



The problem of realizing for right to health in context of social justice theories

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DESCRIPTION

This article includes theoretical discussions related exercising of the right to health in context of social justice conceptions. The main research issue is to present new perspectives by scrutinizing past experiences combining with theories of justice to how to realize right to health fairly in terms of economic and social. In this regard, Egalitarian, Liberal, Utilitarian and Communitarian Justice Understandings were synthesized with the right to health. The results of the synthesis were interpreted in context of delivering and financing of health services. Health system based on public is demanded because healthcare services are accepted as social right. However, there are some problems for fulfillment of responsibilities concerning healthcare services. The top of these problems is that cost of healthcare services for governments have been rising and social justice perceptions have been bruised. Developed new approach of this article is to reveal the opinion that the right to health and the right for benefiting from healthcare services may be different concepts.

Health and being healthy are expected sole desire for societies. Healthy life is element of decreasing risks relating serious diseases and premature death. Chronic diseases like cardiovascular diseases, cancers and diabetes creates mortality and morbidity burdens and these diseases could be prevented or be treated before getting worse for prosperity of a society.

Well-being is condition with benefiting from healthcare services. Therefore, in today's when rates of mortality have been decreasing and rates of morbidity have been increasing, the focus of the right to health converts to right of receiving healthcare service emotionally. Such that, it is asserted that responsibilities of healthcare service are constitutional and public sphere.

Financing is as important issue as providing healthcare services in health system. Healthcare services are expensive due to both beneficiary and its typical structure. While problems stemming from beneficiary as longevity of life and adverse health behaviors (smoking, drinking alcohol, insecure sexuality etc.) makes healthcare services more expensive, problems stemming from healthcare service's structure like development of health technologies, incorrect drug prescribing, unnecessary radiologic or laboratory examination orders based on supply derivation and high administration costs multiplies this expensiveness.

Perceptions that healthcare services are governmental responsibility on the basis of the right to health may cause serious contradictions especially on financing these services by capital budget of the state. Financing of healthcare services by taxes as only public source can fail. Because, operational budget of state is spent for salaries of civil servants and transfer expenditures and tax revenue is not enough for healthcare services. In addition, expressions that civil servants pay in reel don't reflect the truth. Because, accounting of a part of gross salary paid to civil servant from state budget as tax income for him/her do not increase state's revenues in reel.

Financing healthcare services in Social Security System, which state also contribute, is similar to financing by state budget through taxes. Because there are people who have not paid their premiums to social insurance system in Turkey. One of the typical evidence for this is to that 40 billion Turkish Lira debt was shared among these people. Besides these problems based on tax or social security financing system, citizens make pressure on governments due to the fact that right to health is understood wrongly.