

Does a “Good Life” Guarantee a “Good Death?”

Financing Wider Access to Higher Education

(Or, a passionately worded opinion paper on minimizing tuition in distance graduate education)

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A "Good Life"

Teachers often choose their profession because they want to "make a difference" in people's lives. Most educators would probably agree the right to education is an unalienable right of all human beings. This philosophy is very much in keeping with Greville Rumble's (2007) contention that receipt of an education is a fundamental human right (p. 167). Rumble liberally quotes the workings of Honderich (2002) who proclaims that education, along with other critical elements, is a moral imperative and essential for achieving a "good life" (p. 172). Thanks to an unprecedented population explosion anticipated by the year 2050, Rumble further contends that distance education (DE) is our best hope for allowing the masses to achieve a "good life," and that DE should be supported through government funding (p. 167). His proposal for providing this level of government funding is to develop DE at as low a cost as possible, to cut out frills such as educational research, and to impose a redistributive taxation system to meet these costs (p. 175). Cost containment in planning and delivery DE is certainly a laudable goal that may be possible. Academics would certainly argue that educational research is by no means a frill, and in fact may lead to findings that further improve the cost effectiveness of DE. Most certainly US citizens of means would find a redistributive taxation system distasteful. In fact, Meyer (2008, p. 58) shared survey results showing only 20% of Americans feel "ensuring every American can afford to send their children to college" consider this a high or very high priority for the federal government.

A "Good Death"

As mortals we must all approach the end of our lives at some point. Health care providers who specialize in caring for patients who are terminally ill are considered “palliative care” specialists, and this includes physicians, pharmacists, nurses, social workers, chaplains, therapists, volunteers and more. Palliative care providers work as a team to allow patients to achieve a “good death,” but what constitutes a good death? This is a highly individualized goal determined solely by the individual but will probably include freedom from pain and suffering, resolution of personal conflicts, and affairs set in order. The skill set necessary to facilitate these patient wishes are highly evolved, and most certainly require advanced training and higher education. The University of Maryland, Baltimore is developing a DE Master of Science program in Palliative Care that will be taught entirely online. The establishment of tuition rates has been a fairly contentious discussion, with particular attention paid to the “in-state” vs. “out-of-state” tuition rate.

Funding an Advanced Degree in Palliative Care

Citizens of the state of Maryland could argue that they should receive a lower tuition rate than non-Maryland residents, since residents pay state taxes which go in part to support higher education. Unfortunately, this assumption may be erroneous; less and less is provided for higher education in the State of Maryland every year. Meyer (2008, pp. 47-48) provides data showing slightly more than a 2% increase in funding to Maryland higher education over a five year period (FY02-FY07), far less than comparator states. Meyer further provides data showing a decrease in the amount of dollars allocated to higher education in the state of Maryland from 2003 (\$7,002 per FTE student) to 2006 (\$6,427 per FTE student) (p. 49). Using economic

forecasts, population and enrollment estimates, Meyer determined that the projected budget gap as a percent of revenue for the state of Maryland would be -2.05% in 2013 (p. 52). If state taxes paid by citizens do not translate into the state government funding higher education to a substantial degree, should in-state residents be allowed to pay a significantly lower tuition rate than out-of-state learners?

Meyer concludes that without a major change in the economy, state tax structures and a vastly greater willingness to fund higher education, it is unlikely that higher education (including advanced training in palliative care) will become a “right” for all citizens in the state of Maryland (p. 59). A more promising avenue is for DE to capitalize on maximizing cost-efficiencies. Meyer described three avenues for maximizing revenue by increasing efficiency in DE (pp. 60-61). First is the substitution of capital-for-labor through the use of technology instead of more expensive faculty labor. Second is the substitution of capital-for-capital, such as the use of DE in lieu of brick and mortar institutions. Last, the use of instructional designers to augment the efforts of higher-paid faculty.

The Bottom Line

The idea of higher education being essential to a “good life” may be in the eye of the beholder, but the thought of guaranteeing such through the state is an unlikely scenario. A scenario more likely to be implemented is the cost-effective, learning-centric model described by Twigg (2005) for effective DE course redesign, including:

- “Redesign the whole course
- Encourage active learning

- Provide students with individualized instruction
- Build in on-going assessment and prompt (automated) feedback; and
- Ensure sufficient time-on-task and monitor student progress” (Meyer, 2008, p. 62).

These efforts should be supplemented by implementing Twigg’s eight “course readiness criteria” as well (Meyer, 2008, p. 63).

Meyer describes how states with a declining population can offer their online DE programming to other states that are experiencing population growth (p. 65). This same concept can be used in the Master of Science degree in Palliative Care being developed by the University of Maryland, Baltimore. Offering this online DE program to learners in other states, and worldwide in fact, can greatly enhance the financial viability of the program. Last, after vigorous discussion it was decided that learners not in the state of Maryland will pay only a very modestly higher amount of tuition per credit, which will further entice learners to enroll.

While we probably cannot attain the utopia espoused by Rumble (2007), use of strategies to maximize the cost efficiencies of an online DE program in palliative care will enable more practitioners to achieve this level of specialization. Their “good life” will have a ripple effect resulting in a “good death” for numerous terminally ill patients in the future.

References:

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