



## An Egalitarian Argument in Favour of Free Access to Healthcare and Rationing

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### RÉSUMÉ

La pensée égalitariste a traditionnellement promu l'idéal d'un système de santé universel, gratuit et accessible à tous les membres de la société. J'appuie cette position en répliquant tout d'abord à la critique qui prétend que les riches tireraient plus d'avantages que les pauvres de la gratuité du système de santé. J'ouvre ensuite la réflexion sur ce qui me semble être un enjeu crucial pour l'avenir des systèmes modernes de santé : le rationnement de l'offre. Cette idée ne plaît généralement pas à la population, aux décideurs politiques et à de nombreux égalitaristes. Je considère pourtant que les principaux arguments invoqués contre le rationnement sont incohérents ou faussement égalitaristes. La gratuité des services de santé n'est pas incompatible avec la limitation de l'offre publique.

## **1. EGALITARIANISM AND FREE ACCESS TO HEALTHCARE**

For egalitarians, it is generally understood that the conception of justice as fairness implies the right to free and universally accessible healthcare for every citizens. This is what we would label an unquestioned consequence of their conception of justice as fairness. In fact, the availability of free basic healthcare remains central to the egalitarian conception of a fair society (see Daniels, Dworkin, Rakowski, and Rawls). This “right” to free basic healthcare derives from the assumption that one’s health is contingent, that is to say, that one cannot be deemed totally responsible for one’s state, be it healthy, sick or diseased. One has little or no control over the natural lottery. It therefore becomes unfair to burden the individual with costs linked to his health, especially if we take into account the fact that health related problems greatly condition the way one realises one’s possibilities and thus how one lives one’s life (equal opportunity).<sup>1</sup>

### **The wealthy versus the less well -off?**

The most common objection against free access to either a universally available healthcare system or to a universally accessible educational system centers on the idea that in the end it is mostly to the advantage of the wealthiest citizens. Such a situation leads to inequities because the less well-off citizens are in fact paying for the services received by the wealthiest citizens. This seems to be the case with regards to a universally accessible and “free” educational system. It is common knowledge, for example, that children brought up in wealthier social environments usually remain in school for a longer period of time. Therefore, a greater number of these children attend postsecondary institutions in contradistinction to children from economically less well-off classes of society. According to this argument, state funding of universities becomes a lot more advantageous to the wealthiest citizens and their children than to the less well-off and their offspring. We cannot, however, say as much for public healthcare funding for obvious reasons. On the one hand, the wealthy citizens, who generally live longer, also tend to be better informed about their physical condition and about the importance of consulting health specialists. On the other hand, the less well-off citizens generally suffer a greater number of health related problems throughout their lives.

A number of Canadian empirical studies tend to demonstrate that people of socio-economically disadvantaged classes receive healthcare services more often (public and free) than those of wealthier social classes. These results contradict the thesis aforementioned that the wealthiest citizens take advantage of state funded social programs. This contradictory element would in fact be corroborated by other data in those same studies that demonstrate that the less well-off citizens, even though they receive more free healthcare services than

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<sup>1</sup> I deliberately choose not to discuss the difficult issue of health problems for which we could be held responsible due to harmful behaviour.

the wealthier citizens, would not in fact be receiving all the healthcare services that they really need. Nonetheless, if we examine things more closely, we find that the healthcare services received by the wealthy and the less well-off may in fact qualitatively differ. Other studies in the United States show that the wealthy citizens tend to receive healthcare services from specialised doctors (more expensive) a great deal more than the less-well off citizens<sup>2</sup>. This tendency may confirm the thesis that the less-well off citizens do in fact “subsidize” the healthcare services received by the wealthy.

Be that as it may, the idea that it is unfair to provide free services to citizens if the wealthy resort to these more often than the less-well off does not constitute, in itself, an objection to free and universal access to healthcare from an egalitarian perspective. Egalitarianism certainly does not imply an identical use of public healthcare services by all classes of society. This state of affairs would be neither possible nor desirable. A more coherent and realistic priority based version of egalitarianism implies that we should favour the institutions that benefits the less well of classes of society. Rawls’ maximin represents a good illustration of this priority based egalitarianism. If we adopt such a principle while taking into account past and present experiences, it seems indisputable that public, universally accessible and free healthcare systems are those where the less well-off are best treated and least stigmatised (even if improvements are of course always possible in those systems!)

