

Ideology versus Ethicality in the Enactment of Obamacare: Justice and Autonomy as Contested Issues

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Abstract:

One of the most politically debatable issues in America is the reform of the healthcare sector. The heated dispute is conducted by liberals and conservatives. Accordingly, among the programs that helped divide the American ideological spectrums was the enactment and implementation of the Patient Protection and Affordable Care Act (ACA, Obamacare) in 2010. The law received unconditional acclaim by liberals and severe criticism from conservatives. The present paper attempts at analyzing both the impetus that lies behind the political division over the law and the conformity of the two ideological spectrums with major public health ethical principles including justice and the respect for persons' autonomy. Through taking Obamacare as a case study, this research uses the Metaphor Theory adopted by George Lakoff in order to trace the endeavor behind the liberal and conservative policies, and employs two key contested principles included in a relevant theory known as Principlism, namely justice and autonomy in an attempt to assess the extent of the liberals' and conservatives' compatibility with public health ethics. This study sums up with the idea that the liberal moralists show more conformity to public health ethics highlighted by the justice and autonomy principles compared to their conservative counterparts.

Keywords: *Autonomy; Ethicality; Ideology; Justice; Public Health.*

1. Introduction

Obamacare faced a number of political, economic and social hurdles with setting it effectively into motion after its enactment and passage in early 2010. Following the ACA's implementation's outline starting in 2011 and ending in 2018, Guy Faguet's predictions of the bill's hurdles of implementation process came partly true with the course of years. He pointed to the difficulties of setting the ACA into action: Indeed, while most health coverage mandates, new federally-funded programs, and the \$258 billion annual cost of

covering 32 million uninsured Americans will kick in early, many cost control directives and revenue enhancing initiatives contemplated for future years will likely fall short of expectations or not be implemented as planned [...]. Additionally, Congress' failure to de-link healthcare legislation to health industry's demands and trial lawyers' greed and abuses through tort reform will reinforce physicians' posture that only through practicing defensive medicine can they reduce medical liability. Hence, ACA will not solve most of the inequities of the

American healthcare system neither will it curb its high-cost as intended (Faguet G., 2013, P 116).

Faguet's quote above demonstrates the obstacles that prevented the ACA from achieving its chief endeavors of reducing both the uninsured rates and healthcare prices. Yet, though some of the fraud and self-interest barriers proved to be real and highly contributed to hindering Obamacare throughout the years of implementation, the statistics illustrate that there was a remarkable progress in terms of decreasing the uninsured rates and health care costs under the ACA.

Yet, the debate over welfare state issues is not new but dates back to several decades ago. Hence, the context for the investigation is initiated by providing an ideological overview of the anti-Obamacare attitudes, the U.S. welfare state issue, and the multifaceted attitude towards its expansion. In this context, going deep into political partisanship gives an obvious image about the beginnings of liberal-conservative ideological contention over the welfare state, and particularly health care. Minutely, the emphasis is on the issue of health care reform. This latter is at the heart of ideological polarization and debate between the private and public sectors. In this respect, the reform of public health forms a major topic for heated discussions and arguments between those who are politically active.

In this regard, this research seeks to prove the idea that the liberals' strong support to Obamacare stems mostly from their adherence to the nurturant parent morality. However, the right-wing vehement opposition to the ACA is highly

attributed to the strict father moral worldview. Additionally, this paper resorts to employing Principlism as a relevant public health ethics theory in order to spot the ethical light on the conformity of healthcare policies with the principles of this theory. In the pursuit of making a linkage between theory and empirical essence, this exploration will have two key parts. The first one will be allocated for a theoretical framework for the liberal-conservative ideological disparity in terms of moral worldviews and the ethical conducts that compose Principlism. The second part presents empirical and observed substantiation of the disputable areas and traces the conformity of the various positions to public health ethics. This second part demonstrates the idea that though conservatives succeeded in shaping the public health discourse their way, liberals proved to be more concerned about and compatible with the relevant public health ethical principles.

2. Nation as Family and Principlism: A Theoretical Framework

George Lakoff associates "Strict Father" morality with conservatives, where the father represents the supreme authority which moderates the family through both excitement and intimidation, or as Lakoff labels "rewards and punishments." In such a conservative environment dominated by strict father, values of self-discipline, self-reliance and responsibility are expected to characterize the obedient children (Lakoff, 2016, P 66). On the other hand, Lakoff uses the expression "Nurturant Parent" to stand for liberal political ideology. This latter focuses upon the values of cooperation, mutual interaction, and care for others. In

such a liberal environment dominated by a nurturant parent, liberals argue that "children develop best through their positive relationships to others, through their contribution to their community, and through the ways in which they realize their potential and find joy in life"(Lakoff, 2016, P 108).

