

To the Medical Socialists of All Parties



British Prime Minister Tony Blair's Labour Party created a small furor in Great Britain recently when its National Policy Forum issued a paper suggesting changes that might be made in the National Health Service (NHS) if the party holds power. The paper, "Improving Health and Social Care," covers a lot of ground, but the item that seems to have gotten the most attention is the part about the responsibilities of patients.

"When it comes to the health service patients will be able to expect greater rights—increased choice, faster service, higher standards of care," the report states. "But they must also recognise the duty they owe in return." It goes on: "The concept of reminding patients about the limits of the National Health Service and about their responsibility in using its resources sensibly, is one we want to take forward."

This sounds ominous already. All resources are limited—otherwise they are not resources. The idea that people have a responsibility to use resources "sensibly" may sound unobjectionable. In a regime of liberty, that's not a problem. People take responsibility for their own resources because *they pay the full price of their actions*. When I was a boy my father went around the house turning lights off in vacant rooms, booming, "Who left all these lights on?" (This acorn did not fall far from the tree.) Was he a conservationist? In a way: he

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was saving his money. And, as if by an invisible hand, he also saved electricity and coal, although it was no part of his intention.

Things don't work quite so smoothly with things like the National Health Service. For a reason that mystifies British officials, Britons don't exercise the responsibility my father demonstrated when using medical services. It hasn't occurred to the officials that the services are underpriced—at approximately zero. Well, if people won't behave responsibly on their own initiative, responsibility might have to be imposed on them.

The report continues: "It may be the case that this could mean formalising the relationship between doctor and patient, between the NHS and those in the communities it serves. There may be other options but this is one way forward that would underline our vision of a society where our duty, collectively, is to provide for all and our duty, individually, is to show responsibility to all."

Again, ominous. Formalizing their relationship is something doctors and patients are capable of doing if they wish—as long as freedom of contract is respected and the patient is paying his own way. Neither of these conditions holds when the government taxes the patients and employs the doctors. What can be done then?

"Not only could this new agreement [responsibility in return for "rights"] set out clearly the standard of care the patient can expect to receive," the report states, "but it would also remind the patient of the recip-

rocal nature of their relationship with their doctor. . . . Agreements could be drawn up to help people cut down or quit smoking, to lose weight, to take more exercise or to eat a more nutritious diet. The agreement . . . could . . . bind the patient into honouring their duty to the health service, putting the relationship onto a statutory footing.”

The authors hasten to add that the agreement would not be “legally binding. [Rather it] could take the form of a joint statement of ‘mutual intent.’ The idea being not to exclude patients from care but to remind them of the need to use the health service—a *free yet finite service*—responsibly.” (Emphasis added.) Just the same, that term “statutory footing” would make me nervous. What would happen if an overweight patient did not follow his doctor’s orders to slim down or if a smoker refused to quit? Today the Labour moguls say those recalcitrant patients would not be denied medical services. But what about tomorrow, when patients haven’t shown the proper sense of responsibility and the NHS budget is strained?

Missing the Point

According to the *Guardian* newspaper in England, this proposal is not going over well with everyone. Claire Rayner, president of the Patients’ Association, condemned it as “oppressive and obscene . . . a nasty middle class document.” “She said the implication of the plan was to blame people for their own poor health and suggest that they would have to pay more for healthcare because they had brought their illness on themselves.”

The newspaper also quotes Geof Rayner (possibly related to Claire Rayner), chairman of the UK Public Health Association, who said, “We’ve got to get away from individualising poor health. You don’t explain the rise of diabetes by individual lifestyle choices.”

This is not entirely correct, of course. Peo-

ple’s behavior *can* invite illness. But unless the society is free they don’t pay the full costs of their actions. Freedom teaches responsibility.

A Conservative party leader, Dr. Liam Fox, who serves as shadow health secretary, said: “This is yet further interference by the government in how health professionals should treat their patients.” He also missed the point.

No one quoted by the *Guardian* said anything like what the U.S. Supreme Court said in the 1941 *Wickard v. Filburn* case: “It is hardly lack of due process for the Government to regulate that which it subsidizes.” In other words, if the government is going to provide a service, it will automatically have the power to attach conditions. It’s only a question of when.

Since medical services are not found in nature but rather are products of human effort, there can be no right to them, morally or existentially. The “right to medical care” is merely a rhetorical cover for the power of government to control those services. Government can tax everyone to provide “free” services, but the laws of human action will still operate, and no one should be surprised when the state demands certain behavior in return. This is sure to happen as the “free” services are overconsumed to where people have to wait a year or more for heart surgery.

We on this side of the Atlantic should not feel superior when observing what’s going on in Britain, for we are heading down the same path. Who among major policymakers and pundits stands for a real free market in medical care and retrenchment by the government? I am reminded of F. A. Hayek’s dedication in *The Road to Serfdom*: “To the socialists of all parties.” What passes for free-market medical thinking in establishment circles is merely government manipulation of nominally private providers—in other words, fascism. Let’s not forget that fascism was just a form of socialism. □