Utilitarianism Affirmative

**I affirm: "Resolved: The United States ought to guarantee universal healthcare for its citizens."**

**I offer definitions for clarity in this debate:**

**ought** - (used to express [justice](http://dictionary.reference.com/browse/justice), moral rightness, or the like) (Collins English Dictionary)

**guarantee** - Provide such an assurance regarding (something, esp. a product) (collins English Dictionary)

**universal healthcare** - A government-sponsored system that ensures health care coverage for all citizens of a nation, regardless of income level or employment status.

**My value is Utilitarianism:** Utilitarianism is "a doctrine that the useful is the good and that the determining consideration of right conduct should be the usefulness of its consequences" (Mirriam-Webster Dictionary). Writes the Encyclopedia of Britannica:

"**In normative****[ethics](http://www.britannica.com/eb/article?idxref=561294)**, a tradition stemming from the late 18th- and 19th-century English philosophers and economists [Jeremy Bentham](http://www.britannica.com/eb/article?idxref=561296) and [John Stuart Mill](http://www.britannica.com/eb/article?idxref=561297) that **an action is right if it tends to promote****[happiness](http://www.britannica.com/eb/article?idxref=561298) and wrong if it tends to produce the reverse of happiness—not just the happiness of the performer of the action but also that of everyone affected by it**. Such a theory is in opposition to [egoism](http://www.britannica.com/eb/article?idxref=561299), the view that a person should pursue his own self-interest, even at the expense of others, and to any ethical theory that regards some acts or types of acts as right or wrong independently of their consequences. **Utilitarianism also differs from ethical theories that make the rightness or wrongness of an act dependent upon the motive of the agent; for, according to the Utilitarian, it is possible for the right thing to be done from a bad motive.**

### My value Criterion is promoting the right to health. The right to health is in Article 25 of the Universal Declaration of Human Rights. It reads

**"**Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."

The idea of the universal health care is supported by the right to health. The right to health is utilitarian because it profits the most amount of people. Therefore my criterion supports my value and the debate.

**Contention one: Universal Healthcare will provide healthcare to those who are too poor to afford it.**

The United States used to be #1 in the world when it came to health care. But (as is as so often in many places of the world) other countries developed, and the US fell rapidly behind. The United States is now ranked 37th among countries that provide health care (World Health Organization). The US is now behind England (18th), the United Arab Emirates (27th) and Morocco (30th) [World Health Organization, 2000, <http://www.photius.com/rankings/who_world_health_ranks.html>]. This is a major problem - The United States is no longer providing world-class health coverage to its citizens. Christopher Murray writes in 2010:

**Ranking 37th — Measuring the Performance of the U.S. Health Care System**

**Christopher J.L. Murray**, M.D., D.Phil., and Julio Frenk, M.D., Ph.D., M.P.H. N Engl J Med 2010; 362:98-99, **2010**

Evidence that other countries perform better than the United States in ensuring the health of their populations is a sure prod to the reformist impulse. **The World Health Report** 2000, *Health Systems: Improving Performance,* ranked **the U.S.**[**health care**](http://www.nejm.org/doi/full/10.1056/NEJMp0910064)**system 37th in the world**([1](http://www.nejm.org/doi/full/10.1056/NEJMp0910064#ref1))**— a result that has been discussed frequently during the current debate on U.S. health care reform.**

The conceptual framework underlying the rankings[2](http://www.nejm.org/doi/full/10.1056/NEJMp0910064#ref2) proposed that health systems should be assessed by comparing the extent to which investments in public health and medical care were contributing to critical social objectives: improving health, reducing health disparities, protecting households from impoverishment due to medical expenses, and providing responsive services that respect the dignity of patients. Despite the limitations of the available data, those who compiled the report undertook the task of applying this framework to a quantitative assessment of the performance of 191 national health care systems. These comparisons prompted extensive media coverage and political debate in many countries. In some, such as Mexico, they catalyzed the enactment of far-reaching reforms aimed at achieving universal [health coverage](http://www.nejm.org/doi/full/10.1056/NEJMp0910064). The comparative analysis of performance also triggered intense academic debate, which led to proposals for better performance assessment.

