Issues with Age-based Healthcare Rationing

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Rationing in healthcare involves limiting the budget of services or resources that patients receive (Bhatia, 2020; Rosoff, 2019). A common debate in healthcare is whether services should be rationed with varying age groups; should the elderly receive less budgeting and services than younger populations? Age-based rationing healthcare fails to acknowledge the importance of providing care to the elderly. The purpose of this paper is to outline the disadvantages of age-based healthcare rationing including the threat to ethical healthcare delivery, the disregard of a person's functional status in favor of their age, and its overall failure to save system costs.

The College of Nurses of Ontario (2009) explains that ethical healthcare is care that is delivered in a manner that upholds the moral compass and ethical values of nursing including respect, honesty, and most importantly, fairness. Age-based healthcare rationing does not uphold the concept of ethical care as it discriminates against a population based solely on their age. It adds stress onto healthcare providers who must decide what action is morally right (Bhatia, 2020; Shin et al., 2018). Furthermore, rationing contradicts various efforts and pieces of legislation that have fought for equitable access and services for all citizens. The Excellent Care for All Act (2010) states that all patients should have the right to high quality healthcare; denying elderly patients care they require goes directly against the act. Therefore, rationing would threaten many of the efforts and foundations that the Canadian healthcare system is built upon.

A major flaw of an age-based rationing system is that it considers someone's numerical age as a direct indicator of their health status and prognosis (Bhatia, 2020). By its logic, a 70-year-old fall patient who exercises three times a week and contributes greatly to their community would not be prioritized over a 19-year-old repeat drug addict who shows no desire to comply to treatment. Since age-based healthcare rationing focuses solely on this numerical factor to

determine funding, it ignores situations like this. From a logical standpoint, the 70-year-old will benefit more from receiving care because they will contribute more to society and gain more from receiving treatment; however, from a moral standpoint, neither should be denied care. Some researchers like Bhatia (2020) note that rather than age, other factors should be considered such as a person's social value or the priority of their healthcare needs.

Bhatia (2020) notes that although it is not perfect, age-based health care rationing is not inherently evil; it strives to save as many people as possible by prioritizing those who will live longer after receiving care (i.e., younger individuals). However, this same goal can be achieved by doing the exact opposite: spending more money for geriatric care. The elderly are the most affected by illnesses, such as COVID-19, due to structure of long-term care (LTC) homes (Farrell et al., 2020). In-hospital care costs more money for the system—palliative care in a hospital, for example, costs 0.4 times and 10 times more than hospice and home care respectively (Auditor General of Ontario, 2014). Instead of spending so much money on the treatment of individuals who are transferred to hospitals for acute care, budgets could be shifted to preventative measures that make LTC facilities safer environments to live in. This shift would save money because it would decrease the incidences of illness and injuries in LTC homes that usually require in-patient care.

Overall, an age-based healthcare rationing model fails in many ways. It is ageist in nature and forces providers to essentially deny older patients the best care possible (Bhatia, 2020). It also lacks a holistic perspective on a person's health status which is increasingly unfair because older individuals with an array of health issues would be ignored due to their age (Bhatia, 2020). Instead of such a system, research and funding should focus on decreasing the load of geriatric in-patients by implementing primary healthcare services that promote health and prevent illness.

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