

Economic Hurdles of "Obamacare" Implementation: An Ethical Interpretation

العقبات الاقتصادية لتنفيذ برنامج "أوباما كير": تفسير أخلاقي

Dr. Oussama MAHBOUB

Teacher Training School of Bouzareah (ENSB), Algiers, Algeria.

oussama.mahboub@ensb.dz

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المخلص:

إن ما ميز نظام الرعاية الصحية في الولايات المتحدة هو الخصخصة الكبيرة التي طالته، حيث كان التأمين الخاص يغطي نصف سكان البلاد، ويتم تمويله غالباً من قبل أصحاب العمل والشركات لمصلحة الموظفين وأسرهم. ويتم إدارة هذه العملية من خلال شركات التأمين التي تحت الناس على طلب استشاراتهم الصحية من الأطباء المتعاقدين والمؤسسات الطبية من أجل ضمان مصلحة هذه الشركات. هذه الأسباب وغيرها أدت إلى تناقص عدد الأميركيين الذين يتمتعون بتأمين فردي إلى مستويات متدنية. وقد ساعد هذا الواقع في تحفيز محاولات إصلاح نظام الرعاية الصحية الأمريكي. وفي هذا الصدد، سعى الليبراليون، من خلال قانون الرعاية الميسرة (المعروف أيضاً باسم أوباماكير)، إلى السماح للحكومة بلعب دور رئيسي في كبح جماح القوى المتحكمة بالسوق والتخفيف من سيطرتها على ساحة الرعاية الصحية. تم ذلك من خلال إنشاء قنوات جديدة وخيارات إضافية لمستهلكي الرعاية الصحية من أجل الحصول على الأهلية للبرامج العامة الفيدرالية أو اللجوء إلى برامج القطاع الخاص في المجال الصحي. ولّد هذا الدور الحكومي الجريء معارضة شديدة من المحافظين. وفي هذا السياق، فإن المبادئ ذات الصلة بالإحسان وعدم الإيذاء والعدالة واحترام الاستقلالية تساعد في تتبع واستكشاف دلالات ومآلات المضامين الأخلاقية بشأن الدور الذي يلعبه كل من الليبراليين والمحافظين إما في دعم قوى السوق وصناعة الأدوية أو في الاستسلام لسلطتها

كلمات مفتاحية:

قانون الرعاية الميسرة؛ نظام الرعاية الصحية الأمريكي؛ الاقتصاد؛ الأخلاق؛ السياسة؛ النظرية المبدئية الأخلاقية.

Abstract:

What characterized the United States' healthcare system is its huge privatization as private insurance covered half of the nation's people, largely financed by employers for employees and their households. This process is moderated through insurance companies that induced people to seek their medical consultations from contracted physicians and medical institutions to ensure the companies' interest. These causes, and some others, led to reducing the number of American people with individual insurance to low levels. This reality helped incite attempts of reforming the American health care system. In this respect, through the Affordable Care Act (ACA, also nicknamed Obamacare), the liberals sought to allow government to play a major role in curbing the market forces from maintaining their private-based control of the health care arena. This was through creating new channels and further options for health care consumers to seek eligibility for federal public programs or resort to private plans in the health marketplace. Such a paramount government role generated a heated opposition from conservatives. In this regard, relevant principles of beneficence, non-maleficence, justice, and respect for autonomy help raise ethical concerns over the role played by both liberals and conservatives either in support for or in surrender to the market forces and pharmaceutical industry.

Keywords:

Affordable Care Act; American Health care System; Economy; Ethicality; Politics; Principlism.

1. Introduction

From its inception, and through its implementation process, the Affordable Care Act faced a number of hurdles to set it effectively into motion. These obstacles included the severe lobbying and the pharmaceutical industry. Accordingly, the capital-based struggle of interest played a key role in setting difficult-to-handle obstacles of implementation in the underway attempts of healthcare reform carried out by Obamacare. These challenges played a major role in the law’s hindering and further exacerbated the suffering of the ordinary citizens. These hardships were part of the cost paid by the Americans because of the ACA’s inability to meet and respond to all the needs of these vulnerable segments. In his conceptualization of general well-being and its obstacles, Lakoff reveals that "when we speak of the 'costs' of a fire or an earthquake, we do not mean just the monetary cost but also the 'cost' in human well-being— deaths, injuries, suffering, trauma" (Lakoff, 2016: 45). In this respect, the American well-being and health care were under the mercy of self-interest and privatization.