We should not be held back by the apprehension that the less well-off pay more than their fair share in state founded healthcare services that are also financed by wealthier citizens. The reason is quite simple: whatever the chosen funding scheme, the wealthy will necessarily pay for the basic services of the less well-off, simply because nothing comes for free. Universal and “free” access to universities or to healthcare services necessarily requires very important taxes (monetary deductions). It is thus primarily at that level, *ex ante*, that we must ensure that the wealthy do their part. The advantages to gain from a free healthcare system are not limited to the fact that the wealthy citizens pay for the less well-off (which is true but rather uninteresting). The main advantage is rather that a universally accessible and free healthcare system guarantees that every citizen will receive the same healthcare services. Free access constitutes a major requirement towards a fair access to healthcare. Moreover, it maximises the opportunities for both the wealthy and the less well-off to be treated as equals.

### **The Limits of Free Access**

It is much harder, for egalitarians notably, to set the limits to a universally accessible and free healthcare system. The difficulty arises primarily from the unlimited costs, or so it seems, of the many highly specialised healthcare services coupled with unlimited demands and expectations (we usually all want to live longer and healthier). However, our collective

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<sup>2</sup> For a survey, see Douglas J Tataryn et al, “Utilization of Physician Resources for Ambulatory Care”, *Medical Care*, Volume 33, no 12, DS84-DS99.

capacity to invest in healthcare services is, on the one hand, limited by our collective wealth, and on the other hand, by our concern to adequately finance other social obligations. Of course, egalitarians approve of the redistribution of wealth, equal access to educational institutions, affordable housing, and support for economically underprivileged countries, opening of frontiers and the like. All these egalitarian policies entail various costs. That is the reason egalitarians have to take into account the growing costs of healthcare services, a tendency shared by all industrialized countries. Indeed, it is not only healthcare spending that has increased. Its relative importance with regards to other sectors of social spending has also substantially increased. Should that tendency persist, it might lead to a lack of financial resources needed to fund our other social obligations as determined by a justice as fairness social scheme. It is indubitably a good thing to establish free and universal access to modern and effective healthcare services, but this good cannot be maintained such that other equally important goods are undermined. Access to free healthcare services for everyone must remain a central element of any justice as fairness social scheme. Nevertheless, this right must be well defined and circumscribed, now more than ever before. Social solidarity is not a hindrance to our setting of limits in the healthcare sector, or in any other sector for that matter. We must rationalize and prioritize public offer in order to better define the basket of healthcare services that is compatible with our conception of social solidarity. This is the new challenge that confronts egalitarians today in the healthcare sector.

## **2. EGALITARIANISM AND RATIONING HEALTHCARE**

The idea of an explicit rationing of health services is not recent. However, it proved itself very difficult to implement. It poses serious practical problems to egalitarians the world over, who still struggle for a better access to these services. And yet, it will have to be implemented. The task at hand is tremendous and it necessarily implies questioning a certain number of accepted ideas or strategies that have long been supported by egalitarians themselves:

### **Life is Priceless**

One of the foundation stones of the humanistic doctrine is that life is priceless. It is by now notorious that the contractarian tradition has always been very sensitive to human values and the respect owed to human dignity. Yet, that principle can in many ways be put in check. For example, a life that is preserved and maintained by costly modern medicine and technologies is very costly. These costs are getting more difficult to collectively support and fund mainly because of the explosion of costs in the healthcare sector. An alternative to this could be found, in my opinion, if one really understood the meaning of this statement: “life is priceless”. If we take it to be some kind of prescription such as: “never take into consideration the cost of a therapy before treating a patient”, it then becomes difficult to morally accept and even more difficult to sustain and implement for our modern healthcare systems that use highly expensive therapies and sophisticated technologies. Health spending

for a single person constitutes an “opportunity cost” for the other members of society and those “costs” cannot be left out of our considerations.

The best way to understand the traditional maxim according to which “life is priceless” is to approach it from an individual rather than collective rationale (vantage point). If each person is unique, then his or her life is also unique. It is commonly acknowledged that something unique is priceless. That is why every single life is exceptional in the eyes of the entity that lives it. The vast majority of us wish to live longer and healthier. This explains why we are concerned with our health and that we are ready to take, whenever necessary, the means to preserve our health by exercising and eating healthier. That being said, the difficulties begin when we discharge the costs to others. It is at this moment that we start to think about rationing healthcare costs. Let us recall that even if a justice as fairness social scheme attempts to define the distribution of costs within a community, it cannot take into account the exceptional value of each life (the subjective point of view). If it were to take into account such a subjective point of view, it would then be totally incapable of going through the necessary arbitration (objective and impartial) that is its main practical *raison d’être*.

