

Dissertations

Brandeis University

McNeill, Dwight Nelson. *Putting Consumers at Risk in Health Care: A Policy Evaluation and Interpretation of Consumer-Directed Health Benefits.* Stuart H. Altman, adviser. 2003.

As employers face accelerating health insurance premium growth, the demise of its paragon to cost control (managed care), and a persistent, soft economy, they are turning to their employees to take on more risk in health insurance. This dissertation is a policy evaluation of consumer-directed health benefits (CDHB)—a health insurance product with design features that include a savings account, large deductible, catastrophic insurance, and information supports—focused on the impact on employees and their families. A comprehensive and synthetic framework for evaluating future policy options is developed to guide the analysis. A variety of analytic lenses and methods are used to address theoretic validity, feasibility, diffusion, and implementation and key outcomes including health, financial security, wages, insurance coverage, cost-sharing, and cost growth. Overall, CDHB does not represent a cost shift to consumers nor does it disadvantage the most vulnerable as opponents assert. However, the distributional consequences are profound if universally applied—the healthy reduce out-of-pocket payments by more than 50% whereas those with slight/moderate illnesses incur a cost shift of \$40 billion. There is no reasonable evidence that CDHBs will reduce the ranks of the uninsured, improve efficiency, or enhance health. It may increase the rate of cost growth and reduce take-home pay. Diffusion and implementation challenges

will dilute its potency. Market share is estimated at 10% by 2009. CDHBs favor those who need financial security the least. It is more a slogan than an innovation, more employer-driven than consumer-driven, and more about risk than about choice. It is unlikely to harness the enormous human and financial capital that consumers can contribute to health-care reform. Three program recommendations are made toward the evolution of consumer-directed plans including more information on risk to empower and protect employees, a focus on prescription drugs, and a formula for balance in CDHB design. Recommendations for research include longitudinal designs, replication, evaluation of pioneer firms, and analyses of participant and cost-effectiveness models.

Pierceson, Jason Arthur. *Courts, Liberalism, and GLBT Rights: An Analysis of Judicial Policymaking in the United States and Canada.* Jeffrey Abramson, adviser. 2003.

This dissertation attempts to explain differences in judicial policymaking concerning gay rights in the United States and Canada. Generally, courts in Canada are more receptive to richer notions of gay rights. This issue is a test for liberalism. Can liberalism go beyond mere tolerance of private sexual acts and recognize gay relationships for the purposes of extending public policy benefits, especially those that come with civil marriage, or is liberalism essentially concerned with freedom at the expense of notions of equality and inclusion? To assess this, I analyze judicial decisions and reactions to them concerning sodomy laws and same-sex marriage in the U.S. and Canada. The basic contention of this dissertation is that the greatest opportunity

for aggressive judicial policy-making in the realm of gay rights exists when an activist judiciary meets a political culture that accepts a form of liberalism that conceives of rights broadly—not simply as a negative set of rights to be held against the state. The future of gay rights progress appears to be centered largely in the courts. Courts, often relying on legal norms and arguments that emphasize a more positive view of rights, can push states beyond where they might otherwise go. Thus, I argue that courts can create significant social and political change.

City University of New York

Biehl, Joseph Stephen. *Immoral Psychology: The Cognitivist's Conundrum.* Stefan Baumrin, adviser. 2003.

That people do wrong would appear to be a *moral datum*: a moral realm without wrongdoing may not be coherent. Thus, an adequate philosophic theory of morality ought to allow for it. But such a theory ought also to explain wrongdoing, both axiologically and causally. This is so if we take such a theory to have practical significance. Indeed, insofar as moral philosophy and its cognate areas have practical significance, explaining wrongdoing is arguably the most pressing practical issue for theory construction in this domain. For a philosophical theory of morality to have practical significance, and, further, to have influence on behavior, it must be psychologically relevant to the organisms that it ranges over. That is, the concepts that the theory purports to explain must be plausibly realized within the psychology of the creatures for which the theory is intended. Any theory satisfying this constraint would then be in a position to illuminate those psychological features that are explanatory of blameworthy behavior. The argument presented here is that moral realism and its underlying moral psychology, cognitivism, face serious difficulties allowing for and explaining, both

metaphysically and psychologically, such behavior. Moral cognitivism and realism fail to adequately account for this most fundamental of moral phenomena. Hence, a comprehensive understanding of moral experience is impossible within the cognitivist/realist perspective.