There is a habit that distributive principles concerned with the health care system are contested among persons who hold different moral and religious convictions. The source of disagreement is the disparate perception of what is to be a fair distribution of resources to address the growing health care wants and needs. This dispute, however, does not prevent societies from adopting social policies and issuing bold measures in this quest (Daniels and Sabin, 2002: 2).

This research reflects the significance of tackling the ACA's ethicality in the overall context of public health ethics in the United States. The law's role in regulating the health care sector and guaranteeing meeting the citizens' needs proved to be a crucial element that ensured the society's well-being and people's normal functioning. Hence, the ethical assessment needs to target three major areas of government intervention including the political activism that helped make the legislation a reality, the economic performance that ensured consumer protection and affordability of health care costs.

2. Theoretical Framework: Principlism

In embracing the basic ethical principles and guidelines included in the Belmont Report, Tom Beauchamp and James Childress offer a rich analysis of the principles that should be concerned with human subjects, particularly biomedicine (1979: 14). The ethical principle of respect for autonomy emphasizes the right of self-determination. The principle of non-maleficence presupposes that harmful acts be averted. Correspondingly, beneficence requires the contribution to and maximization of health, welfare and benefits to individuals and society. Lastly, the principle of justice refers to fairness and contribution to public utility through proper distribution of social benefits and burdens. This investigation seeks to trace both the feasibility and credibility of the ACA application.

Importantly, the four ethical principles that characterize Principlism and the Belmont Report, namely beneficence, non-maleficence, self-autonomy and justice, are not exclusively limited to practical or biomedical health interventions but lay at the core of public health sector. In this sense, there is a requirement that they be extended to ensure responding to the massive public health needs (Ortmann et al., 2016: 23). These extensions involve a broad range of measures and policies that promote professionalism, social participation, communal decision-making, and official governmental supervision. While ethical rules determine the type of actions that should or should not be done according to their perception of rightness or wrongness, principles are broader in nature, more fundamental, and have a foundational function for these rules. Theories involve both principles and rules in a systematic relevance (Beauchamp and Childress, 1979: 5). Hence, these theories attempt to frame and uphold a system of ethical principles and rules. Such universally valid ethical principles and rules determine the praiseworthiness and blameworthiness of health-related actions.

Regarding the respect for people's autonomy, John Rawls refers to freedom of persons as something intrinsically inherent in the human. By naturally "free" agents he means that they select their conduct of life away from any previous constraints (Daniels, 1989). As for the normal functioning of society members, Immanuel Kant argues that the state can employ three major channels to realize its end represented in the pursuit of governing people. He points out to "the eternal well-being of each, then his civil well-being as a member of society, and finally his physical well-being" (Kant, 1979: 31). In the same line, John Stuart Mill gives a significant value to the ethicality of greater good consideration and utilitarian purposes behind any attempt to serve everyone's interest and happiness (Mill, 1859). In this regard, Mill's utility, Kant's deontology and Rawls' theories of justice will be employed in assessing the ACA's compatibility and the conservatives' disconformity with the relevant public health ethical principles.

3. Obamacare Economic Obstacles: What Role for the Pharmaceutical Industry?

The capitalist pursuit of interest played a major role in setting numerous obstacles of implementation in the underway attempts of healthcare reform made by Obamacare. This involved both the conflict of interest and privatization.

