

1 **Rationing Health Care**

2 *(original at <http://www.economist.com/debate/days/view/394>)*

3 Richer countries can spend more on health care than poorer ones; but all have finite
4 resources and expenditure on one costly component will deprive other people, with other
5 conditions, of cost-effective care. So some form of rationing is inevitable in every health-
6 care system that operates within finite resources (as most do). The issue is how, not
7 whether, to ration health care.

8 Some countries ration on the basis of individual wealth. The rich then have access to
9 health care that is denied to the poor. In Europe our health care is based on compassion.
10 We pool our risks. In other words, our health-care systems try to provide services to rich
11 and poor alike. In Europe, no citizens are denied access to basic health care merely
12 because they are poor.

13 Whether or not a particular health-care system can afford a specific innovation depends
14 on two factors. What additional benefit does it bring over current care, and at what
15 additional cost? Greater benefits usually cost more. But there are limits to what health-
16 care systems can afford to pay without depriving other people with other diseases of
17 cost-effective care. Hence it is necessary to analyze cost-effectiveness before health care
18 resources are deployed.

19 Innovators must therefore provide their products at an affordable cost. If they cannot do
20 so, it is a failure of the innovative process. Putting it another way, unaffordable
21 innovation is not an innovation. The innovative process, particularly for pharmaceuticals,
22 has become outrageously and unnecessarily expensive. We live in a time of unparalleled
23 knowledge and understanding about the biological basis of many diseases. It is essential
24 that these discoveries benefit the entire human race rather than just the rich and the
25 powerful. We need affordable innovation.

Questions:

- 1) Give the gist of the text using your own words! Keep it structured (Based on the assumption that..., the author argues that... etc.)
- 2) Now think about the context in which this text could have appeared.
- 3) What is it to 'pool risk' (10)? Can you name any concrete instances when risk is pooled?
- 4) Sometimes there is a considerable difference between using a verb + infinitive with to phrase and a verb + gerund phrase. The verb 'to try' is a very good example (line 10). What is the difference in meaning between saying 'try to do something' and 'try doing something'?
- 5) Throughout the text, there are words indicating consequence (conjunctions, conjuncts). An example of such a word is 'hence' (line 17). Can you find more of them? Are you familiar with them and with their synonyms?
- 6) Sometimes, you can guess the meaning of a word by analyzing its parts. However, it is always necessary to take a look at the wider context. Can you do that with the word 'compassion' (9)? Can you think of other English words with the prefix 'com' or 'con' (meaning 'with')?
- 7) Why is it, according to the text, necessary to ration healthcare? Do you agree that rationing of healthcare is necessary?
- 8) What are the two used ways of rationing health care according to the text? Who do you think should set the rules of rationing in healthcare?
- 9) How can providing expensive care to someone affect the care provided to other people?
- 10) What is the opinion given in the text on the present situation in the pharmaceutical industry? Do you agree with it?
- 11) In the Czech Republic, healthcare reform is also a topical issue. Do you think that the Czech healthcare model should change? Why/why not? In what respect?

Vocabulary:

On the basis of (8)

Provide st. (10)

Afford st. (13) (affordable...)

Bring benefit over/above something (14)

Přejeme Vám mnoho studijních úspěchů.

Tým jazykové skupiny Spěváček: