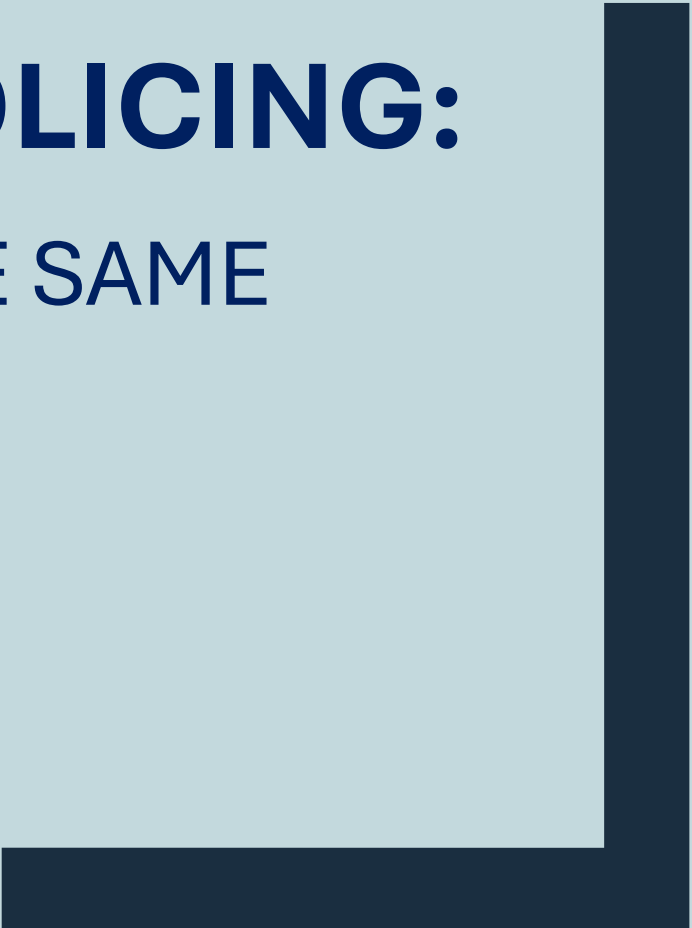




HEALTHCARE AND POLICING:

DIFFERENT TOOLS IN THE SAME TOOLBOX?

Matthew Minehan







Australia's health system is a complex mix of service providers and other health professionals across a range of organisations.

Australian Institute of Health and Welfare (2024)







Maintains public order, protects life and property, prevents anti-social behaviour, and enforces laws by patrolling public areas, responding to reports of offences, and arresting suspected offenders.

Australian Bureau of Statistics General Duties Police Officer
Occupation Classification (2024)





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the test of police efficiency is the absence of crime and disorder, ... not the visible evidence of police action in dealing with them.

Peelian Principle 9

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

World Health Organization Constitution



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Peelian Principle 9

The health of all peoples
is fundamental to the
attainment of **peace and
security**...

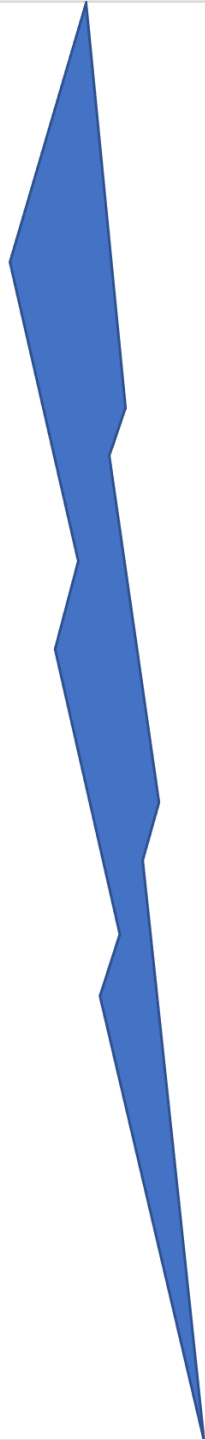
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Problem-Oriented Policing
(POP) is a method for improving police effectiveness through examining and acting on the **underlying conditions** that give rise to community problems.

Responses emphasise prevention, **go beyond the criminal justice system** alone, and engage with other public agencies, the community and the private sector, where practical.

Australian Institute of Criminology (2004)

‘Health’ and ‘health care’ are diffuse and ill-defined concepts.

In some circumstances education and housing and other socio-economic factors have more influence upon people’s health and contribute more to health care than do the formal health services. We cannot then equate ‘health care’ with what is provided in hospitals or clinics or by general practitioners.

National Health and Medical Research Council (1993)

But...

