I. INTRODUCTION

My aim in this essay is to develop a more rigorous moral case than has hitherto been made for establishing a general right to a "decent minimum" or "adequate level" of health care. The most distinctive characteristic of the approach I shall pursue is that it does not attempt to support the establishment of such a general legal right by appealing to a general moral right to health care. Since attempts to justify the claim that there is a general moral right to health care have been extensively criticized by myself and others, I will not here rehearse the difficulties of the general moral right approach. Nor will I review the equally familiar and compelling reasons for maintaining that if there is a sound moral justification for a general legal right to health care, then it must be a limited right, a right to a "decent minimum" or "adequate level" of health care or "health care floor", rather than a right to all beneficial care, a right of all to equal dollar amounts for care, or a right to a level of care equal to that which others receive. Instead, I shall concentrate on developing a case for a limited general legal right to health care based on the thesis that there is a general moral obligation to provide such care to those who cannot provide it for themselves, even if there is no general moral right to health care of any kind. In doing so, I shall offer answers to four questions. (1) To what extent is the obligation to provide health care for the needy limited by their responsibility for their health status? (2) If the general moral obligation to provide a decent minimum of care for the needy is an obligation for which there is no correlative moral right, how can it be viewed as an enforceable "societal" or "collective" obligation to provide care for all the needy rather than as an unenforceable individual duty of charity which the individual may discharge by contributing to the health needs of only those persons whom he or she chooses to aid? In other words, if there is no general moral right to some level of health care, how is it possible to justify the use of government's coercive power to ensure that everyone in need has access to some health care? (3) If there is
an enforceable moral obligation to provide a decent minimum of health
care for all, is there also an enforceable moral obligation to provide
minimal levels of other important goods such as food and shelter? (4)
What does the argument for a general moral obligation to provide a
decent minimum of health care for all imply about the morally acceptable
means of seeing that this obligation is fulfilled? In particular, what is the
proper role for the Federal government? 2

II. THE SPECIAL VALUE OF HEALTH CARE AND
THE GENERAL MORAL OBLIGATION OF CHARITY

The President's Commission Report, Securing Access to Health Care,
(Vol. 1) [10], lists four features of health care that make it especially
valuable. Health care can promote personal well-being, broaden an
individual's range of opportunities, provide information that relieves
worry or enables a person to plan how to cope with his or her situation,
and can serve to affirm a sense of community in the face of the suffering
and death to which we are all subject.

The Commission's view here requires qualification. First, even if all
forms of health care are intended to serve one or more of these functions,
not all of them are actually efficacious in any of these ways. Second,
some of the functions that are said to make health care of special impor-
tance are not unique to health care. For instance, education widens
opportunity, and food and shelter contribute to well-being. So even if
some of the features listed are unique to some forms of health care and
even if all of the forms of health care that possess these features are of
great value, it only follows that some forms of health care are especially
important relative to some other goods. It does not follow that health care
is uniquely valuable, if this means that it is preeminently valuable among
all goods. The President's Commission Report carefully (though perhaps
not convincingly) skirted the issue of whether the special importance of
other goods such as food, shelter, and basic education, also grounds a
"societal" obligation to provide some minimal level of these for all. In
order to answer this question, we must first set out more carefully the
connection between the special importance of health care and a general
moral obligation to ensure a decent minimum of health care, before
addressing the question of whether the conclusion can be generalized to
an obligation to provide a more comprehensive welfare floor.

All of the major traditions of religious ethics and all major philosophi-