

The Right to Healthcare That We Do Have

Jared Rhoads

What do people mean by "a right to healthcare," and is it really an ideal toward which America should strive? Most people seem to have in mind a type of enforceable entitlement: the idea that every person must be guaranteed medical care, financed collectively one way or another through the state. Or expressed slightly differently, "the delivery of healthcare to every individual regardless of economic means."¹ The Universal Declaration of Human Rights drafted by the United Nations famously, or infamously, gives a very expansive definition ("the enjoyment of the highest attainable standard of physical and mental health"). Sympathetic theorists have said the right to health is "more than the right to medical care, but less than the right to be healthy."² On the surface, this push for a recognized right may sound compassionate and forward-thinking, but it is not. Underlying this effort is a conceptual error—a confusion between rights and claims upon the labor and resources of others.

If we are to think clearly about this issue, a good place to start is to remind ourselves what rights actually are. Rights are the link between two different moral contexts: the moral code of an individual and the legal code of a society.³ Consider an individual moral code that tells a man that he should act and pursue values in order to sustain his life. A right defines how that idea is to be respected when dealing with other people, i.e., in a society. It comes from the nature of the individual. It does not come out the wishes or desires of a group.⁴

A genuine right cannot mean that some people are forced to provide for others. As many thinkers have observed over the years, the right to free speech does not mean that someone must hand you a microphone; the right to property does not mean that others must give you goods; the right to life does not mean that others must sustain your living. Rights are not positive entitlements to be supplied with things or services. They are negative protections—principles that shield your freedom to act without coercion.⁵

All legitimate rights are rights to action, not to rewards.⁶ You may pursue what you want, work for it, trade for it, and speak your mind in pursuit of it, but no one else is obligated to give it to you. To claim a right to healthcare in the contemporary "progressive" sense is to invert this principle. It is to say that physicians and taxpayers exist not as free individuals but as instruments to satisfy the needs of others.

America's Founders rejected the Old World notion of "liberty as a gift from rulers."⁷ They understood that liberty precedes government, and that the state's role is to protect it—not to manufacture new "rights" by decree. Seen in this light, a supposed right to medical care amounts to a quiet form of servitude. Whether one is compelled directly to treat a patient against one's will, or compelled indirectly to fund a communal system of health through taxation, the result is the same: people are forced into obligations they did not choose.

Some advocates of the "progressive" notion of a right to healthcare attempt to soften these implications by appealing to reciprocity. They argue that since almost everyone will eventually benefit from the system they are compelled to support, objections and comparisons to servitude fall flat. But this is no more a defense than a thief promising he will share the spoils of his theft. A right to life does not mean a guarantee that others will keep you alive. It means the freedom to pursue your life, to work, to trade, to seek out medical care (or food, or shelter) through your own effort and voluntary exchange. Turning healthcare into an entitlement erases this moral framework. It declares, in effect, that some people must be compelled to serve others—that doctors, innovators, and taxpayers must become the means to someone else's end.

The true right to healthcare is far simpler, and far more defensible. It is a corollary of the right to life itself: the freedom to pursue one's health through voluntary action and trade.⁹ You have a right to buy healthcare just as you have a right to buy groceries to stave off hunger, or to buy a house to give yourself shelter, or to buy blue jeans to clothe yourself. What you do not have is a right to be provided with groceries or any of these other need-satisfying goods and services at someone else's expense.

This distinction matters, because it rescues the very concept of rights from collapse. If rights are reduced to claims upon others, then no one truly has rights—not the patient, and not the physician.⁶ To deny doctors their liberty in the name of patients' needs is to turn one group into servants of the other. That is not compassion. It is coercion, masquerading as morality.

Frequently this debate is presented in terms of right versus privilege. This framing of the issue is not clarifying. Healthcare is neither a right (in the collective responsibility sense) nor a privilege (in the sense of being a luxury for the chosen or an anointed class). It is a set of goods and services that are provided by people. There is no right to healthcare in the sense already described, but there *is* a right to healthcare in the sense that you as an individual should be free to pursue the healthcare that you deem necessary by your own judgement (which includes, of course, the judgement of any medical expert that you choose to work with, such as a doctor). This is why the myriad restrictions on medicine and healthcare today are so unjustified: they violate our real right to healthcare by hampering our ability to buy or trade our way to better health as we see fit.⁸

To honor the actual right to healthcare that we all have, but which is not currently protected or recognized in America today, we must make the necessary policy changes that will enable us all to act freely without being conscripted into the service of others.

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Declaration of Conflicting Interests

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