3.1 - Conflict of Interest

The self-interest concern is always present in the American politics. Many of the policies adopted by the Democrats and Republicans are based on ideological backgrounds (Mahboub, 2020: 41). Yet, they also seek to attract and secure considerable financial revenues from the health industry. Indeed, legislation at the halls of Congress affects, in a way or another, either positively or negatively, the large firms and labor companies. These influential interest groups resort to injecting

considerable financial contributions for the benefit of the dominant political party in Congress in an attempt at diverting the legislative trajectory to serve their own interests (Faguet, 2013: 82). Ethically speaking, in consideration of the principles of non-maleficence and justice, it is significant to decide if decision-makers can act impartially towards the benefits of patients away from any interest conflict (Beauchamp and Childress, 1979: 127).

In the conservative moral system, there is a substantial correlation between self-discipline, self-reliance, and self-interest. Individuals use the first to reach the second and pursue the last. Obviously, self-interest reflects an economic dimension of the matter for conservatives. Accordingly, they think that the endeavor of seeking to maximize one's wealth has a general impact on increasing all the society's well-being. On the other hand, they argue that any interference with the market or meddling in the pursuit of one's self-interest is considered immoral, as it imposes limits on freedom and jeopardizes the whole community's well-being (Lakoff, 2016: 94). Yet, liberals in their turn have their own categories of "demons." The first segment includes those unfair, greedy, and self-centered citizens and enterprises. Additionally, they disdain the non-empathetic and socially irresponsible people and corporations that exclusively pursuit their self-interest away from any communal ties and commitments (Lakoff, 2016: 174).

Involving the viewpoints of health stakeholders in the allocation of sources and identification of effectiveness is a double-edged issue. While they may help ameliorate deliberations, raise the approval rate of the health decisions, and give more legitimacy to health policy procedures, they are also likely to resort to "partiality," which brings about potential risks of violating the principle of fairness (Daniels, 2016 : 67).

Apart from the common self-interest between the state and big firms and the traditional campaign funding, some other issues lay at the core of the government's conformity with the capital-based self-interest. Capitalists and large companies play a major role in shaping the policymaking process through their dominance over the economy and financial transactions. This leads to restrain the politicians' autonomy and affect the state's monetary and fiscal policies (Young and Schwartz, 2014: 35). From the inception, major capital-based self-interest large corporations and stakeholders took part in the process of shaping the Affordable Care Act. To ensure that the health insurance industry reaps considerable benefits, among the key operations agreed upon between the ACA framers and these large firms were the attraction of a large number of new customers to the private sector to be insured under compulsory laws (Herbert-Magee, 2019: 1). In this regard, the profits generated by health insurance corporations were considerable as figure 1 reveals.



Fig.1. Profits for the Five Largest For-Profit Health Insurance Companies for the First Six Months of 2012

Source: Smart Health Talk (June 30, 2017), "Warren Buffet Thinks Single Payer Healthcare Good for Country & Businesses," <http://www.smarthealthtalk.com/public-health/warren-buffet-thinks-single-payer-healthcare-good-for-country-businesses> (accessed January 2, 2021).

These numbers show that the insurance corporations reaped considerable profits in 2012 after the participation in expanding health coverage and receiving new insurance seekers. The agreement was that these insurance companies, in turn, allow those with pre-existing conditions to be among health insurance recipients (Wilensky, 2019: 21). In addition to this, the Pharmaceutical Research and Manufacturers of America (PhRMA) approved the bill after the government pledged to withdraw from any efforts to import cheaper drugs or affect their prices (Young and Schwartz, 2014: 32). In an answer to questions about the possibility that the ACA realizes the Americans' aspirations and puts an end to skyrocketing costs, Guy Faguet reveals his doubt as the 2010 health care reform encountered some difficulties of implementation due to the role of self-interest. For him, the surrender to the role of lobbying and maintenance of the current situation allowed considering the advantages of some people at the expense of the rest of others (Faguet, 2013: 4).

Indeed, the lack of fairness in the economic distribution of wealth and tax has long been a major topic of scholarly debate. It is a habit that resorting to applying distributive justice comes as a result of the shortage of resources where benefits are not available for everyone in society. As a reaction, "the interests of society *are* to be balanced against those of particular individuals in any allocation decision" (Beauchamp and Childress, 1979: 144). In such a marketplace environment, equitable and impartial people prefer to resort to the justice principle that seeks to broaden the minimum allotment of basic resources in an attempt at mitigating potential negative effects, keeping people's interests and addressing their needs in hard times.