Mission creep

Back to basics

**Return to core policing
responsibilities**



NORMATIVE ETHICS

PRACTICAL ETHICS



HEALTHCARE ETHICS

NON-MALEFICENCE
JUSTICE
AUTONOMY
BENEFICENCE

QUALITY-ADJUSTED LIFE YEARS (QALYS)

POLICING ETHICS

CORRUPTION

NJAB+L

EBP – CRIME HARM INDEXES –
HARM PREVENTION

NORMATIVE ETHICS

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HEALTHCARE ETHICS

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QUALITY-ADJUSTED LIFE YEARS (QALYS)

EBP – CRIME HARM INDEXES
– HARM PREVENTION

Quality-Adjusted Life Years (QALYs)

Crime Harm Indexes

Score of 0–1, factoring in *duration* and *quality*. Measured in **years**.

Common metric

Weights all crimes according to harmfulness. Measured in **days**.

Maximise QALYs - single patient or across the system.

Imperative
(bounded)

Reduce the most crime harm.

(Implied or Explicit)

Can be evaluated post-intervention.

Measurable

E.g., year-on-year reduction in total crime harm.

Fairness (e.g., elderly vs young, smokers vs non-smokers).

Limitations

Overlook non-utility factors. Ignore *pleasure*.



WHAT NEXT



QALYs and Crime Harm
Indexes measure very
different things...



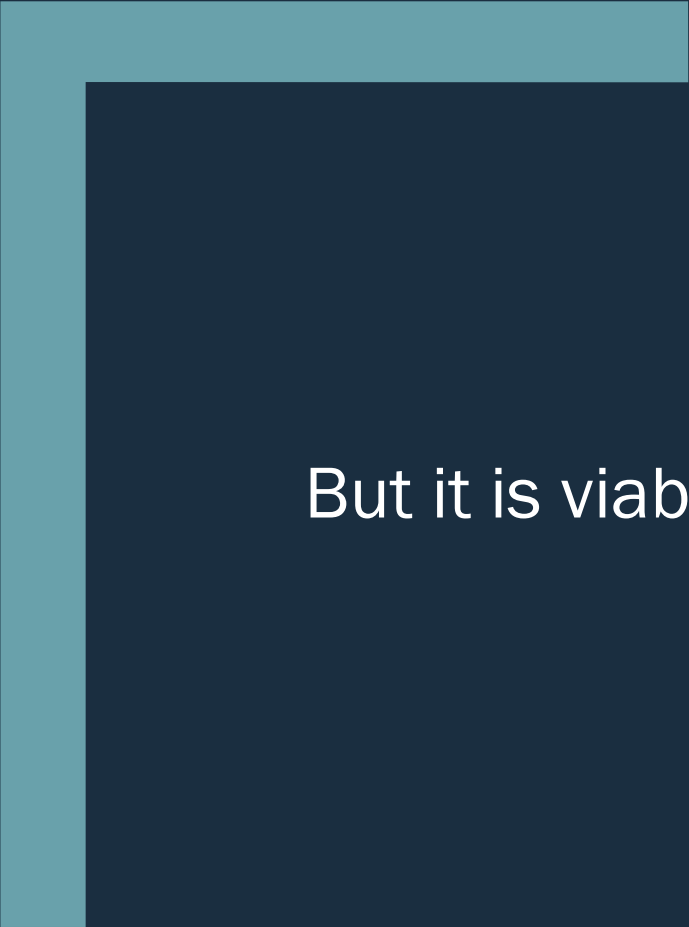
QALYs and Crime Harm
Indexes measure very
different things...

... but by **quantifying,
measuring, and comparing**
they raise the possibility that
healthcare measures and
policing measures could co-
exist on the same scale.

