

Partisanship vis-à-vis Public Health Ethics: Economic and Religious  
Controversies of the Affordable Care Act as a Case Study

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**Abstract:**

From its inception, the Affordable Care Act (ACA), also known as "Obamacare," encountered several obstacles in its implementation. The difficulties included the severe economically framed debate and the religious controversy. While the left-wing advocates sought a universal health care model, conservatives argued that delivering assistance must be selective, accurate, and limited to be efficient. The current research offers valuable ideological insights into a long-lasting American health system beset by partisanship. This conceptual, qualitative paper employs a case study as a research tool to trace the ethical considerations behind the liberal-conservative debates over the ACA's socio-economic measures. It attempts to evaluate the American political division by considering both the ideological and ethical perspectives of the matter. Through applying the Lakoffian "Metaphor Theory" and essential principles of public health ethics included in "Principlism," the study concludes that the ACA's implementation demonstrates conformity with two relevant theories concerned with political partisanship and public health ethics, respectively.

**Keywords:** Conservatism; Ethicality; Healthcare; Ideology; Liberalism; Principlism.

## 1. INTRODUCTION

The welfare state and health care policies form major social, economic and political issues in the United States. The welfare of Americans was shaken in the early years of Barack Obama's presidency as the US was facing one of the most severe economic downturns in its entire history. Meanwhile, the inadequacy of social reforms highly affected the health of Americans and the access to health care insurance, which posed a tremendous burden on ordinary citizens. In line with the opposing view to government intervention in social issues, the welfare state witnessed delays and reductions under the successive Republican administrations. However, following the Keynesian model that urges the government to intervene in socio-economic affairs, the Democrats launched a reform agenda that paved the way for broader government intervention in social life. These values and policies are regularly contested between liberals and conservatives. American liberals and conservatives form two opposing political ideologies. While the former call for social democracy, the latter has a solid commitment to capitalism, conservatism and the principles of individualism that shape the self-reliant American character. As for the health care policies, the left-wing advocates believe that among the fundamental rights of all Americans is the right of access to health care. Furthermore, they back up Medicare and Medicaid expansion and seek a universal health care model. On the contrary, the right-wing adherents stand firmly against government promotion of universal health care or expansion of Medicaid or Medicare programs. Instead, they are inclined to favour adopting a competitive free market-driven system. This system stands for the freedom to pose prices for healthcare goods and services by relevant suppliers with patients' consent. Hence, the procedure of healthcare provision is subject to market rules of supply and demand away from any regulative state intervention. This research is needed due to the significance of tackling a significant question concerned with the ACA's ethicality in the overall context of public health ethics. Hence, the ethical assessment need to target two key areas of government intervention, including the economic performance that ensured consumer protection and affordability of care costs and the social welfare that sought to ensure universality of health care access among females through addressing the abortion and contraceptive issues. In the pursuit of linking theory with evidence, this study involves two main parts. The first part will offer a theoretical framework for the Lakoffian ideological division and the major public health ethical principles. Part two will present a conceptual substance of the socio-economic health-concerned attitudes and their ethical considerations. This part demonstrates that the ACA considers public health ethical principles in its economic interventions and religious compromises.

## 2. “Nation as Family” and “Principlism”: A Theoretical Framework

Through his book entitled: *Moral Politics: How Liberals and Conservatives*

Think, Professor of Cognitive Science George Lakoff gives a detailed elucidation for the reasons behind the prevailing Democratic-Republican disputation. According to him, the US political arena can be deciphered by a family-based moral system characterising the left- and right-wing (1). He reveals that politics is closely linked to morality, and he resorts to the concept of the ideal family to explain the division between the two US political spectrums. Accordingly, he proposes two opposing types of American families governed metaphorically by what he labels "strict father" and "nurturant parent" models, adopting two different systems of moral actions. Lakoff associates the strict father model with conservatives, where the father represents the supreme authority that moderates the family through excitement and intimidation or, as Lakoff labels, "rewards and punishments" (2). In such a conservative environment dominated by a strict father, values of self-discipline, self-reliance and responsibility are expected to characterise obedient children. Besides, Lakoff uses the expression "nurturant parent" to stand for the liberal political ideology. This ideology focuses upon the values of cooperation, mutual interaction and cares for others. In such a liberal environment dominated by a nurturant parent, liberals emphasise the significance of both positive relationships to other people and contribute to the advantages of the larger society (3).

