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Freedom and Healthcare

A liberal justification of the right to universal access to healthcare

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“In seeing health as a right, we acknowledge the need for a strong social commitment to good health. There are few things as important as that in the contemporary world.” (Sen, 2008, p. 2010).

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Abstract

In this thesis, I explore theoretical perspectives on freedom and its implications for the right to universal access to healthcare. Libertarian theorists argue that natural rights protect individuals from coercive mechanisms and reject the right to universal access to healthcare. Therefore, redistribution of private property to provide others with healthcare services is morally unjustifiable and an infringement of rights to individual freedom. However, limiting the conception of freedom to libertarian natural rights causes unfair health inequities that constrain individuals in situations of poverty without any prospects for improvement. In contrast, theories of social justice and the capability approach combined build a strong theoretical justification for the right to universal access to healthcare. Firstly, proponents of social justice theory assign main importance to the protection of normal functioning as a social obligation to preserve a fair range of opportunities. Secondly, proponents of the capability approach judge the degree of substantive freedom by a person's real opportunities. Based on these perspectives, I argue that universal access to a basic tier of healthcare services contributes to the preservation of normal functioning and therefore provides individuals with real opportunities to improve their own living conditions. Thus, instead of depriving individuals of freedom, universal access to a basic tier of healthcare services provides them with freedom, the freedom to exercise real opportunities in good health.

Introduction

As of September 2020, the total number of COVID-19 deaths in the United States (U.S.) has reached 204.000[1]. Social groups harmed by structural poverty are especially affected by the virus. In Chicago, for example, 70% of deaths by COVID-19 concern African American citizens. With a poverty rate of 18.8% in 2019[2], African Americans are considered to be the poorest group in the country who often cannot afford health insurance[3].

Healthcare in the U.S. is primarily provided by private businesses. Healthcare coverage is established by a combination of private health insurance and public coverage provided by the government. Unlike in many other "developed" countries, a universal healthcare program does not exist in the U.S.[4]. While the number of uninsured U.S. citizens was declining up until 2016, the number is rising under president Trump to 28.6 million uninsured U.S. citizens under the age of 65 in 2018[5]. Uninsured U.S. citizens often postpone or forgo medical care due to financial considerations. Therefore, the prevention and treatment of diseases becomes more difficult[6].

Privatization of healthcare institutions is generally supported by proponents of libertarianism, who emphasize that individual freedom should be preserved by means of competitive capitalism (Friedman, 1962; Van der Vossen, 2002). Libertarians are commonly proponents of the free-market economy to allocate resources and take a critical stance towards the reallocation of wealth for public purposes (Van der Vossen, 2002). Generally, the libertarian position is primarily built on the notion of negative freedom, the "absence of obstacles, barriers or constraints" (Carter, 2003, Introduction, para. 1), which means that the individual should be free from (state) intervention and coercion.

However, privatization of healthcare institutions disadvantages social groups that struggle with poverty by impeding access to healthcare institutions and, consequently, complicate opportunities to improve individual living conditions. Therefore, in contrast to the libertarian framework, I will argue that the right to universal access to healthcare on the basis of the 'fair

[1] https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html accessed on 15 September 2020.
[2] https://www.census.gov/library/stories/2020/09/poverty-rates-for-blacks-and-hispanics-reached-historic-lows-in-2019.html accessed on 20 September 2020.
[3] https://www.rtlnieuws.nl/nieuws/buitenland/artikel/5089506/corona-vs-minderheden-ongelijkheid-doden accessed on 14 April 2020.
[4] https://www.theatlantic.com/international/archive/2012/06/heres-a-map-of-the-countries-that-provide-universal-health-care-americas-still-not-on-it/259153/ accessed on 20 April 2020.
[5] https://www.census.gov/data/tables/time-series/demo/health-insurance/historical-series/hic.html accessed on 20 April 2020.
[6] https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/ accessed on 15 September 2020.

equality of opportunity' principle of justice is of great moral importance. This principle entails the protection of normal functioning of individuals by preserving their health. The World Health Organization defined 'health' broadly as: "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[7] Generally, individuals suffering from poverty do not have the possibility to make use of opportunities that would be available to them when normal functioning is protected (Sen, 1999; Daniels, 1995).

However, the justice argument is insufficient in providing a critique on the libertarian conception of individual freedom. Therefore, I will argue that impediment of access to healthcare institutions due to poverty is problematic from the conception of substantive freedom. In the capability approach, substantive freedom is defined by 'capabilities' and corresponding 'functionings'. An individual's capability relates to the possible sets of functionings that a person can achieve, while functionings are the "various things a person may value doing or being" (Sen, 1999, p. 75). According to Sen (1999), the protection of capabilities is a form of substantive freedom; the real opportunities of the individual to improve his own living conditions and the ability to achieve well-being.

This thesis consists of three lines of argumentation evolving around two main concepts: freedom and universal access to healthcare. The current societal development to increasingly assign distribution of healthcare services to free markets has detrimental consequences for individuals who have insufficient access to necessary healthcare due to poverty. In contrast to the libertarian perspective, an alternative perspective on freedom is needed to meet the healthcare needs of individuals who do not have access to necessary healthcare due to financial limitations. Generally, my perspective on freedom is fundamentally different from the libertarian conception that limits itself to freedom of non-interference. Instead, I propose a conception of freedom that is judged by a person's real opportunities to improve his living condition. Therefore, the main normative goals of this thesis are twofold: a) to build a theoretical justification of universal access to healthcare with respect to freedom and b) to acknowledge the needs of individuals who have insufficient access to necessary healthcare due to poverty. Differences in the perspectives on individual freedom are crucial in understanding the rejection or justification of universal access to healthcare. Therefore, in this master thesis, the scope will evolve around perspectives on

[7] https://www.who.int/about/who-we-are/frequently-asked-questions accessed on 13 September 2020.

(individual) freedom and its implications for the right to universal access to healthcare based on the main research question: *how do perspectives on freedom affect the right to universal access to healthcare?*

The main themes of freedom and universal access to healthcare are discussed in three separate chapters. The first chapter is descriptive and consists of a *rejection* of universal access to healthcare based on libertarian perspectives on individual freedom. I will outline the libertarian philosophical framework, focusing on the notions of self-ownership, natural (property) rights and competitive capitalism. The purpose of this chapter is to explore the libertarian conception of individual freedom and the rejection of the right to universal access to healthcare on libertarian grounds. Namely, universal access to healthcare would require coercive mechanisms of redistribution which is a violation of natural rights that protect individual freedom and private property. The main texts that will be discussed are Robert Nozick's *Anarchy, State, and Utopia* (1974) and Milton Friedman's *Capitalism and Freedom* (1962). To specifically link the libertarian conception of individual freedom to healthcare, I will use Richard A. Epstein's article *Living Dangerously: A Defense of Mortal Peril* (1998). The second chapter is mainly descriptive and consists of a *justification* of universal access to healthcare from a social liberal perspective. I will especially focus on the following notions: principles of justice, right to health, fair equality of opportunity and normal functioning. The purpose of this chapter is to explore the social liberal justification of universal access to healthcare based on the fair equality of opportunity principle. Guiding works that will be discussed are John Rawls' *A Theory of Justice* (1971) and Normal Daniels' *Just Health Care* (1995).

