

### Notes on Daniels' "Is there a right to health care and, if so, what does it encompass?"

You have already encountered some of the issues that Daniels discusses in Vaughn's chapter. See the section "A right to health care" (pp. 638 – 640). A *right to healthcare* in this sense means that everyone (or everyone in a particular country) is entitled to and cannot be denied some collection of healthcare services. So, such a right would be analogous to a right to education, which in the United States we understand to mean that everyone is entitled to at least 12 grades of education (which is why we have a public education system).

In the first subsection, "Legal versus moral rights to health care," Daniels discusses the legal right that people in many countries have to healthcare services. Daniels explains the difference between legal and moral rights. This distinction is also explained in the section on rights in "What is ethics anyway?" (although there, *moral rights* are called *human rights*).

The section on rights in "What is ethics anyway?" also provides some useful background for the next subsection, "Positive versus negative rights."

Daniels' doesn't fully explain the libertarian position on positive and negative rights on p. 650, but see Vaughn's explanation in the first full paragraph in col. 2 on p. 638.

P. 650, col. 2, top: An "imperfect duty" is a duty that, although we have it, the duty doesn't precisely indicate how or when we should act. This contrasts with a *perfect duty*, which always (or at least at clearly specified times) dictates how we should act. An example of a perfect duty is *tell the truth*, which according to Kant (and the categorical imperative), we are always obligated to do. A typical example of an imperfect duty is charity. If this is an imperfect duty, then we sometimes and to some extent have an obligation to do some form of charity, but when, what kind of charity, and to what extent we pursue it are all (at least somewhat) up to us.

P. 650, col. 2, mid.: A "minimal state" is, in the libertarian theory, the ideal form of government. It would be a state (i.e., a country) with the smallest possible government, namely, one that only offered some form of protection to the citizens (i.e., police and a military) and a court system to

settle disputes, but nothing else. (So, for instance, no publicly provided healthcare services, no public education, no publicly funded and maintained roads, and so forth.)

P. 651, col. 1, mid.: Vaughn discusses “quality-adjusted life year” and how this process is used for making healthcare decisions on pp. 641 – 642.

In the second column on p. 651, Daniels begins discussing the right to equality of opportunity, which is part of a larger theory of justice. You don’t need to know anything about this theory of justice to understand Daniels’ article, but if you’re curious, Vaughn explains it on pp. 47 – 49 (“Rawls’ contract theory”).

The basic idea for the right to equality of opportunity is that everyone is entitled to a fair chance to achieve any of the social and economic positions available in a society. Access to some level of health care, then, would be required so that everyone has this fair chance.

Daniels calls the right to health care that comes out of the right to equality of opportunity “a special case of a right to equality of opportunity” but it might be easier to think of this right to health care as being “derived from” the right to equality of opportunity or as being a pre-requisite right for the right to equality of opportunity.

At the top of col. 2 on p. 654, Daniels says, “In Canada and Norway, for example, no supplementary insurance is permitted.” That isn’t the case for either of those countries anymore. Private supplementary insurance isn’t used very much in Norway and is more common in Canada, although in both countries everyone receives most of their health care through the government run system.

The idea that citizens wouldn’t have access to extra health care if they want to and are able to pay for it may seem odd to us—and ultimately, Daniels argues for access to an additional level of health insurance. But only allowing a basic, universal level is how we treat the right to military and (for the most part) police protection. Anyone can have a bodyguard or a private investigator, but no one (with some exceptions) can have their own police force that arrests and jails people. And likewise, no one can have their own military (inside the United

States). A right to health care without being able to have extra access to additional health care services would be the same idea.