This would require
considerable work, akin to
the production of a
currency converter or
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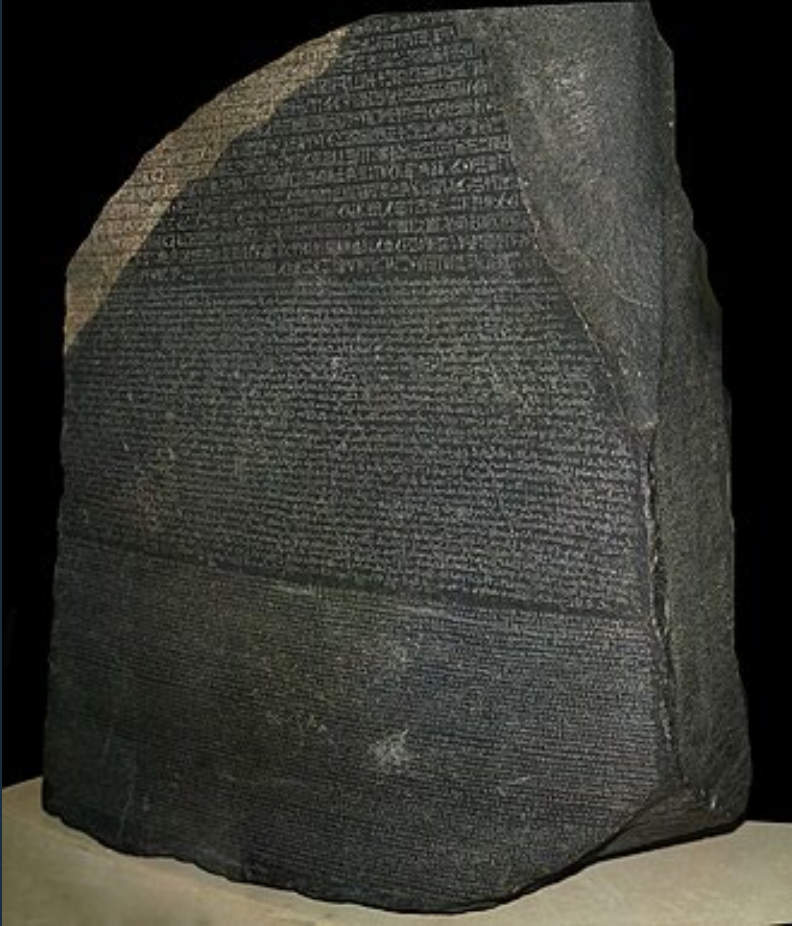


But it is viable in principle.

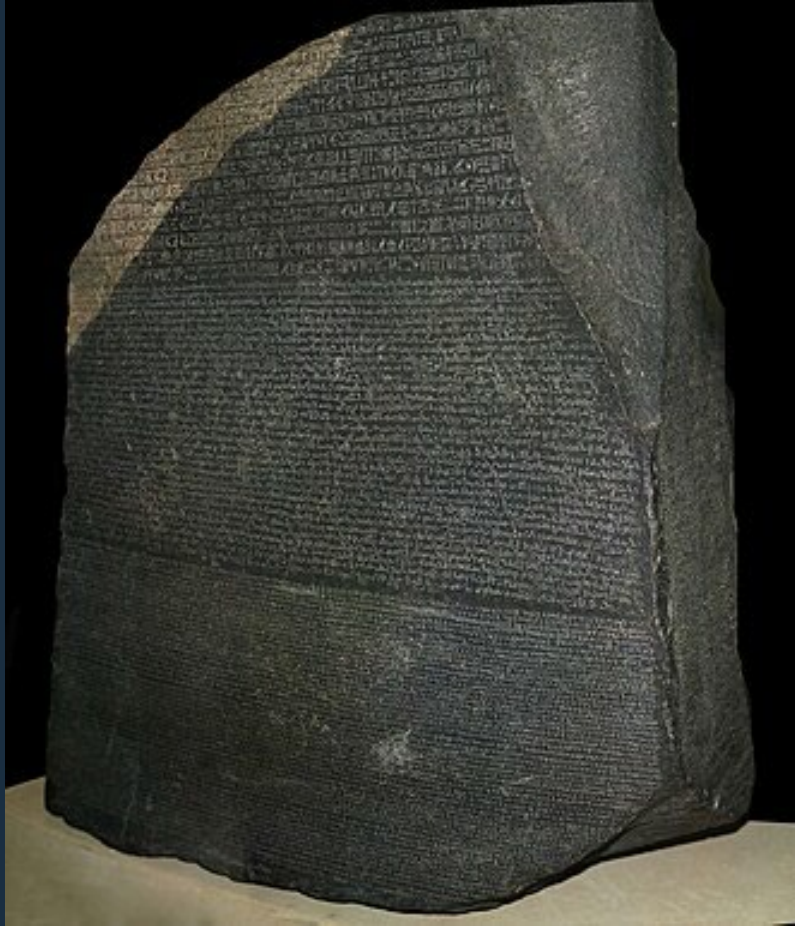
Some policing initiatives, for example, may be scorable in terms of QALYs.

Consider:

- Impact on road safety (deaths, serious injuries).
- Prevention of serious assaults.



At its simplest, these examples could constitute the **Rosetta Stone** that links QALYs and Crime Harm Indexes...



... but this is probably too simplistic. Likely, much more work is required.

(TENTATIVE) CONCLUSION

- Healthcare goods and policing goods may be operationalised and placed on the same scale.
- This may assist with ethical resource allocation.
- The sketch provided is not a complete ethical account.
 - Works best for **beneficence** or **non-maleficence**.
 - Does not consider **justice** or **autonomy**.