Tom Beauchamp and James Childress offer a rich analysis of the principles that should be concerned with human subjects, particularly biomedicine (4). The ethical principle of "respect for autonomy" emphasises the right to self-determination. The principle of "non-maleficence" presupposes that harmful acts be averted. Correspondingly, "beneficence" requires contributing to and maximising health, welfare and benefits to individuals and society. Lastly, the principle of "justice" refers to fairness and contribution to the public utility through proper distribution of social benefits and burdens (5). This investigation contends that although specific fields of conservatives' opposition to the ACA implementation conform to ethical standards like deservingness and autonomy, some other hurdles and conservative practices against Obamacare implementation violate these ethical principles, making them unjustifiable and giving more credibility to the ACA application.

Significantly, the four ethical principles that characterise Principlism, namely beneficence, non-maleficence, self-autonomy and justice, are not limited to practical or biomedical health interventions but lay at the core of public health. In this sense, there is a requirement that they are extended to ensure responding to the massive public health needs (6). These extensions involve a broad range of measures and policies that promote professionalism, social participation, communal decision-making, and official governmental supervision (7). While ethical rules determine the type of actions that should or should not be done according to their perception of rightness or wrongness, principles are broader, more fundamental, and have a foundational function for these rules. Theories involve both principles

and rules in a systematic relevance (8). Hence, these theories attempt to frame and uphold a system of ethical principles and rules. Such universally valid ethical principles and rules determine the praiseworthiness and blameworthiness of health-related actions (9).

### **3. Disputable Socio-Economic Issues and Ethical Dilemmas**

#### **3.1. Economic Debate**

For conservatives, the health care delivery system requires sufficient competition and real efficiency, with the government playing the limited role of regulating, instead of supervising, the competition process. However, in a health care system marked by infeasibility of competition and lack of efficiency to reach the desirable outcomes, the government intervention then is justifiably asked to do more through imposing restrictions on the excessive practices of the private sector as well as reviewing the prices in what Sam Mirmirani and Richard Spivack label "public utilities" (10). Accordingly, they determine economic efficiency as part of consumer satisfaction because efficiency results from the consistency between consumers' utilisation of resources and meeting their needs (11).

A conservative, strict father model is applied in the economy in terms of deficit and austerity. The nation-as-family model accounts for the country's budget as a household's resources. Like the family going into debt and financial burden resorts to lowering or cutting expenditure on unnecessary luxuries, a government with a deficit in the budget needs to act this way. Nevertheless, conservatives avoid referring the nation's debt and shortage of financial revenues to two significant reasons generated by their policies: the abolition of tax for wealth imposed on the better-off and deregulation of bank investments which led to their failure and ultimate economic slump (12).

A significant criticism directed against a government-run system that partly or jointly allows a free-market sector to co-supervise specific projects is that the state is not as efficient as the private sector in providing necessary and adequate goods and services (13). Guy Faguet describes this situation as "the Democratic leadership had to curb its aspiration and settle for a healthcare reform bill that was little more than surrender to the health industry" (14). In this respect, the surrender to the market forces and the increases in premiums can put more financial burdens on consumers, which might lead many to withdraw from the efforts of the enrollment process. The reduction in the number of enrollees leads to the decrease in the ACA's effectiveness at making insurance universal and comprehensive and raising the financial burdens on the federal budget through the government commitment toward insurers to compensate for the losses caused by enrollees' withdrawal (15). This potential is mitigated by the views arguing that the government is not required to solely provide primary health care resources through

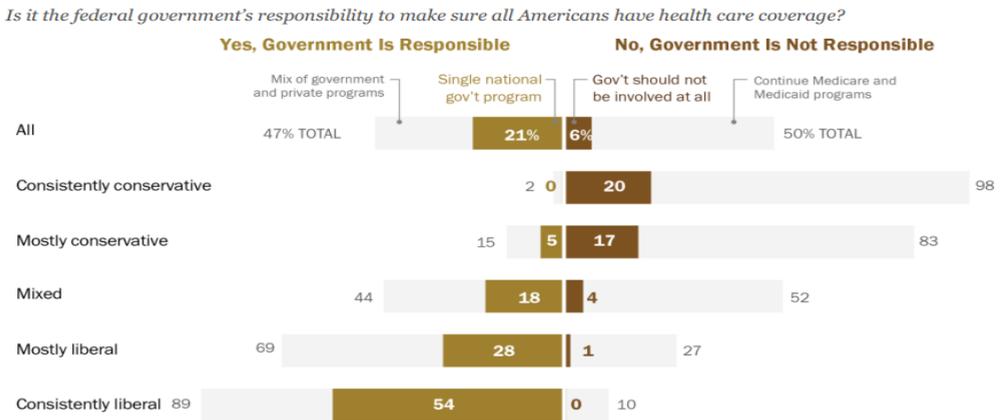
a universal health plan. Instead, the state's role is to regulate the allocation and the use of primary medical goods and services. Accordingly, people tend to attribute this regulatory function to state and other parties are necessary to promote society's welfare and realise people's well-being (16).

