

# The Ethics of Economic Motivation in Medicine

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**Custom Prompt (Prompt #5):** *The matter of whether or not it is ethically permissible to be motivated by profit in healthcare contexts is controversial. It has been said that the drive for monetary gain in this industry has led to social ills (take, for example, the role pharmaceutical companies have had in fueling the opioid epidemic in pursuit of financial reward). Consider and evaluate one or more arguments in favor or against the ethical standing of this motive. Where do you stand?*

## I.

There is a general uneasiness about the role of profit in medicine. A common approach views the goal of compensation in such contexts (hereafter, the ‘profit motive’) as being unethical. One argument in support of that is the belief that profit necessarily involves exploitation. Appealing to Marxist views of commerce, advocates of this view argue that in every profitable transaction, one party suffers to the same extent that the other succeeds.<sup>1</sup> Adrian Walsh, a Professor of Philosophy at the University of New England, incorporates this stance as one of six objections to the profit motive.<sup>2</sup> In this paper, I defend Walsh’s argument, which proposes that the objection is flawed because, if it were true, then the profit motive could *never* be ethical. In fact, Walsh says that there are circumstances in which the profit motive is strongly believed to be ethically innocuous or acceptable. In support of Walsh’s overall conclusion, I provide a supplementary argument. I critique the underlying claim that profit is always intertwined with exploitation. I claim that in certain situations in which each party is striving to accomplish different ends (or similar ends at different times or in different contexts), this position is undermined.

## II.

Walsh covers a number of popular objections to the profit motive. These objections range from the claim that the pursuit of money distracts us from more noble goals to the claim that the profit motive is always exploitative.<sup>3</sup> In this paper, I’ll focus on this latter objection. The proponent of this objection believes that, knowingly or unknowingly, those that seek profit actually seek exploitation as well. They must take advantage of another person if they are to make a profit. In other words, proponents believe that if one party is successful in commerce or a business transaction, the other party must have lost something. Marx provided the groundwork for this

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<sup>1</sup> See: Child, James W. “Profit: The Concept and Its Moral Features.”

<sup>2</sup> Walsh, Adrian J. “Commercial Medicine and the Ethics of the Profit Motive,” p. 345.

<sup>3</sup> For the former, see: Hughes, Robert. “Art and Money,” in *Nothing if Not Critical: Selected Essays on Art and Artists*. For the latter, see: Child, James W. “Profit: The Concept and Its Moral Features.”

position in his discussion of contracts in which workers sell their labor for wages. Here, he postulated that those contracting the labor of the worker could only profit if they found a way to pay the workers less than the actual value of their labor. In this way, the possibility of profit does appear to require exploitation. Because of this, it appears the profit motive is itself immoral.<sup>4</sup>

Walsh believes that arguments like this are problematic because if the reader accepts the reasoning employed in them, then the profit motive would be ethically unsound *in toto*. In other words, the profit motive would *always* be bad. If it were true that this motive would inherently result in exploitation, for example, then, assuming we all agree that exploitation is problematic, the profit motive is also problematic to at least a similar degree. According to Walsh, however, this conclusion is too strong. He notes that the vast majority of us believe the profit motive can sometimes be unproblematic.

“It is not at all clear that the great majority of people who object to the profit motive in medicine do so because they wish to abolish market relations (wholesale). If our aim is to make sense of the generalized concern about the profit motive in medicine it would be odd to do so within such a radical abolitionist framework.”<sup>5</sup>

He furthermore notes that there is good reason not to accept the more radical position, claiming that “any plausible social arrangement must, for the foreseeable future, involve at least some degree of market activity.”<sup>6</sup> He makes this claim on the basis of the reasonable thought that markets provide incentives for producers that “can encourage innovation and the production of considerable surplus”<sup>7</sup> and that this level of benefit to innovation has so far not been attained in any other social arrangements. Given his belief that the argument in question would undermine the good in society by precluding socially beneficial market activity, Walsh, therefore dismisses this particular argument against the profit motive. He goes on to emphasize the need for reform and regulation of the profit motive rather than complete rejection of it.

