



Acton Institute
POWERBLOG

The Right to Health Care is Wrong

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History shows us that civil rights can exist as nothing more than legal fiction. Take, for example, the right to vote. Although suffrage was extended to African-Americans under the Constitution in 1870, that right was little more than a nice idea until the Voting Rights Act of 1965. With many [activists](#) and [politicians](#) calling for America to recognize the “right” to health care, it is well worth looking at what this means. Making promises that cannot be met is a betrayal of the public trust, and the integrity of the government depends on its ability to hold to its word. In many other economically-developed countries, the “right” to health care *coverage* exists, and nearly everyone is enrolled in some sort of insurance or public plan. Unfortunately, coverage is not the same as health care *procedures*. Many governments insure nearly everyone, but cannot deliver the health care that those insured people need. These governments leave a broken promise in the place of the right that exists in their laws.

Take serious diseases, for example. Although Great Britain [professes](#) to treat health care as a right, there is no right to an oncologist. In fact, John Goodman of the Cato Institute [reports](#) that only 40% of British cancer patients even see an oncologist. This has had devastating results on their health: 70% more cancer patients in Great Britain die than in the United States. In addition, wait times for free health care in that country are so extreme that 20% of colon cancer cases diagnosed as curable are incurable by the time treatment is available. Great Britain is not the only country that falls short when it comes to treating major health problems. The Heritage Foundation recently created a [laundry list](#) of places where Americans, despite lacking the “right” to treatment, still have better health outcomes than other countries with universal health care: “Breast cancer mortality is 52 percent higher in Germany than in the United States, and 88 percent higher in the United Kingdom. Prostate cancer mortality is 604 percent higher in the U.K. and 457 percent higher in Norway. The mortality rate for colorectal cancer among British men and women is about 40 percent higher. Breast cancer mortality is 9 percent higher, prostate cancer is 184 percent higher and colon cancer mortality among men is about 10 percent higher (in Canada) than in the United States.” Whether it is cancer, pneumonia, heart disease, or AIDS, Americans have [better chances](#) at surviving than Europeans and Canadians. If enshrining a right to health care in the law only eases consciences and not human suffering, then it is a lie on the part of government.

One of the major reasons for America's advantage in treating major diseases is that our patients have far more access to modern medical technology and diagnostic procedures than other countries. The Heritage report shows that Americans are more likely to get mammograms, pap smears, colonoscopies, and PSA tests than Canadians. Americans have [better access](#) to drugs than Europeans: "44 percent of Americans who could benefit from statins, lipid-lowering medication that reduces cholesterol and protects against heart disease, take the drug. That number seems low until compared with the 26 percent of Germans, 23 percent of Britons, and 17 percent of Italians who could both benefit from the drug and receive it. Similarly, 60 percent of Americans taking anti-psychotic medication for the treatment of schizophrenia or other mental illnesses are taking the most recent generation of drugs, which have fewer side effects. But just 20 percent of Spanish patients and 10 percent of Germans receive the most recent drugs." We also have far more CT scanners, dialysis machines, and MRI machines than Europeans and Canadians, despite the fact that the first two pieces of technology were developed in Great Britain. Here again, the abstract right to health care does not translate into meeting the needs of the sick. It is far more honest and humane to establish a system that *delivers* health care than to write laws that *promise* it.

Waiting for necessary procedures also has a lethal toll on the populations of Europe and Canada. Greenwood writes that, "During one 12-month period in Ontario, Canada, 71 patients died waiting for coronary bypass surgery while 121 patients were removed from the list because they had become too sick to undergo surgery with a reasonable chance of survival." The Canadian Supreme Court recognized this problem. Overturning Quebec's ban on private health insurance, Chief Justice Beverly McLachlin [stated](#): "The evidence shows that, in the case of certain surgical procedures, the delays that are the necessary result of waiting lists increase the patient's risk of mortality or the risk that his or her injuries will become irreparable. The evidence also shows that many patients on non-urgent waiting lists are in pain and cannot fully enjoy any real quality of life." Any time that a "right" to health care means artificially lowering or eliminating its costs, there will be too much demand for too few services. There is nothing moral about a system that trades in real efficiency and comfort for imagined equality.

Even where America does recognize the right of the poor and the elderly to health care, it tends to restrict rather than liberate the sick, as Sue Blevins [documented](#) in 2003: "Before Medicare was passed, seniors were promised that the program would not interfere with their choice of insurance. However, existing rules force most seniors to rely on Medicare Part A to pay their hospital bills — even if they can afford to pay for private insurance. Additionally, today's seniors and doctors must abide by more than 100,000 pages of Medicare rules and regulations dictating what types of services are covered or not under the program." Even the privacy and family rights of patients in the "care" of the government are violated in the name of the right to health care: "Under Medicare rules established in 1999, patients receiving home health care are required to divulge personal medical, sexual, and emotional information. Government contractors — mainly home health nurses — are directed to record such things as whether a senior has expressed 'depressed feelings' or has used 'excessive profanity.' If seniors refuse to share medical and lifestyle information, their health care workers are required to act as proxies. This

means total strangers will be permitted to speak for seniors.” Rights cannot contradict each other. The “right” to health care means a loss of the rights to privacy, family, and consumer choice. This is no right at all.

Health care is not a right. Since we have such a murky understanding of what rights are in today’s world, many governments still pretend that it is, only to see increased regulation and bureaucracy stifle the delivery of good care. Outdated technology, rationing of time and services, and intrusive government follow the “right” to health care. Declaring health care to be a right puts it under the government’s supervision. Unfortunately, health care itself can never be a right. Coverage might be, as evidenced by how many countries have insurance rates near 100%, but there are still limited health care resources out there. The best that we can do is to let them be distributed in the most efficient way possible, which remains the free market. Trying to follow in the steps of Europe and Canada by making health care a civil right is a nice intention, but it will never amount to anything more than another broken promise by the government.