Cornell University

Bittel, Carla Jean. *The Science of Women's Rights: The Medical and Political Worlds of Mary Putnam Jacobi.* Joan Jacobs Brumberg, adviser. 2003.

This cultural biography of Mary Putnam Jacobi (1842–1906) illustrates how American women came to embrace scientific principles in the post-Civil-War period. Historians of women and medicine have focused on how nineteenth-century men of medicine worked against the interests of women by pathologizing the female body. This study offers an alternative perspective by examining how Mary Putnam Jacobi adopted science as a cultural authority and enrolled medicine in the campaign for women's rights. Ultimately, this project provides a gendered perspective to the stories of secularization and medicalization in American life, and shows how American women moved from the “cult of true womanhood” in Victorian America to “scientific motherhood” in the early twentieth century. This project is the first scholarly treatment of Jacobi as a starting point for studying the relationship between political activism and the production of medical knowledge by women. Mary Putnam Jacobi was the most influential woman doctor of her time, broadly educated in New York, Philadelphia, and Paris, and widely published in the most recognized American medical journals. Working in New York City for almost thirty years, she supported and put into practice the main tenets of scientific medicine. Jacobi was also an

adamant social activist who worked on behalf of women's rights, suffrage, and education. My study ties this activism to her scientific inquiry, showing how Jacobi's social experience, political interests, and philosophical positivism shaped her theories on menstruation, hysteria, and physiology. It also illustrates how she applied science to issues of faith and social equality. Jacobi's life and work make a telling case for the role of gender in debates over "good science" and in the making of scientific medicine in the nineteenth century.

Duquesne University

Robbins, Brent Dean. *Joy and the Politics of Emotion: Toward a Cultural Therapeutics via Phenomenology and Critical Theory.* Michael Sipiora, adviser. 2003.

The investigation of the emotion of joy is indispensable for accomplishing the mission of philosophy and the sciences, and not simply psychology, to articulate and promote the "good life." Psychology as a cultural therapeutics is a discipline geared precisely to perform such a task. In the investigation of the contemporary literature on the psychology of emotion, one finds an unmistakable thread: a negligible lack of attention to the positive emotions. As a consequence, it is argued, psychology has become caught in the web of instrumental or calculative rationality, which manifests itself in emotion theory as a reduction of all human behavior to the achievement of instrumental goals. As such, psychology perpetuates and legitimates a nihilistic current in Western thought which has been present since antiquity but only fully realized in modernity. The present study puts forth and defends the primary thesis that a critical phenomenology is a method that is prerequisite for overcoming nihilism and for making a place for joy and other positive emotions not only in theory and research but also in our cultural-histori-

cal life-world. This thesis is defended both in theory and empirically. In theory, the thesis is defended through the synthesis of critical theory and phenomenology. Empirically, the thesis is defended through the examination of a prior, empirical-phenomenological study of joy. The findings are re-visioned in light of the theoretical arguments. In conclusion, it is found that joy is the pure appreciation of the world-whole's fulfillment-of-happening.

Emory University

Rambo, Kirsten S. *Trivial Complaints: The Role of Privacy in Domestic Violence Law and Activism in the United States.* Mary E. Odem and Beth Reingold, advisers. 2003.

This dissertation examines the history of domestic violence law and activism in the U.S., particularly as this history has been affected by privacy. Legal and cultural concepts of privacy have historically influenced the ways in which this society has understood domestic violence. My project explores the relationship between privacy and domestic violence through an analysis of domestic violence litigation that is historically situated. Within this context, noninterference by the state into supposedly "private" family matters has often been the norm—to the great detriment of battered women. Furthermore, the discourse of privacy as it relates to this problem has historically incorporated specific presumptions about race, class, and sexuality. I thus examine the extent to which concepts of privacy have been imbued with such assumptions and consider their ramifications for victims as well as activists. The dissertation begins with an analysis of courts' and activists' responses to domestic violence during the late nineteenth century and continues through the late twentieth century. The battered-women's movement of the late twentieth century emerged on the heels of the battle to secure abortion rights. Characterizing abortion as a personal decision, pro-choice advocates urged the state *not* to interfere in this