Accordingly, through employing the family-based morality, this study discusses the conservative commitment to the neoliberal version of health care reform and their objection to government intervention. This opposition is assessed as part of their ideological persuasion of the strict father model and its self-reliant and self-enterprise character. In a broad elaboration, George Lakoff identifies immoral action as "action that causes harm or lack of well-being, that is, action that deprives someone of one or more of these – of health, wealth, happiness, strength, freedom, safety, beauty, and so on" (Lakoff, 2016, P 42).As a consequence, his argument reveals that the respect for these principles reflects the morality of the action, while the disrespect entails the action's immorality.

When a health care system is beset by partiality, fraud, inequality and lack of fairness – as is the case with the U.S. system – it requires an ethical rather than an ordinary intervention. In such case of partisanship and ideological commitments, "the formal discipline of ethics offers a deliberate, systematic way of addressing troubling moral issues, conflicts, and dilemmas" (Ortmann, 2016, P 13). Ethical principles underlying Principlism theory determine the scope of ethicality for both actions and policies as they "serve as

ethical standards to evaluate past and pending actions, programs, and policy recommendations" (Ortmann, 2016, P 13). The role of Principlism and its ethical principles in setting the theoretical framework for clinical ethics and bioethics is axial. Importantly alike, its two key principles of justice and autonomy are relevant to health and policies concerned with public health (Ortmann, 2016, P 20).Justice is mainly concerned with acting fairly and contributing to public utility, and autonomy refers to the respect for the patient's right to freedom of choice and voluntary decision-making.

Beauchamp and Childress insert three major determinants of moral action-guides. Initially, they are socially accepted as "supreme" and "final" in assessing actions (Beauchamp and Childress, 1979, P 15). Second, moral action-guides must be universalizable so that all related identical issues are dealt with in the same manner. The third condition is the existence of moral content within these action-guides; such content should refer considerably to the general public welfare (Beauchamp and Childress, 1979, P 17). Beauchamp and Childress point out that one of the major criteria for ethicality is the contribution to the welfare of others. This study upholds the views that the major contributor and source of welfare to citizens is government as the responsible for public policy. In this respect, it is argued that public policy stands for whatever issues governments choose to perform or prevent. As for public policies concerned with the health care system, Beauchamp and Childress contend that the same principles applicable to ethical cases in biomedicine are also

relevant to public policies concerned with biomedicine (Beauchamp and Childress, 1979, P 12).

3. Areas of Disputation

3.1. Justice:

During his 2008 presidential campaign, Barack Obama highlighted the need to adopt a universal healthcare access. His rhetoric emphasized the unjustifiability of depriving as many as 50 million Americans of health insurance for avoidable ineligibility considerations (Mahboub, 2020, P 44). Accordingly, Norman Daniels highlights the assertion of some authors that "health inequalities count as inequities when they are avoidable, unnecessary, and unfair" (Daniels, 2008, P 89). In this respect, many people are deprived of pure water, sanitation, convenient housing, fundamental education, inoculation, and maternal nursing. These factors, and some others, bring about the disparity in child mortality between the different social classes (Daniels, 2008, P 91). This situation is officially condemned under Article 24 of the U.N. Convention on the Rights of Persons with Disabilities which reveals that "every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-being so that children can stay healthy" (United Nations). Consequently, as long as social policies are capable of putting an end, or at least reducing all, or some, of such deficiencies, the inequalities that characterize the health sector are apparently avoidable (Daniels, 2008, P 91). In this regard, George Lakoff reveals:

The most fundamental form of morality concerns promoting the experiential well-being of others and the avoidance and prevention of experiential harm to others. Here is part of what is meant by "well-being": Other things being equal, you are better off if you are healthy rather than sick; rich rather than poor; strong rather than weak; free rather than imprisoned; cared for rather than uncared for; happy rather than sad, disgusted, or in pain; whole rather than lacking; clean rather than filthy; beautiful rather than ugly; if you are experiencing beauty rather than ugliness; if you are functioning in the light rather than the dark; and if you can stand upright so that you do not fall down (Lakoff, 1995, P 182-183).

Lakoff's statement above reflects the need to seek to improve the well-being of others and their normal functioning. This position collides with the conservative focus upon neutrality in health-related issues on the one hand, and favors the liberals' inclination towards action in order to avoid causing harm by adopting inaction on the other hand.

Among the major bases of distributive justice is the ground of need. This latter reflects the fact that depriving people in need of what they need inflicts harm upon them (Beauchamp and Childress, 1979, P 174). Besides, the protection of fair equality of opportunity addressed by the justice principle requires a healthy environment and normal functioning in order to be adequately met. What gives health a peculiar moral significance is the fact that it contributes to the set of opportunities available for people. Therefore, the importance of a number of

socially controllable factors that help enhance health conditions – public health measures, treatment and medical intervention services, and the apportionment of the various social determinants of health – comes from their role in preserving people's opportunities (Daniels, 2008, P 21). Accordingly, one of the key nurturant parent's metaphors is "morality as social nurturance." In virtue of it, social bonds need to be maintained to ensure that community members back up and take care of their fellow citizens. In the liberal thought, preserving these social ties is considered a moral responsibility (Lakoff, 1995, P 199). When liberals sustain social programs and welfare, it is because they promote the fairness principle. Hence, the vulnerable and disadvantaged people were not responsible for their situations, but were subject to coercive forces that pushed them away. Such difficult circumstances prevented them from equal opportunity to engage in a fair competition with others to pursue their advantages. Therefore, the Lakoffian attitude holds that the liberals have a tendency to consider the promotion of fairness as one of the government's key duties (Lakoff, 2016, P 180).

