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Is There Right to Healthcare? Should the United State Adopt a System that Provides Entitlement to Necessary Services to all Citizens?

Danielle Vilsaint*

Dominican College Dominican University Orangeburg, NY United States

*Corresponding author: Danielle Vilsaint, Dominican College Dominican University Orangeburg, NY United States Tel: +1 5167702875; E-mail: habymden@yahoo.com

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Introduction

The right to healthcare is considered one of the key human rights. This right should be available for all individuals to obtain their maximum attainable physical and mental health as one of the fundamental values in our society, which is based on promotion of human dignity [1]. However, specific actions, policies and measures to ensure highest health standards for all segments of population, including the most disadvantaged ones, have been vaguely defined. An overall failure to conceptualize the issue of the basic right to health care in turn leads to shortage or lack of policies, regulations and scope that would ensure such right in real life [2]. The goal of the present research is to critically explore the variety of scientific, contextual and social factors contributing to the issue of the right to healthcare. Furthermore, this study will explore bioethical principles related to right to health debate and aim to understand the role of Advanced Practice Registered Nurse (APRN) in solving conflict or problem situations related to the discussed debate. The current research argues that although careful analysis of the bioethical principles underlying the problem of the right to health suggest that latter is a basic human right, due to complex political and economic situation and healthcare inefficiencies, the United States cannot currently provide high quality healthcare to all individuals who cannot afford it.

Critical Analysis

As argued by Rife (2012), to discussions of ethical of issues related to the right to health care, is important to understand and defines what such basic rights include. Two possible interpretations of such rights exist: (1) each patient has a freedom to engage in commercial transaction with providers of healthcare services; (2) the argument according to which sick individuals can have access to healthcare services regardless of their financial situation [3]. This paper will focus on the premise of the second definition as the assumption is assumed that indeed that each individual should be capable of purchasing independent health care services.

As conceptualized by the Universal Declaration of Human Rights, all persons are recognized to have inherent dignity. This can serve as a foundation for all human rights, including those for health [1]. However, such statement does not explain how specifically human dignity may translate into a certain human right. From the standpoint of Kantian logic, dignity can be regarded as an inviolable property of all individuals.

According to Doody and Noonan, the following key bioethical principles can assist APRN's navigate their decision-making in complex situations: justice, fidelity, autonomy, totality and integrity, beneficence, and non-maleficence. Within the context of the right to healthcare debate, the bioethical principle of justice can be regarded as central for Advanced Practice registered Nurse (APRN) to guide their decisions-making. The principle of justice postulates that all patients should be treated equally regardless of their specific age, gender, race, social or economic status or other characteristics [1]. According to Heintzman et al., Latino patients in the United States may be described as economically disadvantage and in general having more limited access to healthcare services. Within post-Affordable Act Care environment, various insurance-related disparities are predicted to put Latin Americans into even more disadvantaged position [4]. Therefore, from the perspective of the principle of justice, Latin Americans have a limited right to health when compared to more economically secure groups.

Another important bioethical principle guiding work and decision-making of APRN's is that of non-maleficence. According to such principles it is an ethical responsibility of APRN's to do no harm to the patient, and report incidents of abuse, negligence or other maleficent behavior at work [1].

Within the context of the current discussion, it is a responsibility of APRN's to report any circumstance when groups of people are treated differently by medical personnel based on financial need. Doody and Noonan report instances when nurse professionals have prejudice against certain groups of patients and influenced their professional judgment and behavior. It is an ethical duty of an APRN's to identify and report incidents of such maltreatment and ensure the incident is addressed within their workplace. Non-maleficence principle

is closely aligned with beneficence. The latter postulates that it is an ethical obligation of a healthcare professional to take compassionate care of patients and perform positive actions directing at maximizing physical and mental health of the latter [2].