The criticism of Obamacare was not limited to Republicans, but some Democrats expressed their concern over the law's surrender to the private sector. Accordingly, Kevin Young and Michael Schwartz reveal:

Many people wary of Obama's legislation would have supported a single-payer, universal health insurance program, mainly if it were presented as 'Medicare for All.' In polls spanning decades, a majority of the US public has consistently expressed a preference for this sort of program, with a vast majority agreeing that the government should guarantee access to healthcare for everyone in the country (17).

Young and Schwartz's quote highlights the notion that the liberals have always considered the need for a national health care system where the single-payer process governs how the government pays for health care costs. However, the governmental supervision over this system sparked a considerable debate (figure 1). However, when the ACA bill was put forward for enactment at the level of Congress, Democrats came up with a proposal that ensured continuity of the market-oriented health care system.

**Fig.1.** Position from Government Involvement in Health Care



**Source:** Michael Dimock et al., June 2014, 68.

As the graph reveals, 89% of liberals upheld the view that it was the federal government's responsibility to expand medical coverage and facilitate the access to reach all citizens. Furthermore, slightly above the half argued that health insurance was exclusively a government-moderated system to guarantee its feasibility. Still, in a broad sense, while there seemed to be some public approval of the need for an efficient role played by the government in the health care system, there was a

considerable chasm characterising the position toward the scope and magnitude of this federal intervention. Accordingly, while 47% of the public believed that expanding coverage to all categories of society lies at the root of government responsibility, 50% asked for exempting the government from this involvement.

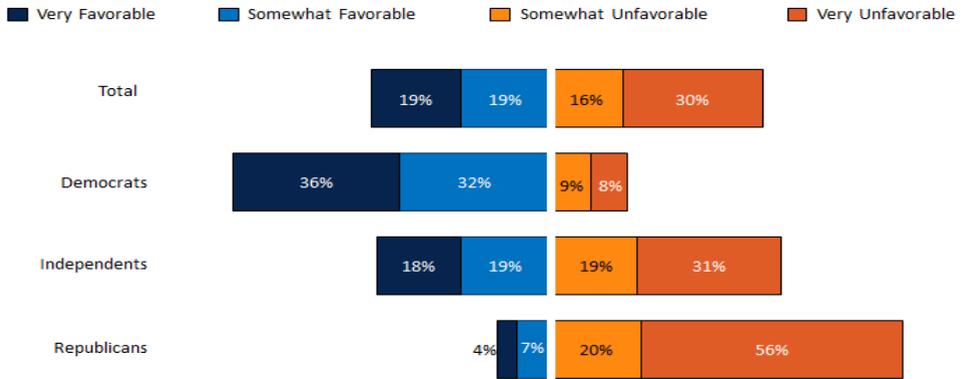
People's role as consumers is different from acting as citizens. Accordingly, while consumers want things appropriate for themselves and their good, citizens collaborate with everyone to make social good. Hence, a conscious citizen requires a willingness to adjust individual interests to serve the common good. Therefore, in considering ethical standards concerned with public policy, individuals and firms should respect the criteria of prioritising the larger community's needs over private and special interests (18). In this respect, what makes a rational being considered as an end in itself is the notion of morality since it is the source of legislation in the domain of ends (19).

Along with humanity, morality is the whole issue that has dignity. Unlike work talents that have a market price, principles have dignity and inner importance. The shortage of such principle means that they are irreplaceable; because their value is not simply limited to the effects they produce or the benefits they generate, but in the rational being's inherent qualities of mind and character or as Kant tends to label "the maxims of the will" (20). These principles appear in people's actions regardless of their capability of generating success (21). Consequently, if persons and organisations do not abide by acting in terms of citizenship rather than consumerism, no ethics rules in the world can generate a good government (22).

Significantly, the position toward economic determinants of health is different between liberals and conservatives. Unlike the liberal's perception of the world in terms of imperative to make it an appropriate place for everyone, the Lakoffian theory argues that conservatives tend to associate it with danger and difficulty (23). Hence, the principle of moral strength is essential and inherent in this political spectrum's mind, discourse, and social policy. Accordingly, this moral principle is highly responsible for opposing the welfare state, supporting hard work, and promoting the idea that social programs stimulate evil as long as they undermine major components of moral strength, namely self-discipline and self-reliance (24). For the right-wing adherents, since the economy provides an opportunity for all to succeed and thrive, failure is a sort of unjustifiable laziness, and poverty is a lack of discipline (25). Therefore, the lack of meeting one's responsibility and self-discipline makes this one – in moral strength terms – endure the responsibility for his conditions (26). Interestingly, while the conservative position focuses upon the father's responsibility towards his family in terms of support, upbringing and education, it refuses the government's responsibility for and regulation of socio-economic determinants of health as they promote dependency and encourage laziness.

