

# Essay on a right to a decent minimum of health care

[Technology](#), [Development](#)



The global expenditure on the health system is very high, where governments strive to better the health of their citizens. However, the accessibility to health care is very different from one country to another; in some countries such as the Scandinavian countries universal health care is a right of every human being, and is provided free of charge to all. On the other side of the other side, countries which follow a more capitalistic model, like the USA, believe that healthcare is a service and not a right; thus it is every man for him. The government does not guarantee free health care for all. Although health care is costly for the government, it must provide minimum health service for the simple fact that this is a basic human right for all citizens. This essay will elaborate the availability of free basic healthcare, the levels of difficulty accessing health systems and the recommendations to solve such an issue.

Although many people believe in the equal opportunity to access to the public services including the health care services, it is not possible to make each person has a decent minimum of health care. There exist theoretical and practical barriers for this. Theoretically, the decent minimum needs to be determined. However, that is a vague definition. The minimum might be different in different regions of the world. It might vary depending on the each person's utility function. As known in the science of economics, each person is accepted as different. Generalizing this assumption to the society level gives us that each different culture defines a different social utility function (Au Young, Grit, Wiener & Wilkes, n. d.). Thus, a certain definition for the decent minimum cannot be generated universally. In another word, providing the same amount of health care services for everybody all around

the world does not guarantee that everybody will enjoy it equally. Some people might prefer other services and utilities to the health care services and they might be unhappy with the universally defined decent minimum. Others might find the decent minimum insufficient. Therefore, with the differing individual and social utility functions, it is impossible to define the decent minimum health care. The definition problem causes the impossibility of implementing a decent minimum health care policy (Ghosh, Roughgarden & Sundarajan, 2012).

Even assuming that we can determine an acceptable decent minimum health care, it is truly difficult to determine a strategy and implement it. Providing the right to access to the decent minimum of health care for every individual in a specific country or all around the world is not possible. A decent minimum of health care universally corresponds to a large cost. Some developed countries in the Northern Europe accept a decent minimum and implements health care policy. They have large resources to make large expenditures on the health care and education system. However, even some developed countries, developing countries and less developed countries do not prefer extending the health care services to everybody (Distributing Limited Health Care Resource, n. d.). The countries should be evaluated depending on their development level. Some developed countries Many developed countries do not accept the universal health care for everybody. Individuals have to provide their health service plans by themselves. For instance, the U. S. has implemented this strategy for long years (Chua, 2006). Obama has promised universal health care and nowadays the Americans are still arguing how it will work in the long term. The developing

countries like the Eastern European countries are social states (Rich & Merrick, 2006); however, they do not have enough resources to develop a universal health care service for everybody. The less developed countries like the Sub-Saharan countries cannot afford the basic human needs. They are receiving financial and technical support from the international organizations and the developed countries. The less developed countries do not have well-developed organizations. Therefore, for them, it is impossible to design and implement a universal health care service. Consequently, a few countries all around the world have universal health care services for their citizens. We can claim that the universal health care is not acceptable for many countries. Even during the global financial crises while many people suffer from not being able to access to many public services including the health service, many countries have not developed or implemented the decent minimum.

Another issue with the classification of the health services among the public services. The public services are defined as the services that cannot be priced because of the indefinable users. For instance, national security services are the pure public services. It is impossible to charge one person living in the country for using the national security services. Therefore, no private company engages in producing national security services and the state is assigned as responsible for producing it. The service which could be produced by the private companies is considered as public goods. The health care services are produced by the state and the private companies. Because health care service can be priced. Consequently, health care service is not pure public service. The state produces health care service because of its

high positive externality (Lal, 1996). Providing better health care service for the public causes other external utilities related to using health care service for the public. Thus, we can consider health care service as semi-public service in the science of economics. Each government has a different setting of understanding of health care service. More social states consider health care service close to public service and more free market promoting governments considers it as a private service. Consequently, it is not possible to create a consensus among different countries all around the world on the status of the health care service.

The recent global financial crisis has influenced many people's views on the public services. The free market supporters were dominant before the crisis; however, nowadays, professionals and scientists express that the free market is not working properly. Some state interventions are required even when there is no economic crisis to make sure that the markets are safe and stable. Considering that the state intervention might be appreciated after the crisis, the approach to health care service supply is to be different from the previous years even in the developing countries. If it is assumed that the free market might cause problems in other markets, it is possible to observe the same in the health care service market. Therefore, to make sure that the health care service market is efficiently working, the state might intervene the market and a decent minimum health care service might be a part of this intervention. Because inefficient health care service might cause unhealthy status for individuals. Unhealthy status mean loss of efficient working hours for people. Thus, instead of losing efficient working hours because of inefficiency in the health care service market, the state might intervene and

might implement a decent minimum for everybody (Lusardi, Schneider & Tufano, n. d.). But still we cannot guarantee that will happen all around the world.

In conclusion, decent minimum health care for everybody is impossible theoretically and practically. As known, health care service is demanded for having healthy status. The demand for health care service is a derived demand for being healthy (The Demand for Health Care and for Registered Nurses, n. d.). Therefore, we can claim that the demand for health depends on individual's decision. Taking this assumption into account, we can easily see that it is almost impossible to define the decent minimum. Eventually, it is almost impossible to define a universal decent minimum. It is impossible to develop and implement a strategy on it. The decent minimum health care service is impossible practically because of the followings: 1) limited resources, 2) unequal resource distribution among countries, 3) differences in classification of health care service. For creating a world where every individual receives a decent minimum of health care services, we need to have countries with an equal amount of resources. This equality should be everywhere; between countries, between social groups, between individuals. Also, assuming that people want a high decent minimum, the resources should be high enough to provide this. Also different states have different approaches to create and implement health care policy. Some countries are not for a decent minimum. Consequently, a decent minimum health care service theoretically and practically is almost impossible.

## REFERENCES

Au Young, A, Grit, L, Wiener, J & Wilkes, J, n. d., Service Contracts and Aggregate

Utility Functions, Duke University, North Caroline, viewed 2 Jun. 2014,

.

Chua, K, 2006, Overview of the U. S. Health Care System, Stritch School of Medicine, Loyola

review-AMSA%2020062\_25\_09. pdf>.

Centre of Bioethics 1997, Distributing Limited Health Care Resource, 2nd ed., University of

Minnesota, Minniapolis, Minnesota, viewed 2 Jun. 2014,

.

Ghosh, A, Roughgarden, T & Sundarajan, M 2012,'Universally Utility Maximizing

Privacy Mechanisms', Society for Industrial and Applied Mathematics, vol. 41, no. 6,

pp. 1672-1693.

Lal, D 1996, Private Provision of Public Goods and Services, NBER Working Paper,

Viewed 2 Jun. 2014, .

Lusardi A, Schneider D & Tufano, P n. d., The Economic Crisis and Medical Care

Usage. NBER, Cambridge, Massachusetes, viewed 2 Jun. 2014, .

Rich R & Merrick K 2006, Cross Border Health Care in The European Union: Challenges and Opportunities, University of Illionis Working Paper, Illionis,

<https://assignbuster.com/essay-on-a-right-to-a-decent-minimum-of-health-care/>

viewed 2 Jun. 2014, .

The Iowa Innovation, Business and Law Center n. d., The Demand for Health Care and for

Registered Nurses, Iowa, 1st ed. viewed 2 Jun. 2014, .