Another of the bioethical hypothesizes-fidelity-advises APRN's to ensure that professional commitments are followed as per their key virtues: caring and compassion. This principle also contributes to the right to the health debate, as it requires APRN's to offer compassionate care and treatment to all patients and recognize such responsibility as the key one for the nurse [1]. The principle of autonomy, however, further complicates the discussion. According to this principle nurses have to respect patient's wishes even if they personally do not agree with the latter or believe that they may harm the patient. For illustrate, of such wish may be to discontinue the treatment in the case of a dangerous or terminal disease. This principle seemingly contradicts the right to health, however is aligned with another universal value-the right to dignity [2].

Finally, the principle of integrity and totality is concerned with treating all of the patient's needs as a whole: physical, emotional, and psychological etc. The principle of integrity serves as a key underpinning for holistic approach towards providing healthcare [1]. In regard to the right to health care, integrity emphasizes the importance of ensuring individuals health care needs are met. It is important to recognize healthcare services offered should address individual's immediate physical need, emotional, psychological and social needs.

APRN's have been discussed as a crucial link to ensure that all individuals patient are not left behind, and that they receive appropriate healthcare. Nurses play a particularly important role as providing continuous and direct healthcare services to individuals. Moreover, APRN's are the responsible for play a pivotal role in coordinating daily activities of the variety of healthcare services [1]. Specifically, in the context of hospital environment, APRN's have a number of opportunities to facilitate respect for patients` rights and dignity and act as advocates for those rights and freedoms.

Initially, advanced practice nurses are healthcare professionals who immediately interact with patients. It can be considered APRN's provides the highest quality of care to all patients regardless of their socio-economic status. Moreover, advanced practices nurse's practitioner serves as role models to other healthcare professionals by instilling principles of equality and respect for basic human rights within healthcare environment [5]. Secondly, Hole et al. point out towards the importance of nurse practitioners as change agents. Nurse leaders have been demonstrated to be active participants in processing involving technological and other types of innovation within hospitals and healthcare organizations [5]. By noticing inconsistencies in offering right to health to all vulnerable groups, nurse leaders can explore such issues, share their experiences and initiate discussions. Initially, such discussions may emerge and be limited solely to the organizations where the nurses work. However, active participation and voice of APRN's can help bring such

conversation to a wider public and thus affect and benefit a wider range of stakeholders [5].

Understanding whether healthcare should be available to all patients

The Patient Protection and Affordable Care Act were implemented in 2010; these policies were known as the Obama Care. Supporters of these policy claimed that the policy was based on the principles of patient dignity and right to health for all individuals. However, the opponents, however, believed that such measures will create unfair distribution of goods and services in the society, placing a burden of numerous preventable diseases on the shoulders of tax payers [6]. As this initiative by the Obama Administration experienced serious drawbacks by the current President of the United States, the debate regarding whether the United States should offer health care services to all of its citizens continues.

One important argument to consider is that offering healthcare services to all citizens, regardless of their income and insurance status, is highly costly [6]. According to the estimates by Torio et al. during the fiscal year of 2011, only health care costs of one very specific group of patients-youth diagnosed with mental conditions-spent over 11.6 billion dollars on hospital visits. Such estimate excludes purchase of medication or any type of help/interventions provided to the patients at home [7]. Mental health condition patients are only one group of individuals that need healthcare services and care. As the population of the United States is continuously growing an increased volume of individuals need high quality care to manage serious chronic non-communicable conditions: cardio-vascular diseases, chronic kidney disease, and diabetes mellitus [8]. Therefore, one argument against offering healthcare to all citizens is highly costly and the United States, despite its status of the World's leading economy, simply may be not able to afford it.

According to the Institute of Medicine, the United States ranks as the last country in relation to the adopted three key indicators that characterize a healthy living: (1) infant mortality; (2) death of individuals under 75 from preventable and manageable conditions; and (3) overall health status of 60-year-old individuals [6]. According to Carlson et al. the discussed indicators and parameters help explain why among the 25 economically most advanced countries, the United States of America may currently have the highest per capita expenditures in relation to healthcare. In the U.S. over 8,700 USD is spent annually per capita on various healthcare costs, and due to reduced physical activity and increased population age such expenditures are expected to grow within years. The United States is facing a paradoxical situation while current expenditures in regard to patient's health are already extremely high, the overall health indicators and outcomes of the population are rather low [8].

