

ON HEALTH CARE AS A HUMAN RIGHT

When rights grow like mushrooms so too does government, observes **Theodore Dalrymple**

I don't watch television except in other people's homes. I am told that I miss many good programmes, and I don't doubt it, but I fear the ease with which I might fall into the habit of slumping in front of the screen whenever I feel a little tired, which is most of the time.

The last occasion on which I watched television was at a house of some friends in Dublin. It was the evening of the debate between some of the party leaders in the run-up to the recent general election. There were seven of them, a number that in itself hardly made for incisive argumentation. The most important and voluble person on the screen was the moderator of the discussion, which gave the impression that politics was a minor branch of show-business. I am no great respecter of persons, but the way in which the moderator badgered the Prime Minister left me feeling uneasy. This was no forensic examination of his record, but rather a shouting down that he was too gentlemanly to resist.

The debate was staged in a hall of the University of Limerick. An audience was present that asked the questions. How the audience was selected I do not know, but the loudest applause went usually to the most left-wing sentiments expressed. Considering how recent was the crisis it went through, Ireland is in a comparatively flourishing state—unemployment reduced by a third, the government budget deficit almost eliminated, export industries booming—but, of

course, the recovery has not affected everyone equally: as which economic trend does? The question of the election seemed to be whether the malcontents of many stripes would outnumber those who feared to rock the boat.

One of the leaders given a podium was Gerry Adams of Sinn Fein. His murderous past was brought up and his less than unequivocal past commitment to electoral politics. Nevertheless, he elicited more applause from some of the audience than most of the other leaders, though those who are not with him hate him. He has positioned himself on the left and as the champion of the common man against the rich, though to hear him recount the individual hard-luck stories of his constituents ill-assorted with his less than humanitarian past. He had a marked propensity to tear-jerking anecdotes, but this did not in itself mean that he was insincere. The violent are often sentimental; indeed, the two tendencies, violence and sentimentality, are often linked like the recto and verso of pages.



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No election in a modern country is complete without questions about the health care system which, *ex officio* as it were, is in a state of crisis. (Can a crisis be perpetual?) Ireland is one of the highest spenders on health care in the OECD; it has a distinguished record in clinical medicine; yet almost everyone complains of the system's failure.

Mr Adams drew applause for proposing a National Health Service (NHS) free at the point of service and paid for by general taxation. I don't know how many people remarked on the irony of this: not only was he proposing the British model, but he was proposing it in the very words used over and over again to describe it, at least in aspiration, in Britain. In this, he showed himself to be more British than Irish, for the egalitarianism upon which the British NHS is founded—though which, for various reasons, it has never achieved—is far less characteristic of the Irish mentality than of the British.

To call health care a human right is to wrong-foot those who deny it. It is immediately to remove the whole question from the realm of practical politics—how best, most efficiently, most cheaply, most humanely to arrange health care—to an almost Platonic sphere of fundamental principle and ideal forms.

Nevertheless, quite a large proportion of the audience applauded him when he said that health care should be regarded as a human right rather than something to be haggled over or distributed on the basis of ability to pay. The applause was for a generous-sounding sentiment, to deny which would place one in the category of unfeeling monster.

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Now there is a problem with some words that my late friend, the development economist, Peter Bauer, pointed out: they carry a connotation so positive

that it becomes almost impossible to criticise the reality behind them. By calling government-to-government subventions foreign *aid*, for example, the actual effect of such subventions could go for long unexamined because no decent person could be against assistance to the poor to help them escape their poverty. Aid by definition aids, otherwise it would not be aid; hence foreign aid aids, and is therefore a good thing. By this means, intention automatically becomes achievement: and to this day, and throughout the economic crisis, the foreign aid budget of a country such as Britain has remained sacrosanct, such is the hypnotic effect of words.

In like manner, to call health care a human right is to wrong-foot those who deny it. It is immediately to remove the whole problem from the realm of practical politics—how best, most efficiently, most cheaply, most humanely to arrange health care—to an almost Platonic sphere of fundamental principle and ideal forms. And once the fundamental principle is widely accepted, those who deny it go unheard. They are believed to be the kind of people who would permit or even rejoice in the death of people with curable diseases, if those people had no money to pay for treatment. They do not care for their fellow-men; they are unfeeling and selfish.

Almost universal acceptance of the principle of the NHS in Britain—that health care should be free at the point of use and funded by general taxation, because of a human right to health care—has resulted in a strange kind of religiosity in the people. They worship their NHS as a golden calf. No true believer takes notice of the fact that it has a very bad reputation in the rest of Europe; that its actual performance by comparison with other European health care systems is mediocre at best; that in point of equal outcomes for various sectors of the population it has never had an egalitarian effect, and that the country (in point of inequalities in health) remains one of the most unequal in Europe, and is more unequal than it was at the system's inception. Deficiencies in the system are either ignored, denied, or excused (lack of funds, too much government interference, as if such interference were not inherent in the system

from the first), while successes are attributed wholly to its glorious founding principles. For example, a newspaper much in favour of the system's general principle, the *Guardian*, recently ran a series of articles about individuals whose lives had been saved by treatment under the NHS: the implication being that such lives would be saved *only* under the NHS, and were the individuals unlucky enough to live somewhere else in the world they would have died.

In fact, statistically-speaking, results elsewhere are equal or superior, but this is not allowed to enter the consciousness of the NHS-worshippers. Nor is the role of sheer technical progress, which occurs everywhere, given much credit. And stories of the horrors that occurred before the NHS are treated as being of the deepest significance, while those that occurred afterwards are dismissed as anomalies of no great importance. (It is clear that *no* system can be entirely without its horrors.) In short, *no* evidence could ever reduce the faith in the founding principles of the NHS, the very principles that Mr Adams wanted to introduce into Ireland.

Let me say that I have no personal animus against the British NHS, nor do I have any grounds for complaint against it on the few occasions when I have had occasion to use it. I have known people treated extremely well under it, and I have known people treated abominably by it. Whether the ratio of good to abominable care is higher or lower than in any other system I do not know, though the fact that any Western European resident in Britain flees if he is ill but still able to so is suggestive (though people often act from irrational fears). But in Britain, the acceptance of health care as a human right precludes rational discussion.

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Where health care is regarded as a human right, it is likely that housing, education, social security and pensions will be regarded as human rights as well. (Education might be as important to health

as health care itself.) These rights are to tangible benefits: thus a right to education is a right to an actual education, not that no-one has the right to deny a person an education. And if someone has the right to an actual education, or any other tangible benefit, someone has the duty to supply it or to see that it is supplied. This person can only be the state, beneficent or maleficent as the case may be. And since rights in the modern world are like mushrooms, they grow very quickly, the stage is set for ever-greater state interference and regulation. Our rights forge our fetters.

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When tangible benefits are regarded as rights, there are certain psychological consequences. Gratitude is expunged, for one receives only what one has a right to—or alternatively one is outraged by the denial of one's rights. Compassion likewise has a tendency to reduce or disappear, for compassion is generally stronger for the deserving than the undeserving, categories that the doctrine of rights denies or undermines. Since rights cannot be foregone, one motive for behaving well or even prudently is reduced or eliminated. Moral imagination is reduced because, as I have found by asking people, once something is a right, they cannot think of any other reason for supplying it. And where rights conflict (as they often do), bitter argument ensues as to which takes priority, settled usually by the exercise of power.

By granting rights, governments exert their power: and Mr Adams has ever craved power. When you go to a doctor in Britain, he is as likely to do what the government tells him as what he thinks is right.