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SHOULD THE NHS BE FREE TO EVERY CITIZEN REGARDLESS OF HEALTH CHOICES?

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Should The NHS Be Free To Every Citizen Regardless Of Health Choices?

With health becoming such a significant problem, for example with the NHS deficit rising to £930m (Triggle, 2015) finances have been hugely strained. The NHS expenditure has rocketed each year increasing to £113.3bn in 2014/15, a figure predicted to rise (NHS Confederation, 2015). The effects of alcoholism, smoking and obesity are highlighted in this essay, because they are increasingly serious issues and therefore huge burdens on the NHS.

Obesity

Spending directly and indirectly associated with obesity (such as diabetes) costs the NHS around £16 billion a year, with 25% of the nation obese over double the amount in 1993 (Telegraph, 2014). According to NHS nurse Pullin (2016), obesity related illnesses “are definitely on the increase” (see Appendix B).

Smoking

The cost of smoking to NHS is extortionate. Any economic value gained through the sale of cigarettes is quickly nullified by the damage to the NHS (Action on Smoking and Health, 2014). The cost of smoking to the NHS was £2.7 billion in 2006, with approximately 1.6m hospital admissions due to illnesses caused by smoking in 2012/13 (Action on Smoking and Health, 2014). Additionally, in 2012/13 the services to help people quit smoking cost nearly £87.7m and medication £58.1 million (Action of Smoking and Health, 2015).

Alcoholism

The amount of people that have received alcohol related treatment has risen, with 114,920 adults in 2013/14 having received treatment for such issues (Public Health England, 2014). It is estimated that around 1.6m people have a degree of alcohol dependency (Public Health England, 2014), costing the NHS £2.8bn a year (Campbell, 2014).

The above statistics show the enormous impact caused by these conditions on the NHS. Consequently, if these costs were reduced, the NHS could rebuild their financial status.

NHS Constitution

The constitution sets out the foundation for the NHS and is built on the idea that “the NHS belongs to the people” (NHS, 2015a p. 2)

Some principles, values and patient rights of the NHS constitution suggest the NHS should be free of charge while others agree with paying for healthcare.

Principles

Principle 1: “The NHS provides a comprehensive service, available to all” (NHS, 2015a, p. 3) Principle 2: “Access to NHS services is based on clinical need, not an individual’s ability to pay” (NHS, 2015a, p. 3).

Principle 4: “The patient will be at the heart of everything the NHS does” (NHS, 2015a, p. 3). These state that the NHS should be free of charge and available to everyone regardless of health choices or cost.

Principle 3: “The NHS aspires to the highest standards of excellence and professionalism” (NHS, 2015a, p. 3). Professionalism and excellence may deteriorate when the NHS is overwhelmed with patients as efficiency can be effected. Efficiency is linked to the NHS being ethical. Efficiency can be measured using waiting times, only

92.6% of patients were seen within 4 hours in A&E, worst percentage since 2004 (Donnelly & Malnick, 2015). Principle 6: “The NHS is committed to providing best value for taxpayers’ money and the most effective, fair and sustainable use of finite resources” (NHS, 2015a, p. 4). Such a statement suggests that the money given to the health care budget will be used solely for the benefit of the people. Yet the issue remains of whether it is fair that taxpayers who are healthy pay equal tax as those who are unhealthy.

Value

The values of the NHS are as follows: Working together for patients, “Patients come first in everything we do” (NHS, 2015a, p. 5); Respect and dignity, “We value every person – whether patient, their families or carers, or staff – as an individual” (NHS, 2015a, p. 5); Everyone counts, “We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against or left behind” (NHS, 2015a, p. 5). These values talk about the need to care for every patient, implying that people should not be charged for their health choices.

The last value is the commitment to quality of care, “We earn the trust placed in us by insisting on quality and striving to get the basics of quality of care” (NHS, 2015a, p. 5). A question arises over whether the quality of care could be jeopardised by the quantity of patients. In 2001, for example, many specialists believed the quality of service had deteriorated in the past few years (Ferlie & Shortell, 2001).

Patient rights

The public have the “right to receive NHS services free of charge, apart from certain limited exceptions sanctioned by Parliament” (NHS, 2015a, p. 6). According to this statement, everybody has the right to access the NHS for free, regardless of health choices.

