

## **Comments on the article by Atul Gawande “Is Health Care a Right?” US Journal 10-2-17. 10-11-17**

This article is thought provoking and tells a story using dramatic personal stories, which is Gawande’s style. The examples are compelling and the dialogue with the subjects brings forward comments many of us hear every day. Never-the-less, there are some critical elements to this example that need to be considered.

Asking if “health care is a right” is a trick question which is often used to elicit an off-the-cuff answer and drive an agenda. To fully understand this question, we have to dive deeper. For something to be universal it must be uniform. The postal service has proven that offering a customized menu of services universally is economically unsustainable. To the universal we would need:

- Everyone to be in the same system. This is a “mandate” for all, with no exceptions.
- A uniform set of benefits for all. Medicare is an example.
- An adequate source of continual funding. Arguably Social Security and Medicare are not good examples of adequate funding.
- A subsidy or financing bridge for those who have no or little income so they can contribute in some way. We have the start of this under the ACA.

Using the analogy of the access to water, police protection, trash pick-up as rights, as the author does is silly. In none of these “systems” of rights is there a profit to the provider. City water authorities, waste recycling plants, police departments, etc. are operated by government with everyone paying to support them. There is no opt out. And, none of these entities make a profit. Thus, if we apply this approach to health care we move strongly in the direction of a single payer system, which Children’s Hospital Colorado has gone on record as opposing.

What we need in this country is an open and honest dialogue about our values, and our financing systems. The article makes the point that Medicare is a universal system, and thus a “right” for those over 65. It does not mention that the latest report by the Trustees for Social Security and Medicare notes that the current system will be bankrupt by 2040.

The article makes the comparison to other countries around the world. That is a worthwhile discussion but the dialogue needs to include the income the tax rates paid by citizens in those other countries. America is different than “others” for various reasons. If history is a measuring rod, America’s differences (albeit in other areas) have led to our leadership in the world. Following what others are doing may be the best course of action but the analysis of the options needs to be carefully performed in order to adequately inform the dialogue.

When one asks if “health care should be a right” we need to clarify if they really mean “access to health insurance” not health care. One might note that health care is available to all now, as a right, but that is limited to emergency care. This is not the broad spectrum of benefits that we would hope to have. If we broaden the discussion to health insurance then we must, of necessity deal with who is to be covered, at what cost, and who pays. No-one as yet has been willing to have the initial conversation about cost. Let’s have the dialogue, that IS “a right” in America.

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