

A just health care system



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Name: Instructor: Course: Date: A Just Health Care System As the First World War came to a close, numerous industrious countries developed sickness insurance. This decision was made when nations realized that the health of their populations would improve if given access to equitable health care. The early 70s oversaw the expansion of universal health cover the whole of Europe as well as developed Commonwealth countries.

In a developing world, the United States surprisingly was compared to South Africa as both had ignored progress on matters of national health. Since the early 70s, many countries had shifted their focus towards managing and privatizing health care. Efforts to promote universal access of healthcare were short lived in the United States when Bill Clinton was president (Loewy, 16). This was mainly because of constraints in resources and reluctance to change from managed care. Even though the credibility of managed care is still debated, the issue behind what fosters a just healthcare system still goes unaddressed. Making healthcare a private commodity is normally criticized on two fronts: the first entails failure to attain the objectives invoked to justify the action (increased efficiency, larger choice for providers and consumers, and quality service; the second criticism claims that the system destroys the relationship between the patient and the physician (Fetherstonhaugh, 38). Indeed, there is evidence in support of the high costs associated with healthcare privatization, increased costs of administration, and does not offer enough choices for both providers and consumers.

In a masterly presentation of the healthcare system in the United States, this paper goes beyond this evidence in an argument that promotes just health care system rather than privatization. Primarily, nine elements prove

necessary to facilitate the deployment of the just healthcare system.

However, three of these elements constitute the core fostered from the commissioning of medical ethics by the president of the United States. These include access with reduced burden to the patients, universal access, and adequate care access. This theory of the just healthcare system can be achieved through three considerations.

The first maintains that the amount of care in the society has to be higher than the one available. Secondly, there is a need to allow people to purchase services exceeding the recommended level of care (Fetherstonhaugh, 38).

The third consideration requires setting up moral limits to what is owed to American citizens. The first and second considerations are most valuable because the commitment of the society towards achieving universal access to healthcare will be hampered by limited resources.

Additionally, the emphasis of preventing excess burdens illuminates the premise that being entitled to legal services would not suffice if certain obstacles hinder their use. Furthermore, there is a need to propose three more elements. One is on the fair distribution of finances in order to ensure patients have universal access to health care services, fair distribution of care rationing, and the capacity for moving towards the just system of health care. The above requirements are plausible when in the event of inevitable rationing, the system then would not be considered fair if universal access was achieved by concentrating the burdens on a given group, or by imposing financial problems on a certain group. While it is impossible to achieve a perfect just healthcare system, the system should not release political or

economic forces that would compromise its efficiency over time (Parsi, 41). Even an imperfect system has to allow improvement even if it is substantial.

The last three considerations required not to be hindered even when privatization is the system in force. In this case, the system should be capable of educating and training appropriate types and numbers of healthcare providers, allow efficient pursuit of biomedical research, and make cost effective use of the results from the research. These considerations are necessary for purposes of preventing flow of resources and staff from research and educational facilities, and making sure that hospitals are able to retain their capability of providing improved healthcare services. Ultimately, attaining a just healthcare system in the form of a cooperative between private and public sectors requires intervention by the state as a guarantor and coordinator of equitable access to distribute the costs fairly and carefully. Dividing the labor between the public and private sectors has to be done in a coordinated manner in order to ensure the process of rationing is not done through unfair or discriminatory means (Parsi, 64). When such control is absent, access gaps left by charity and the private insurance market would be left unfilled, and the rationing burdens would be distributed unfairly. The government of the United States can use Medicaid and Medicare (health insurance for the disabled and elderly and poor respectively) for filling in the gaps created by the private sector (Sperling, 82). Additionally, the government can as well regulate the private sector's behavior to stimulate the provision of wider access compared to how it would operate when responding to incentives of the market.

The second approach has a higher chance of being more effective. However, this can only be achieved as long as the public sector remains dominant. This is so because the role of the state would be opposed to the market's competitive behavior. It is essential to acknowledge that the suggestions highlighted above in favor of the just healthcare system would be fully achieved when politicians mount pressure to resistances from powerful constituents.

Additionally, emphasis has to be put on employing a just healthcare system that will call upon the society to rely on government bureaucrats as much as they do chief executive officers and private bureaucrats. Individual and universal health would be served much better through social democracies. This is particularly so where the rights of individuals become supplemented through the solidarity of the community, and where bureaucrats and accountable leaders are voted into and out of office (Sperling, 97). An effort needed by the society in America in order to overthrow certain impediments will require similar courses of action by medical professionals to overcome their reluctance of changing the healthcare system in the United States. This can only be achieved through the widening of professional ethics in order to include common good and public interest considerations. In conclusion, this paper has been able to illustrate how legitimate moral judgments are capable of being mounted against those who still support traditional and obsolete systems in a developing world. Similarly, lacking to direct the health care system in America towards greater justice could render the current professionals and politicians vulnerable to credible moral judgments.

Therefore, the American society should contemplate employing the just healthcare system, and it should be universal as well where all people, regardless of socio-economic status, should have an equal right to quality health care.