There is a common understanding among scholars that justice has a strong relation to the values of "fairness" and "desert." Being just towards other people means providing them with what they deserve, and letting them have what they are legitimately worthy of. In this respect, there are moral characteristics and eligibility criteria that determine people's worthiness of receiving what they claim, namely the considerations of productivity and need. Accordingly, one of the major standards is the "distributive justice" which indicates that gains and burdens of a given society are distributed fairly among all society members. Abiding by taxation requirements is a sort of distributed social burden whereas receiving welfare assistance is a type of delivered benefit. This reflects the ACA's conformity with criteria of distributive justice. Still, resorting to imposing taxes and expanding welfare has a different perception by conservatives.

In the conservative thought, granting people things they did not earn, and therefore do not deserve, helps both decrease their value of discipline and promote the sense of dependency. This view reflects the stark inappropriateness of the welfare state and social-oriented initiatives. The conservatives follow a strategy to defund the "immoral" social programs through rewarding and being generous with the wealthy and best-off whose success and growth refer to their compatibility with the American self-disciplined and self-reliant character. This generosity comes in the form of intensified tax cuts on the wealthiest (Lakoff, 2004: 9). This policy was clear during the ACA's implementation period as conservatives supported big companies and health industry on the one hand, and worked hard to dismantle the welfare provisions of Obamacare on the other hand. Such a counteractive policy sought to dry the welfare financial resources and besiege these unwanted revenues. This lies at the heart of the conservatives' pretext of using the national deficit concern as a moral tool to curb and thwart a meddling government from the evil of rewarding a dependent portion of society at the expense of a hard-working group of moral agents.

The conservative mind tends to believe that humans are subject and accustomed to the natural law that motivates the obedient and punishes the non-compliant. Hence, self-discipline is the outcome of the reward-punishment dichotomy. For them, the contribution to social programs contradicts both the natural and moral orders. This justifies the conservative attitude that social-oriented measures are part of the immoral directives of socialism and communism. The ideal moral world for conservatives emphasizes the natural selection, competition, and market order. From this point, one can deduce the conservatives' strong commitment to a capital-based economy and opposition to market regulations since the maximization of one's wealth is a source of maximizing the wealth of all society.

Ethically speaking, the conservative emphasis on the natural order does not conform to the justice principle. In this concern, instead of letting huge inequalities on the grounds of worthiness and social contribution, it is more appropriate to consider justice as fulfilled when disparities are minimized, and where vulnerable individuals in society are expected to be in a favorable position in virtue of the

arrangement of giving grants (Beauchamp and Childress, 1979: 187). Therefore, the just distribution of resources helps create a reciprocity-based adjustment that involves everyone in the community and exempt those unable to engage in this process.

Beauchamp and Childress' argument about reciprocity contradicts the conservative worldview. This latter portrays the world in terms of individual gains and losses. Any benefits are individually gained and there is no requirement to share them with others. This anti-reciprocity action reflects a sense of ungratefulness as all gains are the outcomes of many efforts and materials provided by the whole society. This latter helped the individuals make profits and gains through providing them with education, security, financial resources, workforce and administrative facilitations. All these means from society contributed to individuals' success and no one made it by himself. This reality upholds the ethical dimension behind the Democratic liberals' call for everyone to share the fruits of their success with their fellow citizens in conformity with the reciprocal commitment. In relation with health care, the ACA's endeavor to cover everyone in society reflects a sense of reciprocal duty. The elderly who spent their youth years to serve the community need to be rewarded for their efforts. Medicare under the ACA is expanded to serve this social category. Females' and Children's health are taken into account by the ACA's expansion of Medicaid and SCHIP because women are the ones that serve their countrymen now while the younger generation will contribute to the society in a later stage when they grow up. Hence, the duty of reciprocal action was always present in the liberal discourse and in the ACA's policy.