As for the Affordable Care Act's attempt at health care expansion to reach all Americans, for ensuring the financing of this Democrat-led process there should be a rise in the taxes. But, the raise and collection of taxes, in the eyes of conservative leaners, is an immoral sign of government use of excessive power to seize individuals' hard-gained resources to spend them on needless issues (Lakoff and Wehling, 2012, P 6). While liberals perceive taxation procedures as wise

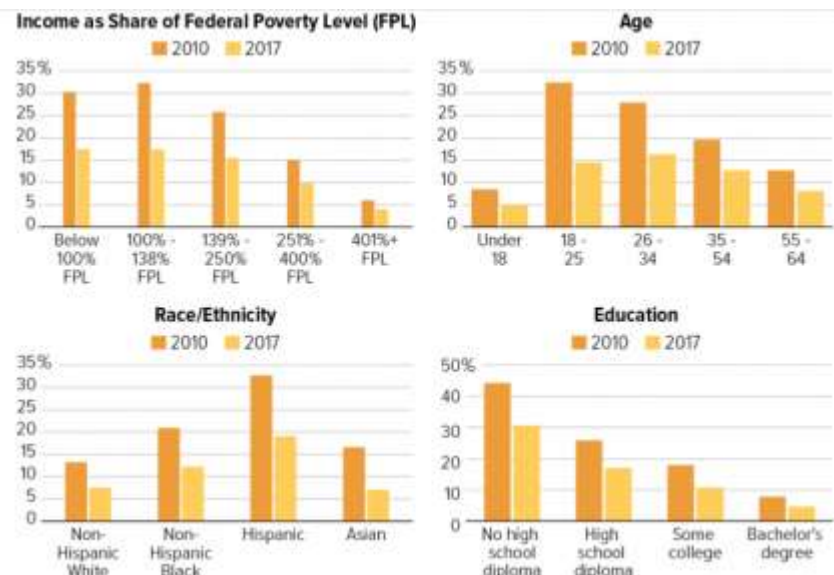
investments in the future, conservatives strongly argue that no person is required to pay for someone else (Lakoff and Wehling, 2012, P 4). It is not rational, therefore, to expect that health care needs – along with educational needs, for example – to be simply bought on the basis of fair distribution of income or wealth, though both sectors highly contribute to the principle of fair equality of opportunity. In fact, the necessities addressed by these two sectors (health and education) are not equally allocated between society members. Indeed, a number of social and natural components and elements may intervene in imposing certain special learning needs or health disabilities. Hence, in the endeavor to realize a fair equality, such peculiar needs should be addressed through special procedures, and this is what makes the needs associated with schooling and health care different from other necessities concerned with nutrition; shelter or clothing, which usually witness relative equality in their allocation among people (Daniels, 1996, P 193).

Significantly, the Rawls depiction of justice highlights the idea that the greater good consideration does not stand alone in isolation from justice as the institutions are said to be just when they show compatibility with two major principles. The first demands that the greatest equal liberty to be in accordance with a similar system of liberty to everyone. The second principle that values the difference allows exclusively those disparities in the allocation of socio-economic advantages that serve the interest of everybody, especially the most vulnerable (Nagel, 1989, P 3). In this regard, the nurturant

parent advocates tend to perceive the idea of diversity from a positive perspective. For Nurturant Parent seeks to promote the values of equality of opportunity to all children under his custody. Yet, children are not alike and have numerous differences. In such a family marked by disparities, respecting differences and tolerating them is a requirement. Furthermore, just like children are expected to provide different contributions to their families, citizens contribute differently to their societies. Therefore, the metaphor "Nation a Family" for liberals consider diversity as an advantage which needs both toleration and promotion(Lakoff, 2016, P 228). In accordance with this combination of common good and justice requirements, the ACA extended Medicaid coverage eligibility to reach all American adults with incomes equal to or lower than 133% of

FPL in 2014. Previously, public insurance used to be limited to the most vulnerable social categories involving pregnant females, children, the near-poor Americans with dependent individuals, the disabled and the aged. Therefore, the ACA's opening of the door for all adults with low incomes to receive Medicaid benefits helped alleviate a large portion of this social segment from the misery of lack of insurance. Besides, American adults with higher yearly incomes were given extra options to obtain coverage through the private sector and receive considerable federal subsidies to help them afford to purchase health coverage. Furthermore, the bill's abolishment of the preexisting conditions' pretext used by insurance firms helped raise the number of young adults benefiting from health insurance, particularly those with special and chronic health care needs (Monaghan, 2013, P 2).

