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You can probably all recite the next few lines with me…feel free to join in. “We hold these truths to be self evident, that all men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are life, liberty and the pursuit of happiness.” The Declaration of Independence was drafted by the founding fathers of our nation to provide a free country: a country in which the people could practice any religion they wanted, speak for what they believed in, and assemble for whatever reason they chose. However, notice that the Preamble of the Declaration of Independence does not mention the right to healthcare. Neither does the Bill of Rights.

In contrast, the Universal Declaration of Human Rights put forth by the United Nations states that, “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control.” This Declaration’s primary purpose is to ensure proper healthcare by making it a human right. Obviously different political bodies wrote these two statements in very different times in history, and while one is specific to human rights, the other is a more broad declaration for the independence of a country and its people. However, the difference between these two inspired the main point behind current health care reform debates.

In the early years of his third term, yes, he was in office for a while, Franklin D. Roosevelt proposed the “Second Bill of Rights.” He believed that people needed more help in their pursuit to happiness; he wanted to ensure that citizens had a right to a home,
education, jobs and medical care. This message was conveyed to the public during his State of the Union Address in which he introduced, “the right to adequate medical care and the opportunity to achieve and enjoy good health” (Carmalt, ii). Although this bill was never passed, it symbolizes the introduction of health as a basic human right and this notion has since found its way into the heart of most health care reform debates. The current state of this debate has become more about politics than substance, the substance being the ability to provide a healthcare system that is affordable to all citizens, including the 50 million Americans that currently have no insurance. Today, it seems to me, that the debate revolves around questions of whether the government should be interfering with healthcare, how much a new healthcare system will lower or raise the federal deficit, if the new system will raise taxes, by how much, will a new system actually work better than our current one? But, in these next forty-five minutes, I would like to bring the health care reform debate back to its roots, back to what FDR envisioned for our country. By finding a solution to the debate of healthcare as a human right, the path to our nations quest for healthcare reform will become more clear.

Members of the Junto Society and professional spectators, is health care a basic human right? Does healthcare fall into the same “rights” category as life, liberty, property and the pursuit of happiness? Or does making healthcare a right actually infringe upon those other rights? The United States offers some of the world’s best medical services from the most skilled professionals. The United States has an undoubtedly great healthcare system, but only for those who can afford it. And there are many people, in fact, citizens, who cannot afford it. Even if it is not the best, shouldn’t citizens of a country have a right to at least a minimal amount of healthcare insurance?
Perhaps the first struggle in this debate is the definition of health care. For our purposes I would like to use the definition as written in the online version of the Merriam Webster Dictionary. Healthcare is “the maintaining and restoration of health and prevention of disease especially by trained and licensed professionals.” In this sense, we are talking strictly about health care as the relationship between doctor, patient, and of course, insurance companies. I would like to exclude the other factors suggested in the UN statement, and therefore exclude the essential needs of potable water, clothing and shelter. The arguments presented here are taken from various organizations and individuals throughout the past forty years that speak to the issue of healthcare as a human right and how these arguments relate to the current situation of instituting a type of universal healthcare system in the United States.

I think that most people would agree with the statement that health is an essential part of living and therefore healthcare is a right. After all, how can one even pursue happiness if they or their loved ones are either physically or mentally ill? The Center for Economic and Social Rights (CESR) put out a document entitled “The Right of Health in America” in 2004, which argues very convincingly that healthcare as a human right.

When healthcare is presented as right, certain standards should be set forth that will further detail what this right encompasses. CESR’s standards include a minimum status that countries need to abide by in order to ensure that the entire population has healthcare. The minimum requirements include four essential qualities: Availability, accessibility, acceptability and quality.

Availability of health care requires that there are proper facilities, doctors, medicines and immunizations universally available to all citizens. This most importantly includes that there be hospitals and/or clinics within reasonable traveling distance for everyone in the country. The United States does not currently meet this standard as there
is a large centralization of facilities in urban areas and a lack of those same facilities in rural areas and areas with poor and minority populations. Big cities such as New York, Boston and San Francisco have a ratio of 1 physician per approximately 167 patients. Contrast that with the ratio in Appalachia: less than 1 physician per 1,000 patients. The difference is incredible and a larger effort needs to be put into getting more physicians and hospitals in these areas. Solutions that have been looked into have involved incentives for doctors who serve in these underprivileged areas. For example, the Penn State College of Medicine in Hershey has a special program for medical students interested in working in rural areas.

