

What is our right to health?

The public health crisis resulting from Covid-19 has not only turned the spotlight on the basic human right of access to healthcare, but also on the need for people to take personal responsibility for their health.



Professor Renata Schoeman

“If nothing else, the vulnerability to Covid-19 infection of people with [serious underlying medical conditions](#) that are not well-managed, such as respiratory conditions, asthma, diabetes, hypertension, heart disease and compromised immune systems, has shown that achieving the healthy nation that South Africa needs for productivity and economic growth will take more than universal free healthcare,” says Professor Renata Schoeman, head of the MBA in Healthcare Leadership programme at the University of Stellenbosch Business School (USB).

Social determinants of health – such as safe living environments, access to healthy food, education, employment, and the health of the surrounding environment – play as much of a role in creating healthy communities, along with lifestyle choices such as diet, exercise and substance abuse.

“The continued focus on health as a human right, and on the accessibility of care, disempowers people from taking responsibility for their own health. And we confuse healthcare with health – having access to care is not a promise of health,” she says.

Viewing health as a personal and social value, rather than exclusively as a right, would increase personal responsibility and

“investment” by people in their health – a critical factor in curbing the spread of Covid-19.

“When people are given the opportunity to be active participants in their own care, instead of passive recipients, and their human rights respected, the outcomes are better and health systems become more efficient.

“It doesn’t help to have free healthcare, such as the proposed National Health Insurance (NHI), but people make poor lifestyle choices – in terms of healthy eating, exercise and substance abuse, for example – and don’t take responsibility for their own health,” she says.

Schoeman says that health goes beyond the absence of disease and is influenced by genetics along with social and economic factors such as poverty, unemployment, housing, education, nutrition and the health of the surrounding environment. The NHI alone, as a strategy to fund healthcare, is only part of the solution.

Health as a social value

Pointing to the success of disincentives to unhealthy lifestyles, such as “sin taxes”, and incentives such as discounts and loyalty rewards for healthy food purchases, as measures for promoting health and preventing disease should be extended to the public sector, and would be “significantly more affordable” than the NHI.

“Ensuring access to healthcare is a social and government responsibility, but this needs to go along with promotion of health, which goes beyond the health system to entrenching health as a shared, social value, and this is the task of all those involved in shaping and influencing values – families, schools, the media and the legal system,” she says.

Governments need to think beyond simply the accessibility and funding of healthcare, to the quality of the healthcare as well as “getting the basics right” in terms of addressing poverty and unemployment, health promotion and prevention strategies, and safe and healthy living environments.

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