PPE Senior Seminar

1. *Monday, September 7.* WILLIAMS'S MEDICAL EGALITARIANISM

   Williams seeks to show that some kinds of inequality are irrational in that they fail to reflect the factual equality of human beings. We will be particularly interested in his discussion of distributive justice on pp. 239-49. Williams's claim is that the nature of goods like health care and education determines their proper distribution and that the proper distribution could be considerably different than what a free market would produce. What does that mean? Do goods have natures and do we have to care about them?

   Williams (1973b)

2. *Wednesday, September 9.* CRITICISMS OF WILLIAMS

   Robert Nozick criticizes Williams for failing to establish his point and for reaching conclusions that objectionably limit liberty. Nozick asks some good questions about Williams's argument and, by extension, a lot of commonsense thinking about how the economy should work. Menzel argues that it doesn't make sense to insist on equality of even a basic good like health care. Why? Different people put different value on goods like health care. In particular, while the rich would spend quite a lot on health care, the poor would spend less on health care in order to buy other goods. So there's nothing wrong with an unequal distribution of health care, contrary to Williams's conclusions.

   Nozick (1974, pp. 232–8); Menzel (1990, ch. 7)

3. *Monday, September 14.* MARKETS AND HEALTHCARE

   This is a classic paper on the welfare economics of healthcare. In it, Arrow argues that markets in healthcare are different than markets for other goods.

   Arrow (1963)

4. *Wednesday, September 16.* THE ANTI-MARKET INTERPRETATION
Reinhardt argues that Arrow's paper favors public intervention in the distribution of healthcare. Among his points is an argument against the significance of the claim that markets produce efficient results. Even if true, efficiency is not as important as it sounds, he maintains.
Reinhardt (2001)
Note First paper topics distributed

5. *Monday, September 21.* DWORKIN ON EQUALITY AND MARKETS
Dworkin maintains that egalitarianism and markets are complementary. In fact, egalitarianism depends on markets since what counts as an equal share of a resource can only be defined through a market. This is the point of Dworkin's hypothetical auction. Health insurance is distributed through a market too, but it's a doubly hypothetical market. Not only is the story fictional, but we have to imagine people participating in the market without knowing things about themselves that most people know. I'm afraid this article is very long. We're unlikely to discuss §§IV–V, if that helps.
Dworkin (1981a)

6. *Wednesday, September 23.* DWORKIN ON HEALTH
We will talk more about Dworkin's hypothetical insurance market for health care. In particular, we'll see how he applies the general idea to limiting social spending on health care.
Dworkin (1993)

7. *Monday, September 28.* PROBLEMS WITH PREFERENCES
Utilitarians and their descendants think society should give people what they want on the grounds that this is what is best for them. Contractualists, such as Dworkin and Menzel, think society should give people what they want on the grounds that this respects their rights. But there are significant puzzles in saying what people want, especially with health care. Specifically, we'll talk about problems with an attempt to define a unit that would allow comparisons between quality and quantity of

life, the Quality Adjusted Life Year or QALY. The problems are general, though they are particularly acute for QALYs.

Menzel (1990, ch. 5)

8. *Wednesday, September 30.* OBJECTIVE ACCOUNTS

If relying on subjective preferences gives rise to so many problems, what about an objective account of what makes life go well? The Parfit reading will survey various subjective accounts and help to put Nussbaum's view in context. We'll ask two questions about Nussbaum's theory. First, what is the explanation of why the items on her list count as necessary elements of a good life? Second, would this help us with the questions we face about health care?

Parfit (1984, pp. 493–502); Nussbaum (1992)
Note Second paper topics distributed

9. *Monday, October 5.* THESIS BRAINSTORMING

We will begin with a prize-winning PPE thesis. What makes this good? How could it be improved? Then we will talk about at least one of your thesis ideas. That is, one of you will supply a short reading that might serve as a springboard to a thesis. I will ask you to explain where you think you might go from this reading.

Ehler (2006); TBA

10. *Wednesday, October 7.* THESIS IDEAS

We'll talk about three more thesis ideas.

11. *Monday, October 12.* THESIS IDEAS

More of the same. We'll plan on two and accommodate three if we have to.

12. *Wednesday, October 14.* HISTORY OF HEALTH CARE IN THE US

How did the US get the health system that it has? The articles fall into two groups. The Blumenthal articles concentrate on

employer health insurance. Stevens and Emanuel focus more on the public sector and Medicare.

Blumenthal (2006b); Blumenthal (2006a); Emanuel (2008, pp. 41–80); Stevens (2008)

13. *Monday, October 19.* NO CLASS
Fall break.