The second essential part of healthcare is accessibility. Once healthcare is available to all citizens, it needs to be economically and indiscriminately accessible. In other words, once people get to a hospital, they also need to be able to get the services they need without having to provide one of the accepted insurance cards or co-payments. People should be able to afford healthcare as well as access all information regarding their individual health. This is a key feature of the Obama Healthcare plan; insurance companies will not be able to refuse people using pre-existing conditions. The government, previous to Obama’s new plan, created Medicare and Medicaid, but these services only help those over 65 and the poorest of the poor. There are still over 50 million Americans who are uninsured, most of which fall in the income bracket that exceeds the eligibility of Medicaid, but that still cannot afford private health insurance. The other percentage is minority or unemployed persons who do not meet the pre-existing conditions of insurance companies. The accessibility of healthcare is perhaps the
single most important thing preventing a healthcare system that reflects the development and high standards of the United States.

Acceptability is the third quality that fulfills CESR’s minimal health status. This characteristic pertains to the cultural and ethical standards of hospitals and medical staff members. The United States has taken great care to introduce ethics into medical school curricula and, even though there may be a few individuals who do not abide by ethical guidelines, for the most part, physicians are trained in dealing with ethical issues. The cultural aspect of acceptability, though, could improve. It is especially important in the United States since our nation is comprised of so many different cultural, religious and social backgrounds. We are not called the melting pot for nothing. Acceptability includes a physician or other medical staff member’s ability to treat people of all cultural backgrounds equally. CESR also believes that it is preferable to have physicians of a certain culture treat patients of the same culture. This would minimize language barriers as well as cultural ignorance or discrimination. The problem then becomes the number of minority physicians, a number that is far less than the number needed to serve the minority population. About ten years ago, medical schools recognized this call for minority physicians and started holding more seats in classes for minorities, but attacks on affirmative action have once again decreased the number of minority students in medical schools. The solution is not clear-cut, but maybe when healthcare services become available and accessible, medical staff members will, over time, learn about other cultures and how to treat each patient as an individual as well as a member of a culture that may be different from their own.
Finally, the healthcare available to everyone should have the basic quality standards. It should be scientifically and medically sound and performed by trained personnel. This seems to be an obvious characteristic of healthcare, but in fact, according to CESR, the United States healthcare system allows for a tremendous lack of quality. This is not to say that your family doctor is not treating you well or that hospital visits are the number one thing people try to avoid. It does mean, though, that the system allows for a decline in quality because of the constraints put on doctors by insurance companies. Insurance companies limit the number of procedures physicians perform and medications that physicians can give because the companies dictate how much money they will give for each procedure or medication. Doctors do not purposefully give the wrong medication, but may prescribe Y instead of X because the insurance company will not pay for X nor can the patient afford it. So while X is actually the exact right medication, Y is more affordable and therefore prescribed, even though it is not as effective as X. It is not the fault of the physician, but rather of the insurance company for covering only cost-effective medications.

These minimum requirements that are essential to the right of health more clearly show that the United States does not currently treat healthcare as a human right. Many White House administrations have worked toward implementing a universal or socialized health care system that would more readily make healthcare available, accessible, and acceptable. This would then turn healthcare into a human right. We remain to see what the Obama administration has in store for us.

In doing community service through school and church, I have been exposed to the homeless, and undoubtedly uninsured, people of Elgin, Illinois. But I also am a
private school brat with friends who had more than enough money to pay for health insurance and go to the best, most expensive specialists in Chicago. Having worked and shadowed physicians in both large tertiary care hospitals and primary care clinics, I personally have seen the difference in clientele as well as treatment of individuals. It is my gut feeling that every human being has the right to healthcare. However, as an aspiring future physician, I have also thought about my future economic status. Doctors go through many years of training before they can even start making their own money. After medical school, residents work long hours with a minimal salary. It is only when one becomes an attending, or has his or her own private practice, that loans are finally paid off and economic strains begin to stabilize. Many of the arguments against healthcare as a human right involve the rights of physicians themselves.

Dr. Robert Sade, a former cardiologist and now professor, dean of admissions, and many other impressive titles at the Medical University of South Carolina, has spent many years researching and writing about ethics in healthcare. An article he wrote in 1971, entitled, “The Political Fallacy that Medical Care is a Right”, presents healthcare from a physician’s perspective, both morally and economically. He first defines a “right.” A right is a freedom of action. Every human has the right to his own life. Each one of us has the choice to act, to speak, to use our minds and rationalize things. We have the right to select values that we find important to ourselves and follow those values when we see fit and abandon them if we wish. With this freedom, each person has the right to make a living for himself in order buy food, clothing and essential material goods. Dr. Sade continues, “The economic values produced, however, are not given as gifts by nature, but exist only by virtue of the thought and effort of individual men.” In essence, everyone
must earn their healthcare; it is not something that people have an inherent right to. From a physician’s perspective, the money earned by patients is then transferred to a physician for his services. If patients do not earn money and simple expect medical treatment from physicians, then the livelihood of the physicians is compromised and his or her basic right to earn money is taken away. The cycle is vicious.