While the left-wing advocates believe that among the fundamental rights of all Americans is the right of access to health care and accordingly back up the expansion of both Medicaid and Medicare and seek a universal health care model, conservatives tend to argue that the policy of delivering assistance must be selective, accurate, and limited in order to be efficient (27).

**Fig.2. Deep Partisan Divisions Persist On ACA**



**Source:** Kaiser Family Foundation, May 2014.

The graph above illustrates the high level of partisanship between the two ends of the political spectrum. While 68% of Democrats expressed their satisfaction with the ACA, only 11% of Republicans showed a sense of satisfaction. The rate of the Republicans looking unfavourably to the law in 2014 was very high, reaching 76%. This split came when new modifications were inserted in the law in its second enrollment period starting from 2014 onward. These estimations reveal that Republicans were more inclined to thwart the ACA and obstruct its progress. They assert that the economy provides opportunities for all to succeed and thrive, and the free-enterprise system provides equal chances to those who seek success and well-being (28). In line with their commitment to capitalism, the right-wing proponents reject government intervention in universal health care, refuse any attempt at Medicaid expansion, and prefer the free-market version of Medicare to create competition among insurance companies (29).

The opposition to Obamacare at the halls of Congress surpassed other out-of-Congress activism conducted to thwart the law. It was apparent that "acrimonious debate in both the House and the Senate over substantive and ideological issues raised mostly by pro-lifers and fiscally conservative lawmakers" (30). The critics against the ACA argue that the privileges given to Congress aimed primarily at authorising it to regulate exclusively – and not to establish – commerce. In this respect, the commerce power allowed inserting arrangements that help regulate certain practices of existing economic performance instead of authorising Congress to conduct radical changes. The coercive power sparked considerable resentment

among the right-wing adherents (31).

Among the liberal critics directed towards the ACA was the adoption of market-led tactics in the health care arena just like the conservatives do. In this regard, they argue that the far-reaching dominance of the profit-based health industry makes Obama compatible with this beneficial, leading role in his bill's process of expanding health care coverage (32). In this respect, such a decisive task of insuring millions of new insurance seekers required some regulations. The most prominent constitutional channel for Obama's intervention to set specific regulations and directives was the Commerce Clause. This gave a more economically framed perception of the ACA, particularly the circulation of words like "affordable," "market," "purchase," "exchange," "tax," and "price." This, apparently against the liberal wish, gave the impression that Obamacare was an economic issue concerned with commodities and products and far from being a fundamental moral imperative (33).

The Democrats did not deny the ACA's inclusion of specific measures that depend on the health care marketplace to secure a universal-like coverage of American people (34). In this respect, it is argued that medical goods and resources can be equally distributed under the market rules if equality in income and wealth allocation is promoted. Accordingly, many supporters of the market as a way of controlling the movement of commodities and services tend to think in terms of the right to a "basic minimum" and advocate the idea that there should be a revision of income distribution to be reallocated based on its decreasing marginal interest (35). Accordingly, the promotion of equality and respect for people's choices proved to be compatible with the Kantian notion that states:

The human being, and in general every rational being, exists as an end in itself, not merely as means to the discretionary use of this or that will, but in all its actions, those directed toward itself as well as those directed toward other rational beings, it must always at the same time be considered as an end (36).

The Kantian statement above emphasises the requirement to treat humans as ends in themselves and never as a means to other ends. If the market version of health care is by considering people's health as ends to be sought rather than mere commodities to be marketed, it reflects ethical regard that respects the human sanctity of life. Therefore, if human priorities are assumed to be rooted in subjective considerations, then it is preferable to leave it to the market to control, order, and determine the rank of these human options (37). This notion justifies the Affordable Care Act to rely on some market forces as a means to reach a significant end that is universal health care coverage and promotion of persons' autonomy.

Notably, the conservative emphasis on providing health care to those who can afford it and depriving the poor shows a sign of partiality and violation of the justice

principle (38). However, the liberal focus on securing everyone's well-being through making health care access available to all society, members reflect the impartiality of the policy. Indeed, the notion of welfare was first created by economists in order to differentiate between things fundamental in life and those considered as a means to pursue an end or policy (39). The objective was to measure giving a convenient value to resources. Nevertheless, what gives resources value is their contribution to welfare (40). This conforms to Kant's position that rational humans are known as persons owing to their worth by nature as ends in themselves, not mere means to be used like things (41) or goods in the market language. In this respect, there is a repeated criticism of "the commercialisation of medicine that often places provider profit ahead of patients' needs and can lead to overuse, abuse, and fraud" (42). Hence, it is repeatedly argued by liberals that receiving health care should be considered an equal human fundamental right away from the market's behaviour of priority to those able to pay. This position refuses to serve a group of people at the expense of others, and this reflects the sense of justice and impartiality as it contradicts the biased attitude favouring those able to afford health care and depriving those who cannot.

