

# Universal Healthcare: An In-Depth Examination and Proposed Alternatives

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## INTRODUCTION

Universal healthcare, an idea gaining traction globally, seeks to ease the financial strain of essential medical services while ensuring equitable access for all (Zieff et al., 2020). Its noble intent aside, the practical implementation of this model is fraught with complexities that demand meticulous scrutiny. No one-size-fits-all solution exists; each nation must tailor its approach considering factors like socioeconomic standing, the evolution of its healthcare infrastructure, and managerial competence. What is effective in one country might falter in another. Socioeconomic dynamics play a pivotal role. Factors like economic progression, wealth disparity, and fiscal resilience directly impact a country's capacity to establish and maintain such a system (Darrudi et al., 2022). The intricate interplay between a community's specific health requirements and demographics further adds complexity. Additionally, establishing strong governance, judicious resource distribution, and adept administration are vital for the fruitful realization of a universal healthcare system. The complex dynamics between governmental entities, healthcare organizations, insurance companies, and the private industry require careful and thorough strategizing and implementation. This study comprehensively analyzes universal healthcare's intricate aspects, focusing on the socioeconomic and administrative elements influencing its feasibility in various settings.

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+To cite this article: Nazari, A. "Universal Healthcare: An In-Depth Examination and Proposed Alternatives." *The Journal of Healthcare Ethics & Administration* Vol. 10, no. 1 (Winter 2024): 18-25, <https://doi.org/10.22461/jhea.1.71643>

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## CHALLENGES WITH UNIVERSAL HEALTHCARE

### *Economic Implications*

The implementation of universal healthcare presents notable fiscal obstacles, notwithstanding its commendable nature. The establishment of such a system frequently entails the implementation of tax increases as a means to fund the expansion of healthcare services. Advocates contend that this measure is a strategic allocation of resources toward enhancing the general welfare and health of the population. However, it is crucial to acknowledge that the economic consequences might be far-reaching, especially for countries with vulnerable economies or those undergoing post-recessionary recoveries. The imposition of higher tax obligations can have an impact on both individual taxpayers and corporations. At the personal level, an increase in taxes has the potential to diminish discretionary income and impede economic growth at the household level. The imposition of elevated taxes on firms can significantly influence their profitability, potentially resulting in a decrease in job creation and investment. In instances where enterprises are responsible for financing a segment of the comprehensive healthcare system, such as via payroll taxes, the resultant financial burden can be significant, potentially impinging on their competitive edge and long-term viability (Assan et al., 2019). Moreover, the economic ramifications encompass the healthcare industry itself. The injection of public funding into the healthcare system can potentially surge demand for healthcare services. If not successfully handled, the increase in demand can place significant pressure on healthcare infrastructure and resources, resulting in extended waiting periods and probable deficiencies in medical personnel and facilities. These issues might worsen the fiscal burden on individuals and the government, as individuals may seek healthcare services abroad or in private institutions to circumvent prolonged waiting times.

### *Quality of Care*

One of the most significant concerns linked to universal healthcare is the potential impact on the quality of care provided. As the system undergoes expansion to accommodate a growing population, there is a genuine concern regarding the potential decline in the quality of treatment delivered. The unfavorable effects on patient outcomes and satisfaction can be attributed to several factors, including overcrowded healthcare facilities, extended wait times for appointments and treatments, and reduced individual attention from healthcare practitioners. The overcrowding inside healthcare facilities can result in healthcare workers facing resource limitations, impeding their ability to deliver the necessary standard of care and attention to patients (Darrudi et al., 2022). The aforementioned circumstances may lead to an expedited diagnosis, inadequate documentation of medical backgrounds, and the possibility of crucial information being disregarded. The augmented volume of patients can also impact the accessibility of specialized services and treatments, exacerbating the decline in the quality of care for patients with intricate or uncommon medical illnesses. Furthermore, it is important to note that the possibility of a decline in the standard of healthcare is not confined just to the immediate healthcare environment. Healthcare practitioners may encounter burnout and job discontent due to heightened workloads and stress, potentially impacting the overall quality of healthcare provision. Patients may experience heightened levels of dissatisfaction due to extended waiting periods and the limited availability of healthcare treatments, resulting in a decline in overall confidence in the healthcare system.

