

## Featured Article Summary

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### **Can Rationing through Inconvenience Be Ethical?**

Nir Eyal, Paul L. Romain, and Christopher Robertson, *Hastings Center Report*, 2018<sup>1</sup>

#### **Short summary**

This article explores the idea of rationing through inconvenience and assesses the moral benefits and burdens of using this form of rationing in healthcare over other methods of rationing.

The authors argue that rationing through inconvenience has both ethical advantages and disadvantages compared to direct rationing and to cost-sharing forms of indirect rationing. According to the authors, the public acceptability of indirect rationing depends on normative considerations. The authors call for more research into rationing through inconvenience to clarify how and when it can be used efficiently and ethically.

#### **Definition of rationing through inconvenience:**

Rationing through inconvenience is a form of indirect rationing. It is defined as a nonfinancial burden (intended or unintended) associated with accessing a specific type of health-related service. The example that the article uses is requiring pre-authorization from a pharmacy benefits manager before prescribing expensive off-label drugs to patients. Although the requirement for pre-authorization reflects direct rationing, the inconvenience associated with having to fill in the application or having to submit a form to appeal a rejection functions independently as a rationing method. To avoid the inconvenience patients or clinicians may look to other approaches, which are preferred by the health system because they are fairer or a more efficient use of health resources or because they better fulfill societal responsibilities from a health economics perspective.

#### **Advantages and disadvantages to rationing through inconvenience**

- **Increasing autonomy:** In the example of pre-authorization for off-label drug prescription, rationing through inconvenience is argued to promote physician and patient autonomy by providing the patient and the clinician with a choice to undergo inconvenience to receive a specific benefit. Those who are willing to go through the

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<sup>1</sup> Eyal, N.; Romain, P.L.; Robertson, C. (2018). Can Rationing through Inconvenience be Ethical? *Hastings Center Report*, Vol. 48 (1):10-22.

inconvenience to receive a health service may be more likely to use it. Patients who are willing to go through the inconvenience willingly share information which clinicians can use to determine whether offering a specific treatment method is likely to be efficient in terms of cost and efficient use of scarce health care resources. Direct rationing does not allow for gathering of information which can be used to refine rationing processes.

- **Reducing regressivity and influencing disparities:** Regressivity, i.e. worsening of overall health for poorer patient due to a specific mode of rationing, is often a concern in financial cost-sharing mechanisms. Rationing through inconvenience may involve having to queue or fill in a form to access a specific health service. Due to its nonfinancial nature, rationing through inconvenience may reduce regressivity. That said, wealthier people may live closer to the health care facilities they want to access and/or may have easier access to transport which enables them to get to the queue first. In such cases rationing through inconvenience may create disparity. Thus, unless corrective measures can be put in place to compensate people who are disproportionately and unfairly affected by the inconvenience, this method of rationing should be avoided.
- **Creating waste and conflicts of interest:** Rationing through inconvenience deliberately wastes time and effort. This can be a problem for patients who are very ill. For the physician it may involve a wasteful use of administrative resources and leave less time for patients. Conflicts of interests may occur if physicians prefer to minimize inconvenience to themselves, their family, or their office staff by not recommending a treatment option. Moreover, it may raise uncertainty as to whether a specific recommendation is based on medical considerations or on the doctor's interest in minimizing inconvenience and put the trust relationship between the doctor and the patient at risk.
- **Psychological impact on consumption decisions:** Rationing through inconvenience is only effective if the rationing happens in advance of a treatment. Inconvenience can work as a form of rationing because it factors into the psychology clinical decision making, but not all inconveniences are transparent to the referring clinician or to the patient in advance.
- **Commodification and related considerations:** Cost sharing as a method of rationing involves placing a monetary value on a person's body or health. Rationing through inconvenience can reduce this form of commodification, because health is weighed against inconvenience, i.e. time and comfort, rather than against money. However, in cases where the inconvenience is severe, it raises concerns about respect for persons.
- **Increasing public acceptability while reducing transparency:** Rationing through inconvenience is not always deliberate and may occur by omitting to introduce interventions aimed at reducing inconvenience. Rationing through inconvenience – when unintended – is a less obvious method of rationing health care and may therefore

less likely to meet protest from the public compared to direct methods of rationing health care.

**Conclusion:** Rationing through inconvenience has advantages and disadvantages. Among the advantages are the potential for promoting autonomy, reducing regressivity and commodification and the likelihood of increasing public acceptability. Among the disadvantages are the risk of creating waste and conflict of interest. More research is needed to determine the morally right method of rationing, including exploring where rationing through inconvenience applies, and measuring its efficiency and effects.