EDITORIAL

The Right to Health Care

Many people in South Africa are debating whether Health Care should be included in a Bill of Rights to take us into the future. Family Physicians cannot afford to avoid participating in this debate. The Department of National Health and Population Development seems to be of two minds. On the one hand they speak of the necessity of having health care accessible to all; On the other hand they say that health and health care is a privilege, not a right and that individuals should take responsibility for their own health.

Last month's editorial was "Ethics and Change" as I was preparing to attend an ethics workshop. The weekend workshop deliberated on the developments, needs and prospects for teaching and research in professional and business ethics. It was ably run by Prof André du Toit, a philosopher from the Department of Political Sciences at UCT. We were assisted by two visiting speakers, Prof Dennis F Thompson from Harvard and Prof Allen E Buchanan from Tuscon, Arizona. Both spent a further two days at the UCT Faculty of Medicine Ethics Symposium as guest speakers and resource people. Hopefully the proceedings will become available to all, as the enthusiastic organiser of this symposium, Prof Solly Benatar has done in the past.

The Right to Health Care came up for discussion for a full afternoon. Cedric de Beer (Wits), Dingie van Rensburg (University of OFS) and André du Toit (UCT) spoke.

Various socio-political systems hold opposing views on rights having major implications for government and individuals. On the one hand those who rely soley on market forces would say that no person can claim any right to either a certain quantity or quality of health care as it is most efficiently distributed through the private sector. The USA seems to have 40 million people who cannot afford medical cover and another 20 million inadequately covered.

On the other hand, the extreme socialist position would say there is a Right to Health Care and that the state is responsible for equity. The private sector only reintroduced exploitation. Eastern Europe seems not to have succeeded either.

There is some middle ground implied in both the position of the Department of Health and the African National Congress planning documents although they are leaning in opposite directions.

Rights, said André du Toit, must be qualified and used in a particular sense only. To claim a right is a relational act placing a duty on another. This implies enforceable reciprocal duties. Moral rights such as the right to health is an abstraction, not strictly a serious enforceable right.

The classical political and civil rights are 'freedoms from' or negative rights that do not make a claim on scarce resources nor raise issues of distributive justice. Thus the right to freedom of speech is achieved by others allowing you to speak and not by obligating them to pay more taxes.

We can thus speak about a negative right to health in which others will refrain from damaging my health. To speak of the positive right to Health Care needs an unsimplistic look at all the other "rights" of people and societies and the just allocation of resources. We cannot say no matter what the cost. We will necessarily have to look at issues that take us away from rights issues. These include limited resources; the direct and indirect influence in health promotion of taking responsibility for ones own life and life style; social demands in areas of health and outside of health care.

I conclude in approximately the words of Dingie van Rensburg: The State and the Individual and Other bodies are all responsible and we should not let any one off the hook. The medical profession however holds the key to accessibility. Our consistent failure in achieving accessibility in southern Africa suggests the need for radical change. How about a National Health Insurance/Service?!

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