private realm. This protection of the private sphere played a central role in securing this important right for women. Yet this strategy has had serious consequences for battered women's advocates, for the concept of state noninterference in the private realm has also been used to protect batterers. That these two movements emerged almost contemporaneously highlights an important legal paradox. I explore the extent to which the reproductive-rights movement has informed the battered-women's movement and influenced judicial opinions with regard to privacy. My research suggests that anti-domestic-violence advocates have, at several critical junctures, utilized conceptions of privacy borrowed from the reproductive-rights movement to secure legal protections for battered women. Ultimately, my dissertation explores alternative models of privacy that are both innovative and potentially powerful. Drawing upon these feminist contributions, my analysis outlines a state response to domestic violence that is egalitarian and rooted in empowerment, rather than paternalism or indifference.

Wojtasiewicz, Mary Ellen. *Securing Care: Freedom and Fairness in the Twentieth-Century American Health-Care Debate.* Steven M. Tipton, adviser. 2003.

From the beginning of the twentieth century to its end, the structures of American health-care delivery and financing reflected diverse and sometimes conflicting cultural priorities and commitments. Nowhere was this tension more evident than in the attempt to expand health-care services to all Americans at an acceptable level of equity and affordability. At key moments throughout the century, organized efforts toward comprehensive restructuring of health-care delivery and financing brought the debate to the public forum; and the language of this public debate provides an eloquent historical record of the tenacity of commitments to different formulations of freedom and fairness in American health care. My dissertation makes three contributions to the existing literature on the American health-care debate. First, it traces the ways in which pluralistic commitments

were represented both in the actual structures of health-care delivery and financing, and in the language with which those arrangements were discussed and debated through the last century. Drawing heavily both from the public record and from internal organizational discussions, I use institutional theory in analyzing the efforts of major structural actors in American health care to accommodate themselves to, and simultaneously direct, competing understandings of freedom and fairness in broader community and social environments. By incorporating key elements of American cultural mythology within their institutional narratives, these actors legitimated themselves quite successfully over the decades, but their legitimacy was repeatedly challenged by unmet health-care needs of millions of Americans, and by persistently escalating health-care costs. Accordingly, the second contribution of my dissertation is an analysis of organized attempts to meet these challenges through restructuring and reform, with particular attention to the moral and cultural arguments that characterized those attempts. The failure of prevailing structures to adequately address these challenges has brought the unfinished business of health-care security into a new millennium, and has made further debate inevitable. My research makes its third contribution in drawing from the lessons and language of history, and proposing a conceptual foundation upon which future arguments for greater levels of equity and universality in health care might build.

Fordham University

Giampietro, Anthony Emile. *The New Natural Law Theory and the Question of Same-Sex Marriage.* Joseph Koterski, adviser. 2003.

In this dissertation I engage the new natural law argument that homosexual acts cannot be marital acts. I address two important

disputes within contemporary philosophy. One is the issue of whether or not the new natural law approach is an authentic natural law approach. The other is whether or not this approach is adequate to the task of calling into question the arguments of those who advocate that persons of the same sex be given the legal right to marry one another. I argue further that these two disputes are related, that is, that the question of whether the new natural law theory is *really* a natural law theory has a direct impact on the question of its adequacy in dealing with the question of same-sex marriage. The core of my argument is that the lack of an explicit metaphysics undermines both the natural law argument and the arguments of some who advocate same-sex marriage. I argue that the new natural law view ought not be taken lightly, however, since the intuition that it depends upon, namely, that the union-effecting nature of heterosexual intercourse is essential to the meaning of marriage, has wide support. But while this intuition may indeed be a recognition of a moral truth, the new natural lawyers do not show this to be the case. I then address the fact that many arguments for same-sex marriage depend upon the presupposition that sexual activity in general is in some sense union-effecting. I suggest that this presupposition is unwarranted and that it depends upon an acceptance and transference of the union-effecting meaning that the new natural lawyers say is intrinsic only to heterosexual intercourse and not to other kinds of sexual acts. In my conclusion I offer some suggestions for future work on this issue, specifically in the area of the metaphysics, or the *nature*, of sexual acts.