As for the conservative attitude of self-responsibility, David Ross utilizes "the duties of self-improvement" to assert the need for ameliorating one's own situation and for pursuing his ends in terms of responsibility and intellectuality (Ross, 2002: 21). In line with this, John Stuart Mill makes it clear that "no reason can be given why the general happiness is desirable, except that each person, so far as he believes it to be attainable, desires his own happiness" (Mill, 1906: 53). Though Ross emphasizes the idea that it is both legitimate and desirable to seek our own pleasure and there is a duty to provide and maximize it, thinking of our own happiness in a self-interest manner reflects subjective partiality (Ross, 2002: 26). Also, the principle of difference highlighted by Rawls perceives the allocation of talents and skills as a way of distributing a shared property. Though individuals, rather than society, are the ones who own these skills, they are constitutionally protected as other liberties. What is meant to be common here is the benefits that will contribute to the whole community's advantage as an outcome of exercising these individual talents (Daniels, 2008: 54). Accordingly, the ACA's addressing of the health issue and preserving of both life and body help maintain these skills which are considered as a common property by all members of society.

The need to act in conformity with the principle of duty, for Kant, has nothing to do with feelings or tendencies, but rests basically on the bond that governs the relation of humans to each other, where the will of one person is always and simultaneously regarded as “*universally legislative*” (Kant and Schneewind, 2002: 52). Therefore, the idea of the universality of the maxim of the will or action to all other wills and actions for Kant does not come from the pursuit of a future benefit, but from the notion of human being’s *dignity* that conforms only with laws that are applicable to oneself. As for the field of ends, all things are valued with a price or a dignity. The things got by a price certainly have equivalents which can be acquired by a similar price; however, the priceless items that have no comparable are those that have dignity. In relation to the health care arena, the ACA’s policy reflects the notion that health is not like an estimated commodity, but a matter of priceless dignity and this is what imposes certain duties to help maintain and promote such a precious item. This notion of health supports the liberal perception of health care as a fundamental human right that has dignity, and goes against the conservative position of it as a marketable item.

The Christian conception of humanity is that individuals form the most sublime sign of God’s creation as persons represent the image of God on Earth (Kelly, Magill, and Have, 2013: 11). This image allows human persons to have supremacy and authority over other creatures. Therefore, it is clear that the Christian conception of God’s image represented in humans’ creation has much to do with the promotion of health care. The advancement of this care helps respect, maintain, and contribute to the protection of human life and its holy character. This sacredness leads to the conclusion that requires adopting non-maleficence and making every possible effort to preserve human life, regardless of the material cost. In conformity with this, Obamacare made health care promotion and maintenance among the endeavors of its policy and duties of its public health decision-makers.

Concerning the respect for patients’ autonomy, public health decision-making usually includes provisions that incentivize healthy actions and beneficial choices on the one hand, and involves directives that help decrease or thwart unhealthy decisions on the other hand. While the conservative criticism of interference and paternalism may target the nature of such regulations, they – in essence – do not compel individuals since people are still free to act independently, and, therefore, their adoption has nothing to do with violation of personal autonomy. Hence, their legitimacy comes from the endeavor to ameliorate the overall health conditions (Selgelid, 2016: 100). In the field of contemporary health care ethics, an improper focus on the individual can bring about decisions that override the greater good consideration. On the other hand, an overreliance on the collective dimension of the matter is capable of causing unethical outcomes. This transmits the message that neither individualism nor collectivism has an ultimate priority, but their role is to help correct one another in times of misuse or overuse (Kelly, Magill, and Have, 2013: 37).

The pursuit of self-interest is desirable in essence but the extent and the means of pursuing it are controversial. In self-interest issues, principles of distributive justice, fairness and desert dominate the discourse. The liberal perception of distributive justice includes both taxation as a sort of distributing social burdens through a mutual collection of resources and welfare assistance as a practice of distributing advantages. However, conservatives emphasize the idea that humans are subject and accustomed to the natural law and market rules governed by competition to avoid giving people what they do not earn and deserve. Yet, in a marketplace marked by competition, the people's health is deeply affected and the justice principle requires securing the minimum allotment of basic resources in order to lessen potential negative impact on those vulnerable. In this concern, John S. Mill argues that when the well-to-do people do not find sufficient pleasure that helps make life valuable in their eyes, it is because they are selfish and have no interest in others' hardships (Mill, 1906: 20). Therefore, unlike other sectors, health care does not endure partiality. Though there is no consensus over the merit-based justice and those who deserve assistance, the need-based justice requires addressing all possible health care needs and maximizing everyone's happiness as a priority over exclusively committing to one's own benefits. These requirements are present in the ACA's policy and liberals' position of health care reform.

