The cost of public health care is once again the focus of political debate in Australia. Watch this short ABC Lateline clip (or read the transcript), which introduces the problem:

The idea that everyone has a right to health care or medical treatment has grown strongly since the end of World War II. The duty to provide this health care has fallen largely to the governments of the countries, like Australia, that have signed and ratified the international human rights agreements that underpin these claims.

The United Nations’ 1948 Universal Declaration of Human Rights states in article 25 (1):

> Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

The Catholic Church has also endorsed the idea of the universal provision of health care. For example, the Second Vatican Council (the most important doctrinal meeting of the Catholic Church in recent history) declared in paragraph 85 of its 1965 Pastoral Constitution on the Church in the Modern World, also known as Gaudium et Spes, that

> organizations of the international community . . . must make provision for [humankind’s] different needs . . . in the fields of social life—such as food supplies, health, education, labor . . . .

Both of the aforementioned documents use the concept of human dignity as the basis of the claims being made.

Australia, like many countries around the world, especially in Europe, embarked on a plan to realise this ideal of health care for all, not just for those who could afford it. The result of these efforts was first, Medibank, and then Medicare. To get an overview of the history of publicly funded health care in Australia, and its relation to private health care, follow this link to a 2003/2004 Australian Parliamentary briefing by Amanda Biggs.

Nonetheless, the idea of universal publicly-funded health care does not have universal support. There are some who argue against it. This can be seen particularly in the United States of America. Moreover, in countries with a long history of public health care, like Australia and the United Kingdom, there are increasing pressures to privatise health care, raising questions about whether this can really achieve the goal of universal health care, or a right to health for everyone.
THREE MAIN PERSPECTIVES

The concept of human dignity, as the basis of human rights, has been appealed to by both those in favour of universal public healthcare, and by those who oppose it. The question is, how does the concept of human dignity support or counter the idea of a right to health and the idea that states have a duty to provide free healthcare to all, especially to those who can least afford it? And what understanding of human dignity is operating in these arguments?

Perspective 1: Human dignity is diminished when social structures do not meet the basic health care needs of all. When basic health needs are not met people are rendered unable to flourish as human beings making informed, autonomous choices about the meaning and purpose of their lives. Thus, universal health care must be provided.

Perspective 2: Access to health care affirms the fundamental dignity and equality of all human beings. As society is obliged to affirm and uphold this dignity, universal access to health care must be safeguarded.

Perspective 3: Universal health care undermines God-given free choice and personal responsibility. It encourages people to believe that someone else is responsible for their health and therefore removes the personal obligation to act responsibly for one’s self and make appropriate choices for one’s self. The provision of universal healthcare therefore undermines or violates human dignity as it impacts the ability of human beings to fulfil their potential.

As you read the articles in the links below, analyse the understanding of human dignity that underpins the arguments and consider how this understanding of human dignity is being brought to bear on the question of the right to health, and publicly-funded healthcare. Note that you may find two authors of different ethical positions explaining dignity in a similar way or in more than one way such that it could fit into the same quadrant as another author or into several quadrants. Look carefully for the nuances and underlying assumptions that further qualify the understandings of human dignity such that the authors nonetheless arrive at different ethical positions.

In some of the articles provided, the authors also refer to other authors who offer perspectives on dignity different from their own in relation to the question of health care. You may wish to use the references in the articles provided to trace these additional perspectives.

REQUIRED READINGS

In the first article, Sir Michael Marmot argues that a person has dignity when he or she is able to express autonomous control over his or her life. Health is a basic need that makes this expression of autonomy and hence expression of dignity necessary. Inequality is detrimental to health and therefore also to dignity.

In the second article, Martin Buijsen, argues against the idea that human dignity is grounded in autonomy, and instead argues the autonomy is grounded in human dignity, which is an inherent worth that all human beings have. In so doing, he is able to argue that social rights, i.e. rights to things that society is supposed to provide such as access to healthcare, cannot be subordinated to liberty rights, i.e. a right to freedom from restrictions by society.


The third article outlines a neo-liberal response to the proposals for health care reform in the United States. Donald Condit uses four principles of Catholic Social Teaching—human dignity, common good, subsidiarity, and solidarity—to argue against publicly-funded universal health care. Regarding human dignity, Condit, quoting Pope John Paul II argues that humans possess dignity from conception to natural death because they are created in the image of God. Dignity is fulfilled by taking personal responsibility for one’s health choices, or in other words, being autonomous. Universal health care violates dignity because it does not honour people’s choices or encourage them to take personal responsibility. (Note that alternative ‘Catholic’ perspectives are offered in the articles by Sulmasy and Ryan under the additional readings section.)


**ADDITIONAL READINGS & RESOURCES**

Finally, we have provided references to additional articles for you to find yourself, bearing in mind that being able to locate relevant information goes towards meeting the requirements of Graduate Attribute 8. These resources can be located either in the ACU library database or online. You should access these resources if you choose this case study for your final assessment.


