

GOOD HEALTH, A SHARED RESPONSIBILITY WHICH GENERATES WEALTH

This editorial is written by the Dennis Lazof, Director of Project EINO at www.EverybodyInNobodyOut.org and www.RightToHealthCare.org based largely on the recent publication by David Byrne, cited one paragraph below.

It might be that European governments are no more ethical, humanitarian or altruistic than political leaders in the USA and that cultural differences account for very little of the difference in the current disaster known loosely as the US “health care system” and the European attitude toward health care. Maybe these two aspects of European consciousness explain the differences much more accurately: (1) that in accordance with the human rights laws they (and the USA too) have signed Europeans acknowledge health care as a high priority obligation of every nation and a fundamental right of their people and (2) they are willing to admit what the data clearly demonstrate -that good health generates wealth.

In the recently published "Enabling Good Health for All: A reflection process for a new EU Health strategy (15 July 2004, by David BYRNE). The subject is introduced with:

“Good health is a state of physical and mental well-being necessary to live a meaningful, pleasant and productive life. Good health is also an integral part of thriving modern societies, a cornerstone of well performing economies, and a shared principle of European democracies.”

Good health is regarded as a shared responsibility in which the different actors work together to foster good health across. The EU must achieve synergies with national authorities, stakeholders and international organizations and foster co-operation between the Member States. Healthcare and health systems are the responsibility of the Member States. Member States decide on how to manage their health systems, the size of the budget to allocate to health and healthcare, which medicines to reimburse, which technology to use. When citizens fall ill, they expect to have prompt access to treatment. And when there is a disease outbreak, they expect their governments to protect them.

Member States are faced with important challenges: the need to provide universal access to healthcare, to match citizens’ rising expectations, to invest in innovative treatment, to improve healthcare quality, and to respond to the added pressure on healthcare from the ageing population. But why are Europeans willing to acknowledge any such responsibilities. Sure they have signed the same several international treaties on human rights as the USA has, and which stipulate such an obligation of nations to health care and which even include mechanisms of enforcement.ⁱ But Europeans are better prepared to take their international obligations seriously and to lead by moral example than the USA. They intend (more so than us) to demonstrate through their actions that they highly respect human rights.ⁱⁱ

On the other hand they are motivated by their own material best interests. As Byrne puts it "Health generates wealth". It is acknowledged that "health is closely intertwined with economic growth and sustainable development. There is evidence that investing in health brings substantial benefits for the economy. According to the WHO, increasing life expectancy at birth by 10% will increase the economic growth rate by 0.35% a year. On the other hand, ill health is a heavy financial burden. 50% of the growth differential between rich and poor countries is due to ill-health and life expectancy."

The report almost focuses momentarily on the US system and its "cultural" difference to the European attitude in writing that "health expenditure is, however, too often viewed as a short-term cost, not as a long-term investment, and is only now starting to gain recognition as a key driver of economic growth. The EU spends an ever increasing share of its GDP on health, yet still loses over 100 billion Euros with the direct and indirect costs of respiratory diseases and 135 billion to cardiovascular diseases including 8 million disability adjusted life years lost. The cost of mental health alone is estimated at 3% to 4% of GDP.

The disease burden translates not only into long-term increases in health care expenditure, but also into heavy social costs ranging from sick leave, replacement at work and lower productivity to early retirement. Europe loses over 500 million work days every year in work-related health problems. Each health euro better spent could make a net saving both for individual well-being and for EU economic competitiveness. With such a heavy disease burden, improving health must become an economic priority. Without long-term investment in health, healthcare and social costs will continue to rise and the economy will suffer.

"It is not a question of just investing more on health. What matters is that health systems are effective and cost efficient in other words, that money is well spent. The health sector is driven by scientific and technological progress. Everybody wants and expects access to the latest and best treatment. But new health technology and drugs come at a price and must be used efficiently. Employing more expensive therapies when less expensive, equally effective alternatives exist is a waste of taxpayers' money and a net loss for the economy. It is therefore important that technology is properly assessed."

This report demonstrates so well not only the differences in American and European attitudes (largely short-term vs. long term economic benefits) but also how putting human rights first and acknowledging that health care is a fundamental human right sets the stage for discussing governmental responsibilities and discussing issues of cost and affordability. In the US with 64% of health care spending already being out of public funds, how could anyone justify that as many as 4 out of 10 of tax payers are without health coverage (and thus good access to the resources they have funded) every year? Most Americans will not accept the theory that this is a necessary outcome of our "individualistic culture" - that we accept gladly being cheated out of the value of our health care dollars, or letting it get siphoned off regularly and legally into a very few deep high-profit industrial pockets.

The entire EU report from David Byrne is available free at
"http://europa.eu.int/comm/health/ph_overview/strategy/health_strategy_en.htm"

ⁱ For list of signed US documents relevant to the Right to Health Care see list at <http://www.righttohealthcare.org/Docs/Docs.htm> , see note on Amendment VI cl. 2 of US Constitution: <http://www.righttohealthcare.org/Docs/DocumentsA.htm#Constitution> which stipulates “supreme law” status to international charters and covenants.

ii One of the treaties listed on the above page was not signed by just two of the nations in the UN general assembly. This is the UN Convention on the Rights of the Child, which was not signed by Somalia and by the USA. Similarly only Congo, China, Iran, Pakistan and the United States allow executions of people under 18 years of age. Obviously our government officials do not put much stock in the idea of us being any model for human rights through our active stance on issues.