14. *Wednesday, October 21.* THE UNINSURED
Gruber tackles three questions. First, why do so many people lack health insurance in the US? Second, what is the best rationale for trying to extend coverage to them? Third, what are the options for achieving universal coverage?

Gruber (2008)

15. *Monday, October 26.* INTERNATIONAL COMPARISONS
The US is said to spend more, and get less, on health care than other countries. Why? "It's the prices, stupid," according to Anderson and his co-authors.

Anderson et al. (2003)

16. *Wednesday, October 28.* POLITICS, BROADLY SPEAKING
Using the resources of political science, Hacker tries to explain the distinctive character of the US health system. He also predicts that the political climate is right for significant change.

Hacker (2009)
Note Third paper topics distributed

17. *Monday, November 2.* POLITICS, MORE NARROWLY
How is the legislative process working for this round of health reform? In particular, how have they dealt with the major interest groups: the insurance companies, doctors, hospitals, drug companies, and so on? New material may come up, so check the Resources section of the Sakai site for entries starting 11-02.

Marmor and Oberlander (2009); Eggen (2009); Geiger and Hamburger (2009); Noah (2009); Terhune and Epstein (2009)

18. *Wednesday, November 4.* PROSPECTUS FIRST DRAFTS
We will read and discuss two first drafts.

19. *Monday, November 9.* PROSPECTUS FIRST DRAFTS
We will read and discuss two first drafts.

20. *Wednesday, November 11.* PROSPECTUS FIRST DRAFTS
We will read and discuss two first drafts.

21. *Monday, November 16.* PROPOSALS: SINGLE PAYER
Krugman and Wells want to eliminate private insurance companies. They maintain that a public insurance plan could cover more people since it does not need to earn a profit or pay various administrative costs. Gawande argues that this is politically unrealistic and, given the experience of other countries, not necessary.
Gawande (2009b); Krugman and Wells (2006)

22. *Wednesday, November 18.* PROPOSALS: THE PUBLIC OPTION
The public option is a descendant of single payer. It is supposed to be a public insurance plan that competes with the private insurers. Hacker is a staunch advocate. Calfee objects from the right, Starr from the left.
Hacker (2008); Calfee (2009); Starr (2009)
Note Fourth paper topics distributed

23. *Monday, November 23.* PROPOSALS: COST CONTROL
Costs are important for several reasons: they cut into wages, they make it harder to buy health insurance (and care), and they are a burden on our public finances. Eagle-eyed reformers see that health costs are different in different regions of the country while health outcomes are the same. They want to make the low cost ways the national standard. Is

there a way of doing that? If so, is it more available to the public or the private sector?

Buntin and Cutler (2009); Fisher et al. (2009); Gawande (2009a); Marmor et al. (2009); Mongan et al. (2008)

24. *Wednesday, November 25.* NO CLASS
Thanksgiving travel day

25. *Monday, November 30.* PROPOSALS: MARKET SOLUTIONS
Some think that the problems with the health system are due to too much interference in the market. We subsidize health insurance through the tax code and hide the costs of health care from consumers through insurance policies. If we introduced more consumer choice and paid less with insurance, we would get improvements in quality and cost, much as we see in other services. These proposals aren't politically viable this year, but they're worth discussion.

Flier and Maratos-Flier (1994); Furman (2008); Goldhill (2009)

26. *Wednesday, December 2.* PROPOSALS: DO NOTHING
DeLong and Fogel argue that costs are going up because we use technology. But, they say, that's nothing to discourage. Furthermore, a greater political role in financing health care would depress technological progress. Angell, however, is not impressed by the research that the private sector supports. She thinks most of the advances come from publicly funded institutes and universities.

Angell (2004); DeLong (2009); Fogel (2008)
Note Fifth paper topics distributed

27. *Monday, December 7.* FINAL DRAFTS
Discuss three final prospectus drafts.

28. *Wednesday, December 9.* FINAL DRAFTS
Discuss three final prospectus drafts.

Note Prospectus due Wednesday, December 16

Materials

You can find comments on lectures, announcements, and readings through Sakai. Here are the full citations for the readings.

Anderson, Gerard F., Reinhardt, Uwe E., Hussey, Peter S. and Petrosyan, Varduhi (2003). It's the prices, stupid: Why the United States is so different from other countries. *Health Affairs, 22*(3), 89–105.

Angell, Marcia (2004). The truth about the drug companies. *New York Review of Books*.

Arrow, Kenneth J. (1963). Uncertainty and the welfare economics of medical care. *The American Economic Review, 53*(5), 941–973.