## *Potential for Abuse*

The provision of healthcare services to all people without any barriers can lead to a scenario wherein specific individuals seek medical attention for minor conditions that could be self-managed without the need for professional assistance. The overconsumption of healthcare services has the potential to impose a burden on resources and shift the focus away from urgent cases, compromising the efficiency and efficacy of the healthcare system. The absence of financial barriers to obtaining care gives rise to the possibility of system misuse. When individuals are relieved of the financial responsibility of healthcare expenses, they may exhibit a greater propensity to pursue medical care for minor or self-limiting ailments only due to the availability of such services. This phenomenon can result in a rise in superfluous medical appointments, diagnostic examinations, and therapeutic interventions, escalating healthcare expenditures and potentially impeding access to timely medical care for individuals with more urgent medical needs (Fang et al., 2022). Efforts to mitigate the possibility of misuse frequently entail adopting measures such as introducing co-payments or establishing a tiered system for accessing healthcare services, contingent upon the level of medical need. Nevertheless, striking a delicate equilibrium between mitigating excessive consumption and guaranteeing fair and equal access to healthcare poses a multifaceted predicament within the framework of universal healthcare systems.

## *Administrative Challenges*

The management of a comprehensive healthcare system on a universal scale is an immense undertaking that might pose substantial difficulties. The management and oversight of a system of this magnitude and complexity necessitate a substantial bureaucracy, and maintaining its efficient functioning is a considerable challenge. The presence of administrative complexity in the healthcare system can give rise to inefficiencies, bureaucratic procedures, and the risk of corruption, all of which can potentially undermine the objectives of universal healthcare (Darrudi et al., 2022). The core of the administrative dilemma lies in the imperative to effectively and equitably distribute resources. This encompasses allocating healthcare financing across different regions and populations, providing fair remuneration for healthcare providers, and assessing the quality and efficacy of healthcare services provided. In order to attain these objectives, it is imperative to establish resilient administrative frameworks, employ competent individuals, and implement efficient systems to ensure accountability and transparency. Furthermore, administering healthcare information, invoicing, and payment procedures can pose challenges under a universal healthcare framework. The substantial quantity of data produced by such a system can inundate administrative systems, potentially resulting in inaccuracies, delays, and inefficiencies in processing claims and payments (Fang et al., 2022). In addition, the perpetual issue lies in maintaining the long-term financial sustainability of the system, given the tendency for healthcare expenses to increase over time. This necessitates continuous changes and reforms in funding processes and allocation.

## *Innovation Stifling*

Despite its goal of ensuring full healthcare access for all individuals, universal healthcare can unintentionally impede innovation within the healthcare sector. Given the substantial involvement of the government in healthcare financing and regulation, commercial businesses, including pharmaceutical corporations and medical device makers, may have diminished motivation to allocate resources towards research and development. The potential deceleration of progress in medical technology and pharmaceuticals may have enduring consequences for the quality and efficacy of healthcare provisions. Throughout history, private sector innovation has been primarily responsible for medical treatments, medications, and technological advancements. The pursuit of financial gain has served as

a strong motivator for corporations to allocate significant resources toward research and development endeavors, resulting in the identification and development of novel therapeutic interventions and technological advancements (Assan et al., 2019). Nevertheless, the potential for reduced financial incentives for private-sector innovation may arise under a universal healthcare system characterized by government oversight of pricing and reimbursement rates. Pharmaceutical businesses may exhibit less motivation to allocate resources toward the advancement of novel therapies if they foresee constrained financial gains as a consequence of regulatory measures on pricing. Moreover, it is worth noting that the regulatory framework in a universal healthcare system may emphasize controlling costs more than fostering innovation. Delays in approving and adopting novel therapies and technologies might arise due to implementing more stringent rules and carefully evaluating cost-effectiveness factors. The adoption of a conservative approach could impede the timely implementation of potentially life-saving technologies, resulting in a reduced availability of treatment alternatives for patients and potentially jeopardizing their health outcomes.