George Mason University

Lee, Margo McCaulley. *Coping Strategies of Scientific Organizations.* **Julianne Mahler, adviser. 2003.**

Scientific organizations are responsible for conducting the research that leads to more

effective ways of fighting disease and improving life in general. Often, however, these organizations are blocked in their research by various factors such as political, environmental, or technological constraints. This dissertation examines a new theory of organizational change that would help organizations to cope with these blocks. Different approaches to overcoming blocks will be detailed, including changes in organizational structure, department dynamics, or alternative methods of gathering information. Organizational coping is presented in a case study approach that examines the subject of fetal tissue transplantation (FTT) at the National Institutes of Health (NIH) from 1982 to 1993. Also presented will be a framework for identifying and studying organizational coping and a description of how this framework could be applied to many current scientific endeavors, such as cloning, genetically modified foods, gene therapy, and irradiation.

Johns Hopkins University

Manganello, Jennifer Anne. *News Coverage, Agenda Setting, and State Policy: A Study of Violence against Women and Health-Care Policy.* **Daniel Webster, adviser. 2003.**

Because of the negative health effects of violence against women, there have been several policies developed to address issues concerning the health care of female victims of violence, particularly those affected by intimate partner violence. Such policies include training health-care providers regarding issues of intimate partner violence, and requirements for health-care providers to screen for abuse. The aims of this study were 1) to describe the frequency and nature of print news coverage of these health-care policies and 2) to compare news coverage with state policy adoption status. A content analysis was conducted on articles obtained from a sample of major and state capital daily newspapers from 22 states. News articles and editorials focusing on intimate partner vio-

lence and provider screening and training were selected for the years 1994 through 2001 (Part 1) and for time periods prior to policy adoption (Part 2). Part 2 analysis used a matched case-control method to compare news coverage in states that adopted laws to states that did not while adjusting for state-level statistics collected from published sources. Results for Part 1 showed that print news coverage of the issue was not likely to have debate or portray the issue in a negative way. Most articles discussed the individual role of health providers in addressing the issue. However, the mention of state role increased over time from 1994 to 2001. For Part 2, a case-control study measured the relationship of news coverage to state policy adoption while accounting for other variables commonly associated with policy change. Although differences were not statistically significant at the .05 level, results showed that news coverage in states that adopted laws was less likely to provide data, but more likely to have higher prominence, mention the state's role in addressing the issue, and have articles with "State role" as the main frame. The results provide information to advocates, researchers and policymakers to help develop future media strategies, education campaigns, policy initiatives and future studies.

Princeton University

Greene, Erich Justin. *Effects of Disagreements between Legal Codes and Lay Intuitions on Respect for the Law.* John M. Darley, adviser. 2003.

Previous research has found that Americans are more likely to obey the law when they view it as a legitimate moral authority. Research has also uncovered discrepancies between current criminal laws and the average person's moral and ethical intuitions. Three experiments examined the influence of such discrepancies on attitudes toward the law and legal authorities. In each experiment, participants read newspaper accounts of

cases involving criminal law whose outcomes either were in accord with or violated their intuitions. In Study 1, participants answered questions regarding their likelihood of performing actions such as supporting criminal law reform, cooperating with police, and using the law to guide their behavior in unclear situations. Participants rated themselves significantly less likely to cooperate with police and less likely to use the law to guide their behavior after reading an intuition-violating case. In Study 2, participants answered a similar self-report questionnaire as in Study 1 but imagined themselves living where the newspaper account took place. Participants who had read an unintuitive case rated themselves more likely to take steps aimed at changing the law (including replacing legislators and prosecutors and breaking the law while taking part in demonstrations), less likely to cooperate with police, more likely to join a vigilante or watch group, and less likely to use the law to guide behavior. In Study 3, participants imagined themselves on a jury (again where the newspaper account took place), read case summaries, and rated their likeliness to vote to convict in each case. Among participants who were certain of their verdicts (whether to convict or acquit), the type of article they had read produced no effect, but participants who were less sure of their decisions were more likely to nullify (acquit in a case where the defendant was guilty according to the letter of the law) after reading an intuition-violating newspaper account. Overall, participants appeared less likely to give the law the benefit of any doubt after reading cases where the law was at odds with their intuitions. Discussion includes limitations of these findings, directions for future research, and implications for drafters of legal codes.

Roberts, Andrew Lawrence. *The Politics of Social Policy Reform in Eastern Europe (Czech Republic, Poland, Hungary).* Nancy Bermeo, adviser. 2003.