Fig. 1. Uninsured Rates Fell Dramatically for Almost All Demographic Groups As the ACA Took Effect



Source:Center on Budget and Policy Priorities, 2019

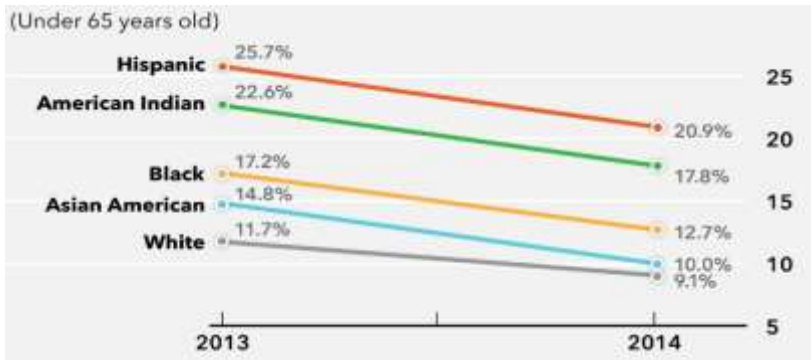
The bar chart reveals that the advantages under Obamacare were shared by most social segments and racial groups. When the ACA was implemented, uninsured rates went considerably down by a third or more for the majority of American households. The reduction touched vulnerable households with weak incomes chiefly because of Medicaid expansion, moderate-income families mainly due to subsidies, and middle- and high-income households thanks primarily to the ambitious reform of the insurance market. The plunging of uninsured rates also appeared among residents of all age groups (especially the middle-aged individuals), of all racial segments, and of all educational levels.

Rawls reveals that the defenders of the principle of difference (as opposed to redress) tend to argue that the allocation of natural skills and proficiencies is a sort of collective property which makes the distribution of socio-economic advantages partaken by everyone (Rawls, 2009, P 87). The ones that receive more natural gains are likely to get from their chance only on grounds that are capable of ameliorating the living conditions of those deprived. Therefore, those endowed by nature will not get profits simply in virtue of their natural preference, but just to act in ways that lead to dedicate their grants to society and help contribute to the improvement of the less advantaged in their turn. Besides, this principle reflects the need to establish a social system that ensures that both gainers and losers in the allocation of natural resources in society are either to confer or receive compensating benefits in return. The natural selection and social positions are not subject to acclaims of

justice or charges of injustice, but it is the way decision-makers and social institutions address these differences (Rawls, 2009, P 87). In justice as fairness, persons accept to take advantage of their natural selection only if this leads to the benefit of all. Hence, this principle is also reciprocity-based in nature as it seeks a sense of mutual advantage and interest (Rawls, 2009, P 88). For John Stuart Mill, the issues concerned with justice prove to be matters of reciprocity (Mill, 1906, P 95). This mutual expediency obviously stems from the golden rule that "do unto others as you would have them do unto you" (Lakoff, 2016, P 115). In relation to health, there should be public and official recognition of others' needs as if they were our own and this can be achieved through treating them equally in terms of equalizing access to health care benefits. Though social policy succeeds in eliminating health inequalities among the various social segments including ethnicities, races, and genders; this does not reflect the absence of unjust practices. The social policy is responsible for letting all categories of society deprived of what they really need in terms of health. Under the requirements of justice, the failure to promote health in a society; i.e. the normal functioning of its population, means a stark failure to preserve persons' equality of opportunity or to enable them to function as free and equal citizens. Therefore, it is considered unjust to fail to protect this opportunity, which is both a duty on some and a right to others, when it is possible to do so (Daniels, 2008, P 14). Therefore, the ACA's pursuit of promoting health in community and preserving the normal functioning of Americans –

regardless of their racial backgrounds – the principle of justice. stem from ethical considerations related to

Fig.2. Percent of People Uninsured by Race, 2013 and 2014



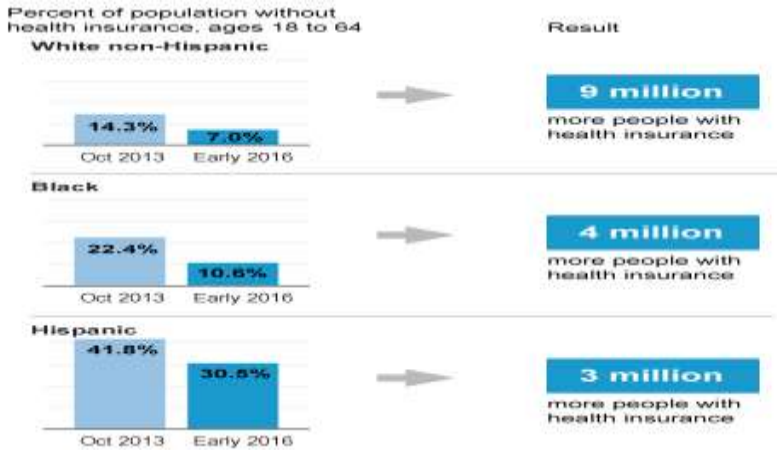
Source: Austin, 2015

The graph reveals how uninsured rates plummeted among all Americans under 65 years old after implementing Obamacare in 2013-2014 timespan. The uninsured levels went considerably down by 5% in one year among most racial categories. These rates reflect a significant effect by Obamacare in its pursuit of bringing equality of healthcare access for all community members, apart from any racial or ethnic affiliations.