However, the social liberal justification of universal access to healthcare is insufficient in formulating an alternative conception of freedom that can debunk the libertarian conception of individual freedom. Therefore, the third chapter is mainly normative and consists of an alternative perspective on individual freedom which constitutes the main critique on the libertarian conception. I will propose the capability approach as theoretical foundation for an alternative view on individual freedom. The notion of substantive freedom is perceived as the real opportunities of individuals to achieve well-being. Based on the case of health inequities due to poverty, I will argue that the protection of health capabilities is essential for individuals to exercise real opportunities to improve their living conditions. The main works discussed in this chapter are Amartya Sen's *Development as Freedom* (1999) and Martha Nussbaum's *Creating Capabilities: The Human Development Approach* (2011).

Chapter I

Libertarianism and healthcare

In this chapter I will explore libertarian perspectives on individual freedom and the rejection of the right to universal access to healthcare. This exploration will be based on four main libertarian concepts: self-ownership, natural (property) rights, negative freedom and competitive capitalism. This exploration is mainly built on the theories of Robert Nozick (1938-2002) and Milton Friedman (1912-2006). Based on these theories, I will describe competitive capitalism as the ideal libertarian mechanism to provide individual freedom. I will apply the libertarian perspectives on individual freedom explicitly on healthcare systems and will conclude that, according to the libertarian framework, people do not have the right to universal access to healthcare. Namely, this would be a violation of natural rights that protect freedom of coercion and private property. Before I explore the central libertarian concepts, I will provide clarification regarding the similarities between classical liberalism and libertarianism to justify the use of Friedman's theories within a libertarian framework.

1.1 Libertarianism and classical liberalism

According to Van der Vossen (2002), libertarianism is a broad philosophical framework with a variety of thinkers and views. Generally, however, libertarians assign main importance to individual freedom and property rights. Freedom within a just libertarian society, means free from coercion by any party. This can be defined as 'negative freedom' which broadly entails the absence of obstacles or constraints to achieve certain individual goals (Carter, 2003). Libertarianism is strongly related to classical liberalism, proposed by thinkers as John Locke (1632-1704), David Hume (1711-1776) and Adam Smith (1723-1790). Both schools make a significant distinction between public and private life and consider individuals morally free and equal (Van der Vossen, 2002). According to Brennan (2018), libertarians and classical liberalists generally share two lines of argumentation. Firstly, from the perspective of justice, individuals have the right to the protection of basic civil and economic rights without being constrained by enforced shared cultural goals. Secondly, individual and economic freedom generate good outcomes, while infringing individual freedom generally leads to bad outcomes.

As discussed, a well-known libertarian theoretical framework is proposed by the philosopher Robert Nozick in his book *Anarchy, State and Utopia* (1974). In his book, Nozick laid the foundation for contemporary libertarianism. Nozick's position is inherently non-paternalistic

and argues that 'someone may choose (or permit another) to do to himself anything, unless he has acquired an obligation to some third party not to do or allow it.' (Nozick, 1974; 1984, p. 58). A guiding principle within this non-paternalistic view is *self-ownership*; agents are considered to own themselves and have natural rights to take ownership over external things by means of their own labor (Van der Vossen, 2002).

1.2 Self-ownership and natural rights

Self-ownership is a useful concept in many ways, especially in a moral sense. Individuals are considered to have stringent basic set of rights over their own beings, which provides people with the same kind of control over themselves that one might have over their own possessions. It acknowledges the individual sovereignty of persons and prevents an instrumental view on human beings. Consent is of great importance to exercise full self-ownership. Namely, based on control rights, there can be me made a distinction between actions that commonly are impermissible but can be made permissible by individual consent. In a boxing match for example: both parties in the match consent to the use of violence. In that way, the act of violence can therefore be (temporally) made permissible, while its commonly prohibited (Van der Vossen, 2002). In this way, full self-ownership protects individuals from actions carried out to them by external parties without giving individual consent.

Although Nozick (1974) does not mention the concept of self-ownership in *Anarchy, State, and Utopia*, his theories have been highly influential in shaping it. The conviction that individuals cannot be forced in assisting others is of main importance here. According to Nozick, if theorists are concerned with a conception of justice, they face an important choice: a) respect individuals as primary rulers over their lives, labor and body, or b) enforce particular redistributions. The first enables individuals to choose their own field of profession and to spend their wages the way they prefer. However, the latter concerns "taking what people innocently produce through their own labor, redirecting their work to purposes they did not freely choose" (Van der Vossen, 2002, 1: Self-Ownership, para. 8). Proponents of full self-ownership consider these coercive mechanisms unjustifiable. Namely, individuals cannot be forced to work for particular ends because wages represent the fruits of a person's labor. This renders redistribution of resources by means of taxation equal to 'forced labor' (Nozick, 1974). Generally, libertarians assign strong importance to own and direct oneself without any kind of interference or external constraints. Based on this conception of the individual,

libertarians assign strong importance to natural rights and the protection of private property as I will discuss below.

1.2.1 Natural rights: labor and property

Anarchy, State and Utopia starts with the following statement: "individuals have rights, and there are things no person or group may do to them […]" (Nozick, 1974, ix). Regardless of the societal set-up or social contract, natural rights inherently constrain persons and institutions to interfere in individual lives. In other words, natural rights should be respected by everyone including the sovereign (Schraufnagel, Schraufnagel & Schraufnagel, 2017). Nozick's conception of natural rights in the state of nature is mainly inspired by John Locke's (1632-1704) theories. The main feature of natural rights is to protect individuals from harm done to their lives, health, freedom and property (Locke, 1689; 1967). For libertarians, the natural right to property is of main importance in preserving individual freedom. Nozick's view on natural property rights is built on Locke's (1689; 1967) position that individual labor is a means to take ownership over external things. Namely, Locke argues that individual labor is an extension of the self. Consequently, property derived from labor is a natural right. In that sense, the individual's body and labor is considered to be part of the realm of property as I will briefly discuss below.

The notion of property is generally defined as: "the rules governing access to and control of land and other resources." (Waldron, 2004, Introduction, para. 1). Rules concerning private property evolve around the position that particular resources are assigned to the decisional authority of an individual or group. Therefore, the persons owning the object have absolute control and can decide what happens with that particular object. When linking property rights to self-ownership, an individual owns himself when "he has all the control over his own body the master would have over him where he his slave." (Waldron, 2004, 3: Is Property a Philosophical Issue? para. 9). In that sense, individuals should be allowed to profit from their own mind and body and reap the benefits of their own labor.

The notions of self-ownership and natural (property) rights build a strong libertarian foundation for the protection of negative freedom; the absence of coercion and interference. I will discuss these matters in the next paragraph.