### **A Fair Health System Should only Be Concerned with Patients’ Needs**

The ethical superiority of a State-funded healthcare system undoubtedly lies in the potential organisation of healthcare services according to the population’s needs rather than their financial situation. No egalitarian could object to such a rationale. However, the application of this principle without the establishment of proper limits and constraints inevitably lead to important problems. As a means to underline this further, let us first recall the socially-constructed nature of human needs. Their contents are not fully objective. Our needs are greatly defined by our culture, its level of scientific and technological progress, and the financial resources available. This is nowhere more obvious than in the healthcare sector. Patients’ “needs” are essentially defined by health specialists. Their broad knowledge is beyond that of the majority of citizens (information asymmetry problems). Let us not forget, moreover, that health specialists have an economic interest in the outcome of the issues they raise. The pressure of various economic players in the healthcare sector that “identify” new needs, new medication, or new therapies is substantial in our modern healthcare systems. To keep in check such influences, a critical and responsible attitude is required from the population. We, as a collective, have no obligation with regards to healthcare needs that are unrealistic (to never die) or extravagant (to live until 100 years old thanks to all the medical technologies available).

Healthcare “needs,” insofar as they can be defined in a sustainable manner, must be placed into perspective along with numerous other “needs” just as important from a justice as fairness perspective. Certain individuals, for example, would rather die younger such that society would not have to invest in technology and healthcare services to maintain his life. These preferences can be motivated either by the rationale that the funds that would be needed for his healthcare services are better used if there are invested in education. It can

also be motivated by the advantage of having better material conditions while still healthy rather than spending large amounts in order to keep oneself alive.

## **Healthcare Rationing will Inevitably Pave the Way for the Private Sector**

Egalitarians naturally prefer universal social programmes that treat all citizens without discrimination. They abide by Richard Titmuss' famous statement: "services for the poor are invariably poor services." They refuse to isolate the poorest in specific programmes and rather prefer to collectivize social risks by offering to all citizens, whenever possible, equal services that do not take into account their capacity to pay. That makes it possible to broaden the benefits of social solidarity to everyone without exception.

Rationing poses huge practical challenges for egalitarians. They fear that such a debate, essential as it may be, could definitively put an end to the universality principle in the healthcare system (where it still exists!). That fear is partly justified. It should not, however, be a sufficient reason to avoid the problem. Confronting this problem is, in my opinion, inevitable. To define the limits of the basket of healthcare services covered by social solidarity is the main purpose of rationing. Once those limits are established and thus known, a number of uncovered services will surely remain, notably due to their high cost, their ineffectiveness or relative effectiveness, or because they are still at the experimental stage. What will become of those services not covered by the healthcare system is yet to be determined. Can we tolerate that such services be offered on a private basis to individuals with enough financial resources to gain access to them? For numerous egalitarians, accepting this would be a social regression. I disagree. I believe that it depends on motives and manner. Citizens who, just like me, have the chance to live in a society where healthcare is free should allow others to use their personal savings to benefit from services that are not covered by state funded healthcare services. Apart from a pure egalitarian argument, I cannot really think of any serious ethical argument that would morally justify the prohibition of certain healthcare services deemed unnecessary or too costly that are given by the private sector while we allow individuals to purchase a second car without being morally bothered by this individual decision. In that sector as in others, inequalities should not only be tolerated for reasons of principle, but also for practical reasons. It is unthinkable that we limit access to certain healthcare services for a whole population that has freely chosen them without impeding on the state funded healthcare system. Yet, in the very name of equality, access to uncovered healthcare services should not put into question the right of every citizen to equal treatment. Therefore, these services should not play an important role with regards to life expectancy or quality of life. These services should never threaten the necessity of a basic healthcare system that remains free and universal.

**CONCLUSION: TO ESTABLISH LIMITS TO THE PUBLIC PRODUCTION OF  
HEALTHCARE SERVICES RATHER THAN LIMITING ACCESS TO HEALTHCARE  
SERVICES.**

Free access to healthcare constitutes one of the major elements of a just society. My objective in this short essay was not to bring forth arguments in favour of limiting access to a free healthcare system. I, rather, tried to emphasize the reasons why the egalitarian doctrine cannot solve the problem of rationing in the healthcare sector. The challenges are not insurmountable. The rationing of healthcare services and universal and free access to healthcare services are not incompatible. A certain intellectual rigidity characterizes the egalitarian debate around rationing. The questions raised by rationing in the healthcare system are too important to be conditioned solely by an obvious lack of open-mindedness. Egalitarians should tackle this delicate issue that confronts most modern healthcare systems the world over. Egalitarians should not only bank on past success. They must now think ahead and try to reconcile equal access to healthcare with a well-defined basket of services that allows for freedom of choice over one's life or death.