



General Certificate of Education
Advanced Level Examination
June 2012

Critical Thinking

CRIT4

Unit 4 Reasoning and Decision Making

Unseen Source Material

The material consists of one source (**Document I**) for use with **Questions 6 to 9**.

Document I

Put the NHS out of its misery and allow competition

1. Does any reader of this column still believe the once conventional wisdom about UK healthcare? That is, that healthcare in the UK is among the best in the world, first, because provision is fair and good care is accessible to all and, second, because it offers good value for money.
2. Unfortunately, neither of these assertions is correct. Among the rich industrial countries, only the United States has a healthcare system that is less fair and less accessible, and (at least as judged by admittedly imperfect quantitative health indicators) offers poorer value for money than that of the UK. The bureaucratic monster that is the NHS has few incentives to encourage efficient use of resources; it is dominated by producer interests and used as a political football by national party politics. Patients have very limited choice of providers and virtually no recourse if they are unhappy with their quality of care.
3. Healthcare should be available to all, regardless of ability to pay. However, the principles on which the NHS is based, universal healthcare financed entirely out of tax revenues and free provision at the point of delivery, no longer make sense. Research and development have created effective, but expensive, treatments that are not affordable for all – and this makes free universal access at the point of delivery impossible.
4. Currently, what determines your quality of care in the NHS is your education, intelligence and connections. We need to find more fair and more efficient ways of allocating healthcare. Rationing by queuing works for taxis – it is fair and efficient. But, when your place in the health queue is determined by unaccountable bureaucrats, luck and pull, it is inefficient and unfair.
5. The NHS is the sacred cow of UK politics. Being perceived as hostile to its principles is the kiss of death for a politician. But the NHS must go. It should be replaced with a system that guarantees good quality healthcare to all, but one which is – at least to a much greater degree – financed through payments for service.
6. [...] It is fair that those who have the means to pay for their healthcare should do so. It is efficient that some of the payment should be “at the point of delivery”. The argument that healthcare should be free at the point of delivery because it is essential for life and human dignity is silly. Food is essential for life and human dignity but we do not expect supermarkets to hand it out for free. Thus, in a sensible healthcare system, individuals should pay for their healthcare both through insurance premiums and through payments for services – for example, a percentage of the cost of most services up to some maximum amount each year.
7. In recent years there has been a steady rise in the percentage of GDP (Gross Domestic Product – in the UK) spent on improving the NHS. This has been poor value for money, with most of the additional resources going into the pay packets of the incumbent providers and with little apparent improvement in accessibility and care. The provision of medical care need not be done by the public sector. It may be more efficiently done by the for-profit private sector, or by non-profit organisations with charitable status. Let them all compete on a level playing field and may the best provider gain market share.

Source: adapted from WILLEM BUITER and ANNE SIBERT, ‘Put the NHS out of its misery and allow competition’, *The Telegraph*, 3 September 2007

END OF SOURCE MATERIAL

ACKNOWLEDGEMENT OF COPYRIGHT-HOLDERS AND PUBLISHERS

Permission to reproduce all copyright material has been applied for. In some cases efforts to contact copyright-holders have been unsuccessful and AQA will be happy to rectify any omissions of acknowledgements in future papers if notified.

Copyright © 2012 AQA and its licensors. All rights reserved.