Structure of Dissertation Proposal

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Abstract?

* Think about where we are going with study 2 and 3 before we write this up entirely.
* Partly needs to be based on our final results as well.

**Introduction:**

The United States is the world leader in many things, such as nuclear power generation and yearly military expenditure (CITE). However, the United States is the only country in the developed world that still lacks Universal Health Care (UHC) for its citizens (Alspaugh 2021). This lack of medical coverage results in several strongly negative outcomes for average Americans, such as life expectancy significantly below the global average, 78.8 compared to 81.7 years (Papanicolas, Woskie, and Jha 2018). This lack of UHC does not even result in a cost savings, with healthcare costs continuing to rise. US Healthcare expenditures topped 18.3% GDP in 2021, up from 17.8% in 2016, and both numbers are significantly higher than peer GDP expenditures ranging from 9.6% to 12.4% (*National Health Expenditures*, July 2023). These poor outcomes come as no surprise; The US bears a staggering un-insurance and underinsurance rate combining at over 30% of the total US population (Himmelstein et al. 2005; Roco 2014; Schoen et al. 2005).

A practical answer to these concerns, adopted by many peer countries, is the concept of Universal Health Care (UHC). UHC has historically led to lower overall healthcare costs over time, lower mortality and better overall population health, and is seen by some as more morally or ethically justifiable as compared to privatized health care (William C. Hsiao, Cheng, and Yip 2019; Panpiemras et al. 2011; Galvani et al. 2017; *Making Fair Choices on the Path to Universal Health Coverage*, 2014). However, public perception in the United States is generally negative towards UHC, with recent polling indicating that only 36% of Americans believe that the government should implement UHC.

Considering the obvious benefits to UHC, this begs the question; What is the reasoning behind this lack of relative support, and what can be done to address this? The goal of this project is to examine what types of logical and ethical reasoning are used by individuals resulting in a lack of support for UHC, as well as what types of interventions can interact with these various reasons. Ideally, by assessing how and why people do not support UHC, we can design interventions to improve its public perception.

**Ethics of Healthcare**

Looking at academic literature more broadly, we attempted to build a rough theory behind the reasoning for lack of support for UHC. Taking from the field of ethics research more generally, Brady and Wheeler (1996) posited that moral and ethical choices can fall under two general forms of reasoning,