Despite the claim by many in the U.S. health policy community that international comparison is not useful because of the uniqueness of the United States, **the rankings have figured prominently in many arenas. It is hard to ignore that in 2006, the United States was number 1 in terms of health care spending per capita but ranked 39th for infant mortality, 43rd for adult female mortality, 42nd for adult male mortality, and 36th for life expectancy.**[**3**](http://www.nejm.org/doi/full/10.1056/NEJMp0910064#ref3)**These facts have fueled a question now being discussed in academic circles, as well as by government and the public: Why do we spend so much to get so little**?

Comparisons also reveal that the United States is falling farther behind each year. In 1974, mortality among boys and men 15 to 60 years of age was nearly the same in Australia and the United States and was one third lower in Sweden. Every year since 1974, the rate of death decreased more in Australia than it did in the United States, and in 2006, Australia's rate dipped lower than Sweden's and was 40% lower than the U.S. rate. There are no published studies investigating the combination of policies and programs that might account for the marked progress in Australia. But **the comparison makes clear that U.S. performance not only is poor at any given moment but also is improving much more slowly than that of other countries over time**.

Not only is America's health care sub par, but also very expensive.

Department of Health and Human Services, et al**., Petitioners v. State of Florida, et al. 2011**

**As a class, the uninsured consumed $116 billion of health care services in 2008**. Families USA, Hidden Health Tax: Americans Pay a Premium 2 (2009) (Hidden Health Tax). In 2009, more than 55% of Americans under age 65 who were uninsured for more than 12 months had at least one visit to a doctor or an emergency room; about 80% of those who were uninsured for less than 12 months did so.

National Ctr. for Health Statistics (NCHS), DHHS Pub. No. 2011-1232, Health, United States, 2010, Tbl. 79, at 281 (2011); see NCHS, DHHS Pub. No. 2012-1578, Summary Health Statistics for U.S. Children: National Health Interview Survey, 2010, Tbl. 16, at 43 (2011). **The uninsured were hospitalized more than 2.1 million times in 2008.** Office of the 8 Assistant Sec’y for Planning & Evaluation (ASPE), HHS, ASPE Research Brief: The Value of Health Insurance: Few of the Uninsured Have Adequate Resources to Pay Potential Hospital Bills 5 (May 2011) (ASPE Research Br.). **The average bill for a single hospital stay for an uninsured person was $22,200, and nearly 60% of those hospitalizations generated bills greater than $10,000.** Id. at 5, 8.

Not only is it expensive for the uninsured, but the difference that they cannot pay is picked up by the government - who gets the money from the tax payers.

Department of Health and Human Services, et al., **Petitioners v. State of Florida, et al. 2011**

**"Thirty-seven percent of the uninsured’s health care costs, totaling $43 billion, was “uncompensated care” —i.e., care received by uninsured patients but not paid for by them or by a third party on their behalf."**

The United States tax payers are paying for an expensive system which they are getting no benefit from. Those who have no insurance have to pay an expensive amount of money for care. However, if the United States Government reforms the health care system into a Universal Health Care system, it would eliminate heavy costs for the poorer uninsured:

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These observations and the reflections they should trigger are made possible only by careful comparative quantification of various facets of health care systems.

