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SNFI Lincoln-Douglas

08/05/12

Neg Case for Universal Health Care

**Resolved:** The United States ought to guarantee universal health care for its citizens.  
  
I negate the resolution.  
  
**Definition of Terms:**  
  
For clarity, I will define the following terms:  
  
ought to: used to express moral obligation  
<http://www.merriam-webster.com/dictionary/ought>  
  
Universal health care: A guarantee of basic health care to all its citizens. Basic health care includes treatment for urgent, emergent, preventative, reconstructive, routine, and chronic care. A single-payer healthcare is a system in which a single public or quasi-public agency, usually the federal government, organizes health financing, but the delivery of care can remain largely public.  
  
**Values:**  
Because ought to is defined as a moral obligation, my value will be morality.  
  
**Criterion:**  
  
My criterion will be consequentialism, which holds that in order to determine “whether an action is morally right depends only on the consequences of that action or something related to that act”. The only way to decide whether an act is morally permissible is by looking at moral consequences and the moral benefit of that action.  
  
Stanford Encyclopedia of Philosophy  
  
**Leroy’s Card:**  
  
**Cummiskey explains that Consequentialism is in the nature of rational beings:**  
**If I sacrifice some for the sake of others,** I do not use them arbitrarily, and **I do not deny the unconditional value of rational beings. Persons may have** “dignity, that is, an **unconditional** and incomparable **worth”** that transcends any market value (GMM 436), **but persons also have a fundamental equality that dictates that some must sometimes give way for the sake of others** (chapters 5 and 7). **The concept of the end-in-itself thus** does not support the view that we may never force another to bear some cost in order to benefit others. If one focuses on the equal value of all rational beings, then equal consideration **dictates that one** may **sacrifice some to save many**.  
  
**Contention #1**: Health care is not a right and therefore the United States government should not guarantee a universal healthcare system.  
  
**Subpoint A:**  
  
-by John Campbell, MBT, US Representative in John Campbell: A Right to Health Care?  
  
"Rights are not about giving you something for free; they are about protecting natural liberties from those who would take them away from you. For instance, the Second Amendment guarantees the right to bear arms. It does not however, say that you get guns for free if you don't have one. This is analogous to the issue of health care 'rights.'  
  
*A 'right' to services without charge, that forces someone else to provide for you, does not and should not ever exist. No one in a free society should have a 'right' to anything that requires others to toil against their will on behalf of those unwilling to provide for themselves.”*  
  
**Subpoint C:** A citizen does not have the right to force another person to produce.  
  
<http://www.huffingtonpost.com/john-david-lewis/why-say-there-is-a-right_b_258188.html>  
Author: by John David Lewis  
Associate Professor of Philosophy, Politics and Economics, Duke University  
Huffington Post-[Health Care, Why Call it a 'Right'?](http://www.huffingtonpost.com/john-david-lewis/why-say-there-is-a-right_b_258188.html)  
  
"To secure (the rights of life, liberty and the pursuit of happiness) governments are instituted," which means to secure the rights of each person to exercise his or her liberty in pursuit of his or her own happiness.  
  
By this understanding of rights, no one may force you to act in ways contrary to your own interests, as long as you do not demand that they act contrary to their own interests. There is no right to a good outcome -- no right to food, clothing, shelter, or economic security -- only a right to pursue that outcome, with the voluntary cooperation of others if they wish to offer it.  
  
These two concepts of rights -- rights as the right to liberty, versus rights as the rights to things -- cannot coexist in the same respect at the same time. If I claim that my right to life means my right to medicine, then I am demanding the right to force others to produce the values that I need. This ends up being a negation of personal sovereignty, and of individual rights.”  
  
