What's wrong with Wellness (Programs)?

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Let me begin by introducing myself – I am the current director of the UNC Charlotte Center for Professional and Applied Ethics, replacing Prof. Rosemarie Tong, who retired a couple of years ago. I know that Rosie periodically contributed to the MCMS newsletter, and Sandi Buchanan has graciously extended the invitation to me. I hope to be able to contribute to on a semi-regular basis. I bring a somewhat different perspective than Prof. Tong – my own background is in the history of political theory, and then in current issues of law and technology, particularly intellectual property and privacy. But the spirit of the Ethics Center has been heavily involved in clinical and medical ethics for some time, and I'd like to continue to honor that tradition.

So, onto the topic: employee wellness programs. A colleague at the University of Maryland Law School and I are doing the initial work on a paper on these programs. The more we learn, the more concerned we get about them. Increasingly popular, these offer employees a discount for meeting (or attempting to meet) certain health targets. Smoking cessation is apparently the most popular, although BMI-oriented weight loss targets are apparently rapidly gaining ground. As a State employee in NC, I get a discount for not smoking (or provably trying to quit), for having a primary care physician listed on my insurance card, and for completing an annual online health assessment. I also get periodic emails telling my how important it is to look at my personalized health webpage, because I have new health information posted (I am non-compliant with that one, because the time I did check, there was nothing new).

These programs pose some actuarial and some moral issues. I'm not qualified to talk about the actuarial ones. But the moral issues are non-trivial. The first is medical privacy. How does one prove that one is trying to lose weight, for example? One option would be to wear a fit-bit, and have it report to the doctor (or directly to the insurance agency) every few weeks. But then there's a problem: miss my 10,000 steps too many days in a row, and my premium goes back up. If the idea of transmitting that information to one's insurance agency doesn't cause alarm, then the probability that it will end up in the hands of advertisers should. A few years ago I was doing some work on the BRCA1/2 mutation in the context of the patent litigation surrounding it, and I did enough PubMed searches that I got an email suggesting that I might consider alternative treatment regimes for my cancer diagnosis.

What happens when the insurance company wants your bar receipts (or your credit card statements more generally)? Too much beer, and your premium goes up and you get inundated with AA advertising. Did you supersize your meal? This level of surveillance might or might not improve public health, but we need as a society to have an honest conversation about how much medical surveillance is acceptable in a democracy. Or, in different and more solution-oriented terms, we need to think about more than individual choice. We need to look at the role of our built environment – the roads, buildings, etc. – in making some choices a lot easier than others. Then we need to think not just about what modifications to the built environment and lifestyle are most efficient, but also which ones make the best moral sense. Policies like employee wellness programs need to be compared to policies like banning trans-fats or super-sized drinks, or putting higher taxes on alcohol. Banning trans-fats doesn't violate anyone's medical privacy.

A second – and, to my mind, more serious – problem is that it blames individuals for behaviors that have been heavily rewarded by their environments. A lot of smokers start as teenagers, before their brains fully understand consequences; they get started either via peers or advertising they see. Similarly, for large numbers of people, it's very difficult to get good food to eat, and then to have time to cook it properly. Julie Guthman, a professor at Santa Cruz who works on problems of food, famously quipped that reading Michael Pollan made her want to eat Cheetos – because his remedy to our food problems seemed to involve everyone growing their own organic vegetables or at least being lectured to for not buying local organic produce at the farmers' market. She made an important point. Eating well is unreasonably difficult for many people. Not only do they work too many hours for too little money; they are surrounded by a decaying infrastructure that offers no adequate grocery stores anyway. There are no grocery stores because those stores don't stay in business. So people in these neighborhoods have at least a transit problem, and, given that good food costs more, a wage problem. Which would improve public health more: better mass transit, a higher minimum wage, or wellness-program incentives? I don't have the answer to that question, but I think it's the right kind of question to be asking.

At the moment, we're looking at public health crises in a way that dubiously blames individuals for being in situations that aren't entirely their fault. And, on the whole, we're refusing to consider anything that involves a bigger picture. Even for something that would do as much good as radically reducing smoking rates or making a dent into metabolic syndrome.