the opportunity presented itself, many would have eagerly contributed to Ms. Habtegiris's care. But organizing an endless series of individual private fund- raisers for such cases is impractical. So, we empower government to step in when the need arises.

Mr. Landsburg's argument finesses the important distinction between a "statistical life" and an "identified life." The concepts were introduced by the economist Thomas C. Schelling, who observed the apparent paradox that communities often spend millions of dollars to save the life of a known victim - someone trapped in a mine, for example - yet are often unwilling to spend even $200,000 on a highway guardrail that would save an average of one life each year.

This disparity is not economically irrational, Mr. Schelling insisted, because the community values what it is buying so differently in the two cases. It is one thing to risk one's own life in an unlikely automobile accident, but quite another to abandon a known victim in distress.

By offering a transparently unsound economic argument in defense of the Habtegiris decision, Mr. Landsburg unwittingly empowers those who wrongly insist that costs and benefits have no legitimate role in policy decisions about health and safety. Reducing the small risks we face every day is expensive. The same money could be spent instead on other pressing needs. We cannot think intelligently about these decisions without weighing the relevant costs and benefits.

But using cost-benefit analysis does not make one a moral monster. In the wealthiest nation on earth, a genuine cost- benefit test would never dictate unplugging a fully conscious, responsive patient from life support against her objections. Mr. Landsburg's argument to the contrary is wrongheaded, not just morally, but also economically.

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