

Healthcare: A “right” or a “privilege”?

It seems to me that there’s an underlying question that frames the current debate on healthcare reform—and that, once an individual answers the question, much of the resulting debate becomes clearer.

It’s like the old conundrum about whether a tree falling in the forest makes a sound. Once you define “sound” for me, I can answer the question. Until that happens, you and I may be talking about completely different things. If you define “sound” as molecules knocking against each other, there’s sound; if I define “sound” as the reverberations of those molecules off an eardrum, there’s no sound.

The underlying question about healthcare reform is, Do you believe healthcare to be a “privilege”—something that should be “earned” (as, say, the kind of car you buy or the kind of house you purchase)? Or do you think that that healthcare is a fundamental right that a citizen should have provided—just as we expect to have fire departments, police forces, and public schools?

Those of us who are managers or administrators of physician offices wear several hats when we consider this question. We want the physicians with whom we work to make a good living; we want to keep our jobs; we want our families and friends to have healthcare when they need it; and we want to provide excellent care to our patients.

When we look at the basic question, we may answer it differently depending on which “hat” we wear. A tremendous number of other questions arise. If we don’t offer universal healthcare, what do we do with the huge number of citizens who get sick and don’t seek help until they reach a crisis? If we were to offer universal healthcare, who should pay for it? How do we maintain the quality of care at a high level? How do we keep people from taking advantage of the system if it’s universal? To what extent do individuals have to contribute to payments? How do we control costs? All these, and many more, are legitimate questions.

Until you answer the fundamental question, there’s not much point in debating the individual questions. Once you determine whether you see healthcare as a right or a privilege, you can work toward addressing the details—working within the framework of your answer.

The questions will not be easy to answer, but the question of “right” or “privilege” can provide a context into which the debate can be framed. It may take some of the emotionalism out of the discussion, as well, if you know where you (and those who differ with you) are coming from.

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