Blumenthal, David (2006b). Employer-sponsored health insurance in the United States — origins and implications. *New England Journal of Medicine, 355*(1), 82–88.

Blumenthal, David (2006a). Employer-sponsored insurance — riding the health care tiger. *New England Journal of Medicine, 355*(2), 195–202.

Buntin, Melinda Beeuwkes and Cutler, David (2009). The two trillion dollar solution: Saving money by modernizing the health care system. .

Calfee, John E. (2009). The dangers of Fannie Mae health care. *Wall Street Journal*.

DeLong, James V. (2009). Maybe we should spend more on healthcare. *The American*.

Dworkin, Ronald (1981a). What is equality? Part 2: Equality of resources. *Philosophy & Public Affairs, 10*(4), 283–345.

Dworkin, Ronald (1993). Justice in the distribution of health care. *McGill Law Journal, 38*(4), 883–898.

Eggen, Dan (2009). Industry is generous to influential bloc. *Washington Post*.

Ehler, Rose (2006). Technology, ethics, and regulation: A case study of the market for gestational surrogacy. Senior Thesis, Pomona College.

Emanuel, Ezekiel J. (2008). *Healthcare, guaranteed: a simple, secure solution for America*. New York: PublicAffairs.

Fisher, Elliott S., Bynum, Julie P. and Skinner, Jonathan S. (2009). Slowing the growth of health care costs – lessons from regional variation. *New England Journal of Medicine, 360*(9), 849–52.

Flier, Jeffrey S. and Maratos-Flier, Eleftheria (1994). Health care reform: a free market perspective. *Diabetes Reviews, 2*(4), 359–367.

Fogel, Robert W. (2008). Forecasting the cost of US health care in 2040. *NBER Working Paper Series*.

Furman, Jason (2008). Health reform through tax reform: A primer. *Health Affairs, 27*(3), 622–632.

Gawande, Atul (2009a). The cost conundrum. *The New Yorker*.

Gawande, Atul (2009b). Getting there from here. *The New Yorker*.

Geiger, Kim and Hamburger, Tom (2009). Healthcare reform wins over doctors lobby. *Los Angeles Times*.

Goldhill, Daniel (2009). How American health care killed my father. *The Atlantic Monthly*.

Gruber, Jonathan (2008). Covering the uninsured in the United States. *Journal of Economic Literature, 46*(3), 571–606.

Hacker, Jacob S. (2008). The case for public plan choice in national health reform. .

Hacker, Jacob S. (2009). Yes we can? The new push for American health security. *Politics & Society, 37*(1), 3–31.

Krugman, Paul and Wells, Robin (2006). The health care crisis and what to do about it. *New York Review of Books, 53*(5).

Marmor, Theodore and Oberlander, Jonathan (2009). Health reform: The fateful moment. *New York Review of Books, 56*(13).

Marmor, Theodore, Oberlander, Jonathan and White, Joseph (2009). The Obama administration's options for health care cost control: hope versus reality. *Annals of Internal Medicine, 150*(7), 485-9.

Menzel, Paul T. (1990). *Strong Medicine*. Oxford: Oxford University Press.

Mongan, James J., Ferris, Timothy G. and Lee, Thomas H. (2008). Options for slowing the growth of health care costs. *New England Journal of Medicine, 358*(14), 1509–1514.

Noah, Timothy (2009). Obama's biggest health reform blunder. *Slate*.
Nozick, Robert (1974). *Anarchy, State, and Utopia*. New York: Basic Books.
Nussbaum, Martha C. (1992). Human functioning and social justice: In defense of Aristotelian essentialism. *Political Theory, 20*(2), 202–246.
Parfit, Derek (1984). *Reasons and Persons*. Oxford: Clarendon Press.
Reinhardt, Uwe E. (2001). Can efficiency in health care be left to the market?. *Journal of Health Politics, Policy and Law, 26*(5), 967–992.
Starr, Paul (2009). Perils of the public plan. *The American Prospect*.
Stevens, Rosemary A. (2008). History and health policy in the United States: The making of a health care industry, 1948-2008. *Social History of Medicine, 21*(3), 461–83.
Terhune, Chad and Epstein, Keith (2009). The health insurers have already won. *Business Week*.
Williams, Bernard Arthur Owen (1973b). The idea of equality. In *Problems of the Self*, pages 230–49. Cambridge University Press.