The current proposals for U.S. health care reform focus mostly on extending insurance coverage, decreasing the growth of costs through improved efficiency, and expanding prevention and[wellness programs](http://www.nejm.org/doi/full/10.1056/NEJMp0910064). The policy debate has been overwhelmingly centered on the first two of these elements. **Achieving universal insurance coverage in the United States would protect households against undue financial burdens at the same time that it was saving an estimated 18,000 to 44,000 lives**.[4,5](http://www.nejm.org/doi/full/10.1056/NEJMp0910064#ref4) However, narrowing the gap in health outcomes between the United States and other high-income countries or even slowing its descent in the rankings would require much more than insurance expansion. Given the vast number of preventable deaths associated with smoking (465,000 per year), hypertension (395,000), obesity (216,000), physical inactivity (191,000), high blood glucose levels (190,000), high levels of low-density lipoprotein cholesterol (113,000), and other dietary risk factors, there are huge opportunities to enact policies that could make a substantial difference in health system performance — and in the population's health.[4](http://www.nejm.org/doi/full/10.1056/NEJMp0910064#ref4) More investments that are targeted at promoting proven strategies — including tobacco taxation and smoking-cessation programs, screening and treatment for high cholesterol and blood pressure, banning of trans fat, creating incentives for people to engage in physical activity, and subsidizing the cost of consumption of n−3 fatty acids — could dramatically reduce mortality and enhance the performance of the U.S. health care system.

Those who before would not have access to a system they paid a lot of money for would now be granted access. Universal Health care is the best option for the most amount of people, and therefore it is utilitarian (which supports my value).

2. **Countries that have used Universal healthcare have had great success with it** - Empirical evidence.

Many countries in the developed world have adopted universal health care systems. Capitalist Israel has developed a successful health care system -

**Sharon Segal,** *Legacy Heritage Fellow and Heads the Specialist Stories Project for The Israel Project, a nonprofit, nonpartisan organization impacting world opinion to help achieve security and peace for Israel,* Physicians News, "Can Universal Health Care Work? A Look at Israel's Universal Model", <http://www.physiciansnews.com/2009/10/01/can-universal-healthcare-work-a-look-at-israels-successful-model/> **2009**

Today, **all Israeli citizens –** Jew, Christian and Arab – **are entitled to basic health care as a fundamental right.** Legislation enacted in the 1990s mandate citizens to join one of four health care funds, which ensures basic protection; citizens can choose to purchase supplementary health care.

im Legislation has also played its part in ensuring the needs of all citizens are met.  Two laws exist to protect the citizen – Israel National [Health Insurance](http://www.physiciansnews.com/2009/10/01/can-universal-healthcare-work-a-look-at-israels-successful-model/) Law (1995) and Israel’s Patient’s Rights Law (1996).  Israel’s National Health Insurance Law mandates universal and comprehensive health care and requires every resident of Israel to register with one of Israel’s four health care organizations. The **law makes it illegal for health funds to bar applicants on any grounds, including age and state of health and institutionalizes the state’s responsibility to provide residents** a broad array of **health services**, which include medical diagnosis and treatment, preventative medicine and health education, hospitalization, surgery and transplants, first aid and transportation to a hospital, among others.

Israel’s Patient’s Rights Law establishes the ethics for protecting the rights of every person who requests medical care or who is in receipt of medical care with 12 basic principles including the right to medical care, a second opinion, patient dignity and privacy and care under emergency or grave danger.  
**There are several benefits** to the Israeli system.  **The legislation in place accords citizens real protection and does not leave them vulnerable to socio-economic circumstance or a preexisting medical condition**.

**What makes the Israeli model so successful**?   Dr. Rafi Cayam, Director of Medicine for the Jerusalem District, attributes four key elements.  The first is **universal coverage**, second is cradle-to-grave coverage, third is the healthcare basket provided by the Ministry of Health that consists of both basic and catastrophic healthcare and fourth is access to medication that is affordable and in some instances covered entirely.

Dr. Cayam looks to the statistics produced by the Organization for Economic Cooperation and Development (OECD) to substantiate his argument.  “According to the latest figures released by the OECD in 2009, life expectancy in Israel is 81, **putting Israel in the top 14 countries in the world**, with Japan the highest at 83,” said Cayam.  “Israel ranked higher than average in most of the most health care categories as compared to Europe or the United States The newborn mortality rate was three for every 1000 births. The mortality rate for children up to five years old was five to every 1000. In all, 121 people for every 100,000.”