3.2 - Privatisation

Sociological research reveals that the individualistic orientation is widely prevalent in the United States. The adoption of individualism is recognized as a requirement to eliminate or get over the collectivity and social authority (Mahboub, 2021: 476). In this respect, the inclination towards privatization targeted family, state, and church, allowing the individual to freely choose among these entities and to autonomously decide either to adopt or refuse their influences. Hence, in a community overwhelmingly marked by individuality, social commitment is perceived with skepticism, and the tendency to prioritize individualism over the larger community leads to personal loneliness (Kelly, Magill, and Have, 2013: 36). In this context, relevant ethical principles of social justice and autonomy are needed to comment upon this issue.

Among all the health care systems functioning in the industrialized countries, the American system is the only one which is not government-run and is largely dependent on the private sector for its management process (Béland et al., 2016 : 428). Accordingly, countries like Canada, Australia and Britain adopt liberal welfare systems and provide their residents with public services' delivery including universal health care coverage which is predominantly moderated by government. In fact, the duality of the state-private health care system in the US encountered several challenges to bring about a real health reform guaranteeing both affordability and comprehensiveness. Some of the ACA detractors argue that despite the law's amelioration in the health care field, its accomplishments form a surrendering to conservative strategies and are inherent in a chronically flawed system moderated by

privately-owned insurance firms and profit-based medical services (Young and Schwartz, 2014: 31). This view reflects a concern over violating the Kantian ethical considerations that refuse considering the human being as a thing which can be used *merely* as a means, and must always be treated as an end in itself (Kant and Schneewind, 2002: 47). The capitalists-state integration in the health care domain is the result of the health industry's considerable contribution to the Gross Domestic Product (GDP) and the tax collection process which provides the state with its necessary revenues. Therefore, both the economic performance and the rate of benefits reaped by capitalists help impact the government's revenues either positively or negatively. In order to ensure being positively affected, politicians and Congress leaders tend to adopt policies that generate profits regardless of the potential impact of such approaches on ordinary citizens.

The constitutionally debatable provision of the Individual Mandate required every single individual to buy insurance from private insurers, otherwise they get penalized. This manner of purchasing coverage generated skeptical attitudes over the feasibility of the ACA's endeavor of compulsory insurance universality. This raised legitimate questions concerning the role played by big firms in securing significant benefits through the pharmaceutical industry in the US, and their taking of the lead in the health care insurance coverage process (Young and Schwartz, 2014: 31). Some ACA's provisions were similar to the Republican health reform presented by Mitt Romney as this latter sought to privatize services whenever possible and provide the responsibility for health care to individual states rather than the federal government (Pulcini, 2012: 25; Mahboub, 2021: 398). This reveals the contradiction that marked the Republican position from some of the ACA provisions, particularly the Individual Mandate. Though a previous Republican policy obliged Americans to purchase health insurance from private insurers otherwise they get penalized, conservative-dominated states rejected the Obamacare Individual Mandate under the pretext that it compels people to engage in commercial practices against their consent. Besides, they approved certain provisions and opposed some others. This position reflects a parallelism between the different political and market forces in the pursuit of profitability.