Patient responsibility

Patients also have a responsibility to the NHS, as the constitution states: “Please recognise that you can make a significant contribution to your own, and your family’s, good health and wellbeing, and take personal responsibility for it” (NHS, 2015a, p. 11). This suggests that people should look after themselves and not always rely on the NHS, who have a significant amount of pressure from patients in need of urgent care. According to Pullin (2016), the NHS may become unsustainable in the future, requiring people to take account of their own health choices (see Appendix B).

Literature review

According to one author, the state has a duty to look after the health of everyone and sometimes this can mean restricting people's choices and guiding them (Calman, 2009).

The Libertarian perspective implies that the government should ensure that members of the population are allowed to enjoy their chosen lifestyle without interference from others and does not see the promotion of the welfare of its population as its proper role (Calman, 2009). Under this perspective, individuals are rational actors and make their own choices weighing the costs and benefits themselves. They believe the government should not intervene with individual choices (Jochelson, 2006), but also imply that people should take responsibility for their healthcare, not relying on the government.

Collectivists, at the other end of the argument, argue the utilitarian approach, believing that the government's job is to look after the state and to find the best way to benefit the majority of people. More government intervention and supervision of the health of the citizens may be required (Calman, 2009).

The 'Harm Principle' developed by philosopher John Stuart Mills indicates that state intervention is only warranted for vulnerable people or in the case of children's health, for example when second-hand smoke affects children (Calman, 2009). Although upholding the government's significant role in public health, individuals are ultimately responsible for their own and their children's health, with the government having the responsibility to intervene when necessary to improve social welfare (Jochelson, 2006).

Other opinions involve the government striking a balance between allowing people to decide their own actions while not allowing those actions to negatively affect other people. The government regards itself as assisting people to be healthy by not denying them healthcare and desires to be a paternalistic state that does not limit people's individual choice or ban anything (Calman, 2009). However, some people believe it is justifiable to protect the welfare of the state through highlighting that individual choices often have consequences for others, such as inhaling second-hand smoke and the consequential cost of healthcare to the taxpayer. Controls to change these issues do not lie with the individual, but with the state (Jochelson, 2006).

Finally, the stewardship model outlines how the government has a responsibility to look after important needs of the people, both individually and collectively. It sets out achievable rules for the government to follow in terms of healthcare policies to reduce risk as much as possible (Calman, 2009). Another view holds that it is the state's responsibility to make sure the people are taking care of their health by promoting healthy lifestyles. Others maintain that there should be strong regulations on food labelling, believing this would allow people to easily take back control of their diets (Jochelson, 2006). This model implies that the government should pay for everyone's health care.

The Intervention Ladder was devised by the council, the idea being that the higher up the ladder, the more intervention suggestion is and therefore more justification is required. The top, for instance, is to eliminate choices and the bottom is to do nothing, with the middle promoting the government to guide choices through incentives and policy change (Calman, 2009).

The council have concluded that it would be inappropriate for the state to deny NHS treatment to people based only on obesity (Calman, 2009). However, the state can intervene by promoting better choices as there is ethical justification for the state to intervene in schools for the promotion of healthy lifestyles, better school dinners, cooking and exercise (Calman, 2009).

Alternative ways of paying for your health

Other than the NHS there are other methods of paying for healthcare, either privately, through insurance or through taxing the unhealthy products, known as sin taxes.

Sin tax

Alcohol

According to the opinion polls, 63% of people agree with higher tax on alcohol (see Appendix A). Increasing tax and restricting hours of sale has been shown to be effective in reducing alcohol consumption and therefore cutting NHS costs (Calman, 2009). However, only 33% of people say that the higher tax prevented them from drinking as much (see Appendix A).

Smoking

From the opinion polls, 81% of people believe higher tax on cigarettes is good (see Appendix A). Restrictions and taxes has proved beneficial to public health care (Jochelson, 2006). An opinion from an NHS nurse states that "I don't think that tax on cigarettes makes much difference... because people who smoke are addicted and will pay whatever it takes"

Obesity

There are currently no taxes on the unhealthy food industry. Nevertheless, there are public appeals, including from the celebrity chef Jamie Oliver to introduce a sugar tax to prevent obesity in children and could generate around £1 billion per year to support the public healthcare (UK Government and Parliament, 2015) 70% of people in the opinion polls agreed with the sugar tax (Appendix A). Pullin (2016) added that the "sugar tax' is a good idea as long as the healthier options are kept at a... low price" (see Appendix B).