This dissertation investigates the policy making process in Central and Eastern Europe after 1989. The main research question con-

cerns the causes of policy choices. Why have countries in the region chosen different policies? The dissertation focuses on three countries and three policy areas. The countries are the Czech Republic, Hungary, and Poland. The policy areas are housing, pensions, and health care. The dissertation tests three theories of policy choice. The economic constraints thesis argues that policymakers are constrained by domestic and international economic pressures. The transition policy thesis claims that the legacy of communism and the pressures of transition mean that politicians act either autonomously—following their personal interests or ideologies—or through a process of random selection. The responsive policy thesis argues that politicians choose policies that help them win reelection. The consequence is that they adopt policies that respond to the demands of voters. The dissertation uses both statistical analysis and in-depth case studies to test these theories. The main finding of the dissertation is that the responsive policy thesis best explains policy choices in the Czech Republic, Hungary, and Poland. Politicians choose policies that appeal to citizens and aid them in their quest for reelection. Decisions on housing privatization, pension privatization, and healthcare provision are all made in response to public opinion on the desirability of these steps. In other policy areas—specifically, rent deregulation and parametric pension reforms—I find that politicians pursue strategies of blame avoidance. While not usually seen as evidence of responsiveness, the dissertation argues that in postcommunist countries strategies of blame avoidance indicate that politicians are concerned with public opinion and are thus evidence of responsiveness. Taken together these findings suggest that the quality of democracy in Eastern Europe is much higher than has been generally assumed. The dissertation attributes the high quality of democracy to the high level of modernization in these societies.

Rice University

McDonald, Peter William. *Solidarity, Responsibility, and Freedom: Health-Care Reform in the United States at the Millennium.* Gerald McKenny, adviser. 2003.

The current crisis in the distribution of health-care resources in the U.S. derives largely from insufficient access to health care, on the one hand, and inadequate control of rising costs, on the other hand. The response to the problem of insufficient access should not be the recognition of a moral right to health care but rather the establishment of a legal right to health care for all. In turn, the contours of this legal right can be the means to create the needed cost controls. To this end, they should include a laundry list of covered condition-treatment pairs, which would be informed by the measuring stick of quality-adjusted-lifeyears, and which would be the product of input from the public, the medical profession, and the Congress. The resultant structure of universal coverage, under a system of explicit rationing, would include a morally mandated second tier. Universal coverage, explicit rationing, and a second tier are the indispensable building blocks of meaningful health-care reform in the U.S.

Rasmussen, Lisa Marie. *Clinical Bioethics: Analysis of a Practice.* H. Tristram Engelhardt Jr., adviser. 2003.

This project is a philosophical analysis of the practice of bioethics consultation—what might be called the philosophy of bioethics. It assesses claims made about the purposes and appropriate aims of the field, in order to establish whether an identifiable conceptual unity underlies the practice. The conclusion is that no such unity exists. The project begins by assessing the history of the field, in the hope that a historical analysis will explain why the field arose at all, which reason could then be used as a basis for claiming a particular purpose for bioethics consultation. However, it becomes clear that history has bequeathed diverse and sometimes conflicting

goals to bioethics consultation. History suggests that the field exists both as a service to physicians and as a service to patients, though the interests of these two parties may be in tension. This work also assesses contemporary accounts of bioethics consultation (including the recent *Core Competencies for Healthcare Ethics Consultation*) and shows that they are radically divergent and incommensurable, in addition to often being too vague to guide the practice. An investigation of possible philosophical arguments regarding bioethics consultation also fails to disclose a single coherent foundation for the field. The project ends with a conceptual geography of twelve possible roles a bioethics consultant may play, and finds that though some are in tension, none may be ruled out of court on independent grounds in the absence of an overarching account of the appropriate aims of the field. What this project demonstrates is that there is no conceptual unity underlying the practice of bioethics consultation. Instead, the enterprise must be understood as comprised of a plurality of roles serving a diversity of purposes and a heterogeneity of goods with no single uniting purpose.

University of Chicago

Cerda, Rodrigo Andres. *Drugs, Population, and Market Size.* Gary S. Becker, adviser. 2003.

