

# Court Declares Child Should Die Rather Than Receive Privately-Funded Health Care

In a government-controlled healthcare system, the state determines who can receive treatment and when. This has long been admitted. But, what is less often discussed is that once a patient finds himself within a state-run healthcare facility, the state may deny him treatment – even if privately funded.

This was recently illustrated when Charlie Gard, a small child suffering from mitochondrial depletion syndrome, was denied privately-funded treatment planned by his parents.

[According to the BBC:](#)

*Chris Gard and Connie Yates lost their final legal bid to take their son to the US for treatment.*

*Specialists at Great Ormond Street Hospital believe Charlie has no chance of survival...*

*European Court judges have now concluded it was most likely Charlie was “being exposed to continued pain, suffering and distress” and undergoing experimental treatment with “no prospects of success... would offer no benefit”.*

*They said the application presented by the parents was “inadmissible” and said the court’s decision was “final”.*

*The court “also considered that it was appropriate to lift the interim measure” which had required doctors to continue providing life support treatment to Charlie.*

*BBC health correspondent Fergus Walsh said it is likely Charlie’s life support machine will be turned off within a*

*few days following discussions between the hospital and his family.*

In other words, the court declared that the child should die rather than allow his parents to pursue privately-funded medical care in the United States.

Often when we see cases like this, it is a case of different family members arguing over treatment. This was the case in the Terri Schiavo case in which Schiavo was refused life-saving medical care according to the wishes of one family member – but against the wishes of other family members.

In the Charlie Gard case, both parents are in agreement in wishing to pursue treatment in the US. But, it appears that the state is acting on its own initiative here and demanding the child be left to die because some government-employed doctors – none of whom are related to the child – wish it.

Nor do the parents seek to continue using any of the hospital's tax-funded resources. They merely wish to pursue treatment elsewhere.

The state says no.

Justin Murray reported on the case in April at [mises.org](https://mises.org), [and noted](#):

*[A] major feature of the free market, private charity, kicked in wonderfully. Within a month of denial and discovery of the treatment, Charlie's parents managed to raise the entire amount to pay for the treatment and trip to the United States. In a normal world, this would have been the end of the story. Charlie would have gone to the United States, received his treatment and we would have discovered if his already dire situation could have been mitigated or treatment failed.*

*But the NHS [the British National Health Service] decided,*

for whatever reason, to interfere with this process. When Charlie's parents attempted to withdraw him for this treatment, [Great Ormond Street](#), a children's hospital in Greater London run by the NHS, rushed to the British High Court to block his parents from doing so. As government court systems are wont to do, they sided with themselves and denied the parents' wishes for further private treatment and gave an official court order that Charlie is to be removed from life support and left to die. This was a no-lose situation for Charlie and his family. If the treatment fails, the end result is the same and the parents can at least have closure that they tried everything possible. If the treatment is a success, he can live enough years to be able to learn what his parents look like, interact with them and be able to experience some joy in life. One can wonder, cynically, if the court system ordered his death to avoid risking embarrassing the NHS should the treatment they denied actually work.

Unlike the usual defects of public medical care, where resources are politically allocated leading to critical shortages for perfectly preventable diseases, such as the case of [Laura Hiller](#) in Canada, all the while claiming that medical care in a free market would be provided on a cut-throat system that denies the poor care. Charlie's case shatters this self-proclaimed image. Here we have elements of the free market working as expected but with the government actively, and openly, doing everything it can to interfere with it.

The British NHS isn't alone in making war on experimental treatments, either. The US government (via the FDA) for years has blocked use of various experimental treatments and technologies for extremely ill patients who quite reasonably conclude they have little to lose from using potentially dangerous treatments.

In response, some states have even taken localized action as in the case of Louisiana's "[Right to Try](#)" law. Provided the treatments are privately funded, state law guarantees residents may use experimental non-FDA approved treatment under certain circumstances. (Insurance companies are not required to cover said treatments.)

Obviously, this more tolerant and rational philosophy has escaped the NHS and the British Parliament where it is apparently believed that all children belong to the state, even when their treatment options are to be funded by private charity.

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