Practicality

Practicality issues arise such as how illnesses are measured, for example there are multiple reasons that people are overweight (Mosley, 2015). Moreover, the boundaries could fade, the NHS could start punishing those who self-harm or have exposed themselves to second hand smoke. Additionally, as Pullin (2016) states (Appendix B) people may not admit to their health choices if they were forced to pay. Increasing taxes for sugary items just makes them unaffordable, while healthier options do not become cheaper. Generally healthier foods cost more money (NHS Choices, 2014).

Incentives

Other ways of dealing with obesity, alcoholism and smoking is placing incentives to encourage healthier choices. This has already started with obesity and smoking. Change4life campaign was launched in 2009 and offers people support in losing weight with recipes and phone applications. In its first year, around 400,000 families joined this scheme that allows people to take control of their health (Department of health, 2011). The stop smoking campaign (NHS, 2015b), has cut smoking down to a record low of 18.4% this year (The Guardian, 2014b). This indicates that £380 million a year is being saved by the NHS as a result of public health strategies. However, these incentives cost money to the tax payer (Action on Smoking and Health, 2015) (Ridley, 2014), it would be cheaper if people took responsibility for themselves. However, the cost benefits from above outweigh the expense.

Other countries NHS systems

Quality of healthcare can be determined by the amount of money put in to it. One of the issues with the strain on the NHS is that the quality is deteriorating, according to 49% of specialists. However, when looking at the US, 60% of specialists believe that the US health system is deteriorating (Ferlie & Shortell, 2001), therefore proving that money does not allow for better quality. Moreover, the UK was voted the best when compared to Canada, the US and EU based on the combination of cost, quality and efficiency (Culzac, 2014).

The US is completely insurance based and thus is best to compare with when looking at the ethics in different health systems. The US has many issues with its system and there have been many cases where insurance companies refuse to pay out for patients, for instance, in 2003, a woman was denied healthcare due to being diagnosed with breast cancer in the incorrect clinic, making her insurance invalid (Carreyrou, 2007).

Furthermore, according to a study a quarter of respondents under 65 say that they, or their family members, have been denied health insurance or had higher premiums due to having a pre-existing condition (Kaiser Family Foundation, 2013). Additionally, in 2009 a Harvard survey stated that there are around 45,000 deaths per year due to people not having insurance coverage (Abelson, 2009),

Limitations

The limitations of this piece are clear, for although a wide range of sources have been studied, it is not wholly certain what the best option is, as many have not been tried in the UK. The public opinion polls, despite involving one hundred participants, is only a sample of citizens and therefore cannot represent the entire population. Accordingly, while it casts a good overview of the NHS, it is not exclusively accurate. This is the

same of the interview conducted with an NHS health care specialist, it is again only one person's opinion and cannot represent the whole of the health care industry.

Conclusion

Charging for the NHS is completely unethical, as treating people differently based on lifestyle choices is unfair especially when it is considered that those who smoke and drink already pay higher taxes on those products, which go towards the NHS.

There is an issue with obesity that needs to be addressed, such as the tax on sugary products, which, although will gain money for the NHS, will not necessarily tackle obesity, due to the issues not solely deriving from sugar. An additional issue is that, unlike smoking and obesity, alcohol's health impact is not made as aware and people need to know the risks to their body when drinking. This is not just about binge drinking, but also about drinking in general.

Another concern that clearly needs to be addressed is the public's reliance on the NHS system, as pointed out by Pullin (2016) and NHS responsibilities of patients and the public (NHS, 2015a), people are taking the NHS for granted and need to take responsibility for their own health care. That being said, more advertising and awareness rather than privatisation could improve this.

Something clearly needs to be done to tackle the lack of resources within the NHS. Nevertheless, it will not be done by targeting and isolating specific groups in society through charging for healthcare. The system is designed to help, not hinder UK citizens.

The future of this study will be different. Once resources become even lower and the NHS is in real financial danger, the results of this paper's hypothesis will change to adapt to the new situation.

Appendices

Appendix A

Opinion polls from 100 people.

Has the increasing cost of alcohol stopped you from drinking as much?

#	Answer		Response	%
1	Yes		33	33%
2	No		66	67%
	Total		99	100%

Do you think the NHS works well as it is now?

#	Answer		Response	%
1	Yes		58	57%
2	No		39	39%
3	Other (please specify)		4	4%
	Total		101	100%

Has the increase in cost of cigarettes cut down how much you smoke or deter you from smoking?