This stance seems harsh, but Dr. Sade continues with this example. All citizens are given the right to life. This right simply allows people to live; in other words, everything else they need is up to them to obtain. One man, in realizing the need to eat, bakes a loaf of bread. Another man, not able to think of how to make bread, steals a loaf from the baker. To protect his basic right to support his own life, the man who took the bread and other non-bakers come together to form, in our context, a government. This governmental body then makes a law, stating that each man has a right to his own loaf of bread. This then forces the baker to comply with the law or else serve years in prison or pay a fine. Now, the baker’s right to life has been taken away because he can no longer freely dispose of his products, which came from his own resources and rational thought. The government, in giving the right of a loaf of bread to the population, has deprived all bakers of their right to life. In Dr. Sade’s opinion, such is the case with physicians. Making healthcare a right forces the government to take control of costs, which then takes away the rights of physicians to charge what they believe to be their rightly earned wage.

Leonard Peikoff, a former philosophy professor at NYU and radio talk show host, also shares this view. In a speech speaking out against the Clinton Administration’s proposed healthcare reform back in 1993, Peikoff said, “observe that all legitimate rights
of which he means life, liberty, property and the pursuit of happiness – have one thing in common: they are rights to action, not to rewards from other people.” He stands by the idea that physicians also have a right to pursue their own happiness, which entails the choice to charge for their medical services.

The definition of “right” thus gets tangled into a web of who has what right and what rights are infringed upon when the government puts forth new laws that gives other rights to its citizens. And then the debate of private versus public health comes to be and our nation, one of the most powerful in the world, goes back and forth between the senate and congress, trying to find a compromise that will serve all of the citizens of the nation, yet sustain the economy. Tough times have hit as the price of health care increases, as physicians are limited and pushed around by insurance companies, and as patients suffer from poor healthcare. Can the government help our nation get out of this healthcare nightmare? Or would government control restrict healthcare even more?

In my opinion, healthcare is a human right in the essence that each citizen should have the opportunity to receive healthcare regardless of his or her cultural, economic, or social background. This could mean that those who cannot afford healthcare get the necessary funds from the government and those that can afford it continue to pay high premiums through insurance companies. Or it could mean that healthcare will become socialized and each person will receive the same treatment regardless of economic background. I do not pretend to know the economy, the complexities of insurance companies, nor the economic statuses of physicians or the uninsured, but I do know that we live in a great country that takes pride in its system of government, education, and economy….why not healthcare? The 50 million uninsured people in the United States
should be accepted by some type of insurer, be that a private insurance company or Medicaid. At the same time, physicians should also be protected from losing their right to make money. But is their right really being taken away by socializing medicine? Teachers, businessmen, and other professionals have salaries, some of which are contingent upon commission. A doctor’s salary would essentially be subject to the same salary and commission payments. Healthcare and those employed within the system, should be treated no differently than other systems in place, such as education.

And thus begins my final analogy. The right of the American citizens to healthcare should be treated like the right to education. The education system of the United States includes both private and public schools systems. This system has provided at least some level of education for every citizen. Have you ever heard anyone say that our education system is socialized? I never have. So, why not provide healthcare just like we do education? There can be both private and public insurances, just like we have Franklin and Marshall and Penn State University. What is wrong with having private insurance companies competing with public insurance plans, just as public universities compete with private schools? The public provision for healthcare will be more affordable, just as public schools are more affordable than private schools. Private insurance companies competing with public insurance plans on how to provide the best and most affordable healthcare to people will be just like the competition between private and public schools and universities competing to provide the best education. People have a choice. Why not have a choice for healthcare as well? Those able to afford private health insurance, like paying for private education, will continue to seek out the best health care, or education, they can afford and those who use public plans will get
healthcare their fulfills their basic need. We cannot ask for free healthcare. But we can ask for it to be more affordable. Right now, the US is only giving the choices of Harvard, Stanford and the University of Chicago where students are either paying full tuition or receive full tuition through need-based scholarships that are difficult to receive. People need the choices like The University of Illinois and Penn State. The healthcare system needs to have a type of in state tuition that is affordable so that all citizens are given the chance to fulfill their basic need, and right, of health.

Thank you.
Bibliography


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