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[„Actually I am different.“
Subjective constructions of
ethnic identity in a migration
context and new ways in
psychological acculturation
research]

Fachhochschule Wedel

Making the Case for Investments in Human Effectiveness.

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Abstract [English]

"international health service research highlights a uniform tendency in practically all industrialised countries: the increasing shift of costs from solidarity-based financing to private households. legislators and advisors usually justify this policy through the need to encourage cost-consciousness and mainly 'self-responsibility'. economists consider cost-sharing in health care to be necessary for preventing abuse of the caring society. they expect user charges and co-payments to motivate a more 'rational' utilisation of health care and, thus, the financial stabilisation of health systems. many politicians and economists base their assumptions on the 'health market' on the theorem of demand-side moral hazard. this model transforms enrollees into rational 'utility maximisers' who are consuming services beyond their needs thereby causing welfare losses to the society as a whole. moral hazard in health insurance belongs to the standard repertoires of economic textbooks. the present study analyses the extensive literature on approaches and experiments to introduce patient cost-sharing published during the last 40 years. results show that persuasive evidence for demand-side moral hazard is still lacking. furthermore, the usually quoted empiricism turns out to be inappropriate for proving evidence. health science, service research and clinical studies rather suggest that health insurance beneficiaries are not aiming at or willing to abuse the health system. in fact, introducing patient cost-sharing seems to endanger adequate health care since they deter the ill from claiming benefits. the idea of 'rational' use emerges as out of touch with reality. after a systematic in-depth review of current research on the topic, the author concludes that moral hazard in health insurance is a bogey of academic economic theory. adequate reality-based evidence for implementing patient user fees and co-payments is lacking. in view of the detrimental effects on health service utilisation, it is advised to cancel existing co-payments and to abandon costsharing policies." (author's abstract)

Keywords: Ethnic identity, acculturation orientations, domain specificity

Abstract [Deutsch]