Goals

This seminar is a capstone for senior majors in Politics, Philosophy, and Economics (PPE). One of its goal is to show how the three disciplinary components can all be brought to bear on a particular problem. This year, the problem is health care. The philosophical discussion of health care concerns questions about the nature of the good of health care and the proper role of the state in providing it. From economics, we will take up discussions of the nature of insurance, problems with markets in health care, and analyses of data about the US health system. Finally, we will discuss political explanations for the state of health care in the US and the prospects for changing it through legislation. Participants in the seminar should gain a thorough understanding of the fundamental issues behind the current push to reform the health care system in the US. In particular, they should have a broader understanding than they would get from a similar seminar restricted to a particular academic discipline.

The other goal for the seminar is to prepare to write a thesis during the spring term. Specifically, seminar participants will produce a prospectus. A prospectus is supposed to show that your thesis idea is worthy and feasible. It should explain the following: what your research topic is, how it spans your field of concentration and at least one other PPE field, why it is important, how you will tackle it, and what conclusions you might reach. It should include a bibliography that displays familiarity with the scholarship and methodological tools relevant to your topic. This should be annotated to explain the relevance of its entries to the project. A prospectus is typically between three and five pages long, not including the bibliography.

Instructor

My name is Michael Green. My office is 207 Pearsons. My office hours are Tuesdays, 2–4. My office phone number is 607-0906. I only answer email once a day. I will reply, but if you need an answer quickly, you're probably best off calling or dropping by my office.

Assignments

Grades will be based on the final prospectus and four short assignments. The prospectus will account for half of the final grades and the four short assignments will account for the rest. Specifically, I will distribute five short paper topics throughout the term concerning the reading on the syllabus about health care. I will discard the lowest grade, meaning I will count only four; if you decide only to write four papers, obviously, I will count all of them.

The point of the short assignments is to practice making connections, distinctions, criticisms, and to explore constructive ideas. As should be evident

from the syllabus, we will devote a lot of time to the prospectus, so the standards for it will be high.

Grading policies

I am committed to seeing that my students are able to do very high quality work and that high quality work will be recognized. I do not employ a curve and there is nothing competitive about grading in my courses.

Grades apply to papers, not to people. They have no bearing on whether I like or respect you. Nor do they measure improvement or hard work, for two reasons. First, there is no fair way to assess these things. Second, it would be misleading since one may put a lot of effort into trying to make a bad idea work or produce a very good paper with ease. I think we make too much of grades, but they do communicate where written work stands on as objective a scale as we can devise. Just bear in mind that this is really all that they involve.

What the grades mean

A Work that is accurate, elegantly written, and innovative. It adds something original, creative, or imaginative to the problem under discussion. The grade of A is given to work that is exceptional.

B Work that is accurate, well written, and has no significant problems. The grade of B is given to very good work. There is less of a difference between A and B work than you might think. Generally speaking, B papers are less innovative than A papers. This may be because the paper does not attempt to add much or because the attempt made is not fully successful.

C Work that has problems with accuracy, reasoning, or quality of writing. The grade of C means that the paper has significant problems but is otherwise acceptable.

D Work that has severe problems with accuracy, reasoning, relevance, or the quality of writing. Papers with these problems are not acceptable

college-level work. Some papers that are fine on their own are nonetheless irrelevant. A paper is not relevant to my evaluation of work for this particular course if it does not address the question asked or if it does not display knowledge of our discussions. This sometimes trips up those taking a course pass/no credit.

F Work that has not been completed, cannot be understood, or is irrelevant.

Final grades will be calculated using the College's 12 point scale as described on page 40 of the 2009–11 Catalog. The numerical average must be greater than half the distance between two grades in order to earn the higher grade.

Letter	Number	Range
A	12	$11.5 < A \leq 12$
A-	11	$10.5 < A- \leq 11.5$
B+	10	$9.5 < B+ \leq 10.5$
B	9	$8.5 < B \leq 9.5$
B-	8	$7.5 < B- \leq 8.5$
C+	7	$6.5 < C+ \leq 7.5$
C	6	$5.5 < C \leq 6.5$
C-	5	$4.5 < C- \leq 5.5$
D+	4	$3.5 < D+ \leq 4.5$
D	3	$2.5 < D \leq 3.5$
D-	2	$1.0 < D- \leq 2.5$
F	0	$0.0 < F \leq 1.0$

Letter and number grades

Late papers and academic accommodations

Late papers will be accepted *without question*. They will be penalized at the rate of one-quarter of a point *per* day, including weekends and holidays. Exceptions

will be made in extremely unusual circumstances. Please be mindful of the fact that maturity involves taking steps to ensure that the extremely unusual is genuinely extremely unusual.

To request academic accommodations of a disability, please contact Dean Marcelle Holmes at 607-2147 or mdc04747@pomona.edu.