This paper addresses technological change in the health-care sector by focusing in the introduction of new drugs. The paper explores the determinants of the creation of drugs during the second half of the 20th century. The main hypothesis of the paper is that there exists a virtuous circle in the creation of new drugs. In one hand, we indicate that the continuous increases in population, and thus in the market size of the pharmaceutical sector, will play a fundamental role in explaining this phenomena. On another hand, we argue that population and market size can be endog-

enously determined by drugs through the impact of drugs over the mortality rate. Hence, these two effects reinforce each other, producing continuous decrements in the mortality rate and sustained increments in the stock of drugs over time. This paper provides a theoretical model that highlights this interaction. In our setup, consumers purchase either drugs or physical goods to be consumed. Allowing this distinction between these two types of goods permits to obtain prediction concerning the evolution of the health share of income. We provide a simulation showing that health expenditure as share of income increases endogenously. This result is determined by individuals' willingness to spend additional resources in newly created drugs because they value variety in their drug consumption bundle. To test the hypothesis we obtained, by using a "Freedom Request of Information", the set of U.S. new molecular entities approved by the FDA during the second half of the 20th century. We decomposed the data in a panel of 15 therapeutic categories over time. Using this data, we test the hypothesis concerning the effect of market size on the introduction of drugs by using different econometric methods. The results are consistent across methods and support our predictions. Finally, to provide evidence concerning the effect of drugs in the mortality rate, we construct a similar panel of data by matching causes of death reported in the U.S. National Mortality Detail Files and type of drugs. The results show a significant impact of drugs in mortality rates, even after controlling by potential simultaneity.

University of Connecticut

Carter, Stephen Keith, Jr. *Second Opinion: The United States Public and the Demise of Health-Care Reform, 1993–1994 (Bill Clinton).* Ken Dautrich, adviser. 2003.

This dissertation examines the role of public opinion in President Clinton's 1993–94

proposal for comprehensive national health insurance. The dissertation challenges the dominant interpretation of the 1993–4 health-care debate: that the public wanted universal health care, Clinton attempted to deliver it to them, but failed because of a flawed political process. Different analysts see different flaws, but most agree that the health-care debate was indicative of an “unhealthy” political process, where special interests dominated a debate marred by misinformation and big money. Some go so far as to conclude that universal health care is “terminally ill,” forever doomed by an institutional structure that fragments power, allowing well-organized, well-financed special interest groups to easily dominate the political playing field. Using public opinion and archival data, the central findings include: 1) The public did not ever strongly support the Clinton Plan. A majority initially supported the Clinton plan, but felt the plan would affect them adversely; 2) Public support of the Clinton Plan would have dissipated, even without the unprecedented campaign waged against it by business interests; 3) Elected officials listened to the public. Public opinion affected the health-care debate in important ways. Clinton eschewed the so-called “single payer” approach to health care, fearing adverse public reaction. Second, anticipating hostile public opinion, Democrats in the House of Representatives froze their chamber’s consideration of the health-care reform until the Senate spoke on controversial aspects of the plan. And public opinion directly affected senators’ decisions to support or oppose health reform. In particular, Senate Republicans sought to kill health reform when the polls turned against the Clinton Plan. The debate over health reform, while imperfect in many ways, was still indicative of healthy political process. The Clinton Plan forced a debate about the role of government in American society. Here, as in many cases, the public showed both support for the ends of the government involvement but discomfort in granting the government broad new powers. The public understood the broad choices the Clinton Plan presented and rejected it. Moreover, that the public significantly influenced public policy.

University of Illinois at Chicago

Jo, Han-jin. *Basic Life Resources and Marital Status of People with Disabilities in the United States and Korea.* Regina Kulys, adviser. 2003.

Beginning with a comparison of the population estimates of disability prevalence between the United States and the Republic of Korea, this study compared education, employment, health care, income, housing, which are basic resources of life, and marital status of noninstitutionalized people with and without disabilities in the U.S. to those in Korea. Secondary analyses of data were performed utilizing the 1996 Survey of Income and Program Participation (conducted in 1999) for the U.S. and the 2000 National Disability Survey for Korea. The findings revealed that people with disabilities and disability households in the two countries, more particularly people with mental retardation or with mental disorder and their households, were far behind their counterparts—people without disabilities, nondisability households, and people with physical impairment and their households, respectively—in terms of marital status and almost all basic life resources.

University of Kentucky

Patton, Dana Jill. *The Effect of United States Supreme Court Intervention on the Innovation and Diffusion of Post-Roe Abortion Policies in the American States, 1973–2000.* Edward T. Jennings, Jr., adviser. 2003.