The nature of the market competition includes the dichotomy of profit and loss among competitors. In considering principles of non-maleficence and justice in the medical field, the competition is controversial since health care is a fundamental human right, and those who suffer losses will be hurt as the losses are not in terms of material things but human health and personal burdens. Hence, the liberal adoption of the ACA in particular and government intervention to end the harmful effects of competition, in general, led to lessening the impact of self-interest. Besides, the ACA's promotion of affordability formed an ethical imperative to promote autonomy and normal functioning instead of a mere restriction of people's freedom and liberty.

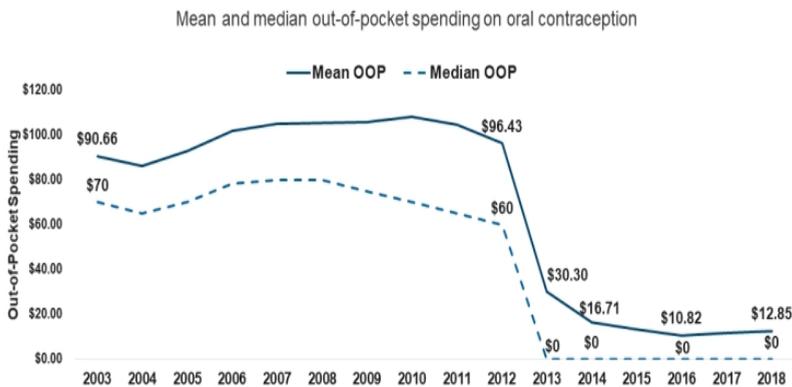
### **3.2. Religious Controversy**

The passage of Obamacare brought about a wide range of modifications to the American health care system. Among the changes that occurred was the addressing of the issue of abortion (43). In this respect, among the recurrent obstacles that helped hinder the ACA's complete application were the legal and religious confrontations. In 2016, the Supreme Court began viewing a suit that demanded to enable the religious associations and community institutions – including charity organisations, educational establishments, and medical centres – to impede governmental attempts of engaging in actions seeking to provide coverage or facilitate insurance access for abortion and contraceptive purposes (44). In this regard, abortions are sought mainly by two major types of women: unwed girls whose unawareness of the birth control procedures caused them to get pregnant; and women dissatisfied with their pregnancy because it has adverse effects on their career, health, or life progress. Still, there are some other cases like

rape and sex without consent (45). There was an intense debate about whether childbirth outside marriage was an individual choice. The liberal-conservative ideological conflict went in line with the dispute between the Pro-choice movement, which upholds the personal decision in the issue of having children on the one hand, and the Pro-life movement, which rejects abortion and child welfare legislation on the other hand. Therefore, while liberals are inclined to think of abortion as necessary medical interventions, conservatives tend to reflect on this disputable issue in perpetrating crimes and murdering innocent babies (46).

The ACA shifted the focus from the traditional treatment of illnesses through costly medical interventions and intensive care to more effective and less expensive primary preventive services. Though these modifications meant the whole society, they mainly targeted American females (47). In this concern, the US was considered one of the countries with the highest rates of sexually transmitted diseases and undesirable pregnancy in the Industrialized World (48). In this context, the average expenditure of affected women was almost \$500 in the first three months of 2014. Deprived of sufficient insurance coverage, extra vulnerable females were obliged to pay more out-of-pocket spending or resort to non-profit charitable organisations to be able to receive abortion coverage (49). However, since charitable associations were dominated mainly by religious groups, finding adequate abortion coverage was not an easy issue for vulnerable females. Under the ACA regulations, the health plans provided to consumers both at the public and private sectors were required to cover preventive services without imposing different prices. The ACA's inclusion of abortion and contraceptive insurance helped reduce out-of-pocket expenditure and, therefore, mitigated American women's financial burden. Figure 3 below displays how the females' spending on contraception sharply fell along the ACA's implementation period compared to the previous decade.

**Fig.3.** Out-of-Pocket Spending for Contraceptives Plummeted After the ACA Went into Effect



**Source:** Usha Ranji et al., October 2020.

The graph displays that the mean out-of-pocket spending of American females on oral contraception witnessed a sharp fall from slightly below 100\$ during the decade 2003-2013 to almost 17\$, 11\$, and 13\$ in 2014, 2016 and 2018, respectively. The reason was due mainly to the ACA's inclusion of preventive services at reasonable or no cost involving immunisation, mammograms, and breastfeeding services.