Despite the ACA's strenuous efforts to mitigate the hegemonic control of the private sector, it was apparent that the American health care system evolved into a substantially economic profitable industry (White, 2019: 144). Such a conversion in the American medical system proved to be a potential factor to market failure. Under some convictions, the physician's charge of prices for medical services is considered as a sort of discriminatory monopolism under current market-oriented behavior and profit-based orientation. In this concern, the physician can reap substantial benefits through providing needless services and taking advantage of the patient's need (Mirmirani and Spivack, 1993: 425). In the American health care domain, the economic rule of supply and demand is largely moderated by two dominant markets: the hospital and physician. Accordingly, across the US, two prominent private

organizations supervise the supply process of health care services, namely the American Medical Association (AMA) and the American Hospital Association (AHA). These two influential conservative institutions manipulate the healthcare market to ensure their profitability and maintain their own benefits under the pretext of guaranteeing public interest. In the conservative thought, a model society member is a person who becomes self-reliant through committing themselves to self-discipline and seeking their own self-interest (Lakoff, 1995: 191). Accordingly, this foreshadows the view that wealthy persons and dominant companies stand for model individuals in the conservative position. Besides, these *status quo* circumstances further hindered the ACA's endeavor of protecting consumers from the various malpractices of the private sector.

In ethical considerations, beneficence in its broad perception stands for the obligation to help others pursue and maximize their interests and benefits as long as this does not affect ours or takes from us little efforts. In line with this, some views associate efficiency exclusively with the providing of resources regardless of its distribution among claimants and society members. Moreover, conservatives may argue that they conform to the principle of formal justice which indicates that equals should receive the same treatment and unequals should be dealt with differently. Still, in the essence and gist of this principle, no reference to relevant considerations that make certain groups of people equal and others unequal. In fact, though people are equal in access to certain services and entitlement to some rights, it is commonly approved that some disparity takes place in virtue of experience, worthiness, vulnerability, and priority. As a response to this Beauchamp and Childress argue that norms of effort and merit are not efficiently utilizable in circumstances where an individual is handicapped or completely disabled with no fault of his own. Such an inclusion raises ethical fears of non-respect to fair opportunity considerations (Beauchamp and Childress, 1979: 185).

Importantly, the liberal vision that government should be allowed to intervene in order to secure equality can be ethically justified. This intervention comes in conformity with the Lakoffian notion that democracy's major task is to save and sustain everybody equally through the distribution of public resources, known as the "Public" (Lakoff and Wehling, 2012: 61). Such an intervention requirement comes as a reaction to the practices adopted by large corporations in a deregulated market. These measures proved to be affecting society's well-being and people's health and normal functioning because of the shift in the health care sector toward profitability under the self-interest big firms (Goozner, 2017: 124). Hence, Lakoff's argument above about the real need to government (or as he called it the Public) intervention in order to supervise the process of distributing public resources holds true because the for-profit capitalist corporations made their wealth from the public resources. Under the requirements of democracy and equality, the Affordable Care Act highlighted the notion and acted based on the idea that these gains need to be partly used in the spread of public welfare. Accordingly, since a few decades ago,

large transnational corporations (TNCs) became required to confirm transparency and ameliorate their socio-environmental effects on the community. Many firms engaged in voluntary commitments to reflect respect to considerations of environment and human rights. A previous model of corporate social responsibility (CSR) used to concentrate upon companies' philanthropic action; however a new CSR form fosters regulations that make corporates responsible for the undesirable socio-environmental consequences and side effects they bring about (Favotto and Kollman, 2019: 1).

The liberal notion of freedom is that if a society member, say, has a property or product, he is totally relying on the public for keeping it safe from raids of thieves and incidents thanks to the publicly-paid police and firemen, using the publicly-built roads to move products, taking advantage of the publicly-equipped markets and facilities, and depending on publicly-educated employees for marketing and selling. Therefore, the private life or private sectors inevitably need the daily public function to help them succeed, thrive and prosper. Accordingly, the liberals argue that the right-wing support of unregulated business and totally private and corporate dominance over society proved to be a source of wealth accumulation in the hands of a few people and a deprivation of basic necessities. When the United States went out of the Great Recession in 2010, it was apparent that the inequality of wealth distribution was characterizing the conduct of the American economy since only 7 percent of the income gains went to those forming the majority of society (Lakoff and Wehling, 2012: 64).

