



9-10-2009

Right to reform

Arthur L. Caplan

University of Pennsylvania, caplan@mail.med.upenn.edu

Follow this and additional works at: https://repository.upenn.edu/bioethics_papers

 Part of the [Medicine and Health Sciences Commons](#)

Recommended Citation

Caplan, A. L. (2009). Right to reform. Retrieved from https://repository.upenn.edu/bioethics_papers/63

Reprinted from:

Personal Perspective: Right to reform. Arthur L. Caplan. *J. Clin. Invest.* 2009; 119(10):2862

doi:10.1172/JCI40987.

Copyright © 2009, American Society for Clinical Investigation. Published under the Creative Commons Attribution-No Derivative Works 3.0 License (United States)

This paper is posted at ScholarlyCommons. https://repository.upenn.edu/bioethics_papers/63

For more information, please contact repository@pobox.upenn.edu.

Right to reform

Abstract

Health reform is not in the details. Think I am wrong? How far did we get this summer wallowing around in claims about co-ops, public plans, death panels, rationing, and cost savings? Health reform is in the ethics.

Keywords

healthcare, health reform, ethics

Disciplines

Medicine and Health Sciences

Comments

Reprinted from:

Personal Perspective: Right to reform. Arthur L. Caplan. *J. Clin. Invest.* 2009; 119(10):2862

doi:10.1172/JCI40987.

Copyright © 2009, American Society for Clinical Investigation. Published under the Creative Commons Attribution-No Derivative Works 3.0 License (United States)



personal perspectives

then get very expensive care, costs that the hospitals recoup by averaging out over all their other, insured customers.

So there are plenty of problems to be solved. Perhaps the first step toward solving them is for an appreciation that there are proven ways of delivering health care that is both cheaper and better for most of the population than the current style in the US. There is no need to look across the Atlantic, where cultures are different. Just look closer, north, to Canada. The

Canadians are all insured, there are no health care bankruptcies, and they live longer than in the US.

There is a strong case for major reform: it should provide a win for health and a win for the economy.

Marc Feldmann

Imperial College London, London, United Kingdom. E-mail: m.feldmann@imperial.ac.uk.

J. Clin. Invest. **119**:2861–2862 (2009). doi:10.1172/JCI41024.

1. US Senate. Committee on Commerce, Science, and Transportation. *Consumer choices and transparency in the health insurance industry: hearing before the committee on commerce, science, and transportation*. 111th Cong., 1st sess., June 24, 2009. (statement of W. Potter).
2. Terri Schiavo case. *Wikipedia*. http://en.wikipedia.org/wiki/Terri_Schiavo_case.
3. 2009 August 12. Bloggers debate British healthcare. *BBC*. <http://news.bbc.co.uk/1/hi/world/americas/8198084.stm>.

Right to reform

I am often asked what is the single most important issue that needs to be resolved in order to insure that health care reform moves forward in America. The answer is actually quite simple. If the key reason to reform the health care system is to extend health insurance coverage to the tens of millions of Americans who have none, then all those promoting reform but especially President Obama must drive home the ethical position that health care is a right.

As the current debate over health reform shows, those who oppose change argue that health reform cannot work because reform is not practical due to “the details.” A larger load of baloney masquerading as an argument is hard to imagine.

Health reform is not in the details. Think I am wrong? How far did we get this summer wallowing around in claims about co-ops, public plans, death panels, rationing, and cost savings?

Health reform is in the ethics. It will only occur if those who favor it can win the fight to recognize a right to health care. If health care is recognized as a right, then the details of how to achieve affordable health insurance reform will follow. If it is not, then efforts to move reform forward will simply die under the weight of nitpicking, fear-mongering, sloganeering, and the invocation of details as obstructions to change.

Only critics looking for some way to derail reform give a hoot about details. Details are the place reform goes to die. No one at a town meeting or in Congress was ever motivated to worry about health reform solely by getting the details. If health care is not acknowledged as a right, then no amount of detail will ever move health reform forward.

No nation on earth has ever reformed its health care system by asking the public to wallow around in the details of health reform. Canada, Britain, France, Spain, Singapore, Taiwan, Germany, Switzerland, Australia, New Zealand, and the rest of the list of our economic peer nations that have universal health care coverage did not assemble their finest numbers crunchers and pencil pushers and send

The physician's voice

Health reform is not in the details. Think I am wrong? How far did we get this summer wallowing around in claims about co-ops, public plans, death panels, rationing, and cost savings? Health reform is in the ethics.

them into the front lines of the battle to sell reform. Each nation secured agreement that health care is a right and then and only then moved on to figure out how to guarantee that right to all citizens.

In some societies, health care is seen as a right because it has been earned. The British National Health Service was created in response to the British public having endured the Nazi blitz for many awful years. Some societies see health care as a right because a healthy workforce means a stronger economy. That was the basis for health care reform in Germany and Singapore. And in some nations, health care is seen as a right because of the ethical belief that a community should look after its own. Switzerland, Canada, Australia, France, Taiwan, New Zealand, and many other nations have grounded their right to health care in this idea of social solidarity.

America is not likely to buy any of these arguments. But there is a foundation for rights that every American understands — equality of opportunity.

Our nation loves the free market. But you cannot compete in the free market unless you can see, hear, move, chew, think, communicate, and breathe. Health care is essential to being able to do these things. We must make sure that each one of us has minimal insurance coverage so every one can compete and flourish in a free society if we are really a nation that takes equality of opportunity seriously. Once that commitment is made, then and only then do the details become important, because then and only then are arguments over the details carried out in good faith to try and achieve the agreed-upon goal of expanding health insurance coverage.

True, access to health care and having health insurance are not the same thing. But without universal basic health insurance coverage, access to health care is sporadic, inefficient, and hugely expensive. The road to health reform goes right through the acknowledgement that health care is a right. Those favoring reform need to say so and need to understand the basis for why it is true. Those who oppose reform should have to answer why they believe health care is not a right rather than using a false concern about the details to bog reform down.

Arthur L. Caplan

University of Pennsylvania, Philadelphia, Pennsylvania, USA. E-mail: caplan@mail.med.upenn.edu.

J. Clin. Invest. **119**:2862 (2009). doi:10.1172/JCI40987.