1.3 Negative freedom and rectification

The scholar Isaiah Berlin (1909-1997) elaborated on the concept of negative freedom in his lecture *Two Concepts of Liberty* (1958; 1969). Negative freedom relates to the absence of

interference by individual people or a group of people to act in the way an individual wants to act. When an individual is constrained or prevented by others to carry out a certain action, he is unfree. However, this does not necessarily imply coercion. Coercion occurs when other human beings *intentionally* interfere in the area an individual otherwise could act (Berlin, 1958; 1969). However, when exactly is someone deprived of freedom?

From the perspective of promoters of negative freedom, the personal realm of action in which a person is sovereign is sufficient for individual freedom. A precondition is that the individual also respects the personal spheres of others (Carter, 2003). Thus, when the individual is free of force or manipulation and does not intentionally interfere in the freedom of others, a person can be considered to rightly exercise his individual freedom. In practice, these alleged limits of freedom are a matter of debate. Consider the next example, posed by Berlin: being poor *inherently* deprives someone of freedom because an individual cannot carry out certain actions he may desire. However, from a libertarian perspective he is not actively constraint by legal rules. Proponents of libertarianism generally argue that *the inability of the person* to pursue his own interests keep the individual of achieving certain goals. Thus, from a libertarian perspective, the poor person that is unable to improve his own situation, is not constrained in his negative freedom. Consequently, no moral problem occurs; there is no question of force. This view on freedom emphasizes the individualist perspective where the ability of individuals to improve their lives is based on the ideal of the self-owning, autonomous self that is able to exercise control over his own body and his surroundings. The libertarian position that individuals are free of coercive mechanisms as self-owning individuals, is reflected in the position libertarians take in matters concerning rectification as I will discuss below.

1.3.1 Rectification of wrongdoings

Based on the framework of negative freedom, libertarians generally acknowledge that "genetic endowments and environmental influences generate benefits by luck as well as hard work." (Epstein, 1998, p. 911). However, they do not intend to equalize these natural circumstances. Thus, when an individual is not constrained in his negative freedom, libertarians would argue that injustices are derived from causes that generally relate to the inability of the individual to achieve certain goals. Consequently, individuals are assumed to be responsible for making their own rational decisions, which can lead to the tendency to assign causes of bad consequences to the poor choice(s) of an individual. This is apparent in Epstein's view on the case of drug users who relapse in their old habit by stating that his:

"[…] reaction to these abusers is equal parts rage and resentment at their utter indifference to the plight of others whom they displace on the queue." (p. 915). His considerations are generally related to the financial resources these 'abusers' take away from other "more worthy individuals". In this statement, Epstein emphasizes the inability of the individual to control his own actions and to consistently make the "right" decisions for his own wellbeing. In other words, the individual is held fully accountable for his own dire situation and has no claim to rectification. Therefore, based on this conviction, the only wrongdoings that need to be rectified are the ones carried out by one person to another, for example in cases of fraud or force (Epstein, 1998). This makes it a procedural system of justice, which means that rectification of wrongdoings is limited to deliberately caused situations that are proven to be unfair. In other words, when the procedures of appropriating wealth and property are just, no moral problem occurs. This procedural view on rectification is complemented by an ideal libertarian set-up of society in which individual freedom is preserved by competitive capitalism as I will discuss in the next paragraph.

1.4 Libertarian utopia: individual freedom and competitive capitalism

Although Milton Friedman (1962) is not considered to be a libertarian writer, his classical liberalist view on individual freedom shares main similarities with the libertarian framework. According to Friedman, individual freedom cannot be ensured with solely economic freedom *or* political freedom but instead requires a combination of economic and political arrangements that complement each other. Friedman's notion of political freedom essentially carries the same meaning as Berlin's negative freedom, namely *the absence of coercion by others*.

Economic freedom generally refers to the advantage of market mechanisms to allow a wide scope of diversity. In that sense, market mechanisms are inherently suited for the prevention of discrimination because economics is separated from political views and therefore assesses individuals on their productivity and merit, rather than personal features and political views. Economic freedom then, is both an end in itself and a means to achieve political freedom. Economic freedom is considered to be primary before political freedom because it separates economics from political interests and judgment. Economic freedom can be ensured by competitive capitalism which is generally defined as a "free private enterprise exchange economy" (p. 19). This is desirable for Friedman, because historical evidence points out that: "the typical state of mankind is tyranny, servitude, and misery. The nineteenth century and early twentieth century in the Western world stand out as striking exceptions to the general

trend of historical development." (Friedman, 1962, p. 16). Therefore, the main threat to freedom is centralized power and the ability to coerce. Preserving individual freedom requires the abolishment of concentrated power as much as possible. In contrast, market mechanisms are eminently suited for the elimination of coercive (political) powers because it enables people to cooperate based on voluntary association.
In a broad sense, Friedman's theory on individual freedom forms the libertarian ideal of a basic societal structure. It preserves individual freedom through a system of competitive capitalism. Namely, economic freedom is a precondition for political freedom that is preserved by competitive capitalism. This set-up directly provides persons with individual freedom because it enables them to build relationships based on voluntary association.
The discussed libertarian perspectives on individual freedom have implications for the right to healthcare and access to healthcare institutions as I will discuss in the next paragraph.

1.5 Libertarianism and the right to healthcare

In this paragraph two main libertarian objections to a right to universal access to healthcare will be discussed: a) the violation of natural rights of the self-owning individual and b) the violation of property rights by redistribution of resources to provide for healthcare services. Both objections carry the position that a right to universal access to healthcare implies coercive mechanisms to achieve such a goal.

Firstly, the violation of natural rights of the self-owning individual is reflected in Nozick's (1974) view on the doctor's profession. He argues that medical practitioners should be able to pursue their own interests within their own field of expertise. He compares the doctor's position with other professions that concern services, for example barbers or gardeners, and wonders why the situation of doctors would differ from these other professions. Nozick asks himself the question: "If someone becomes a barber because he likes talking to a variety of different people, and so on, is it unjust of him to allocate his services to those he most likes to talk to?" (Nozick, 1974, p. 234). In this way, he implies that a doctor should be able to allocate his services in the same manner as a barber allocates his services to customers. Therefore, in the libertarian world, doctors can choose clientage and shape their own markets for providing healthcare based on voluntary association. Nozick acknowledges the importance of medical care. However, societal arrangements to provide for medical services should be avoided at all cost. Namely, these arrangements violate the ideal of self-

ownership and natural rights. Namely, within competitive capitalist society, all exchange is based on voluntary association and not on forced labor.

