

## The just provision of health care: A reply to Elizabeth Telfer

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*Dr Hillel Steiner in this reply to Elizabeth Telfer takes each of her arguments for different arrangements of a health service and examines them – ‘four positions which can be located on a linear ideological spectrum’ – and adds a fifth which could have the effect of ‘turning the alleged linear spectrum into a circle’. Underlying both Elizabeth Telfer’s article and Dr Steiner’s reply, the base is inescapably a ‘political’ one, but cannot be abandoned in favour of purely philosophical concepts. Whatever the attitude of mind of the reader of these two papers to the provision of a health service, the stimulus to more careful assessments of our own National Health Service and its problems can only be good.*

### Four positions on an ideological spectrum

In ‘Justice, welfare and health care’ (*Journal of medical ethics*, 2, 107), Elizabeth Telfer has performed the very useful task of clearly distinguishing four approaches to the provision of health care in society, and of associating each of them with broader political and ethical standpoints concerning personal responsibilities and government functions. Thus she identifies the following different arrangements: 1) *laissez-faire*, whereby health care provision is left entirely in private hands, including private charity; 2) liberal humanitarianism, whereby those who can afford to do so provide for their own health care privately and those who cannot are provided for by the state; 3) liberal socialism (the current system in Britain), whereby the state provides health care to all but persons able to afford it may secure extra medical attention privately; 4) pure socialism, whereby the state provides health care to all and no one may privately secure extra medical attention. After giving due consideration to the pros and cons of each system, Miss Telfer concludes that, on balance, our current system of provision is preferable to the other three.

Clearly any system of provision carries both advantages and disadvantages so that, in the end, one’s view as to which system is best will depend upon the degree of importance one attaches to certain values in comparison to others. Nevertheless, and despite this ultimate dependence on personal value judgments, it is possible to assess the manner in which these advantages and dis-

advantages are compared – the consistency with which they are appraised – without appealing to one’s own moral views as to how much weight should be attached to each of them. And it is in this respect that Miss Telfer’s arguments are open to criticism. For where Miss Telfer’s analysis goes fundamentally wrong – but is far from alone in so doing – is in its underlying suggestion that the four arrangements she identifies can be located on a linear ideological spectrum, with two diametrically opposed (‘extreme’) positions at the ends and two (‘moderate’) positions somewhere in the middle. Whereas I would wish to contend that there is a fifth position, which incorporates important elements of the two extreme positions and, therefore, has the effect of turning this alleged linear spectrum into a circle. And if this is so, then we must revise our customary views about what approaches to health care provision are diametrically opposed to one another, and what approaches are close approximations of one another. I shall not argue extensively for this fifth position here. Rather, I shall try to show that the arguments brought by Miss Telfer for and against each of the other four positions cannot help but be inconclusive in assessing their respective merits, whatever values one happens to have.

### The four positions examined

#### THE LAISSEZ-FAIRE ARRANGEMENT

She begins her consideration of the four systems of provision by quickly dismissing the *laissez-faire* arrangement, on the traditional grounds that it cannot be relied upon to provide adequate health care for the needy since the charitable impulses of others – upon which such provision would depend – are too meagre for this task. Assuming that the needy should receive adequate health care, Miss Telfer argues that the inadequacy of private charitable provision creates a presumption in favour of, at least, liberal humanitarianism. The strength of this argument rests, very considerably, on how widely we extend the category of ‘needy’. If, as Miss Telfer and I assume, far less than half the population count as needy, this argument is severely impaired. For it relies upon the unstated assumption that the state, ie, politicians, are significantly more charitable than is the electorate who put them in

office. And as the grounds for such an assumption are obscure, one would require some supporting evidence to be adduced in its behalf.

On the other hand, Miss Telfer finds a role for private charity in the funding of medical research, particularly in the pursuit of high-failure risk projects which taxpayers' money should, perhaps, not be used to support. It is, of course, difficult in the best of circumstances to determine whether greater benefits to health result from relatively more research and less direct medical treatment or *vice versa*. But in other areas of human activity it is often maintained that it is precisely only a body, with access to funds on the scale of those available to the state, that is able effectively to bear the risks of those long-term ventures upon which human wellbeing depends.

