



remarks

Is Health Care a Right or a Commodity? Like it or not, health care has become a right for citizens in this country, says this physician. If we accept this fact, we can allocate the health-care resources we have fairly.

BY DONNA R. COFFMAN, MD



Not too long ago, a heart attack was an end-of-life event. A house officer might check an EKG and then give the patient enough morphine to ease the pain for awhile. If the patient was comfortable, the house officer went on with other duties, or sleep, and everyone simply waited to see how fate would intervene. The family incurred the expense of a hospital stay and the morphine.

Now the chest pain patient is seen in the ER by the ER doctor and nurse and is evaluated with not just an EKG but with a battery of tests. If an MI

is apparent, the cardiac team of doctors and nurses comes in and thrombolytics costing thousands of dollars are given. The patient may instead (or also) go to cardiac catheterization to determine whether or not he needs emergent bypass surgery or stent placement. By the time you have given this patient (who may still die of this MI or have a lifelong disability) the best chance to live, you have spent tens of thousands of dollars and used the services of dozens of health-care providers. For the rest of this patient's life, he will need

expensive medication, rehabilitation, and frequent medical evaluation to see if he needs further intervention—more tests, more surgery, and more medication. In a very short time, our medical powers and expenses have grown to enormous levels.

As medical science develops new technologies to improve human health, we all expect to benefit with greater health and longevity. New abilities create new demand. This creates a situation in which the demand for medical care can never be completely fulfilled.

The amount of health care available is limited because there is a limit to the number of providers and the facilities to provide care. And of course, the service of health care must be paid for. Who should pay for it?

Health care as a commodity
Selling health care to those who can afford it is one logical way to distribute it. That was certainly typical in the early days of this country when the doctor was paid in whatever manner the family could manage. Charity, for those who could not afford care, was the domain of the church and the community, not the government.

Individual choice and personal liberty are cherished as-

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pects of the American Way. I should be able to spend my own money in whatever way I see fit. I earned it; I get to spend it. I may spend it on medical care or charity or waste it lavishly. Taking responsibility for my own health care means paying for it if I can, or doing without it if I cannot.

If my income is taxed for the purpose of paying for someone else's health care, I lose control over part of my wealth and some of my autonomy is given up to the state. Freedom from control by the state means that I, as an individual, have both choice and responsibility in my own life.

Health care as a right

But what if I am not wealthy? Must my children and I die of our illnesses because we don't have a lot of money?

There are certainly practical reasons to encourage health care for the community at large. Illnesses such as Tuberculosis spread among the population if they are not contained by treatment. A healthier population means a healthier and more productive work force. But practicality itself does not mark health care as a right.

A right is the result of the evolution of an idea. The choice to label something as a right is clearly a social construct. Our "right" to own slaves, women's suffrage, and the "right" to drink alcohol are examples of rights that have changed in response to changing social ideas.

Changing societal philosophies lead to a general, majority consensus. The consensus creates the rights we perceive as "inalienable." They are only as inalienable as we, as a group, make them.

The emergence of a right is usually gradual. Sometimes it is only clear in retrospect that a right has been established. By noting the obligations that have been placed on us, we can infer the existence of a right. We have definite obligations in respect to health care. A parent who does

not seek medical care for a dependent child can be punished for neglect, whether or not the parent has the means to pay for that care. The [Emergency Medical Treatment and Active Labor Act](#) (EMTALA) regulations require that a hospital provide care to anyone seeking it, whether or not that person can pay for it. If we are legally required to give care to people, they are entitled to it—it has become a right.

Our general sense that health care is a right is also reflected in the development of Medicare and Medicaid. Government assistance with health care and insurance are our attempts to reconcile our need for autonomy with our often-unspoken feeling that health care is a right.

So how do we pay for it?

Our attempts to fulfill this right to health care are failing. The availability of insurance coverage is patchy. A great many working poor people do not qualify for Medicaid yet do not have access to health insurance. Many older workers who are not yet old enough to qualify for Medicare have the illnesses that come with age (diabetes, hypertension) and so are subject to very expensive insurance premiums. Chances are, if a worker's employer isn't providing medical insurance, the worker has no medical coverage at all. Even those who are covered under Medicaid and Medicare are finding it increasingly difficult to find providers willing to accept the low reimbursements that those programs offer. Many of these patients end up in the ER when their conditions become acute. Hospitals and physicians, in effect, are being required to absorb the cost of medical care for the underinsured and uninsured. This isn't a fair system and in the long run, isn't viable.

The problem is what to do instead.

Socialized medicine is just as expensive and it lacks at least one intrinsic form of cost control—the individual who cannot afford care and therefore doesn't seek it. Offering unlimited medical care becomes, well, unlimited.

Since both health care and the money to pay for it are limited, we must control the usage and the cost of health care to society. This is where we have failed. We don't like imposing limits on health care. We see ourselves as a wealthy nation and feel that we should be able to provide for everyone. We also realize our current system is getting too expensive. We are at a juncture where we must accept that we have established health care as a right. We must accept the responsibility for managing that right in a reasonable and affordable way. ■

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