Secondly, the violation of property rights by redistribution of resources is reflected in Epstein's (1998) argument concerning a right to health. He poses two conceptions of the right to healthcare and he defends the first view and opposes to the second. From his perspective, the first view on the right to healthcare concerns voluntary exchange of healthcare services. In that sense, the libertarian conception of the right to healthcare entails that an individual: "is entitled to obtain it from another individual who is willing to supply it in a voluntary transaction, be it by gift or purchase." (Epstein, 1998, p. 910). Therefore, Epstein argues that the right to healthcare is limited to the voluntary exchange of healthcare services. This implies that, within a market for healthcare, the parties involved in the transaction are both in the position to enter such a mutual understanding. The second conception of the right to healthcare, which Epstein opposes, implies that individuals have a duty to supply necessary healthcare services at their own expense to persons who cannot afford such services. Epstein argues that this latter conception requires redistribution of resources to provide healthcare by imposing taxes on citizens. As discussed, this is morally problematic from a libertarian perspective. Namely, redistribution of resources is an infringement of negative freedom and requires coercive (political) mechanisms to sustain healthcare institutions.

Therefore, the main libertarian objection to universal access to healthcare is the redistribution of resources which concerns "taking that which one has earned, and to which that one is entitled, and transferring it without consent to another who has neither earned nor been given it and hence is not entitled to it…" (Belousek, 2013, p. 468). For this reason, universal access to healthcare is rejected; it eminently presupposes coercive mechanisms to provide healthcare and violates rights to negative freedom and private property.

Concluding notes

In this chapter I explored libertarian perspectives on individual freedom by describing the notions of self-ownership, natural (property) rights, negative freedom and competitive capitalism. On the basis of these concepts, libertarians reject universal access to healthcare because this right would imply coercive redistributive mechanisms to provide for healthcare needs. These coercive mechanisms are unjustified from the perspective of natural rights; rights to negative freedom and private property are violated. In contrast to the libertarian framework, I will pose a social liberal justification of universal access to healthcare in the next chapter.

Chapter II

Social justice: justifying universal access to healthcare

In this second chapter, I will propose a social liberal justification of universal access to healthcare based on John Rawls' (1971) and Norman Daniels' (1995) theories. The main focus of this chapter is to elaborate on the social liberal view on principles of justice that are characterized by notions of equality of opportunity and fair distribution. In respect to health and healthcare, the protection of normal functioning to counter disadvantages caused by natural circumstances becomes of main importance. In that sense, good health is a necessary prerequisite for the ability to be productive and enables them to exercise a fair range of opportunities. Therefore, from the perspective of social justice, universal access to healthcare is necessary to protect normal functioning of individuals. Essentially, the moral argument is grounded in the preservation of good health to protect opportunities that individuals need to participate in "the political, social and economic life of their society." (Daniels, 2001, p. 3). First, I will elaborate on Rawls' principles of justice to sketch the social liberal framework of justice, especially the principle of fair equality of opportunity.

2.1 Social liberalism: Rawls' principles of justice

Nozick's *Anarchy, State and Utopia* (1974) is partly a respectful critique on John Rawls' *A Theory of Justice* (1971). Nozick especially criticizes Rawls' theory on distributive justice and the "original position". In Rawls' thought experiment, rational human beings determine the principles of justice of a society that are chosen behind a "veil of ignorance". In this hypothetical situation, individuals have no knowledge of their place in society, status, abilities, and so forth. Rawls' theory is concerned with a society based on "justice as fairness". Namely, the principles of justice on which the rational human beings agree upon behind the veil of ignorance, turn out to be fair in the initial hypothetical situation. That brings Rawls' to the well-known principles of justice that individuals would choose behind the veil of ignorance.

The first principle relates to the preservation of the "greatest equal liberty" for all. In that respect, Nozick and Rawls could agree. Namely, the preservation of freedom entails the protection of basic liberties such as political freedom, freedom of speech, freedom of oppression and the right to individual property. Libertarians assign strong importance to these kinds of liberties as discussed in the previous chapter.

However, Rawls' second principle, often divided in two parts: the "difference principle" and

the “equal opportunity principle”, is a matter of dispute between libertarians and social liberals. This principle broadly relates to the prevention of unfair inequities and the protection of fair equality of opportunity: “Social and economic inequalities are to be arranged so that they are both: (a) to the greatest benefit of the least advantaged […] and (b) attached to offices and positions open to all under conditions of fair equality of opportunity.” (Rawls, 1971, p. 266). Based on this principle, positions of authority and responsibility in society should be open to all and arrangements should be made in such a way that social and economic inequalities are for the benefit of everyone. Rawls first principle is prior to the second, which means that the liberty principle is primary before the difference principle. From Rawls’ perspective this entails that infringements in basis liberties should be primarily protected and cannot be justified or compensated “by greater social and economic advantages” (p. 54). In this framework, health has not yet been part of the discussion.

2.1.1 Rawls and health

In Rawls’ *A Theory of Justice* (1971), the place of health and healthcare remains quite unclear. He briefly mentions “health” in his text while writing about injustice, primary goods and natural goods. While diving into the two principles of justice, Rawls defines the notion of injustice as: “inequalities that are not to the benefit of all.” (p. 54). The first step of his interpretation of the notion “injustice” relates to the basic structure of society in which certain primary goods are distributed. Primary goods are generally defined as: “things that every rational man is presumed to want” and are of use in pursuing one’s own goals and plan in life (p. 54). Here, Rawls makes a distinction between social primary goods and natural goods. Primary goods broadly consist of “rights, liberties, and opportunities, and income and wealth.” (p. 54), while health, along with vigor, talent and intelligence, is included in the realm of natural goods.

Other theorists, such as Daniels (1995), attempted to place healthcare in a Rawlsian framework. On the basis of the fair equality of opportunity principle, he argues for universal access to healthcare. Therefore, in the next paragraphs, I will focus on equality of opportunity and explore its relation to health and healthcare as proposed by Daniels (1995; 2008).

2.2 Philosophical foundations of equality of opportunity

Before diving into Rawls’ specific conception fair equality of opportunity and its relation to health proposed by Daniels (1995), I will discuss the philosophical foundations of the notion of ‘equality of opportunity’ that broadly relate to job opportunities and fair competition.

Richard Arneson (2002) describes two conceptions of equality of opportunity: formal and substantial. The formal view generally relates to positions of major advantages that should be open to all candidates of application. This view inherently limits its sphere to public life, not private. Consequently, it is "a norm that regulates a political and civil society, a common life in which all members participate, rather than every aspect of the conduct of individual lives." (Arneson, 2002, 1: Formal Equality of Opportunity, para. 6). Within a market economy, formal equality of opportunity requires that the available work positions are publicized in advance, all applications are accepted and that solicitants are judged by their merits and qualities. The sentence "careers open to talents" is best suited for this meritocratic view on equality of opportunity (Arneson, 2002).