#### LIBERAL HUMANITARIANISM

Liberal humanitarianism – state provision for the needy alone – is said to have the advantage of supplying the needy without incurring the larger tax bill which must be paid under liberal socialism and pure socialism. In so doing it helps to preserve the incentive of taxpayers to work. Against it, Miss Telfer points out that sometimes improvident persons who are not needy may fail adequately to provide for themselves, for example, through health insurance, and would thus, unfairly, become a burden on the state. Again we must consider what assumptions are required to lend weight to this objection. Presumably no discussion about the relative merits of different systems of health care provision makes sense unless we take it as given that the amount of resources for health care available at any one time is relatively fixed. If this is so, can it be claimed, as Miss Telfer suggests, that universal state provision is a remedy for private improvidence? There is no reason to suppose that a state system, any more than a private one, is capable of responding adequately to an unforeseen rise in the demand for its services. Once again, there seems to be a tacit assumption at work here: that politicians are more provident or prescient than their electorate. Arguments which thus ascribe less wisdom or virtue to private persons than to their chosen representatives are always in need of very elaborate justification.

It is also claimed, against liberal humanitarianism, that even the average man (not just the needy) may be unable privately to afford the kind of health care required for his particular illness, whereas the state could afford to provide it. Now there is a clear sense in which this claim is true. But there is another important sense in which it must be false. For it cannot be the case that the state *can* afford what average men jointly *cannot* afford. The unpredictable incidence of expensive illness among average men – an undeniable fact – suggests only that it is sensible to take out health insurance. It

suggests nothing one way or the other about whether this insurance should be secured through private agency or the state.

Third, it is urged against liberal humanitarianism – and in favour of universal state provision – that to identify some as needy in order to establish their eligibility for state provision is to stigmatize them as being, in effect, recipients of private charity. This is certainly true. However, the point is that it is also true of liberal and pure socialist arrangements. Or more precisely, it is only untrue to the extent that the government's accounts – of who pays how much tax, and who receives how much state aid – are deliberately obscured so that the public do not know what their elected representatives are doing with their money. There may indeed be arguments for fostering such state secrecy and public ignorance. But they are not usually heard from those who consider themselves liberal or pure socialists. Graduated income tax is after all, the most thoroughgoing means test yet devised.

Finally, it is said that in a system where some persons must rely only on private health care, the doctor will always have to consider not only whether a certain course of expensive treatment is medically advisable but also, if it is, whether the patient can afford it; whereas under universal state provision, it is suggested that the medical desirability of the treatment is itself sufficient to ensure that it will be given. This claim seems patently false. The state, like any other agency, does not have limitless resources at its disposal. And if, for entirely understandable reasons, it finds itself needing to economize, there is no reason to suppose that the costliness of certain types of treatment will be ignored by the authorities in deciding whether these should be administered.

#### THE SOCIALIST POSITIONS

We come now to Miss Telfer's consideration of the socialist positions in their liberal and pure forms. One argument often urged against socialist measures is that, by prohibiting or restricting the scope of private practice, they curtail individual liberty. I am inclined to agree with Miss Telfer that this is not a conclusive objection, though for different reasons than the one she offers. For she suggests that the curtailment of some persons' liberty can be justified if it (alone) can promote a great common good. This is a very dangerous sort of argument to employ as it can be, and has been invoked in support of measures which inflict the utmost hardship – not to say violence – on members of minority groups. After all, the allegedly common good to which such restrictive measures are said to be the means, can hardly be understood to include the good of those whose liberty is thereby curtailed. Otherwise there would be no need to curtail it. Nor, in any case, is it necessary to employ such a

argument to justify curtailing some persons' liberty. For if a measure does curtail the liberty of some – say, taxpayers and doctors – it also enlarges the liberty of those who otherwise would have been unable to secure health care. Just whether it is worthwhile to enlarge one group's liberty at the expense of another group's liberty is a question which obviously cannot be settled by reference to the value of greater liberty *per se*.

