NHS Underfunding and the Lopsided Socialized Model

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Abstract

Background: The funding of health care is a major challenge to governments all across the world; the UK presents a useful and illustrative case.

Methodology: In this article I explain why the manner in which the provision of health care in the UK is organized is fundamentally incoherent and continuing to ignore this incoherence is bound to lead to ever-greater problems.

Discussion: Our society must decide on its priorities; herein I do not wish to argue what these ought to be, but, rather more modestly, to emphasise the system's inconsistencies.

Perspectives: A re-organization of the system is needed to ensure a modicum of consistency.

Keywords: public health, health care, system, healthcare.

1 Background

Last week I met with Anaximandros, a friend of mine who has been working as a receptionist at a university for some 30 years. No sooner had he closed the doors on his Bugatti Chiron, glanced at his Rolex and apologized for being late (apparently, mooring his yacht took a while due to some new Covid-19 rules), had he proceeded to tell me that his wife is leaving him for ruining them financially and leaving them some £28m in debt. My reaction was natural. I told him that he is not to blame — he has been chronically underpaid for decades by his employer. How did they expect him to maintain his lifestyle at a modest salary of perhaps £35,000 p.a.? Just the maintenance of his New York penthouse suite must cost more than that — per month!

This story of course never happened. There is no Anaximandros nor does indeed any friend of mine match the description. However, had the events taken place as described, I expect that the reader would have hardly found my imagined reaction reasonable: the made-up Anaximandros's troubles are not caused by him being chronically underpaid, but rather by his lack of restraint, his overindulgence, and his overspending. Hence, a more reasonable response in the circumstances surely would have been to urge a modicum of accountability and responsibility for one' own actions and choices.

2 Main text

The aim of my tall tale is not mere entertainment. Rather, it is to draw the reader's attention to the one-sidedness in how the provision of national health care in the UK is discussed and how the challenge of its funding is framed.

Though seldom expressed in these specific terms — perhaps because the word 'socialized' has become all but a dirty word in some circles (this was not always the case (Lindsey, 1963) and the change is reflective of the shift in the social values and the consequent emergent inconsistencies highlighted in the present article), thus resulting in the prevalence of the more obfuscating and less direct phrase 'universal health care' (Lundberg, 1983; Smith, 2015) — the NHS provides *socialized health* care (Dunn, 2010). It is funded by means of general taxation whereas its services are free to the patient at the point of use. Thus, we are dealing with a system which handles the burden of negative outcomes in a distributive manner. Few would disagree that there is something admirable about this — as a society we agree to try to equalize the amoral aspect of the real world which bestow upon some but not others, congenital and genetic diseases, unfavourable predispositions, or indeed random acts of nature which injure, disable, etc., by sharing the associated costs.

However, another aspect of this system gets, if not unmentioned then at least seldom stated in fullness and in complete frankness, namely that of per-

sonal choice. In part, and in the developed world in large part, an individual's health outcomes are affected by lifestyle and other behavioural choices, e.g. dietary energy overconsumption, excessive alcohol intake and binge drinking, inactivity, recreational drug use, etc. (de Oliveira et al., 2015; Tran et al., 2013; Degenhardt and Hall, 2012) Yet, these are treated with deference (in the case of illegal activities, often even by the police (Coombes, 2014)). It is no rare sight to observe media personalities and other well-known individuals on mainstream programmes laughing at their own drunken behaviour or drug use. For the most part, the state 'educates' (Rawlins, 2008), encourages (Gorski and Roberto, 2015), incentivizes and disincentivizes (Oyibo, 2021), but seldom dares to interfere directly with personal choice which is held up as a sacrosanct value of a liberal society. The dissonance is resounding: what sense does it make to permit uninhibited personal choice but then socialize the cost associated with personally felt negative effects of those choices? Recalling made up story from the beginning of the article, how does it make sense to talk about the NHS being "chronically underfunded" (Charlesworth et al., 2017), and not about the population being overfat, chronically underactive, etc.? The answer is simple and needs to be stated plainly: it does not.

The reader should not make the mistake of thinking that the interference with or restriction of personal choice I refer to must necessarily be legislative in nature. These can also be effected, very powerfully indeed, by means of social norms (Dohnke et al., 2011). Yet, these too, no less than legislative

measures, are all but universally shunned by large swaths of society who see them as a means of "shaming" individuals for making choices which are perfectly legal and, as they see it, of their concern alone (Basham, 2010). An interesting exception is that of smoking (Karasek et al., 2012). In contrast to the previously mentioned behaviours harmful to one's health, the public has largely embraced the stigmatization of smoking and there is an ever-accumulating body of evidence of the consequent decline in smoking prevalence (Gallus et al., 2006).

Finally, it is important that I disabuse any reader of the potential misreading of what I wrote herein as "casting blame", which is a notion which is increasingly associated with any discussion of personal choices harmful to one's health and the effects thereof (Adler and Stewart, 2009; Tailor and Ogden, 2009; Pickard, 2017). To be clear: I do no such thing. Indeed, as far as generalizations go, I trust that I am on fairly safe ground in saying that all of us have made and continue to make decisions which are not optimal with regards to our health and, in fact, some of these are made consciously and purposefully. I see nothing inherently wrong with this. It hardly requires much philosophical sophistication to realize that the nexus of one's life cannot be optimal personal health, but, rather, that a fulfilling and meaningful life requires a balancing act involving many often conflicting pursuits, with no objective measuring stick to guide us (Arandjelović, 2023). Rather than casting blame — indeed, herein I pass no judgement on personal choices whatsoever — my aim is to highlight, in a dispassionate and

value free manner, that in individualistic societies that pervade the so-called Western world, with a high diversity in personal values, a socialized health care system is inherently unworkable in the long term without some form of curbs on individual freedoms. This unsustainability of the current model was with clarity highlighted by Henry Marsh, a distinguished neurosurgeon with an international experience of different health care systems [1].

3 Conclusions

The manner in which the provision of health care in the UK is organized is fundamentally incoherent and continuing to ignore this incoherence is bound to lead to ever-greater problems. Our society must decide on its priorities; herein I do not wish to argue what these ought to be, but, rather more modestly, merely to call for a modicum of consistency. If individual liberty of choice is indeed of paramount importance, then the current, socialized health care approach must be abandoned. If individuals do not want others to interfere with their choices, then they have to accept that it is untenable to expect others to come to rescue when those choices backfire; it should equally be an individual choice whether to get health insurance or not. To even entertain the idea of continuing to pursue 'universal health care', the consequent socialized interference in one's decision has to be accepted. This acceptance would then be the first step before proceeding to discuss the form

[1] BBC Newsnight, 20th October 2021, `https://www.bbc.co.uk/iplayer/episode/m0010vl6/hardtalk-henry-marsh-neurosurgeon`

that this interference should take.

Declarations

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