The term morality policy refers to policies that are characterized by debate over core values that are typically grounded in religious belief. Examples of morality policies include abortion, gay rights, and prayer in school to name a few. Advocates of morality policies

often invoke arguments describing a particular activity as sinful and want policymakers to validate their views over the views of others. Scholars investigating the determinants of morality policy adoptions generally focus on factors related to the distribution of citizens' values, public opinion, issue salience, and political factors such as party affiliation of elected officials. In this dissertation, I argue that existing morality policy research has missed an important piece of the puzzle in explaining state-level morality policy adoptions and diffusion patterns. I argue that the U.S. Supreme Court's frequent use of judicial review creates four different constitutional contexts. These contexts, determined by the Court's decisions, affect the policymaking environment in which state legislators consider the adoption of morality policies. This, in turn, affects the pattern of diffusion of morality policies across the states. In my dissertation, I test hypotheses regarding the innovation and diffusion of post-*Roe* abortion policies in the American states from 1973–2000. Two main analyses are undertaken. The first is an analysis of the diffusion patterns of ten abortion policies across the states from 1973–2000. The second is a series of multivariate analyses that examines the base determinants of abortion policy adoption, the effect of the constitutional contexts, and the conditional effect of certain variables on abortion policy adoption in the different contexts. An event history model is utilized and data are estimated using the Weibull regression model.

Wiant, Terry Lynn. *Policy and Its Impact on Medical Record Security.* Krishnamurty Muralidhar, adviser. 2003.

Today, medical data are collected, analyzed, distributed, and accessed at an unprecedented level. Healthcare providers access medical records to diagnose illnesses, coordinate treatment, and to bill patients. Researchers use medical records to gather data on the course of a disease and its response to treatment. Insurance companies use medical records to determine coverage, make claim payments, and conduct utilization reviews.

Employers use employee health-care data to monitor health-care costs. Until April 2001, no federal law barred disclosure of health records. The New Health Privacy Rule, effective April 14, 2003, will make it illegal for healthcare providers and insurers to release a patient's medical records without the individual's consent (Cropper, 2001). Rule provisions dictate that healthcare providers and insurers must have a written privacy policy and present it to patients (Cropper, 2001). This dissertation attempted to evaluate the efficacy of having such a privacy policy. The premise of this study is that information security policy is the cornerstone to safeguarding medical records. This study provided four comparisons. First, the number of computer abuse incidents at hospitals that have an information security policy was compared with the number of computer abuse incidents at hospitals that do not have an information security policy. Second, the seriousness of computer abuse incidents at hospitals that have an information security policy was compared with the seriousness of computer abuse incidents at hospitals that do not have an information security policy. Third, the number of computer abuse incidents at hospitals before and after an information security policy was implemented was compared. Fourth, the seriousness of computer abuse incidents at hospitals before and after an information security policy was implemented was compared. Survey instruments were distributed to hospitals of various sizes, specialties, ownership, and types. The questionnaire collected information to determine if an information security policy is effective in decreasing the number and seriousness of computer abuse incidents as well as background information on each hospital to aid in the analysis of the survey results.

University of Missouri Kansas City

Cifaldi, Mary Ann. *The Effect of Having Prescription Drug Coverage on Health Care Expenditures by the Noninstitutionalized, Not Disabled, Medicare Population.* Gregory Arling, adviser. 2003.

Congress created Medicare almost forty years ago and, it is now considering the expansion of the program by adding a prescription drug benefit. While researchers have analyzed the effect of Medicare beneficiaries having prescription drug coverage on pharmacy expenditures, few have studied the effect on total health care expenditures. This study hypothesized that those Medicare beneficiaries with prescription drug coverage would have better access to prescriptions, which would improve compliance with prescribed treatments and provide lower cost treatment options when compared to more invasive therapies. As a result, persons with prescription drug coverage would have lower overall health care health expenditures compared to persons without drug coverage. The data for this study were extracted from the Medicare Current Beneficiary Survey for a two-year period—1996–1997. The sample included 4,848 noninstitutionalized, elderly (age 65 or older) Medicare beneficiaries. The Andersen health care expenditure model was used to determine the statistical control variables for the analysis. The two-part health expenditures model was used to analyze the association between having prescription drug coverage and total health expenditures in the initial year of the study. The cross lagged effects model was used to analyze change in total health expenditures based on having prescription drug coverage. The results of the analysis suggest that having prescription drug coverage did not increase the likelihood that Medicare beneficiaries would use prescriptions. Among those that used prescriptions, however, prescription drug coverage was associated with higher pharmacy expenditures, and somewhat greater number of prescriptions. Having prescription