The paradox discussed above further complicates the ethical and conceptual debate concerning the right to health discussed within the current study. The applied bioethical principles appear to be confirming the idea that health is a

universal human right and healthcare should be provided to everyone regardless of their income. The programs and initiatives currently at place in the United States fail to address the various health needs of all citizens [6]. Therefore, it can be suggested that although offering healthcare services to all patients regardless of their income is ethically correct, it may not be fully feasible within the current political and economic context.

The ongoing dismantling of the ACA's policy can be discussed as rather troubling and worrisome. According to Fitzgerald et al. a total of 20 million Americans have been able to obtain insurance coverage since the ACA was implemented and enacted. Under such provision, a significant portion of vulnerable population of the United States, who otherwise could not afford healthcare services, obtained coverage. Currently such insurance and benefits are being replaced without substantial alternatives. Experts fear that healthcare in the United States will become even less affordable to some of the key high-risk segments of population and vulnerable groups [6].

Therefore, the issue at hand-the right to healthcare in the United States-becomes more important and relevant. The conducted analysis of bioethical principles and the role of APRN's in the process of healthcare. Ensuring basic needs and rights of patients suggests that, indeed, each and every individual in the United States, regardless of their gender, profession, ethnicity and socio- economic background, are entitled to receiving high quality healthcare services. Furthermore, the analysis of empirical evidence supports that when compared to other countries, the United States cannot meet needs of its citizens in regard to the key well-being indicators. On the other hand, due to rather high costs associated with service provision, at the present is it financially impossible to offer high quality healthcare services to all individuals and risk groups who cannot afford it.

Conclusions

The present research concludes that the problem of the right to health is a complex and a multifaceted one. Although the problem has been widely debated and discussed, to date the term and notion have not been fully conceptualized. This in turn results in lack of sufficient foundation, policies and practices that would help ensure the right to health for all individuals regardless of their age, gender, ethnicity and socio-economic status. Application of the key bioethical principles

(justice, fidelity, autonomy, totality and integrity, beneficence, and non-maleficence) suggests that the right to healthcare is a universal human right and has to be respected globally and in the United States.

The United States is facing a paradoxical situation. Among other top world developed countries the per capita expenditures associated with healthcare are the highest ones. In relation to the key health indexes, the United States is currently doing rather poorly when compared to other economically developed nations. The research concludes that although the right to health has a solid ethical foundation, currently it cannot be implemented in the United States. However, steps have to be made towards increasing insurance coverage to vulnerable and risk populations, and APRN's can play an active role in it.

References

1. Hoskins K, Grady C, Ulrich CM (2018) Ethics education in nursing: Instruction for future generations of nurses. *Online J Issues Nurs* 23: 1.
2. Doody O, Noonan M (2016) Nursing research ethics, guidance and application in practice. *Br J Nurs* 25: 803-807.
3. Rife S (2012) Is there a natural right to healthcare?. *Human Affairs* 22: 613-622.
4. Heintzman J, Bailey SR, DeVoe J, Cowburn S, Kapka T, et al. (2017) In low-income Latino patients, post-affordable care act Insurance disparities may be reduced even more than broader national estimates: evidence from Oregon. *J Racial Ethn Health Disparities* 4: 329-336.
5. Hole GO, Brenna SJ, Graverholt B, Ciliska D, Nortvedt MW (2016) Educating change agents: a qualitative descriptive study of graduates of a master's program in evidence-based practice. *BMC Med Educ* 16: 71.
6. Fitzgerald MP, Bias TK, Gurley CT (2017) The affordable care act and consumer well-being: Knowns and unknowns. *J Consum Aff* 51: 27-53.
7. Torio CM, Encinosa W, Berdahl T, McCormick MC, Simpson LA (2015) Annual report on health care for children and youth in the United States: national estimates of cost, utilization and expenditures for children with mental health conditions. *Acad Pediatr* 15: 19-35.
8. Carlson SA, Fulton JE, Pratt M, Yang Z, Adams EK (2015) Inadequate physical activity and health care expenditures in the United States. *Prog Cardiovasc Dis* 57: 315-323.