The second argument offered against both forms of socialism is that they undermine the individual's sense of responsibility and of being a mature, independent adult, inasmuch as they shift the burden of practical concern for his health from him to the state. Again, there is a superficial sense in which this is evidently true. But it is only ultimately true to the extent that people successfully practise systematic self-deception. The state is not a source of goods and services apart from and beyond the goods and services produced by individual members of society. If all individuals ceased to feel responsible for their own wellbeing and simply downed tools, there would be no additional health care services forthcoming from the state. And everybody knows this. Of course, each person's awareness of the need for his contributory effort is always greater in times of social crisis, such as a war. But to concede this much is not to say that in normal times most people will believe what is patently untrue, namely, that they can get something for nothing. Indeed the belief, on the part of an inevitable few in any society, that one *can* get something for nothing, is logically predicated upon the assumption that this belief is not shared by the vast majority of society's members.

Nevertheless, there is a problem about the relation between some forms of socialism and personal responsibility. This problem is not, however, the one referred to by Miss Telfer, namely, that universal state provision reduces one's *sense* of personal responsibility for one's health. It is, rather, that state provision reduces one's *capacity to exercise* personal responsibility for one's health. This is because, once decisions about the provision of health care get assigned to the state, each citizen can only exercise his responsibility for them in a very indirect and diluted form. For many of his preferences concerning the health care he receives can no longer be expressed in a large number of separate decisions, as are our preferences in the supermarket. Instead, they must all be reduced to a single decision which is expressed through the election ballot and which must somehow also incorporate his preferences over a whole range of other public issues. (I shall return to this problem presently.)

Admittedly, and as Miss Telfer would claim, this is not as true of liberal socialist provision as it is of pure socialism, since the former would still permit at least those who could afford it privately to

secure extra health care beyond what the state provides. And this may be one reason why she prefers liberal socialism to pure socialism. But her principal reason for this preference seems to be that private patients pay disproportionately more for extra treatment and thus, directly or indirectly, subsidize those who avail themselves only of state-provided care. Her contention is, then, that to adopt pure socialism and thereby prohibit any private treatment would be somewhat akin to killing the goose that lays the golden eggs. Careful reflection on this argument suggests, however, that if – as Miss Telfer reasonably assumes – the state system can invariably use more funds, an obvious and more equitable resolution lies ready to hand in simply taxing away the money that would have been paid out for private care, and putting it into the state system to accomplish whatever extra public benefit it would have secured when paid out privately. No doubt it can be objected that taxation stifles incentive and ultimately reduces the amount of resources – including medical resources – that those taxed are prepared to expend effort on in producing. But this objection applies to liberal socialism and, for that matter, to liberal humanitarianism as well. *Any* system which guarantees universal provision of health care up to a specified minimum standard will, in an inegalitarian society, involve some having to pay for others through taxation.

#### **A fifth position to turn the linear spectrum into a circle**

And this brings us to the fifth alternative which was alluded to at the outset and which Miss Telfer does not consider. Indeed, it may be somewhat unfair to suggest this alternative since, at one point, Miss Telfer indicates that she refuses to enter into a discussion of it, presumably on the grounds that it raises questions of social policy which go far beyond the provision of health care. But unless I am very much mistaken, the problem of health care provision cannot be adequately considered except in such a wider context. And the best evidence for this claim is to be gleaned from the very kinds of issue which Miss Telfer herself correctly felt bound to consider in assessing the merits of the four schemes already discussed: issues like the extent of human generosity, tolerable taxation levels, personal responsibility and individual liberty. In examining her assessments I have tried to show that, whatever one's political and ethical values might be, the considerations she adduces for and against each system of health care provision are rather inconclusive. If human generosity is unreliable, so too must be the generosity of elected politicians. If human providence and prescience are deficient, so too must be the providence and prescience of elected politicians. If greater rewards

for work induce greater effort, this is as much an argument for providing 'free' health care to anyone who can work as it is an argument against heavier graduated income taxation. If subsidization of some by others demeans the latter, it does so regardless of the form the subsidy assumes. If prohibiting private health care curtails the liberty of some, it also enlarges that of others. If state provision significantly diminished people's sense of responsibility and effort, there could be no state provision. If private provision requires cost consciousness on the part of doctors, so too does state provision on the part of public authorities. Health care, like any other desirable thing, is and will remain a scarce commodity.