drug coverage, however, was not related to overall total health expenditures in 1996, nor was it related to change in total health expenditures between 1996 and 1997. Among insurance subgroups, particularly Medicare Choice-Plus enrollees and Medicare supplement policy holders, there was some evidence that non-pharmacy-related expenditures were decreased for those beneficiaries with prescription drug coverage. The increased pharmacy costs associated with drug coverage seem to have been somewhat offset by lower costs for nonpharmacy health care services. In conclusion, Medicare beneficiaries without prescription drug coverage led to higher pharmacy expenditures, but the effect on total health expenditures were not significantly affected.

University of Missouri Saint Louis

Howard, Laura Marks. *Responsibility and Fairness in Paternity Law: A Defense of Fathers.* Thaddeus Metz, adviser. 2003.

In this paper, I explore the question of whether or not an unmarried man is morally required to pay child support in the case of an unintended pregnancy, and whether or not the current legal statutes can be morally justified. In Section I of this paper, I offer a brief summary of current paternity laws. In Section II, I object to the soundness of the state's main argument for these laws; the moral argument that supposedly justifies paternity statutes assumes that both parties shared equally in creating the pregnancy, and that both therefore bear equal responsibility for support of their progeny. The law purports to uphold the equal standing of the two parties, and in so doing, protect the welfare of the child. However, I seek to show that the state has conflated two separate notions of responsibility and is mistaken as to which notion of this concept the law should apply. In Section III, I offer an argument in support

of changing current paternity laws. I seek to show that, if the state's interest is to distribute equal benefits and burdens, then the father should not be *required by law* to pay child support in cases where pregnancy is unintended and the father prefers adoption or abortion. Section IV concludes with a survey of possible moral and pragmatic implications resulting from such a change and offers a weaker version of my thesis, which suggests that, morally (but not legally), the father *should* contribute some financial assistance—but not for reasons of responsibility and to a much lesser extent than currently required.

University of Rochester School of Nursing

Olsan, Tobie Hittle. *'We Can't Be Nurses Anymore': Depersonalizing Contexts and Community Health Nurses' Responses to Market-Driven Health Care.* Mary-Therese Behar Dombeck, adviser. 2003.

Going beyond the usual institutional performance measures of cost, efficiency, and market penetration, in this institutional ethics study changing structures in home care were examined as forces shaping morality among a group of community health nurses. The nurses worked at Riverside, a public sector home care agency, purchased by a non-profit integrated health system just prior to this research. Analyzing the nurses' experiences with the market model unfolding in their work world presented a unique opportunity to study the role of institutions in morality and to understand how corporatization is

influencing the meaning of caregiving in home care. Guided by the assumption that understanding morality requires a focus on actual experience, data were generated by this ethnographic inquiry over four years using participant observation, interviews, and organizational archives. The findings show that the nurses were propelled through a disturbing moral career trajectory of depersonalization that left imprints on their identity, relationships, and actions. In that sense, institutions are actually part of personhood. Starting out as "county nurses" and redefined as "corporate commodities," the nurses reflected, "We can't be nurses' anymore." Signaling the loss of personhood, their conclusion suggests that the marketplace is imposing a concept of nurse on health care that does not include person. Treating nurses as instruments for "making visits and making money," combined with objectifying patients, as "referrals" with "a pay source," transforms the good of caregiving relationships into an impersonal business arrangement. Suspended in a turbulent liminal period, the nurses' work created a thin line between a humane home care system and a nearly universal mechanistic one. Refusing to fully integrate a corporate persona into their understanding of self, the nurses "adjusted things" on behalf of patients and wrestled with the marketplace to preserve their capacity to nurse. In doing so, their moral comportment serves as a model for resisting depersonalization in complex organizations and simultaneously highlights the schism between corporate health care and persons. If the nurses' stories are heard above the turmoil of the marketplace, it will be an opportunity to put persons into the picture of reform by addressing morally problematic aspects of health-care institutions.