The chief objective of addressing health needs is to maintain and enhance people’s normal functioning by focusing upon a particular set of apparent disadvantages and attempting at removing them. Hence, the fair equality of opportunity adopted by Rawls does not consider the removal or redress for all disparities in persons’ capabilities; rather, “it accepts their natural distribution as a baseline and leaves it to the difference principle to mitigate the effects on opportunity of being born with

less marketable talents and skills”(Daniels, 2008, P 58). Such a justice-related debate arises due to the conservative consideration of merit and deservingness in any allocation or distribution of resources. However, the recognition of merit varies from a part to another. While Democrats think of it in terms of being a free person, oligarchs associate it with wealth or noble birth, and aristocrats talk about it in terms of virtue (Crisp, 2004, P 86). Therefore, this kind of justice is proportionate. The violation of this rule of justice occurs when one part takes too much of allocated resources, while the other gets too little. This practice is one of the major concerns against which the ACA has revolted, and this is what reflects the law’s just endeavor. It sought to involve all socio-ethnic categories in the advantages of health insurance process.

Fig.3. Gains in Health Insurance Coverage Broadly Shared



Source: Wisconsin Budget Project, 2016

The graph illustrates that the decrease in the uninsured rate among nonelderly Americans after 2013 was considerable across all the population regardless of the racial or ethnic backgrounds. The increase reached 9 million, 4 million, and 3 million new insured persons among whites, Blacks and Hispanics, respectively. These statistics reflect the strenuous efforts made by the ACA in its endeavor to include everyone and to maximize good.

David Ross associates the duties of justice with those of reparation in the general pursuit of providing a just allocation of pleasure because most of the existing inequalities are attributed to an involuntary engagement in a precarious socio-economic system and exposure to its external forces (Ross, 2002, P 28). This makes the vulnerable segments irresponsible for health calamities that target them and they fail to face them due to the shortage in terms of financial affordability. The liberal emphasis on

insuring everyone and meeting all health needs stems from their considering of health care as a basic human right without which one cannot live and normally function. Accordingly, in his conceptualization of well-being and its obstacles, Lakoff states: "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, P 45). Lakoff's statement holds true as it refutes the conservative position that the poor are the ones responsible for their situation and healthcare should be distributed on deservingness bases and ability to pay process. These claims proved to be unjust and partial. The reason is that healthcare differs from other fields because its lack deprives the person from his humanity in case he let his fellow human suffering alone under the pretext of being poor. Conversely, the liberal attitude of universalizing healthcare access regardless

of socio-economic considerations proved to be more considering of impartiality requirements approved by the justice principle.

3. 2. The Respect for Autonomy:

For any moral system to be morally efficient and worthy of the name, it is necessary – at least partly – to be assessed on the ground of its compliance with and maintenance of the criterion of respect for persons (Dickman, 1983, P 172). John Rawls introduces three key considerations for being a free citizen. First, persons' liberty reflects their perception of themselves and of other society members as supplied with the moral competence to determine the value of the good. This does not mean that they consider themselves or others as obliged to seek the good in all times (Rawls, 1985, P 240), but rather they are viewed as free citizens able to review and refine their perception of the good on plausible and rational bases and make decisions in virtue of them (Rawls, 1985, P 241). Second, citizens' notion of liberty comes from their perception of themselves as the genesis of good claims. They have an inclination to exclude the social or political duties and commitments as a source for their valid claims but attribute their origins to themselves and their own free will and attitudes (Rawls, 1985, P 242). Third, citizens' freedom is derived from their competence to undertake responsibility for their aims and expectations. Hence, through allowing a fair distribution of goods among citizens under the requirements of justice principles, the recipient citizens are conceived to be able to adapt their objectives and ends with

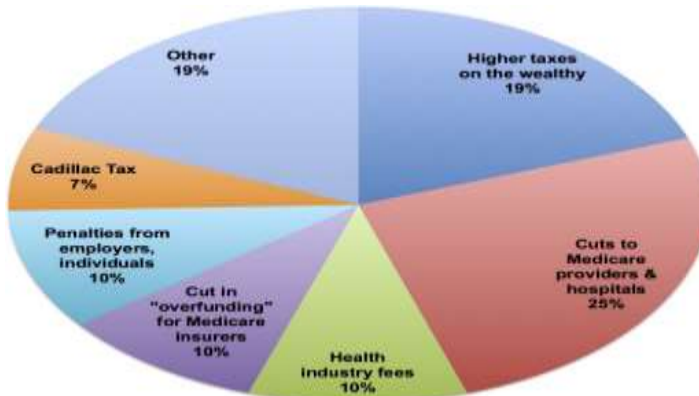
consideration to what they can rationally predict to be supplied with (Rawls, 1985, P 243).