Nevertheless, it can hardly be a matter of indifference as to how health care is provided. What one clearly wants is a system in which all have an equal opportunity efficiently to secure what they need *and* in which the restrictions imposed upon all the individuals concerned are of a minimal number. The kind of system which can best satisfy this requirement might appropriately be termed '*laissez-faire* socialism'. Miss Telfer is unwilling to discuss the proposal that wealth should be distributed equally. Nor would this be an appropriate place to examine such a proposal in detail. Yet in view of the inconclusiveness of the advantages and disadvantages instanced in the other four systems of health care provision – as well as the fact that they each, in turn, both presuppose and effect certain distributions of wealth – it is not irrelevant to consider how the provision of health care might take place under this fifth position. For here we would have an arrangement under which each person, equipped with an equal amount of resources, would be able to exercise full and direct responsibility in the choice of the services provided to him. He would not have to suffer from the improvidence of others, nor could he inflict the consequences of his own improvidence upon them. At the same time, poverty would not exist as an obstacle to his obtaining at least as much medical attention as any other person. Doctors and patients could freely agree on the level and kind of service to be provided in each case. And if, as seems likely, individuals wished to insure themselves against the cost of unforeseen illness, there would be no impediment to their doing so.

Of course, there may well be persons whose illness is such as to require more health care than even their equal share of wealth could purchase. Under *laissez-faire* socialism they would, it is true, be dependent upon the generosity of their fellow citizens. But as was previously remarked, they would be and are similarly dependent under any of the four schemes outlined by Miss Telfer, whether that dependence takes the form of reliance on charity directly given by private persons or indirectly given by them through their chosen

representatives. What can be said, however, is that under this arrangement the incidence and extent of such personal dependence would be less than under the distributions of wealth presupposed by the other four systems.

A proposal to distribute wealth equally and then to allow individuals to dispose of it as they choose clearly raises many problems which extend well beyond the question of health care provision. But I hope I have given some reasons to believe that it also solves certain problems – such as that of providing the health care needed by members of society – inasmuch as it extricates us from the many anomalies, inconsistencies and injustices which invariably beset any attempt to impose and justify programmes for universal need satisfaction in an inequalitarian society. Our needs will always outrun our capacities to satisfy them. The most we can hope for is an arrangement which permits to each person an equal opportunity to satisfy them in that manner and to the degree that he sees fit.

### Three issues on which we differ

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Dr Steiner's reply to my paper has given me much food for thought. There are many points which should have liked to take up. But since time and space are limited I shall confine myself to three issues on which we differ.

#### State action

Dr Steiner criticized me for assuming that politicians are more charitable and more provident than their electorate – an assumption which he thinks embodied in my claims that on a *laissez-faire* system provision for the needy would not be reliable and that on non-socialist schemes some people will not make adequate provision for their own health. But the assumption is present only on a most curious view of the nature of state action in such cases. If, for example, the state looks after the needy this is not a matter of politicians themselves being charitable, ie, voluntarily giving away their own money. Rather the politicians through the law make the electorate part with its money for the purpose, and the provision is reliable precisely because it is in the end based on law in this way.

#### The sense of responsibility

Dr Steiner accuses me of failing to realize that the possibility of state provision for health, or for any

thing else, depends on the vast majority's retaining their sense of responsibility; and he thinks this shows that a state system *cannot* sap people's sense of responsibility. But this is to beg the question. One might indeed acknowledge that the working of a state system depends on the general retention of a sense of responsibility, but one can at the same time maintain that in practice it undermines that sense. The conclusion which would follow is that such a system is self-destroying, at least in the long term. And this is precisely what some people hold.

### **Laissez-faire socialism**

Dr Steiner suggests a fifth possible system of health care, combining features of my *laissez-faire* and pure socialist systems. According to '*laissez-faire*

socialism', wealth is distributed equally but each individual can choose for himself how to allocate his resources. Now I am more sympathetic to the idea of greater equality of incomes than Dr Steiner would imagine. But the *imposing* of an equal distribution of wealth (supposing that we can give a clear sense to that phrase), and the sustaining of equality despite differences in aptitude and industry, would demand state control to a degree which belies the description '*laissez-faire*', however much freedom is allowed in the manner of *spending* one's wealth. Many would hold that if health necessities for all can be provided without recourse to such drastic egalitarianism, inequality of access to the luxuries is a price worth paying for freedom from such a high degree of control.