Therefore, American women benefited from various preventive care services as part of their insurance coverage and at lower and reasonable costs. According to Laurel Halloran, the preventive services approved to be covered under the ACA directives involved:

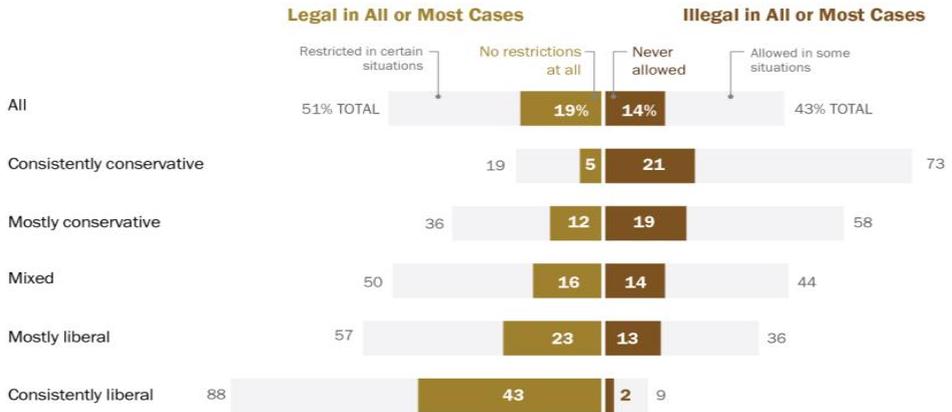
Well-woman visits, gestational diabetes screening, human papillomavirus DNA testing for women 30 and older (Q 3 Yrs), STI counselling, HIV screening and counselling, contraceptive counselling and all contraceptive methods approved by the Food and Drug Administration (FDA), breastfeeding support and supplies, and others (50).

Halloran's quote above enumerates the preventive services included as part of the ACA policy to improve the health conditions of American females. These services were essential in terms of detecting diseases in their early stages. When illnesses were early discovered, this helped both facilitate and lower the cost of their treatment. Expanding and including these services in the health insurance plans helped enhance the health conditions and mitigate the financial burdens of many American women. Thus, the ACA's directives to HHS Department and its specialised institutions included identifying what sort of preventive care services were needed to ensure women's well-being and guarantee their enjoyment of good health outcomes .(51)

The HHS contraceptive mandate faced more than 200 lawsuits claiming that it obliged religious and faith-based institutions to act against their religious persuasions (52). The Administrative Committee of the United States Conference of Catholic Bishops considered the HHS mandate of covering sterilisation and contraception as acting against persons' religious liberty, a violation of Catholic teachings performed by religious institutions, and any infringement of individual civil rights (53). Indeed, abortion and contraception are among the most controversial and conflicting issues in American society. A 2014 Pew Research Center's survey (figure 4) showed that liberals were more open to the idea of including abortion in the expansion of health care insurance.

**Fig.4.** Liberals Most Likely to Favor No Restrictions on Abortion

*Abortion should be ...*



**Source:** Michael Dimock et al., June 2014, 65.

The graph reveals that 51% of the interviewees expressed their wish that abortion becomes legal in all or most situations, whereas 43% wanted it to be illegal regardless of the accompanying circumstances. Nevertheless, the majority of those who asked for legalising abortion wanted to insert some restrictive measures. Similarly, most of those who wanted to make abortion illegal approved the need to allow it in some instances. Consistent liberals were the ones who preferred no limits on legal abortion options (54).

The strict father moralists and Pro-life activists represent the conservative attitude toward abortions in the US. This ideological spectrum refuses to reveal any tolerance for unwanted pregnancies that come from lust or accident. These procedures are against the moral norms set by the conservative mind. This latter considers abortion a limited option that seeks to provide solutions for irresponsible persons who lack self-control over sexual desire and those seeking to interfere in one's destiny (55). In this regard, the conservative objection to abortions is part of their protective roles and moral choices. They think protecting an innocent baby against murder is a substantial virtue, while using abortion to kill him is one of the most sacrilegious crimes (56). Their position goes in line with the Catholic tradition that "the fifth commandment forbids doing anything to bring about a person's death indirectly. The moral law prohibits exposing someone to mortal danger without grave reason, as well as refusing assistance to a person in danger." (57) Seemingly, these sacrilegious considerations appear to form the chief impetus for conservatives to oppose practices concerned with abortion vehemently.