The problem with formal equality of opportunity is that individuals in advantaged positions have better chances to comply with requirements of positions of power. In other words, wealthy individuals have more means to become qualified for these positions. Thus, the second conception, substantial equality of opportunity, requires that individuals have sufficient opportunity to develop abilities and *become* qualified. Within the substantial conception of equality of opportunity, the idea to reduce "competitive advantages that favorable circumstances confer on some individuals […]", can be assigned to Rawls' conception of fair equality of opportunity (Arneson, 2002, 2: Substantial Equality of Opportunity, para. 4). Generally, this view consists of the presupposition that the socio-economic status in which human beings are born, does not affect one's competitive prospects. Libertarians are inclined to reject the notion of equality of opportunity as I will discuss below.

2.2.1 A libertarian critique of equality of opportunity

From a libertarian point of view, Nozick's rejects the right to equality of opportunity. According to him, the only two options that exist to achieve such a goal would consist of either worsening the situation of the most favored or "improving the situation of the less well-favored" (Nozick, 1974, p. 235). Both attempts are undesirable and infeasible because, in both cases, redistribution involves worsening the situation of the individuals who own sufficient resources that can be reallocated. When the reallocation of resources is not based on voluntary consent and requires the power of force in way or another, this process is morally unjustifiable because it infringes negative freedom. As discussed in chapter I, libertarians refute many forms of rectification and take a moral stance *against* the redistribution of resources and infringement of negative freedom. Therefore, libertarians fundamentally object against Rawls' fair equality of opportunity principle. According to them, enforcing this

principle to society, would inherently violate rights to individual freedom and property rights. Therefore, the competitive capitalist framework as means to individual freedom is well-suited for responding to healthcare demands because individuals thrive in a society built on voluntary association. In context of health, however, the libertarian account of individual freedom is primarily concerned with *productive labor* and excludes the relationship between freedom and good health which, in my view, is a prerequisite for being productive. I will discuss this argument in more detail in the next paragraph.

2.3 Rebutting the libertarian critique: health and productivity

As stated above, the main objection of libertarians to the principle of fair equality of opportunity is the redistributive dimension. Natural property rights protect individuals from coercive (political) mechanisms that redistribute property for a societal purpose. Property is derived from individual labor and is considered to be an extension of the self.

David Hume (1739; 1975) on the other hand, argues that property is not a natural right, but is established by social rules. This makes property inherently imbedded in a moral framework of which its foundation in justice cannot be neglected (Waldron, 2004). Thus, 'property' inherently becomes part of a moral debate, especially in context of matters concerning health, justice and (re)distribution. Namely, the notions of labor, property and health carry a moral problem that concerns the relation between productivity and health. Consider the following question: how can an individual be productive while in poor health?

According to Daniels' (2008), the effects of loss of normal functioning, illness and, obviously, premature death are considered to be especially detrimental to the range of opportunities of individuals. This means that individuals in poor health are limited in their normal functioning and consequently, from a libertarian perspective, have less entitlements to take ownership over external things. This direct relation between poor health and less entitlements to property is a consequence of the libertarian line of reasoning that solely acknowledges the utility of *productive labor* within a capitalist society while not taking *normal functioning* into account. In other words, libertarians assume that basic human functioning is a given and that every individual is able to be productive by means of their labor and, consequently, are entitled to sufficient remuneration. Libertarians therefore exclude the function of health in relation to productivity and fail to acknowledge the importance of normal functioning for the ability to work. In contrast to property rights, this opens the question if a right to health exists and how this is related to opportunities as I will discuss in the next paragraphs.

2.4 The right to health

In his book *Just Health Care* (1995), Normal Daniels wonders if a right to healthcare exists and on what grounds. Daniels is primarily concerned with a justification of the right to healthcare based on "an acceptable theory of distributive justice" that would be helpful in specifying "the scope and limits of justified rights claims." (Daniels, 1995, p. 5). However, what does this right to health consist of? Firstly, proponents of health rights are often concerned with both negative and positive rights. The negative part concerns the right to non-interference; other individuals should refrain from actions that threaten individual health. The positive side concerns steps to improve health conditions and prevent diseases in society. Thus, the claim 'right to health' is both an individual and societal obligation to promote and maintain good health and to refrain from harmful actions that could be detrimental to health. This conception of health rights includes more than access to healthcare services; it also takes other factors into account that affect health, for example environmental issues.
Secondly, proponents of the right to health are concerned with another important consideration that relates to equal *accessibility* of healthcare. For Daniels (1995), the justification of the right to equal access is eminently concerned with general theories of justice that deal with equality. In other words, the specification and justification of the right to healthcare requires general theories of distributive justice. However, Daniels (1995) states that applying theories of justice to healthcare is a difficult task. First, an idea of the moral importance of healthcare is needed to distinguish health from other factors that improve the quality of individual lives.

2.4.1 Healthcare needs and opportunity

The distinction between healthcare and other important factors that improve our lives is that healthcare concerns *needs* rather than sole (market) preferences. According to Daniels, the theory of healthcare needs derives from two main judgments: "that there is something especially important about health care, and that some kinds of health care are more important than others." (Daniels, 1995, p. 20). In this line of reasoning, healthcare needs are broadly defined as needs that are necessary to preserve and restore normal functioning of a certain species. To clarify, the notion of normal functioning requires a conception of 'the normal opportunity range' present in society. This is dependent on various social factors that include material wealth, technology and cultural aspects. The opportunity range is also dependent on individual talents and skills. Here, the fair equality of opportunity principle safeguards access to basic institutions to become qualified for positions of power. This principle is not

necessarily concerned with strict equal opportunity but rather with equal opportunities for individuals with comparable skills and talents (Daniels, 1995). In context of health, the fair equality of opportunity principle becomes of main importance when the effects of disease on the normal opportunity range of individuals is studied more closely. The argument is as follows: according to Daniels (1995), differences in talents and skills that are caused by disease have detrimental effects on the individuals' normal range of opportunities. These differences should be taken seriously. However, the position that persons have an interest in preserving their normal range of opportunities does not yet imply a social obligation to preserve fair equality of opportunity. Therefore, the fair equality of opportunity principle has to be justified before arguing that meeting healthcare needs is a social obligation (Daniels, 1995).

2.5 Fair equality of opportunity and universal access to healthcare

Daniels (1995) formulated ways in which the principle of fair equality of opportunity is helpful in justifying the right to universal access to healthcare. Generally, Daniels is a proponent of taking positive measures to improve the normal range of opportunities for those who are disadvantaged by social factors. He argues that: "none of us *deserves* the advantages conferred by accidents of birth – either the genetic or social advantages." (Daniels, 1995, p. 46). For this reason, accidental advantages should not determine the individuals' range of opportunities, amount of remuneration and level of prosperity. Therefore, in context of healthcare, it is of main importance "to use resources to counter the natural disadvantages induced by disease." (p. 46). Thus, the main goal of healthcare is as follows: preserving normal functioning by taking away disadvantages that derive from disease and disability. Consequently, healthcare institutions provide freedoms and opportunities to individuals by protecting normal functioning. From this perspective, when in good health, individuals are enabled to make use of opportunities in life that they need to participate in "the political, social and economic life of their society." (Daniels, 2001, p. 3). In this line of reasoning, the social obligation to preserve and improve health for all individuals is inherently intertwined with the protection of fair opportunities (Daniels, 2008).