To be clear, accepting Walsh’s conclusion here doesn’t mean you have to think that the profit motive is always acceptable. There are a variety of contexts where it does in fact seem problematic, e.g. consider a context in which healthcare workers prioritize profit over patient care, and in doing so, cannot maintain the quality of patient health as they would if patients were their primary focus rather than profit. Alternatively, another good example might be found by consideration of the ongoing opioid epidemic. Reasonably, this social issue was in no small part caused and then exacerbated due to the existence of the profit motive. The American Medical Association supports this thought, writing in reflection.

“As Purdue earned billions of dollars from sales of oxycodone, other drug companies took note. They introduced their own opioids and joined Purdue in funding a brilliant,

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<sup>4</sup> See: Child, James W. “Profit: The Concept and Its Moral Features.”

<sup>5</sup> Walsh, Adrian J. “Commercial Medicine and the Ethics of the Profit Motive,” p. 345.

<sup>6</sup> *Ibid*, p. 346.

<sup>7</sup> *Ibid*, p. 346.

multifaceted campaign that changed the culture of opioid prescribing in the United States. Risks were minimized, benefits were exaggerated, and opioid prescribing surged.”<sup>8</sup>

Certainly, this was not ethically acceptable. You can believe this and still accept the particular critique Walsh provides against the objection to the profit motive that appeals to exploitation.

### III.

In this section, I will provide further support against the objection against the profit motive that appeals to exploitation. As noted previously, the objection that appeals to exploitation stems from the idea that there cannot be a winning party in a profitable exchange without a losing party. That is; there cannot be two victors as a result of competition against each other. One party must exploit the other. This seems like a reasonable thought on the face of it. We may think we see this in the instance of a sports trade, for example. Here, the two parties (or teams) involved appear to be competing to secure the better end of the deal and indeed, sports analysts often debate the winning and losing team in a trade, as do many fans of the sport in question.

Things are not so clear-cut, however. If we broaden our outlook we might see that these trades which look like zero-sum situations, can in fact be mutually beneficial for both parties - just in different ways. For instance, a team that trades its four best prospects for a current star may be weaker in a few years but acquires more talent for the present moment. Opposingly, the team that trades away their star player may suffer temporarily, but their acquisition of four rising phenoms may help them win in a half-decade. Understood in this way, there is profit on both sides of the exchange. It’s just that the flavor of that profit is different for each team.

Likewise, in medical contexts, we can see that the profit motive can be mutually beneficial for both the patient and the healthcare provider. Consider, for example, that a doctor’s reputation is in large part based on their ability to make patients happy and healthy. With this in mind, we might consider that a doctor that is motivated by profit may nonetheless choose to transfer a percentage of their patients to another hospital. Doing so may stunt their short-term income, but could benefit them long-term. If doing this allows them to ensure higher quality care for their remaining patients than they could provide otherwise, that can in turn protect their reputation and lead them to greater success in the future. In such a case, the parties involved all stand to gain, just in different ways. The patients that are transferred profit in the sense that they now have the potential to be cared for by a healthcare worker that has ample time to give their patients their best service. The doctor profits in the sense that they can uphold their reputation by maintaining the proper level of care for their patients, and thereby secure long-term financial gain. As an added bonus, the patients that are *not* transferred can benefit as well, in the sense that they can likewise now receive the doctors full attention.

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<sup>8</sup> See: Kolodny, Andrew. "How FDA Failures Contributed to the Opioid Crisis." See also: US General Accounting Office. "Prescription Drugs: OxyContin Abuse, Diversion, and Efforts to Address the Problem."

The nature of Walsh's argument is meant to show that the argument against the profit motive that appeals to exploitation is not persuasive. I agree with Walsh. In this paper, I have motivated a different way to the same conclusion. I have claimed that profitable exchange need not involve exploitation after all.

## References

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