It is engendered in the mind of the conservative father that teaching children right from wrong should be conducted through rigid rules, tough love, and the threat of punishment. Hence, any sort of tolerance and coddling, for instance, is a source of spoiling, unreliability, irresponsibility and moral corruption (Lakoff, 2016, P 66). In contrast to the conservatives' perception of child raising; liberals emphasize the feasibility of social interaction and contribution. Thus, basic values like self-dependence and responsibility are not the outcomes of aggressiveness but come from shared respect, commitment and toleration (Lakoff, 2016, P 108). Accordingly, "bonds of affection and earned mutual respect are stronger than bonds of dominance" (Lakoff, 2016, P 112). While liberals consider their intervention to promote welfare state as part of their moral responsibility to protect and help those who cannot protect and help themselves, conservatives consider this action as an immoral interference violating the values of moral self-interest and self-reliant character (Lakoff, 2016, P 179). Thus, people should not act under coercive directives that serve their own good, let alone the ones that serve the advantages of others. Conservatives have a tendency to employ this argument in their resistance to Obamacare. According to them, making health insurance mandatory through forcing the healthy persons to obtain it against their will starkly violates the principle of persons' autonomy. Moreover, they assert that the provision of

wealth sought by Obamacare is not through cash amounts but insurance shifted from those bodily-fit to the patients. This practice for conservatives

foreshadows the notion that neither the favors of providers in what to give nor the autonomy of recipients in what to obtain is respected (Taylor, 2012, P 27).

Fig.4. Who Pays for Obamacare?



Source:Pianin, 2015

The pie chart uncovers the contributors to the ACA's taxation. The nature of payers demonstrates that they are from the healthcare industry, Medicare providers and insurers, employers, and rich households. Indeed, the conflict about the issue of tax collection stems from the notion that what liberals perceive as a sharing of burden and contribution to all the community's good, conservatives incline to consider and talk about it in terms of punishing hard workers and responsible entities, namely the rich, pharmaceutical companies, and health industry. Although this idea holds true in some other considerations and sectors, it is not reasonable to fully override government or deny the role of laws in supervising what to distribute, the manner of distribution, the individuals qualified, and the amount of sources to be provided. In this regard, Robert Dickman qualifies the principle of respect for humans as a

double-edged standard that requires both an admission of the person's right to voluntary decision-making and the commitment of others to act respectfully (Dickman, 1983, P 172).

The Liberal position values the reciprocity-based actions and reflects a need for an equal-based reception of health care. In this concern, fair equality of opportunity does not seek to eliminate natural individual differences or deprive those talented and skillful of their advantages; but, the benefits are restricted by the difference principle and function to the interest of the most vulnerable (Daniels, 2008, P 58). Yet, conservatives may argue that they act in accordance with the ethical principle of respect for personal autonomy as John Stuart Mill argues that if there is any acceptable justification for intelligence in an individual's liberty of action, it is exclusively the pursuit of self-protection. He clearly asserts that "over himself, over

his own body and mind, the individual is sovereign”(Mill, 2001, P 13). Conservatives refuse the position that the objective behind controlling others’ actions or imposing certain limits on their movement, without their consent, is to stop them from inflicting harm upon their society members. For Mill, it is inadequate to justify exercising such power under the pretext of guaranteeing people’s own good of any kind. There is no reason for forcing people to do or refrain from doing actions under the persuasion of other people that such conduct is wiser and expected to ensure them more good and pleasure(Mill, 2001, P 13).

A chief affair that triggered strong objection from the Obamacare detractors is the provision of Medicaid expansion. Obviously, the states – mostly dominated by right-wing proponents and administered by conservative governors – emphasized the unconstitutionality of this measure as long as it deprives the non-compliant states of their federal funding. Indeed, the American Constitution authorizes the federal government to provide and prevent its financial aids and incentives to the states depending on their compliance; yet, the sovereignty of states should also form a key element of individual autonomy and free will approved and validated thanks to the American Constitution (Jost, 2012, P 1661). In this respect, the prominent conservative politician Ben Carson reveals:

You know Obamacare is really I think the worst thing that has happened in this nation since slavery. And it is in a way, it is slavery in a way, because it is making all of us subservient to the government, and it

was never about health care. It was about control (Sullivan, 2013).

Clearly, Carson’s statement above reflects the idea that Obamacare is thought of and talked about by conservatives in terms of coercion. For them, the bill’s compulsory nature negatively impacts the autonomy of healthcare decisions made by politicians. Still, Carson’s argument does not hold true when it links government intervention with slavery. What really makes the conservative opposition nonsense is the idea that they were the pioneers in shaping most of the ACA provisions in the pre-Obamacare period. Accordingly, the ACA’s provisions were conservative suggestions in essence.

