

# Healthcare as a universal right essay example

[Economics](#), [Insurance](#)



## **ABSTRACT**

Universal healthcare is a basic human right, not a threat to personal freedom, therefore San Francisco is morally justified in guaranteeing this to all of its citizens. In fact, the U. S. should copy the Canadian Medicare system, which has been a very popular public service in Canada since it was first passed in 1966, and provides universal health care paid for out of general tax revenue. Few people in Canada would ever want a U. S.-type of system, which is well known to be inequitable to low-income groups. It not only guarantees universal access to all regardless of income, its costs per capita are lower than those in the U. S., which has never had universal access in its history. Indeed, up to 100, 000 people in the U. S. die every year because they have no private insurance and cannot afford access to healthcare, which is simply morally unacceptable in a modern, Western society. Certainly nothing like this would be tolerated in Canada, nor would the practice of simply dumping the poor and uninsured in hospital emergency rooms.

San Francisco has an obligation to provide its citizens with health access because healthcare is a human right and from a moral viewpoint should be available to all. Many people in this country die because of lack of healthcare, and death makes the issue of personal freedom and responsibility irrelevant. It would be nonsense to state that the individual has rights or freedom when they die because of the inability to afford medical treatment. All other Western nations provide this for their citizens as a matter of course, including Canada with its system of national health insurance. Similarly, government has the responsibility to curb unhealthy

behaviors like smoking, sale of firearms, obesity and drug use since it also bears many of the costs for these in the long run. From an ethical viewpoint based on the morality of 'do unto others as you would have them do unto you', the system in the United States is the most unjust and unequal in the Western world and paradoxically the most expensive as well. In contrast, the conservative ideology of ethical egoism simply holds that all individuals have no moral duty except to act in their own self-interest, and therefore health care is a personal responsibility rather than that of the larger society. Of course, this type of ethics is often a cover for social control by the wealthy and powerful corporate interests, which is certainly the case with politics, society and the health care system in America. Even worse, the injustice of the system is borne most heavily by the poor, working class, and members of minority groups who lack health care coverage at work and cannot afford private insurance. North of the border, Canada has a far better model for health care and one that most U. S. reformers have demanded since the 1940s.

Hospital emergency rooms located in poor and inner-city areas are required to treat all patients, including the uninsured, and they see large numbers of victims of gunshot wounds, alcoholism, mental illness, drug overdoses, and the uninsured, so violence there might very well be an everyday occurrence. Because the U. S. has no system of national healthcare, these emergency departments are overcrowded and overworked, with many of the country's social and economic problems dumped on them. They have the highest levels of violence of any hospital units, and 97% of nurses in these reported verbal violence and 87% physical violence (Hoag-Apel, 1998, p. 60). It would

be far more efficient and cost-effective to deal with these problems of the uninsured through a Canadian system of national healthcare, including problems like drugs, domestic violence, obesity and smoking rather than hoping they will somehow just go away or solve themselves.

Modern healthcare is extremely expensive and unaffordable by most poor, working class and middle class persons unless the costs are covered by subsidies, insurance or other government programs. Nor does private health insurance provide broad and universal access to all parties on an equal basis. Costs for private insurance are actually highest for those with the lowest incomes and greatest health care needs, and indeed there is “ a well-established inverse relationship between socioeconomic status and health status” (Hurley, 2011, p. 236). Economists tend to value choice in health care and also advocate a system that provides for the greatest possible access, while ethicists state that access alone is not the most important factor but “ access to or utilization of needed health care services” (Hurley, p. 235). Low-income patients will be affected in an especially negative way, given their relative lack of education and access to information, and generally reduce their level of healthcare consumption below optimal levels in a private system (Hurley, p. 237). Hurley finds that “ parallel systems of private finance can drain resources from the public system, erode public support for the public system, lead to longer waiting times in the public sector, and make it harder to provide all members with timely access to high quality services” (Hurley, p. 238). Putting a parallel private system in place is not a neutral add-on, but a danger to the viability of the public system and to the ethical goals of universal and equal access.

In Congress in the 1990s and again under Obama, this option was never even on the table for serious discussion. Both the Clinton and Obama administrations, ended up allied “ with the major forces responsible for the sorry state of the U. S. medical care sector—the health insurance industry” (Navarro, 2008, p. 210). Bill Clinton’s attempts to balance the budget and pass the NATFA ‘ free trade’ agreement also demoralized his progressive supporters, who were not consulted about his plans for healthcare reform. This resulted in many of his former supporters staying home on in the 1994 election, leading to a Congress controlled by radical-Right wing Republicans. Obama suffered a similar fate in 2010 due to the unpopularity of Wall Street bailouts and individual mandates to buy private health insurance. Only through populist and progressive appeals to the broad mass of voters could either administration have had any chance of overcoming the power of corporate America in Washington, but this was not done. As a result of the unequal and dysfunctional healthcare system in the U. S., as many as 100, 000 people die needlessly every year because they cannot afford medical treatment and have no private insurance, which is a moral outrage that would never be tolerated in a country like Canada (Navarro, p. 211).

## **REFERENCES**

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International Journal of Health Services, Volume 38, Number 2, Pages 205-212.