

Challenges to accessing eating disorder treatment: the role of medical ethics

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Background:

Eating disorders are the deadliest of all mental illnesses, yet patients face challenges accessing the care they need. Some individuals lack health insurance altogether, while another subset struggles to obtain insurance approval of coverage for recommended treatment despite being insured. Lack of adequate insurance coverage has led to insufficient care, worse outcomes, and even death in eating disorder patients.

Objectives:

- Highlight the severity and complexity of eating disorders and eating disorder treatment
- Identify current policy surrounding insurance coverage for eating disorder treatment
- Identify policy loopholes and hindrances to care
- Examine the ethical soundness of insurance companies' current approach to eating disorder treatment coverage utilizing the framework of the pillars of medical ethics

Results:

Eating disorder treatment is multifaceted and requires a multidisciplinary approach. It involves physical, pharmacological, nutritional and psychological treatment, as well as different levels of care. Even at the outpatient level, this care can be costly for patients and their families and may limit access to treatment. Insurance coverage for eating disorder treatment depends on access to insurance, as well as insurance companies' own guidelines for coverage and compliance with parity laws. Despite governmental efforts to protect mental health coverage, there are loopholes to existing law that hinder access to care for people with eating disorders. This fact is highlighted in *Wit vs. United Healthcare Insurance Company*. The courts recently ruled that the United was guilty of creating policies to discriminate against patients with mental health disorders. If the pillars of medical ethics – the standards to which physicians are held when providing medical care – are applied to insurance companies, these companies fall short. Patients and their families are not able to choose what care they receive (autonomy); patients are denied access to the most complete, effective, and cost-effective courses of treatment (beneficence); patients are cut off from care prematurely, putting them at risk for psychological distress and relapse (non-maleficence); and recent changes to insurance policy will likely limit mental health coverage for particular patient populations (justice).

Conclusions:

The current policies in place guiding insurance coverage of eating disorder treatment leave many patients lacking the care they need. The prioritization of company profits over patient well-being underlies the inadequate treatment of patients with eating disorders and contributes to violations of the four pillars of medical ethics. Changes in the criteria that determine insurance coverage and changes in the denial process, as well as advocacy for continued and improved mental health coverage policy, would benefit patients with eating disorders and allow for care that is more comprehensive, effective, and ethical.