On the other hand, liberals hold a tolerant vision of abortion and view it as a virtue because it offers a solution to helpless and vulnerable girls in undesirable circumstances. In such an unbearable situation, women need empathy and support

rather than rebuke and penalisation. Accordingly, the left-wing adherents argue that if these helpless girls are unwilling to be mothers – which may affect their lives or undermine their future aspirations – abortion is one of the tenable solutions to enable them to get rid of unwanted pregnancies and keep seeking their self-development (58). In progressivism, the nurturant parent (government) role is essential in protecting his children and sustaining them in hard times. When the citizen is ill and vulnerable, health care assistance is a crucial part of the government's responsibility to alleviate the burden and mitigate the pain. Thus, unintended pregnancies are a significant source of harm to those vulnerable women and teenage females, which requires taking measures to control such unwanted birth. Hence, providing health care plans that involve "coverage for birth control pills" is part of health insurance and government commitment (59). Under these considerations, contraceptive methods were included in the ACA's Health Insurance Marketplace to serve all vulnerable women without extra costs (60).

Regarding the position of religion, Christianity, Judaism and Islam instruct that the only legitimate sexual intercourse is performed in virtue of marital relations (61). In Islam, for instance, if a man passes away and leaves his wife pregnant, the fetus has an absolute right to have a share of his father's wealth. This share is preserved till the embryo is born. Moreover, if a pregnant female is sentenced to death for whatever reason, execution of the sentence is put off until the fetus is born and nurtured. This broad range of rights given to the fetus in the Islamic tradition reflects his unquestionable right to live and develop. Pretexts of undesirability, maintaining fitness, or socio-economic hurdles do not justify performing abortions in Islam. This practice is aggression against human sanctity (62).

Indeed, the Islamic tradition has always encouraged large families and reproduction as a strategy to establish a solid and vast community. However, it acknowledges the need for abortion as a medical intervention in certain exceptional and rare situations governed by health requirements. Though there is a disparity among Islamic law schools over the permissibility of abortion, there is a consensus over prioritising the mother's welfare, life, and health over the fetus (63).

The holiness of life in the Jewish tradition makes abortion, though allowed in certain circumstances, a sensitive moral topic that is not simply subject to personal desire or free will. Hence, unlike contraception, abortion's validity is limited to a restricted number of cases. Nevertheless, the first forty days for a fetus does not make it a human in the Talmud instructions. In a later stage, abortion is forbidden except in preserving the female's life when it is a real threat because of pregnancy. This makes it apparent that Jewish couples intending to control birth and adopt family planning are instructed to follow contraceptive measures rather than resorting to miscarriage (64). Hence, Judaism has a different view of contraception from Catholicism as Jews permit it and even order it in some situations (65). The Jewish law makes the duty of procreation more on the shoulders of the male than

the female. Since contraception is a predominantly female issue, it does not receive the same vilification as Catholicism. Though Judaism highlights the need for large families, many Jews tend not to ignore the obstacles of childbearing and raising as their definitive history recounts difficulties experienced by prophetic figures, including Abraham and Sarah and the story of Jacob and Rachel (66).

Significantly, two cases relevant to contraception were officially accepted under Catholic instructions despite having nothing to do with procreation through sexuality. The first case involves Catholic nuns who serve in an environment where rape is real, permitting them to consume contraceptive pills. Second, American Catholic medical facilities can immediately resort to birth control pills for rape cases (67). The justification is that the purpose behind using contraceptives is a sort of self-defence against assault (68).

Interestingly, the issue is that married females who rely on contraceptive pills to prevent pregnancy which may cause them potential social or medical harm have similar defensive intentions to those taken by the nuns afraid of being exposed to rape. Regardless of the disparity that characterises the sexual act done with or without consent, women seek to avoid pregnancy in both situations. Hence, the so-called "intrinsic evil" act is not considered as such and is allowed in some instances (69).

Importantly, in applying the Principle of Double Effect (PDE), Catholic health care ethicists distinguish between direct and indirect abortions. The former stands for abortions that "directly" intend and act to get the fetus out of the female's body or "directly" kill him while still inside the woman's womb. These practices are indisputably rejected and classified as immoral murder. Conversely, indirect abortions are tolerated in virtue of PDE. In this case, the act is not intended in itself but just a means to pursue another end: protecting or restoring the mother's life. The embryo's predicted, yet unintended, death is an "indirect" action (70). This position is upheld by the Beauchamp and Childress idea that "as an indirect and unintentional side effect of an action aimed at a significant-good, it does not fall, one might argue, under the prohibitions that flow from the duty of non-maleficence" (71). In this case, indirect abortions are not ethically denounced, and this gives a justification for the liberal position resorting to this procedure in the Affordable Care Act.

