

UK's National Health Service Moves to Cut Healthcare for Smokers and the Obese

A core tenant of the pledge taken by all physicians is their promise first and foremost to *do no harm*. A physician's vow to care for patients in a manner which does not cause physical, mental, or emotional harm has guided treatment decisions since the days of Hippocrates. Recently, however, the National Health Service, known as the NHS, Great Britain's socialized medical system, has seemingly trumped this aspect of the physician's oath with a more pressing consideration: *Do not waste limited resources*.

The NHS has [recently released treatment guidelines](#) stating that patients who are obese or who smoke will be banned from receiving "non-urgent" surgeries unless they first lose weight or quit smoking. While the NHS claims the new guidelines will increase the level of personal responsibility taken by patients, the healthcare bureaucrats behind this rule also acknowledge that it will help to free up limited healthcare resources.

Any medical professional knows that it is in a patient's best interest to be physically prepared for a surgical procedure, which may mean stopping smoking or losing weight. But don't be fooled—allocation of limited healthcare resources is the real driver of the NHS's decision.

As a government-run healthcare system, the NHS faces a squeeze on resources from all fronts. First, the demand for healthcare in the U.K. is increasing due to an aging population and an increase in long-term medical conditions. Next, funding for large, state-run social programs like healthcare continue to shrink. Finally, the rate of primary-care physicians entering

the system has not kept pace with demand, thus reducing patients' access to first-line medical providers.

The NHS limits on care afforded to two specific patient populations raises significant ethical questions, places bureaucrats on a slippery slope in determining treatment necessity, and sends a mixed message to patients who for years have been told that free and all-encompassing government healthcare would always be available no matter the circumstance.

In the final analysis, however, the decision of the NHS cuts to the heart of why socialized medicine ultimately fails those whom it is designed to serve. In a socialized healthcare system, there are only so many resources with which to work and the bottom line plays a disproportionately large role in healthcare decisions. The National Health Service claims that its move is designed to help "free up limited resources." More bluntly put, this move amounts to rationing care for smokers and the obese; taking medical care decisions out of the hands of patients and physicians. What would Hippocrates think about that?

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