As discussed above, the principle of fair equality of opportunity forms the basis of the social obligation to meet healthcare needs that have an important effect on normal functioning. Thus, the preservation of health, and thereby normal functioning, makes a significant (but limited) contribution to the protection of opportunities that individuals can

exercise in their lives. Therefore, according to Daniels (1995), "healthcare institutions should be designed to meet that obligation" (p. 79). This position has implications for the accessibility of healthcare. Namely, the accessibility of healthcare institutions consists of meeting healthcare needs that have effect on the opportunity range of individuals. Therefore: "providing universal access to a reasonable array of health and medical interventions in part meets our social obligation to protect the opportunity range of individuals […]" (Daniels, 2008, 3.3: Health, Opportunity and Access, para. 2). Healthcare services needed to preserve and recover normal functioning are considered part of a 'basic tier' and should be accessible to all individuals without experiencing any obstacles, may it be financially or something else. Two lines of argumentation are important here: a) the characterization of healthcare services in the basic tier are judged by their effects on opportunity and b) when cultural or social barriers impede access to healthcare services in the basic tier, positive steps are required to remove these obstacles (Daniels, 1995). Thus, the right to universal access to healthcare safeguards the range of opportunities of individuals by preserving normal functioning. Healthcare services in the basic tier should be accessible to all and obstacles that have an impeding effect on accessibility should be removed.

Concluding notes

In this chapter I justified universal access to healthcare based on the social liberal principle of fair equality of opportunity. Healthcare is needed to counter disadvantages that derive from natural circumstances such as diseases and disability. Therefore, healthcare is essential for preserving normal functioning and, consequently, protects the range of opportunities that individuals can exercise in their lives. Universal access to healthcare is a means to partly meet the social obligation to protect a fair share of opportunities for all and should safeguard access to a basic tier of healthcare services.

However, the social liberal justification of universal access to healthcare falls short in rebutting the libertarian conception of individual freedom. To justify such a right, an alternative perspective on freedom is required. Therefore, in the next chapter, I will propose a conception of substantive freedom, proposed by Sen (1999) and Nussbaum (2011) in the capability approach.

Chapter III

Health, substantive freedom and poverty

In the third chapter I will argue for an alternative perspective on the libertarian conception of individual freedom as proposed in the capability approach by Sen (1999) and Nussbaum (2011). They argue for the conception of substantive freedom which is judged by a person's set of real opportunities to achieve a state of wellbeing. Substantive freedom is characterized by individual capabilities that enables persons to freely choose between alternative lifestyles. In contrast to health inequalities, health inequities due to poverty can be especially detrimental to a person's capability set. Therefore, a threshold level of health capabilities (or 'normal functioning' in Daniels' terms) should be preserved by means of universal access to healthcare to enable individuals to improve their own living conditions in respect to their substantive freedoms. Before I explore the main arguments, I will firstly discuss central concepts of the capability approach in the next paragraph.

3.1 What is the capability approach?

The capability approach is proposed by the theorists Amartya Sen and Martha Nussbaum in the works *Development as Freedom* (1999) and *Creating Capabilities: The Human Development Approach* (2011). Generally, proponents of the capability approach are concerned with two normative positions: a) it is of great importance that individuals have the freedom to achieve well-being and b) freedom is judged by individual capability which is defined by the real opportunities of individuals to achieve a state of well-being (Robeyns, 2011). The concept of capabilities is strongly related to the notion of 'functionings' which refers to the range of things individuals "may value doing or being" (p. 75). An individual's capability set concerns "the alternative combinations of functionings that are feasible for her to achieve." (Sen, 1999, p. 75). Therefore, this position concerns a form of substantive freedom that enables individuals to realize various combinations of functionings. In more simple words: individuals should be free to pursue different lifestyles. Nussbaum (2011) explicitly emphasized freedom of choice in the framework of capabilities which entails that individuals should be free to choose within their range of opportunities. Therefore, Sen (1999) and Nussbaum (2011) are proponents of a liberal conception of the capability approach and assign strong importance to the preservation of individual freedom.

An advantage of the capability approach is its evaluative component; it can be used to judge "realized functionings" (the ability of the individual to act) or "the capability set of

alternatives" (the actual opportunities) of individuals (Sen, 1999, p. 75). Proponents of this framework commonly assign strong responsibilities to governmental institutions and its public policies to preserve and improve quality of life for all individuals (Nussbaum, 2011). A distinction is made between combined capabilities and internal capabilities: the first concerns substantive freedoms within a societal context that include economic, cultural and political factors. The latter refers to individual properties and qualities. The distinction is important to separate two interwoven but different tasks of public policy: a) preserving internal capabilities and b) enable individuals to make use of opportunities in line with those internal capabilities. For example, individuals may be educated to speak freely about their political convictions but when the government denies them freedom of speech, there is no question of combined capability. Therefore, on a political level, the main goal is to get all individuals in a nation "above a certain threshold level of combined capability […]" (Nussbaum, 2011, p. 24). This means that every individual should be able to exercise his substantive freedom by choosing and acting according to his capabilities. Nussbaum (2011) formulated ten 'Central Capabilities' that should be included in a threshold level of combined capabilities. I will limit myself to the two Central Capabilities that are relevant for health and healthcare in the next paragraph.

3.2 Health, capability and freedom

The first two Central Capabilities Nussbaum (2011) discusses are especially relevant for the relation between capabilities and health. The first concerns 'life' and is defined as: "Being able to live to the end of a human life of normal length; not dying prematurely, or before one's life is so reduced as to be not worth living." (p. 33). The second is 'bodily health' which is generally concerned with providing sufficient shelter and enabling individuals to be in good health. A distinction has to be made here between 'health' as a functioning and health as capability. As discussed, functionings derive from capabilities as doings and beings. Therefore, to be in good health is a functioning. On the other hand, capabilities are opportunities to choose between alternative lifestyles. Thus, capabilities eminently provide individuals with freedom to choose between alternatives. Both Sen (1999) and Nussbaum (2011) defend the position that health as capability should be actively preserved but health as functioning should not. Namely, when healthy lifestyles (read: health functionings) are politically enforced, individual choices are not respected. Therefore, their position is that capabilities, not functionings, are eligible political goals because the preservation of capabilities is on a par with preserving individual freedom: "there is a huge moral difference

between a policy that promotes health and one that promotes health capabilities – the latter, not the former, honors the person's lifestyle choices." (Nussbaum, 2011, p. 26).
Although both Sen and Nussbaum do not include the notion accessibility to healthcare in their framework, the capability approach shares main similarities with Daniels justification of the right to universal access to healthcare. Namely, Daniels (2010) states that the differences between Sen's conception of the capability approach and his own opportunity-based account in respect to health are probably "more terminological than conceptual or practical." (Daniels, 2010, p. 134). However, I want to note here that Daniels (1995; 2008) justification of universal access to healthcare alone does not provide sufficient guidance in formulating an alternative approach to the libertarian account of individual freedom. On the other hand, Sen (1999) and Nussbaum (2011) directly tie their conception of capability to freedom: "to promote capabilities is to promote areas of freedom" (Nussbaum, 2011, p. 25). External factors such as poverty can have detrimental effects on basic capabilities and therefore on substantive freedom as well. Before I will explore the case of poverty and its implications for health capabilities and access to healthcare, I will provide clarification regarding the distinction between health inequalities and health inequities. This is helpful in understanding which health injustices I address in this thesis. Namely, I address health inequities that derive from insufficient access to necessary healthcare services due to poverty.