**Subpoint D:** Distinction between positive and negative rights.  
  
<http://everyday-ethics.org/2009/05/positive-and-negative-rights-what%E2%80%99s-the-difference-and-why-does-it-matter/>  
2009 by Elijah Weber  
“Negative rights are typically rights to not be subjected to certain conditions, such as a right to freedom of speech or autonomy.  Negative rights are often some varietal of a right to non-interference.  They impose duties on others to leave you alone and let you do things that are important to you, like speak your mind or make your own decisions  
  
Positive rights are usually rights to receive some benefit, such as a right to an education or accessible health care  
  
First, negative rights are usually based on something about the bearer.  Humans have a negative right to autonomy because humans are the sorts of creatures that make choices that matter to them.  
  
Most importantly, positive rights are less stringent than negative rights.”  
  
Explanation: I do great harm if I violate a negative right, but I don’t do comparable harm if I violate your right to healthcare.  
  
**Contention #2:** Universal health care will decrease the quality of services provided by physicians.  
  
**Subpoint A:** Physician's working in Britain, a country that uses a universal health care system, still work for a private earning, and thus the ideological egalitarianism practices are not a reality. Physicians won’t be as willing to work under the national system because they are making their own earnings by arranging their own care and thus this decreases the quality of life.  
  
“On paper, there is a strong egalitarian ethos in most single-payer plans, abundantly evident in the PWG proposal. In practice, however, many countries with such plans that are egalitarian on paper are less so in reality. **Some patients and physicians make their own arrangements for care, with patients paying out of pocket or with private insurance. The physicians keep most or all of the proceeds as a supplement to their earnings in the national system.** British specialists, especially surgeons, are so attached to their private earnings that when the NHS offered them a substantial boost in pay if they would agree to more accountability as to how they spend their time, they refused the contract. Even Canada, which has the most egalitarian rules of any country, does not bar patients from obtaining care in the United States at their own expense.”  
  
**Subpoint B:** Canada’s compensation cap also dictates lower earnings, meaning that physicians are not as happy with their jobs, which leads to physicians being less willing to work and therefore decreasing the quality of services.  
  
“For example, negotiated fee schedules have proved to be inadequate as a method of controlling spending in Canada because many physicians responded to what they regarded as inadequate compensation by ramping up utilization. Thus, Canadian plans felt obliged to respond by imposing caps on the annual compensation that each physician could receive.**”**  
  
**-**<http://content.healthaffairs.org/content/24/6/1399.full>  
[**Victor R. Fuchs**](http://content.healthaffairs.org/search?author1=Victor+R.+Fuchs&sortspec=date&submit=Submit) **and** [**Ezekiel J. Emanuel**](http://content.healthaffairs.org/search?author1=Ezekiel+J.+Emanuel&sortspec=date&submit=Submit)  
Health Affairs  
  
**Contention #3:** Having universal health care limits the competitive market.  
  
“In Canada and England, health care workers are considered employees of the government rather than private health care workers. This means that each surgeon, family practitioner and nurse is paid through the government, and their salaries are regulated by the government. This means that the competition for patients that spurs health care workers to become better at their occupations and specialties is gone. This could mean a reduction of those willing to go into the medical profession overall. You also won't be able to choose the best doctor simply by looking at her successes and patient base.”  
  
<http://www.livestrong.com/article/30692-pros-cons-universal-health/#ixzz22sSUEt6o>  
Livestrong  
  
**Contention #4:** Because efforts at a healthcare reform on a  state level have failed, there is a good probability that a national one will fail as well.  
  
by Smedly, 2008  
“no state health care expansion proposal would achieve truly universal coverage. Most states are finding it politically difficult to include some groups—such as childless low-income adults, some legal immigrants, and undocumented immigrants—in expansion proposals, despite the fact that all such proposals require individuals and families to pay into the system. And restrictions, such as recent federal legislation requiring documentation of citizenship for people enrolling or re-enrolling in Medicaid, have hurt enrollment among eligible citizens who cannot produce the necessary documents.”  
-Health Affairs  
  
<http://content.healthaffairs.org/content/27/2/447.full>