## PROPOSED ALTERNATIVES

### *Tiered Health Care System*

An alternative that can be considered a realistic option to a universal healthcare system that applies uniformly to all individuals is adopting a tiered healthcare system. In accordance with this particular framework, fundamental healthcare services, including preventative care, immunizations, and primary care, would continue to be universally available to all members of society. However, in the case of advanced or specialized therapies, individuals can choose private insurance or bear the costs themselves. This hierarchical framework's primary goal is to create a balanced environment by ensuring that high-quality healthcare services are provided while reducing the undue burden on the healthcare system (Zieff et al., 2020). Increased autonomy and decision-making ability for individuals to control their healthcare is one of the noteworthy advantages of implementing a tiered healthcare system. Those who can afford to pay for their care out of pocket or obtain private insurance can get specialized therapies more quickly and possibly receive higher-quality care. Because those who choose private payment would relieve some of the burden on public resources, this strategy may allay some concerns related to crowding and long wait times in the public healthcare system. Nevertheless, concerns about availability and fairness arise with establishing a tiered healthcare system. Critics argue that adopting this kind of system may lead to disparities in healthcare access since those who cannot afford private care could receive inadequate care or have delays in receiving essential treatments. In order to address these issues, it is critical to establish rigorous management and monitoring to maintain a higher level of care and eliminate injustices.

### *Public-Private Partnerships*

Public-private partnerships (PPPs) are a cooperative method of delivering healthcare services in which private organizations, including clinics, hospitals, and healthcare providers, work with public entities. This tactic combines the effectiveness and creativity frequently seen in the private sector with the public sector's commitment to meeting the needs of the general public in terms of healthcare. Various strategies are included in public-private partnerships, such as joint ventures, contracted-out services, and co-located facilities. Within these arrangements, the government has the potential to provide financial support and supervision for certain healthcare services while also utilizing the knowledge of the private sector to enhance operational effectiveness and broaden the reach of healthcare services (Verguet et al., 2021). As an illustration, a governmental entity may engage in a contractual agreement with a privately owned healthcare facility to deliver designated medical services. This arrangement can potentially mitigate patient wait times and enhance the availability of healthcare services.

One of the primary benefits of public-private partnerships lies in their capacity to use the respective strengths of both the public and private sectors. The inclusion of the private sector can facilitate advancements in technology, management methodologies, and cost-efficiency, hence contributing to enhanced healthcare provision (Ranabhat et al., 2019). Moreover, the partnership between public and private suppliers has the potential to foster enhanced efficiency and improvements in quality. Nevertheless, public-private partnerships are not without their share of obstacles. The task of ensuring that the private sector works in a manner that prioritizes public health might present inherent complexities. A robust control system is necessary to mitigate profiteering, uphold quality benchmarks, and ensure equitable access to services for all individuals, irrespective of their socioeconomic standing. Achieving an optimal equilibrium between the interests of the public and private sectors is crucial for the effectiveness and prosperity of these collaborative endeavors.

## *Telemedicine*

Telemedicine has emerged as a prominent and disruptive alternative in the delivery of healthcare services. Notably, this methodology utilizes technological advancements to facilitate remote consultations between healthcare practitioners and patients, thereby preventing the necessity for face-to-face appointments. Besides, telemedicine offers a promising solution to lighten the load on healthcare facilities, reduce costs, and expand the reach of specialized medical professionals, particularly in remote or underserved areas. Nevertheless, its strength lies in bridging geographic and logistical gaps, enabling residents of rural or hard-to-reach locations to consult with medical experts from afar. In addition, beyond facilitating consultations, telemedicine is valuable for managing chronic illnesses, extending mental health support, and responding to emergencies (Zieff et al., 2020). Therefore, telemedicine can lead to significant cost savings by minimizing reliance on physical resources and simplifying administrative tasks. Patients benefit from avoiding lengthy commutes and long waiting hours, while healthcare providers can optimize their schedules and resource use. Nevertheless, telemedicine is not without its challenges. Technological limitations, such as inadequate internet connectivity, can hinder its adoption for some, potentially exacerbating healthcare disparities. Additionally, ensuring the digital safety of health data and preserving patient confidentiality are paramount concerns in a virtual healthcare environment. In addition, it is important to note that telemedicine's applicability may be limited in some instances due to the necessity of in-person examinations and interventions for specific medical disorders.