3.3 Health inequalities or health inequities?

According to Braveman & Gruskin (2003) there is a distinction between the notions of 'equality' and 'equity' in context of health. Equality is not necessarily normative and could relate to health disparities that are not unfair. I will give two examples to illustrate this position: the youth is expected to be healthier than the elderly and differences in gender related risks of particular illnesses are difficult to consider unfair. Equity on the other hand, is inherently normative, grounded in theories of social justice and is concerned with distributive considerations. Health equity:

> " […] focuses attention on the distribution of resources and other processes that drive a particular kind of health inequality – that is, a systematic inequality in health (or in its social determinants) between more and less advantaged groups, in other words, a health inequality that is unfair." (Braveman & Gruskin, 2003, p. 255).

The social determinants generally relate to conditions in the household, workplace conditions and the set-up of national healthcare systems and its corresponding policies. Equity in health then, is generally defined as "the absence of systematic disparities in health" that is dependent on the individuals' place in the social hierarchy and the advantages and disadvantages that correspond with this social position (p. 254). These social advantages and disadvantages are generally determined by attributes that place people in a social hierarchy that is reflected in the individual's wealth, status and power. The distinction between the two concepts can be helpful to centralize the concept of inequality as an essential measuring tool for health inequities. In that sense, equality is a prerequisite before detecting health inequities and crucial for the "operationalization and measurement of health equity […]" (Braveman & Gruskin, 2003, p. 255). Consequently, 'equality' can be used with respect to measurable outcomes while 'equity' is more open to (moral) interpretation.
In this thesis, I address unfair health inequities that are caused by insufficient access to necessary healthcare due to poverty. Subsequently, I will argue in the next paragraphs that insufficient access to necessary healthcare has detrimental effects on central health capabilities and therefore on substantive freedom as well.

3.4 Poverty, capability and health

As discussed, unfair health inequities concern systematic disparities that derive from the individual's place in the social hierarchy. Differences in financial resources are important in mapping individual social positions and can be helpful in revealing implications for health inequities. Sen (1999) argues that poverty can be especially detrimental to a person's real opportunity to improve his own living conditions. However, first a clarification is needed concerning the differences between poverty as capability deprivation and poverty defined as low income. Sen (1999) argues that poverty as capability deprivation "concentrates on deprivations that are intrinsically important" while poverty as low income is solely instrumentally relevant (Sen, 1999, p. 87). Namely, low income and its relation to capability deprivation is differs in social groups and cultures. For example, the relation between capability and income is eminently connected with individual characteristics such as age, gender, and location. Important here is the statement that "*relative* deprivation in terms of *incomes* can yield *absolute* deprivation in terms of *capabilities*." (Sen, 1999, p. 89). That means that a poor person in a wealthy country can still suffer from capability deprivation even when his income is high in comparison to individuals located in other countries. Although Sen (1999) emphasizes the distinction between poverty as capability deprivation and poverty as

low income, the two conceptions are eminently intertwined because both are crucial means to achieve capabilities. The implications of this distinction for healthcare is helpful in understanding the importance of preserving health capabilities on a societal level. Sen's (1999) line of argumentation generally concerns the following: "The more inclusive the reach of basic education and health care, the more likely it is that even the potentially poor would have a better chance of overcoming penury." (Sen, 1999, p. 90). In that sense, healthcare and education not only improve the quality of life but also enables individuals to sustain themselves and improve their living conditions. Consequently, individuals are able to be more productive and increase their income. On the other hand, if I turn this argument around, I can defend the position that impeding access to basic healthcare will complicate the opportunities to improve individual lives. Namely, impeding access to necessary healthcare leads to worse health outcomes and makes it more difficult for individuals struggling with poverty to improve their living conditions. The case of poverty and health inequities in the U.S. will illustrate my position.

3.4.1 Health inequities due to poverty in the U.S.

As discussed in the introduction of this thesis, African American citizens are the poorest group of the country[8]. African American citizens have lower chances of survival than other, in some cases even poorer, groups outside the U.S. (Sen, 1999; Baily, et al., 2017). African Americans have increased risk to hypertension due to stress which can lead to heart failure and premature death (Yearby, 2018). Other examples of health disparities are obesity caused by insufficient access to healthy food, increased risk of chronic illness and structural exposure to polluted air (Baily, et al., 2017). Access to necessary healthcare is not guaranteed in the U.S. healthcare system and instead often requires sufficient financial resources. Therefore, African Americans suffering from poverty are more likely to forgo medical care due to financial considerations. As discussed in chapter II, limitations in normal functioning due to bad health has implications for individual productivity and, consequently, for the ability to take ownership over external things. From a libertarian perspective, this case is not morally problematic; there is no question of force and therefore natural rights to negative freedom are not violated. The *absence* of force is sufficient for the preservation of individual freedom.

[8] I am aware that the social position of African American citizens is more complicated and is part of a much larger subject concerning 'structural racism'. However, in this thesis I solely focus on the detrimental effects of poverty on health outcomes because this relation may be applicable to other groups that struggle with poverty as well. Therefore, African Americans represent other social groups that are victims of health inequities due to poverty.

However, in respect to health, this perspective on freedom is unfair; individuals struggling with poverty are not provided with opportunities to improve their health and, consequently, are deprived of chances to improve their living conditions as well. Namely, worse health outcomes are reinforced by insufficient access to necessary healthcare. Subsequently, individuals have less opportunities to be productive and acquire financial resources. Therefore, in contrast to the libertarian framework, I will argue for an alternative perspective on individual freedom that complements a justification of the right to universal access to healthcare as I will discuss in the next paragraph.