On the other hand, there is a strong position that there are reasons that justify, legalize and legitimize the authority of the state and its relevant agencies. Obedient citizens are not asked to abide by authoritative directives simply because they have received instructions without any consideration to the reasons that underlie such commands. This latter remains relative since authorities are not portrayed as unjustifiable command givers in democratic theories of government (Beauchamp and Childress, 1979, P 61). Accordingly, people have a habit of rushing to authorities to consult when there is no shoulder to cry on. In such circumstances, they autonomously resort and voluntarily accept directives and instructions. Accordingly, the Kantian moral criterion of strict universality reveals that for ensuring normal functioning of human existence, there should be a legal authorization that gives one – the state, for instance – power to enforce either the requirement or

prohibition of certain actions. In this respect, "a moral concept of right is therefore incomplete as long as it does not deal with legitimating authorized coercion" (Höffe, 2010, P 80). If coercion does not exist to ensure that certain actions be accomplished or prohibited, then one is fully reliant on other people's good will to get one's personal rights considered. Therefore, in order to truly ensure freedom on a mutual basis, there should also be a shared restriction of it (Höffe, 2010, P 82). For Beauchamp and Childress, "codes of medical ethics, for example, do not allow individual authorship, and to act against them merely on grounds of individual principle is to act immorally by the standards of that community" (Beauchamp and Childress, 1979, P 61). Hence, there is no such thing as ultimate freedom in issues of public interest like medical care, and this upholds the liberal vision of having an active role in expanding health care under Obamacare provisions.

Therefore, when being supervised by lawful authority, the promotion of one's own individuality will have a direct positive impact both on his personal value and role in the community. For Mill, there is a major sense of life and privacy about the person's presence and entity, and, therefore, the normal functioning of a given society is attributed to the individuals who act as active well-developed components of this aggregated community (Mill, 2001, P 59). The conservative displeasure with government intervention in social issues is derived from their perception of parental "meddling" with needless issues that need individualism rather than collectivism (Lakoff, 1995, P 192). In the

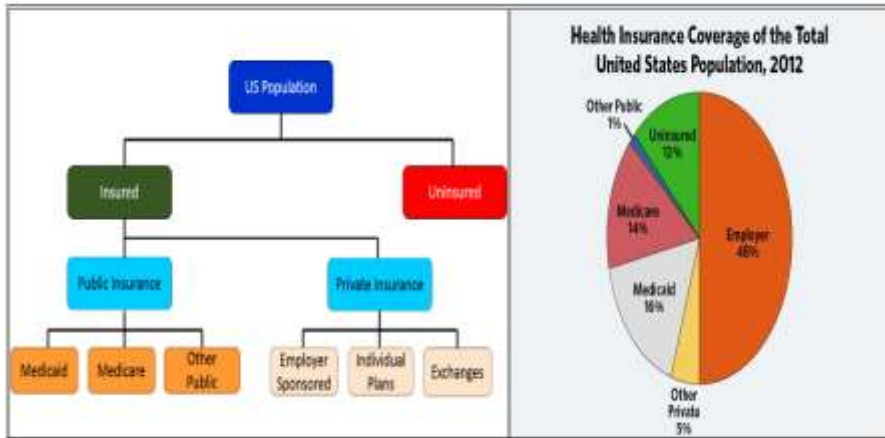
conservative mind, the tough parent's liability of caring is limited to his soul and his household, and has nothing to do with persons away from his family. In their perspective, the idea of democracy highlights people's liberty to seek their own needs and serve their household's interest without social ties or communal responsibilities (Lakoff and Wehling, 2012, P 32). In Lakoff's words, "the mature children of the Strict Father have to sink or swim by themselves" (Lakoff, 2016, P 66). Yet, in the context of medical care, Leonard Ortman et al. tend to consider the respect for autonomy in public health by distinguishing between the "individual" autonomy of single persons as opposed to the "rational" autonomy of broad society members (Ortmann, 2016, P 24). While the first implies a fundamental right of individuals to make free choices and decisions away from external or coercive forces, the latter focuses on the harmony of personal behaviors with the broader context of the community affected by these behaviors. The likelihood of inflicting harm upon the general well-being of other community members leads to qualify and restrain personal action. Therefore, relational autonomy emphasizes the notion of "interdependence" of individuals sharing the same society and the sympathy that results from the common sense derived from the communal co-existence (Ortmann, 2016, P 24). Unlike liberals that promote and seek general well-being in clear conformity with relational autonomy, the conservative attitude looks highly valuing individual autonomy and showing less respect for the relational one.