## *Community Health Programs*

Investment in community-based health programs represents a proactive healthcare strategy for resolving minor health issues in local communities. The primary objective of these programs is to advance preventative care, early intervention, and health education initiatives within various communities. By empowering individuals to assume responsibility for their health and offering easily accessible resources, such programs can alleviate the burden on centralized healthcare institutions (Ranabhat et al., 2019). Community health programs sometimes entail collaborations among healthcare professionals at the local level, community-based organizations, and governmental entities. The potential services that could be provided include immunization clinics, health exams, wellness courses, and lifestyle counseling. These efforts not only enhance health outcomes but also cultivate a feeling of community involvement and accountability for health. One significant benefit of community health programs lies in their prioritization of preventive measures, thereby potentially resulting in decreased healthcare expenditures over an extended period. By proactively treating health concerns in their early stages, individuals might reduce the likelihood of needing costly medical interventions or hospitalizations. Nevertheless, the efficacy of community health programs hinges upon implementing efficient strategies for reaching out to the target population, providing comprehensive information, and fostering active engagement within the community. Establishing trust within communities

and facilitating the awareness and utilization of existing resources can present considerable difficulties. Furthermore, ensuring the long-term availability of financing and resources is crucial for the sustained effectiveness of these programs.

## *Health Savings Accounts (HSAs)*

Health savings accounts (HSAs) are a financial instrument designed to incentivize consumers to accumulate funds for healthcare-related expenditures while offering advantageous tax advantages. When following this approach, people contribute a portion of their income to a HSA, which is used to pay for qualified medical expenses. HSAs can help the healthcare system financially in the short term while also encouraging individuals to take responsibility for their medical costs. The ability of HSAs to empower people to make educated decisions about their healthcare expenses is one of their main advantages. Contributions to an HSA incentivize people to consider the relative costs of different medical services and treatments. This tendency may lead to less unnecessary use of healthcare services and more prudent decision-making in medicine. Additionally, HSAs help people avoid financial hardship when faced with costly healthcare interventions or emergencies by safeguarding against unanticipated medical expenses.

HSAs offer appealing financial advantages due to their tax-related benefits, including the ability to deduct contributions from taxable income and the option to make tax-free withdrawals for qualified medical expenses (Verguet et al., 2021). Consequently, they have gained significant popularity among individuals seeking advantageous financial tools. Nevertheless, it should be noted that HSAs are not a universal solution, and their efficacy is contingent upon various conditions. Lower-income individuals may encounter difficulties in making payments, hence facing limited access to HSAs. There is a risk that individuals who possess HSAs may defer essential healthcare services due to apprehensions regarding financial implications, which could result in the development of more severe health conditions. Achieving an optimal equilibrium between advocating for fiscal accountability and guaranteeing the availability of indispensable healthcare services is a pivotal factor to contemplate during the implementation of HSAs.

## CONCLUSION

The significant debate and examination around the concept of universal healthcare have emerged due to our collective goal of a healthcare system that ensures every citizen's access to high-quality care. Although universal healthcare is a noble goal, this in-depth analysis has shed light on its challenges and limitations that call for recognition and resolution. One of the primary considerations linked to universal healthcare pertains to its economic ramifications. The imperative to allocate funds for expanding healthcare services frequently results in elevated taxation, which may impose a significant burden on individuals and businesses, hindering overall economic growth. Additionally, allocating public funds to the healthcare system can pressure available resources, leading to extended patient waiting periods. This situation challenges the fundamental objective of providing timely and easily accessible healthcare services. Another important consideration is the evaluation of the quality of care. Patient outcomes and satisfaction—two essential components of any healthcare system's efficacy—may suffer due to overcrowded medical facilities and healthcare personnel's inability to give each patient the individualized attention they need. In addition, there is a justifiable concern over the potential for the system to be abused, as people could seek care for trivial illnesses. This can make the need for resources even more pressing and make it more difficult to provide healthcare effectively. There are major administrative obstacles to the implementation of universal healthcare, including resource allocation, management concerns, and system sustainability. The bureaucratic structure of this system is inherently complicated, which might lead to inefficiencies and hinder its overall effectiveness. This could compromise the quality of care provided to patients. Furthermore, there is reason to be concerned about the possibility that universal healthcare could stifle innovation in the healthcare industry. Historically, the private sector has been essential in driving advancements in medical treatments. Any system that lessens the incentives for the private sector to get involved might impede medical innovation advancement. In light of the

aforementioned issues, several alternative approaches to healthcare delivery have been proposed, each with unique advantages and disadvantages. Numerous options, such as public-private partnerships, telemedicine, community health initiatives, tiered healthcare systems, and health savings accounts, provide viable options for countries to tailor their healthcare systems to their specific needs and circumstances.

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