As a matter of fact, the disappointment and even skepticism over the ACA was not limited to the Republican and conservative groups but also involved lots of proponents. A wide criticism came from the law's absence of the public option, its ongoing reliance on the private market, and maintaining the profit-based insurance corporations as the major player in the payment process and reimbursement procedures. Therefore, a significant portion of these views assumed that the Affordable Care Act was clearly both inadequate and infeasible, and tended to consider it as another step towards serving the best interest of the pharmaceutical and insurance industries, and this is what made the bill a continuous contributor to the already existing setbacks of the American health care system rather than a real reform (Skidmore, 2012: 4).

Despite all these views that criticized the Affordable Care Act's overreliance on the private sector in its expansion, the law's achievements on the ground refuted these claims. The profits reaped by the private sector were not at the expense of the rest of Americans but an outcome of a whole process in which everyone made benefits as figure 2 demonstrates.

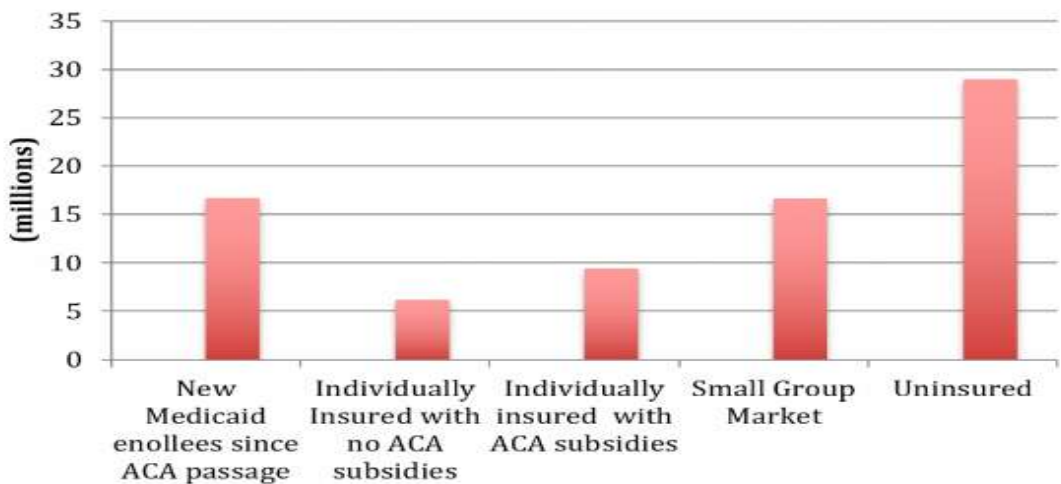


Fig.2. ACA Winners and Losers

Source: Christopher F. Koller (November 28, 2016), "ACA Winners and Losers," *Milbank Memorial Fund*, <https://www.milbank.org/2016/11/aca-winners-losers/> (accessed January 5, 2021).

The graph illustrates that the scope of beneficence touched everyone involved in the insurance process. Those individually insured with and without insurance subsidies were the least affected groups. Small group market and new Medicaid enrollees were more affected. Though market forces benefited from the ACA’s expansion, the number of uninsured also went significantly high and formed the most affected group. Despite the displeasure with the ACA’s dependence on the private sector, the law’s paramount endeavor of expanding coverage was achieved.

4. Conclusion

To conclude, the strong ethical principles draw the vision that the community is responsible for promoting fair terms of cooperation that avoid judging persons’ deservingness only through what they have from marketable skills; instead, they value providing people with fair conditions that allow them to improve their competencies and aptitudes. Besides, Christian recognition of the human person does not emphasize individuality. God created Adam as an individual person and his offspring as a people and community. The image of God is omnipresent in all humans and this is what governs their relation towards one another as symbols of God on Earth. Accordingly, the individualistic perspective is against religion that talks about a people of God instead of a vague and private number of individuals. Therefore, the ethical principles of justice and non-maleficence, as well as religious considerations, justify government intervention to promote fair cooperation among society members and mitigate the impact of privatization on the community’s normal functioning and people’s fair equality of opportunity. This view goes in tandem with the liberal promotion of state action in socio-economic issues and upholds the ACA’s ambitious policy of addressing the whole community’s needs.

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