Morality as nurturance implies the need that you do for other people as you want them to do for you (Lakoff, 1995, P 199). Besides, "morality as empathy" involves sharing other people their suffering, feelings and interests(Lakoff, 1995, P 198). In the liberal model of nurturant parent, children are in a desperate need for preservation from external evils. This protection stems mainly from the parent's duty to save his weak, innocent and vulnerable children. The major goal that lies behind nurturance is to sustain children reach their needs and joy in life. Hence, helping one meet his needs and accomplish his pleasure creates a sense of mutual help and cooperation which help make thee beneficiaries as nurturants by themselves in a later stage (Lakoff, 2016, P 109). According to anthropological perceptions, individuals – who are sociable by nature – are always inclined to engage in social bonds and community networks. Since thought and language are deeply inherent in the social context, "individual autonomy" – by nature – is subject to frames set by "relational autonomy." Hence, the autonomy of individual persons relies substantially on, and is derived largely from, interaction with their social counterparts. Such a common sense of communal belonging and commitment is essential for the growth of "individual autonomy" and paves the way for collaborative decision-making which is healthier and stronger than periodic and temporary sympathy in times of hardships and epidemics. Accordingly, Ortmann et al. reveal that "moral autonomy and relational autonomy both display an inner-directed, but other-oriented feature that readily

aligns with collective decision making" (Lakoff, 2016, P 109). In line with this, when an irresponsible person destroys his possessions out of individuality, he reduces the society's availability of resources and causes harm, regardless of its amount, to people who benefit or make a living from these properties. If this individual hurts his own physical or mental health, he not only ruins the lives of those under his custody but he denies – either implicitly or explicitly – the responsibility and reciprocity-based commitment to return benefits previously rendered by his society counterparts (Mill, 2001, P 74). This is what pushes John Stuart Mill to admit that the harm that a person inflicts upon himself is not exclusively limited to affecting his own interests, but goes beyond that to reach those close to him and may even impact the whole society (Mill, 2001, P 75). Such views uphold the liberal position of government intervention in health care and relative restriction on people's autonomy.

These positions reflect a sense of tolerance toward relative restriction on liberty by legal authorities in certain issues concerned with duties. Obamacare, in this respect, attempted to tackle one of the most axial ethical obligations which is the preservation of human life, protection of its sanctity, and maintenance of its normal functioning. Despite the fact that some relative constraints were imposed in virtue of the ACA as part of keeping discipline in the medical field, the patients and health care consumers benefited from a number of insurance options that allowed them to freely choose the most suitable health plan for them.

Fig.5. Health Insurance Coverage of the Total U.S. Population, 2012



Source: Boston University School of Public Health

The graph demonstrates the various options that the American population had in virtue of Obamacare. The patients and healthcare consumers were given the chance to autonomously select between a number of plans and compare advantages across the available options. The ACA allowed Americans to be covered under ESI in case they were employed, under Medicaid if they were below the poverty line, under Medicare if they were elderly, or by purchasing an individual health plan through the private marketplace. This multiplicity of options under the ACA refutes the positions that link the law with concerns of coercive actions and restrictive practices.

In a nutshell, there seems to be an apparent conformity between the ACA's measures and the WHO's directives that "governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures" (World Health Organization, 2006). This liability

emphasized by the WHO offers liberals a significant justification for the ACA's implementation and government involvement. Hence, though both parties value liberty, their perception of it is different. Yet, there is no absolute freedom as conservatives claim, and the ACA's intervention to relatively and legally restrict liberty in certain circumstances that include promoting welfare and preventing harm is ethically allowed and justifiably desirable in issues like health care.

4. Conclusion:

This article has examined the nature of the political partisanship characterizing the American health care policies. Ideologically speaking, the paper has revealed that the genesis of the liberal approval and conservative resistance to the ACA is attributed to the disparity in the moral worldviews of the two ends of the ideological spectrum. While liberal adherents demonstrate a substantial commitment to values of sympathy and

tolerance, right-wing trends express their tendency to adopt competition and self-reliance. Regarding ethicality, while liberals portray justice as a source of equality and impartiality, conservatives incline to talk about justice in terms of equity and deservingness. What upholds the liberal position of justice is that healthcare is different from other sectors that require equity because it is a human right and all humans are equal in the right to receive medical treatment without any biased or partial considerations. Besides, the vision of autonomy is different between the strict father and nurturant parent moralists. Liberals perceive autonomy as a human right which is limited and framed by law. Personal freedom is apparent in the ACA through giving healthcare consumers the opportunity to freely select the insurance plan that suits their socio-economic situation. In contrast, conservatives think of it in terms of absolute liberty and the priority of individualism over bonds of collectivism. Hence, this article shed light on both the nature of the ideological division and the disparate perception of the ethical principles of justice and autonomy. Nevertheless, amidst an already shaken American health care system and through backing up the ACA's measures, the liberal and Democratic adherents proved to be more compatible with public health ethics, particularly the rules and requirements of justice and autonomy. To better understand the implications of these results, future studies could address the extent of compatibility of the liberal and conservative policies with the other ethical directives and principles included in the various ethical approaches.

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