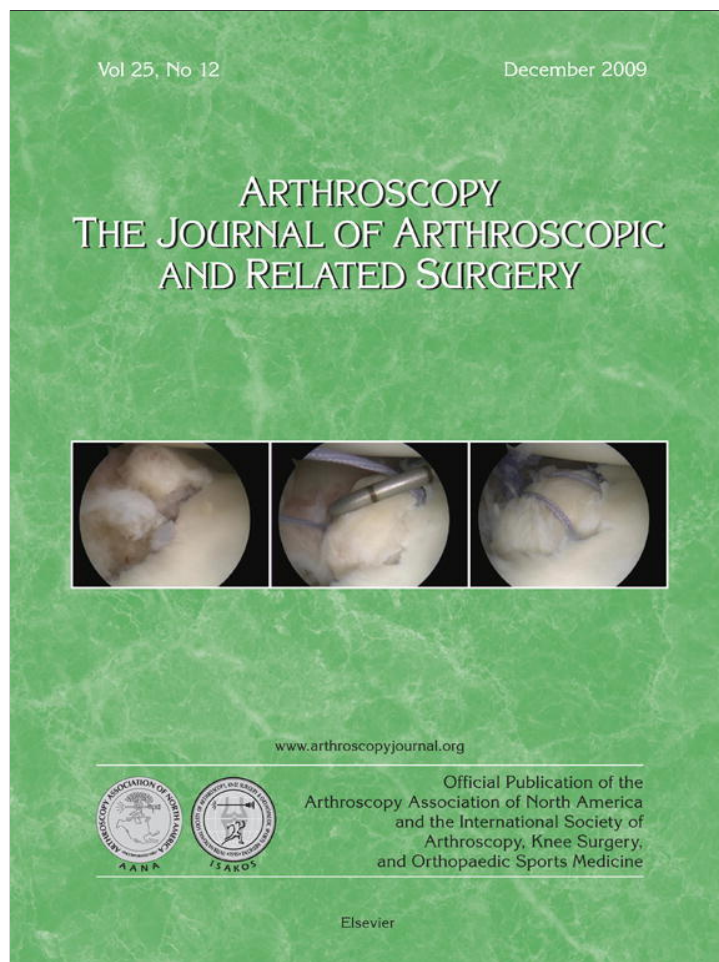


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Editorial

Access to Arthroscopy: Ethical Imperatives and Economic Challenges

We've been thinking about health care economics this year. We've wanted to write an editorial on this topic, but there were difficulties. Yet, the year is coming to a close. We have decided to take up the challenge after conferring with the Associate and Managing Editors.

The first difficulty is that your Editors have the perspective of living in the United States, while *Arthroscopy* is an international journal. Our second quandary is that we have an editorial responsibility as representatives of educational organizations, not political organizations. Political commentary is not within our realm as Editors, yet health care economics is, in part, a political issue.

In terms of a national perspective bias, we have learned through our regular travels abroad and conversations, readings and electronic-mails, that Americans are not the only arthroscopic surgeons passionately concerned about health care economics. Patient access to arthroscopic specialty care is an international issue of interest to most, and today we are fortunate to connect with, and learn from, our international arthroscopic community. What we have learned is that on broad levels, there are universal issues, potential solutions, and economic challenges regarding health care access.

Next is the responsibility of avoiding the expression of personal, political opinions. We will tell you that our international team of Associate Editors all agree that access to health care including arthroscopic and related surgery is, quite simply, a good thing for individuals and nations. The team also agrees that this single statement, in and of itself, is of limited originality or educational value, and too short to stand-alone as an editorial. However, to expound on this statement risks political comment that would be

overstepping our mandate as Editors. Therefore, we choose an academic course. It is not our role to advocate for a specific solution, but it is our obligation to attempt to promote a greater understanding of health care challenges and solutions.

As academics, we believe that ethical scholars understand that access to health care is good for individuals and society. Yet ethical imperatives must be considered in balance with economic challenges, because improvement in individual quality of well-being and societal productivity result from access to health care and from medical technological advances. Health care delivery and advances in medical research and technology, however, are expensive. The challenge is that this cost exceeds the resources of some individuals and nations as a result of diverse individual and national priorities and distribution of wealth.

In some nations, governments make it a priority to tax or otherwise levy individuals, and then attempt to distribute health care to all. In many such countries, there also exists an alternative private health care option, which is available to those who can afford it. The most common form of this option is private insurance or self-insurance (in the form of cash currency or equivalents).

In other countries, and perhaps in the majority of countries, there are some individuals who have neither government nor private insurance, nor cash currency or equivalent resources to provide self-insurance for arthroscopic and related surgery or other health care needs. These countries are described as having some who lack health insurance and may be deemed "uninsured"; in addition, there are others who have inadequate government, private, or self-insurance, and may simply be described as "under-insured."

The United States is such a country, with some uninsured and some under-insured individuals, and as a result, health care reform exists as a political issue where many have a goal of minimizing the number of uninsured and under-insured individuals. In 2009, the

health care reform political debate is a primary focus. In the United States, government insurance does exist, but this “public option” is generally restricted to senior citizens, veterans, the disabled, children, and impoverished citizens. A caveat is that in the state of Massachusetts, a unique law requires that nearly all citizens obtain some form of basic health insurance; in Massachusetts, government and private options may be more widely available or financially affordable, and violation of this Massachusetts law may result in punishment, typically a financial penalty or fine. This results in fewer uninsured individuals in Massachusetts, but may still result in a significant number of under-insured individuals. We include this specific but important example because in the future, modifications of the Massachusetts law are anticipated to be more widely adopted.

In the United States, but also in most countries of the world, resources required to provide access to arthroscopic and related surgery and other forms of health care are under strain. We believe that solutions to these challenges will be assorted, and will be debated in both academic and political circles. A long-

term, academic solution is that future research could consider cost as well as effectiveness, when measuring the benefits and risks of clinical treatment options. However, in the immediate term, a limitation of this editorial is that we do not provide an answer to the question, “How can we achieve the ethical imperative of health care for all, despite economic challenges?”

And so, as we say goodbye to 2009, we again encourage letters from our readers. We are always interested in learning when readers strongly agree or disagree with what we publish. Our aim is to stimulate educational and academic, but not political, commentary. Letter writers should please consider this appeal with politic discretion and, with this qualification, we look forward to publishing your opinions on “Access to arthroscopy: Ethical imperatives and economic challenges,” in the Letters section in 2010.

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