

Article Used:

Rosenberg, Eli; Wootson Jr., Cleve R. Superintendent charged with fraud after passing off sick student as her son for treatment, police say. The Washington Post 2019 January 24; [Online].

Accessed:

<https://www.washingtonpost.com/education/2019/01/25/superintendent-charged-with-fraud-after-passing-off-sick-student-her-son-treatment-police-say/>, 7 p. [2019 November 8].

Across political campaigns and news channels in America, it seems like the hot topic of conversation and debates lies in healthcare and distribution of insurance. The majority of Americans have some form of health insurance, but for the large number of Americans who do not, access to healthcare is almost impossible due to the costs associated with office visits, prescriptions, and procedures. The Washington Post article “Superintendent charged with fraud after passing off sick student as her son for treatment, police say” raises an ethical concern of access to healthcare and what lengths people are willing to go to to get access to healthcare or, in this case, assist someone in accessing it.

In an Indiana school district, a superintendent committed insurance fraud by taking a student to urgent care for possible strep throat and filling out her son’s name on the paperwork, as well as filling a prescription in his name, because the student didn’t have insurance. The article notes that the superintendent had a previous relationship with the student as she had cleaned the student’s home and bought him clothes due to parental neglect. The article also details that they had traveled to multiple clinics because the clinics would not see the child without a legal guardian present which is what ultimately led the superintendent to say the student was her son. The scenario as a whole appears to be the result of uninvolvement or negligence of the student’s own parents. This situation helps bring to light the main ethical questions of whether the superintendent was ethically correct in what she did and, on a larger scale, what justice really is in terms of access to healthcare and insurance.

In this paper, I argue that what the superintendent did, while possibly unnecessary and definitely wrong, was ethically correct. This is made evident in principlism, egalitarian justice, and care-based ethics. However, the greater issue at hand is a lack of justice in access to healthcare. I argue that all people are entitled to basic healthcare based on theory rooted in the capability approach to ethics.

Conditions that pose a threat to a child's well-being deserve treatment, regardless of whether or not they have insurance. In most emergency rooms, for example, a patient with life-threatening injuries is not left to die simply because they do not have insurance. Even if the physician knows the patient is uninsured, the patient is guaranteed stabilizing treatment. This isn't the case in urgent care centers where people will most likely not even get past check-in if they don't have proof of insurance or an immediate form of payment to leave on file. I don't agree with urgent care centers being required to provide treatment to uninsured patients for any minor condition that could cause a person to walk into the clinic. However, it is wrong to place a child, who cannot accrue insurance for themselves, in the middle of an insurance issue that would prevent them from getting care. While the article doesn't mention the parent's perspective on the situation, it can be inferred based on the history with the child that the story was something along the lines of the mother knowing she couldn't afford the visit to urgent care and not wanting to waste the time trying since the clinic would likely turn them away. The superintendent did what seemed necessary without fully knowing the details of the child's health. Without her assistance, the child could have developed severe complications from strep throat that could have ultimately led to his death. While this may not have been the best way of going

about it, leaving the child to develop more severe symptoms seems almost more unethical than taking a wrongful roundabout way to get him the care he needed.

Some may object to this position because they don't feel that the child was sick enough to warrant the extreme measures taken in this situation and that the superintendent should have waited to take the child to urgent care until he had more severe issues. As noted by the prosecutor of the case, the patient could simply have had a common cold, and these conditions typically resolve themselves over time.

Those who would argue his symptoms did not constitute this response make a reasonable claim. As most people may know, being sick can last from a week to a month with no resolution in symptoms, and many times just a sore throat and a fever do not necessarily mean strep throat. However, under the ethical theory of principlism, two of the tenets to be followed are beneficence and nonmaleficence. By bringing the child to urgent care for what she believed to be a serious condition, the superintendent helped do good for the child and keep him from harm, thus doing what can be considered ethically correct under the theory of principlism. This theory also speaks of justice as one of its other components. As previously mentioned, placing this child in the middle of a situation in which he is unable to care for himself because of a lack of insurance is unjust. Justice ensures fairness in distribution, and no child should be barred from receiving medical care because their guardian does not have insurance. By taking this child and finding a way, though again not the most correct in doing so, the superintendent ensured justice in access to healthcare in a system where access is simply anything but just.

The egalitarian approach further explains the ethical correctness of the superintendent in this situation. In this approach, inequality is accepted because it is acknowledged that there is

pre-existing inequality but is only accepted if those who are worse off are favored in order to level the playing field. The superintendent was ethically correct in this situation because she was following this approach to justice. The student was worse off than others because of his lack of insurance and access to healthcare. By acting in such a manner, the superintendent helped provide equal opportunity, leveling the playing field in opportunity to be well for this student. The current state of healthcare is one that is highly unjust because it only favors those who can pay, but ultimately all people, like this student, should be entitled to good health. This claim is further argued later in this paper.

The superintendent was also fulfilling what could be said to be her role under care-based ethics. This theory examines the history and impacts of social relationships and the power of roles within them. Based on the past events of buying clothes and cleaning the student's house, it is clear that the superintendent held a position that was more than an authoritative school figure for the student. For this student, the superintendent served in more of a guardianship role than the student's own parents, so while she presumably lied that the student was her son, I would argue that she had every right to claim the student as her "son" as a result of their past relationships. This, in combination with the other aspects of principlism and justice encompassed in her actions, leads to my final opinion that she was ethically correct in what she did for the student.

This situation, however, is only one representative example of the greater issue of injustice in access to healthcare. Inequality in healthcare is extremely evident, and there is constant debate over whether or not healthcare should be a right. I argue that all people are entitled to baseline healthcare, which can be defined as well-being visits and care for conditions that pose a threat to a person's life in both the short and long term. Well-being theory in the

context of social justice makes claims that the ability to achieve well-being is of primary importance and that achieving well-being is far more important than simply having the opportunity. In the current state of healthcare, everyone has the *opportunity* to receive healthcare whether it be through insurance or direct payment in full. However, for those who have no insurance or cannot afford to pay, they will never be able to *achieve* well-being since they will not be able to act on these opportunities. Based on this ethical theory, the current healthcare system does not promote well-being since not everyone is able to have complete access to, and therefore the ability to achieve, well-being.

It is also worth noting the duties of a physician, as detailed in a section of the modern Hippocratic Oath: “I will remember that I do not treat a fever chart... but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick. I will prevent disease whenever I can, for prevention is preferable to cure. I will remember that I remain a member of society, with special obligations to all my fellow human beings...” Even this oath, which all physicians take at some point in their career, acknowledges the economic issues that come along with healthcare and that taking this into account is part of sufficiently treating the whole person. As the oath says, physicians have obligations to *all* fellow human beings, regardless of their financial status or background, to, in part, work to prevent disease whenever possible. In essence then, the Hippocratic Oath in itself supports the argument that all people are entitled to baseline preventative healthcare as this leads to the prevention and taking into account economic status that is key to treating all patients as outlined in this long-standing promise. This, in combination with the capability approach, helps to affirm that all people are entitled to baseline care, even if

the current system of managed healthcare that seeks profit more than equal care for all prevents it, and more work needs to be done in order to ensure that this will be the case.

By assisting the student, the superintendent was helping to create some justice in a system in which there is almost none for the less advantaged in society. However, there are still some details I would have liked to know in order to come to a definitive conclusion on this specific case. I think the input of the mother/guardian would be crucial since her voice seems to be absent throughout this narrative. I also think that prior details that provide insight to the context of the superintendent's relationship with the student would be important as this would help further establish the relationship the superintendent had with the student and how much trust had previously existed between the parent/guardian and the superintendent.