Israel also works to bring down the costs of health care. Records are almost entirely computerized with around 95% of doctors using electronic medical records, compared to around 15% in the United States.  This provides transparency, drug interactions and prescribing patterns, among others.  
Medical innovation and biotechnology is also highly developed in Israel.  In 2008, Israel opened its first Bio Park – a medical research orientated Technology Park at Hadassah Medical Organization’s Ein Kerem campus comprising Hadassah Hospital and the Hebrew University’s schools of medicine, dentistry, pharmacy, nursing and public health.  Hadassah Hospital conducts more than half the hospital research in Israel, while the Hebrew University conducts more than one-third of Israel’s scientific research, including more than 40% of the biotechnology research in Israel.  The advances made by Israeli scientists and medical professionals contribute to a sophisticated healthcare system.

The Israeli model isn’t perfect – no system is – but it works. While America is looking around the world at other health systems, it may want to look at Israel.

Israel is a capitalist society with a very successful universal health care system. The Israel model proves alone that capitalist societies can support a universal health care system. Another capitalist society, Switzerland, has a great universal health care system:

Switzerland's example of universal healthcare

Doyle McMANUS

WRITING FROM LUGANO, SWITZERLAND — At least **one country** already **has** a healthcare plan roughly similar to the one President Obama and the Democrats have proposed, with **universal coverage, a mandate that everyone buy insurance and a major role for private insurance companies: Switzerland.**

So I used part of a vacation last week to head for the Swiss Alps to observe the system in practice.

http://articles.latimes.com/images/pixel.gif

Dr. Jean-Oscar Meile, 53, runs a tidy one-man practice in Melide, a suburb of Lugano in Switzerland's Italian-speaking south. He is quick to say he's not a spokesman for Swiss doctors, the government or anyone else. But he has about 1,000 patients, as varied as bankers, fashion designers, rural woodcutters and immigrant laborers.

"We've got a lot of problems," he told me last week. "Costs are going up. Nobody wants to pay for them. The politicians want us to drive a Mercedes, but they're only willing to pay for a Volkswagen.

Still, he added, "I think we have the best system in Europe. All the American doctors I know complain about your system and are jealous of ours."

**Here's how the Swiss system works: Everyone is required to buy basic health insurance from one of several private companies; the government subsidizes the cost for low-income families. Consumers can choose any insurer and go to any doctor -- more choice than most Americans now enjoy. The government prescribes what the policies will cover, sets the price and tells doctors what they can charge for every medical procedure. Doctors are free to do whatever they feel is called for, order up any test and prescribe any approved medication. But if a doctor's billings exceed the regional median by too much, he or she will get a "blue letter" -- a bill from the government demanding the return of some of those fees.**

By world standards, Swiss medicine is very good. **The average infant born in Switzerland can expect to live to almost 82, more than three years longer than the average American baby. Swiss patients don't wait long for treatment either**. "If you need an MRI, I can arrange one tonight or tomorrow," Meile said. And they pay a lot less than we do. About 11% of the Swiss GNP goes to healthcare, against about 16% of ours. Per person, that worked out in 2007 to roughly $4,417 in Switzerland and about $7,290 per person here, according to the Organization for Economic Cooperation and Development.

That makes **Switzerland's system a lot cheaper than U.S.** medicine, but it's not cheap in the eyes of many Swiss. In fact, the Swiss pay out-of-pocket costs that are higher than the U.S. average. This year, the basic Swiss health insurance policy cost an average of about $3,800 per adult over age 25, with a deductible of about $300 for the year and a co-payment after that of 10% (up to a ceiling of about $700). Next year, the premium will rise by about 9%. Some employers pick up a big chunk of the premium, but not all.

The Swiss enjoy several health privileges Americans do not, they have a higher life expectancy (which means they are more healthy) and the system is cheaper than the American one. Both examples illustrate how universal health care systems raise the standard of health. By raising the standard of health, you are helping all. Helping all is utilitarian, and therefore supports my value and thus I affirm. I now stand open for cross-examination.