#	Answer		Response	%
1	Yes - A lot		17	20%
2	Yes - A little		18	21%
3	No		52	60%
	Total		87	100%

Do you agree with alcohol being taxed at a higher rate than other goods?

#	Answer		Response	%
1	Yes		62	63%
2	No		36	36%
3	Other (please specify)		1	1%
	Total		99	100%

Do you agree with the sugar tax (tax on sugary foods/drinks)?

#	Answer		Response	%
1	Yes		69	70%
2	No		28	28%
3	Other (please specify)		2	2%
	Total		99	100%

Do you agree with taxing cigarettes at a higher rate than other purchases?

#	Answer		Response	%
1	Yes		81	82%
2	No		17	17%
3	Other (please specify)		1	1%
	Total		99	100%

Do you believe that taxing goods at a higher rate will stop people from buying and consuming them as much?

#	Answer		Response	%
1	Yes		51	52%
2	No		40	40%
3	Other (please specify)		8	8%
	Total		99	100%

Do you think those who make unhealthy choices, such as smoking, drinking or obesity should pay for their own healthcare?

#	Answer		Response	%
1	Yes - they should NOT be covered by the NHS		19	19%
2	No - they should be covered by the NHS		67	68%
4	Other (please specify)		13	13%
	Total		99	100%

Do you think it is ethical to make people pay for their own healthcare based on their health choices?

#	Answer		Response	%
1	Yes		25	25%
2	No		68	69%
3	Other (please specify)		6	6%
	Total		99	100%

Appendix B

Interview with NHS nurse, Jo Pullin (2016). Email address: Jo.Pullin@gp-L81600.nhs.uk.

Question	Answer
<p>Q1. Do you think the NHS works as it is now and why? (What improvements could be made if any?)</p>	<p>I think the idea behind the NHS works but I think continual under-funding and increased expensive treatments has drained the resources of the NHS and it is now in crisis. Staff are over stretched and over worked and therefore leaving and money isn't being put into recruiting more staff therefore only exacerbating the problems. It needs a huge injection of money and a massive change of attitudes by government and NHS management.</p>
<p>Q2. Is there an increase in illnesses relating to these issues below and, if so, are these putting a big strain on the cost of the NHS?</p> <p>Obesity Smoking Drinking</p>	<p>Yes! I think illnesses relating to these issues (especially obesity) are definitely on the increase as is patient expectation to be treated. Money is being spent on education and prevention but I'm not sure that any real decrease in incidence is being seen. I think people are more aware of smoking and its issues but drinking particularly is something that people don't see as an issue unless it gets really 'out of control'. There are many health issues connected to drinking that people don't seem to be aware of or relate to.</p>
<p>Q3. Do you agree with taxing items that are unhealthy</p>	<p>I think 'sugar tax' etc. is a good idea as long as the healthier options are kept at a strategically low price so that the better alternative is considerably more attractive. Otherwise I think people will stay with what they know if the price difference is not significant.</p>

<p>Q4. Do you think taxing items will reduce consumption of them?</p>	<p>As said - yes - if significant difference when compared to healthier option. I don't think that tax on cigarettes makes much difference, however (although a good thing!), because people who smoke are addicted and will pay whatever it takes, even at the detriment of other things such as family essentials and diet.</p>
<p>Q5. Do you think those who make unhealthy choices such as smoking drinking or obesity should pay for their own healthcare?</p>	<p>No, I don't think people should pay. The NHS should remain free for all. If people have to pay I think many will not admit to cigarette smoking/increased alcohol intake etc. and therefore help and advice won't be able to be accessed.</p>
<p>Q6. If no, then how should they pay for their health care?</p>	<p>I think taxes should be increased for the richest in society. 'Sin' taxes would be appropriate as long as the money was put straight back into relevant healthcare etc. and not into the government 'pocket'.</p>
<p>Q7. Do you think it is ethical to make people pay for their own health care?</p>	<p>If the NHS is going to keep the same values then no, I don't think charging is ethical. If however the NHS becomes unsustainable (which I think is possible a few years from now) then the whole system will have to be re-vamped and private health care may be necessary. I'm a great believer in free NHS care but somewhere in the future (be it taxes or private health insurance) patients may have to take account for their own health/lifestyle choices and realise that the NHS has finite and quickly disappearing resources.</p>

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