The non-maleficence concept revolves around two categories: the risk of harm and the intentional one. In this respect, inflicting harm upon others is extremely forbidden unless it was a self-defence case and in very peculiar circumstances. However, risking harm is accepted under specific requirements since the objectives behind such behaviour are adequately justified, under what is known as "due care", which is both ethically and legally permitted (72). The principle of non-maleficence

is not limited to the obligation of forbidding intentional harm and allowing the risk if it is justified enough in terms of expected gains. It also requires the role of thoughtfulness and prudence. Regularly, there is the potential to infringe the role of non-maleficence with no intention to do so and without awareness of risking harm (73). Therefore, it seems plausible to include Beauchamp and Childress's notion that "judgments about the justifiability of abortion may depend not only on rules and principles but also on factual beliefs about the nature and development of the fetus" (74). In this respect, the critical difference between "risk-benefit" diagnosis and that concerned with "detriment-benefit" is that the first deals mainly with the potential risks that might inflict harm, whereas the second accounts for the detriments that take place while the medical procedure is run. Among the ways used to justify the actions that cause someone's death and avoid the moral accusation of killing is when people argue that the person is still not considered as human, like the case of fetus abortion (75).

Catholic medical ethics differentiate between ordinary and extraordinary means of health care. Ordinary means stand for things that grant the patient a considerable human advantage without inflicting an inappropriate burden on him. These means are moral mandatory in nature and moral imperatives. However, extraordinary means refer to things that offer a little significant human benefit or impose extra burdens inappropriate to the benefit offered. These means are facultative. Therefore, the patient has a moral duty to take advantage of ordinary or reasonable means of saving lives and protecting health and has no moral obligation to resort to extraordinary means. This entails that, since the patient is not obliged – and not willing – to utilise all available means of maintaining health, medical institutions and staff do not impose them on persons (76).

Nevertheless, there is a concern that this distinction sustains the attitude that does not require a high quality of life. Such an attitude is adopted when socio-economic considerations are involved in the decision-making task. In this context, the scarcity of resources has always formed a pretext for health care providers, insurers, and politicians to reduce or put an end to medical opportunities for the destitute and vulnerable segments of society. From another perspective, resources are not unlimited, and the Catholic position has emphasised considering inter-relational factors in defining the ordinary and extraordinary means of protecting life (77). Ethicists view the attitudes that either emphasise sanctity or highlight the quality of life as two conflicting positions that promote individuality and collectivity, respectively. The attempt to recognise the human person and the essence of human life using a mere individualistic standpoint – as in the case of conservatives – proved to be insufficient. Hence, a sound theological foundation for health care ethics should consider and foster the human importance of both community and individual (78). Theoretically, this makes the ACA's universality endeavour and the liberal collective position closer to health care ethics than the conservative individualistic

attitude.

#### 4. CONCLUSION

In conclusion, this research examined the ethical implications of the liberals and conservatives' socio-economic controversies over the Affordable Care Act. The pharmaceutical industry roles and privatisation posed relevant questions about the ethical perception of their practices in an already flawed and shaken health care system. The paper revealed that making profits at the expense of patients conformed with the conservatives' concepts of individualism and self-interest, which contradicted the ethical rules set by Principlism, particularly the principles of non-maleficence and justice. It also clarified that in a marketplace characterised by making profits and humans are considered a product that generates benefits, human values and ethical principles commonly associated with the health care domain and medical services are not considered too much consideration. Therefore, though conservatives showed more inclination to favour self-interest practices and lacked compliance with specific ethical standards, the ACA's surrender to this strategy adopted by the health care industry and drug corporations exposed the law to ethical concerns in turn. Concerning the abortion debate, the present paper appointed to the fact that while all conservatives are said to stand against abortions, a 2014 report revealed that the consistent conservatives who preferred an absolute abortion ban formed only the fifth of this group, and a large portion approved allowing it in certain times. It was apparent that liberals were more likely to support legal abortion than conservatives were to object to it (79). In terms of ethics, the research highlighted the idea that resorting to the PDE offers a solution to the non-possibility of recognising or responding to the conflicting parties and their inherent values and convictions. While some consider the duty toward troubled and regretful pregnant teenage girl, others recognise the obligations toward a helpless innocent fetus. In this respect, there are duties of non-maleficence involving the avoidance of killing and the pursuit to alleviate the patient's suffering (the pregnant female in this case). This makes indirect miscarriage ethically justified as long as it intends no direct attack against the fetus. The action happens within a general framework marked by the intention to remove the threat against the mother's health. The explanation of PDE and the tolerant attitude of relevant religious ethicists help justify the pro-abortion ACA's measures and reinforce the position of liberal trends. While this paper represents a good start, we hope it is only a springboard for further future examinations and explorations of the ethical implications of the other health-related contested issues between the two ends of the American ideological spectrum.

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