3.5 An alternative to libertarianism: substantive freedom and healthcare

The case of poverty as capability deprivation in respect to health shows that prioritizing individual freedom does not imply the rejection of universal access to healthcare. Namely, when conceiving health as essential for preserving normal functioning and productivity, providing access to necessary healthcare becomes important for the protection of individual freedom. The difference is found in the conception; libertarians consider individual freedom as the absence of interference, while proponents of the capability approach judge individual freedom by the person's real opportunities. This is a matter of priority setting. On the one hand, libertarians are inclined to reduce any form of interference to coercion and therefore reject universal access to healthcare regardless of the outcomes. On the other hand, proponents of substantive freedom argue that a threshold level of health capabilities should be preserved to protect real opportunities of individuals. Note here that proponents of substantive freedom still respect freedom of choice to pursue different lifestyles and disapprove health policies that coerce people to act in certain ways (Sen, 1999; Nussbaum, 2011). This renders the conception of substantive freedom suited for liberal perspectives on individual freedom. I am in favor of the latter conception of individual freedom which preserves health capabilities to safeguard a fair distribution of real opportunities. Namely, as Sen (1999) argues, health capabilities enable individuals to improve their lives by offering chances to lift themselves out of poverty. Subsequently, a healthcare system is needed to provide and preserve these health capabilities that concerns 'life' and 'bodily health'. Generally, Nussbaum's (2011) health capabilities are comparable to Daniels (1995) conception of normal functioning; a bodily state in which the individual is in good health and able to make us of opportunities in society. However, as stated, Daniels (1995) theory is insufficient in formulating an alternative conception of freedom. Therefore, the theories of Daniels (1995),

Sen (1999) and Nussbaum (2011) combined build a strong justification of the right to universal access to healthcare as I will discuss in the conclusion of this thesis.

Concluding notes

In this third chapter I described an alternative perspective on individual freedom proposed by proponents of the capability approach. In this theoretical framework, freedom is defined as 'substantive freedom' which is judged by the real opportunities of individuals to achieve a state of well-being. A distinction is made between health as capability and health as functioning; health capabilities preserve individual freedom to choose between alternative sets of lifestyles, while health functionings is the act of enjoying good health. A certain threshold level of health capabilities, not functionings, should be preserved by public policy. Namely, individuals struggling with poverty who cannot get access necessary healthcare are treated unfairly. They often have worse health outcomes and less opportunities to improve their own living conditions. Protection of health capabilities by providing access to necessary healthcare services, provides individuals with real opportunities to improve their lives. Therefore, health capabilities provide individuals with freedom to make use of real opportunities rather than depriving them of freedom.

Conclusion

The conclusion consists of three parts. The first part is a short summary of the positions discussed in this thesis. The second part proposes a normative answer to the main research question: *how do perspectives on freedom affect the right to universal access to healthcare?* The third part consists of a recommendation for further research.

To answer the research question, I explored three main lines of argumentation: a) a rejection of the right to universal access to healthcare on libertarian grounds, b) a justification of the right to universal access to healthcare on social liberal grounds and c) a proposal for an alternative perspective on the libertarian conception of individual freedom, namely substantive freedom as proposed in the capability approach. I addressed a moral problem that concerns healthcare needs of individuals who suffer from poverty and are unable to get access to necessary healthcare. In respect to these healthcare needs, the main line of argumentation evolved around different perspectives on (individual) freedom and the implications for the right to universal access to healthcare. Therefore, the normative aims of this thesis were twofold: a) to build a theoretical justification of universal access to healthcare with respect to freedom and b) to acknowledge the needs of individuals who have insufficient access to necessary healthcare due to poverty.

In the first chapter, I argued that libertarian theorists reject the right to universal access to healthcare based on their perspectives on individual freedom. According to libertarians, the right to universal access to healthcare violates fundamental natural rights such as the absence of interference and private property. Individual freedom is best preserved by means of competitive capitalism; an economic mechanism that enables people to build relationships on voluntary association. In this framework, redistribution of resources to provide others with access to healthcare services is eminently morally problematic because it involves mechanisms of force.

In the second chapter I proposed a social liberal justification of universal access to healthcare based on the fair equality of opportunity principle. The protection of normal functioning, or good health, is a social obligation to preserve a fair range of opportunities for all individuals. Healthcare institutions should meet this social obligation by countering disadvantages that derive from natural circumstances such as disease and disability. However, the social liberal justification of healthcare requires input from other theories to rebut the libertarian conception of individual freedom.

Therefore, I offered an critique on the libertarian conception of individual freedom in the third chapter, namely substantive freedom. This form of freedom is judged by the real opportunities of individuals to achieve a state of well-being. Proponents of substantive freedom are concerned with the preservation of health capabilities that include 'life' and 'bodily health'. The case of poverty has shown that the protection of health capabilities gives individuals the chance to lift themselves out of poverty and provides them with real opportunities to improve their own living conditions.
The summary of the argumentation forms the basis for the normative answer to the research question: *how do perspectives on freedom affect the right to universal access to healthcare?*

I will answer the research question by a) discussing libertarian perspectives on individual freedom and the implications for the access to necessary healthcare, and b) provide a liberal justification of the right to universal access to healthcare by combining theories of social justice and the capability approach.
Libertarian theorists reject the right to universal access to healthcare based on the argument that natural rights should protect individuals from coercion. Therefore, individual freedom is preserved by competitive capitalism, which enables individuals to build relationships based on voluntary association. However, libertarian conceptions of natural rights cause unfair health inequities that detain individuals in situations of poverty without any prospects for improvement. Namely, the case of health inequities due to poverty shows that the libertarian conception of individual freedom and the rejection of universal access to healthcare leads to unfair outcomes in the distribution of necessary healthcare services. Being poor leads to worse health outcomes which in turn diminishes the range of opportunities to improve the individual's situation. Without access to a basic tier of healthcare services, individuals struggling with poverty end up in a vicious circle: health problems lead to less productivity, insufficient access to necessary healthcare services causes worse health outcomes which in turn leads to less productivity, and so on. Therefore, the libertarian approach deprives individuals of freedom instead of providing them with freedom to improve their own living conditions.
On the other hand, the perspectives of Daniels (1995), Sen (1999) and Nussbaum (2011) combined build a strong theoretical justification for the right to universal access to healthcare. Firstly, Daniels (1995) argues that protecting normal functioning is a social obligation of society to counter disadvantages caused by natural circumstances. He provides a social liberal justification on universal access to healthcare from the perspective of social justice; access to

a basic tier of healthcare is needed to preserve normal functioning and to enable individuals to exercise a fair range of opportunities. Secondly, the capability approach proposed by Sen (1999) and Nussbaum (2011) provides an alternative view on freedom that is judged by a person's real opportunities. Thus, universal access to a basic tier of healthcare services can contribute to the preservation of health capabilities (or normal functioning) and therefore gives people the chance to improve their own living conditions. In that sense, universal access to necessary healthcare enables individuals to make use of real opportunities in respect to their substantive freedoms. Therefore, the right to universal access to healthcare services does not deprive individuals of freedom. Instead, individuals are *provided* with freedom to improve their own living conditions.

In this thesis I proposed a theoretical justification of the right to universal access to healthcare but did not include ways in which these outcomes can be implemented in healthcare practices. The social obligation to preserve health, requires clear policies of governments and healthcare institutions to protect normal functioning and health capabilities. This is necessary to enable individuals to make use of real opportunities and provide them with freedom to improve their own living conditions. Therefore, further research is needed to institutionalize the justification of the right to universal access to healthcare by reviewing existing policies and ensuring access to necessary healthcare for all individuals.

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