Unlike in other developed countries, health care is not an explicit legal right in the United States, nor is it guaranteed by our Constitution. But is it a moral right? What does our history tell us? Have our values as a nation changed? Will they change in the future? And what about those of us who work in health care? What is our obligation to those who cannot afford care?

I believe it is time to discuss the moral issue of access to affordable health care in the United States — and our obligation as health care professionals to advocate for universal care.

Our Climate of Fear

The United States is unique among the developed nations as the only one without a national health insurance program or a guarantee of health care for all. Not coincidentally, the quality of health care in the United States is lowest among all developed nations and compared with many less developed nations as well.

The ongoing national debate about health care in the United States has many dimensions, but the main focus has been on the cost of care, insurance, and the role of government. Not surprisingly, the reason health care has become such a pressing issue in this country has everything to do with skyrocketing costs: The cost of health care is higher in the United States than anywhere else in the world.

Health care spending accounts for almost one-fifth of the U.S. economy — an amount that is, quite frankly, unhealthy. Some 40% of Americans rely on Medicare and Medicaid to receive health care, and tens of millions of Americans remain uninsured or underinsured. Serious illness remains the number one cause of personal bankruptcy in the United States. The extraordinarily high cost of health care forces chronically uninsured, almost one-fifth of the U.S. economy.

Our Public Health

The foundational values of this nation, made explicit in documents such as the Declaration of Independence and the Constitution, hold that all are created equal, and that life, liberty, and the pursuit of happiness are inalienable, God-given rights. The history of this nation, however, has been a struggle to achieve these ideals. Women, African-Americans, and members of many ethnic and minority groups have historically been denied such rights, and they have been denied access to health care as well, often regardless of their ability to pay.

In the face of the historical discrimination against millions of Americans who have been denied access to adequate care, communities and religious organizations have developed and maintained a health care infrastructure that for centuries has striven to make health care potentially available to all, including the poor and destitute.

From a public health as well as quality-of-care perspective, everyone suffers when health care of the kind we want for ourselves and our families is only available to some — and everyone benefits when we are able to always do our best for everyone. We cannot expect the quality of health care to improve in any meaningful way for anyone so long as different care is provided to different people based upon their different ability to pay (or their insurers’ willingness to pay for them).

Care and treatment are now determined by factors other than what we consider to be best practice. Such inconsistent care makes effective measurement of quality of care as well as performance improvement impossible. With so much variability in care provision, it is impossible to evaluate the effectiveness of care or to implement effective change. Eliminating this undesirable variability is a basic prerequisite for quality assurance and performance improvement.

Our Moral Imperative

Beneficence, justice, and autonomy — the ethical underpinnings of health care and of every decent society — are undermined when some are made to suffer unnecessarily because of the condition of their birth or their health. It is unjust to judge people or discriminate against them based upon their health. It is unjust to punish someone because of a pre-existing medical condition, particularly one that was inherited.

Universal access to care and the pursuit of high quality care for everyone are moral imperatives for all of us. Health care providers and practitioners have a special obligation as well as a special interest in advocating strongly for this basic human right. We have a responsibility to help shape and guide a just, compassionate health care delivery system for all.

Arguing about the legitimacy of each person’s right to life, liberty, health, and the pursuit of happiness is simply un-American. We need to say proudly that everyone deserves the best health care we can provide because everyone is worthy and always will be. It is both necessary and worthwhile that we discuss, debate, and continuously improve our public and private health care plans, policies, programs, and payment systems.

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