Bastiat’s Reductio ad Absurdum and the “Right” to Healthcare

G. Keith Smith, M.D.

In making the case for liberty, 19th century economist Frédéric Bastiat perfected the technique of reductio ad absurdum. Simply, he would take the argument of his foe to extremes in order to magnify the true meaning behind a socialist’s proposal or statement. Here are some abbreviated examples.

Bastiat made the case against protectionism in The Candlemaker’s Petition concerning unfair competition by the sun. He proposed that all should have to close their blinds during the day so that more candles were needed, as the “free” light provided by the sun was the ruin of the candlemakers. Since the candle industry was indispensable, as the only source of light at night, this protection of their industry was deemed justified.

When a railroad was proposed, every little town wanted a depot. Such was the furor and demand for the great number of depots that the train company could not profitably deliver goods for passengers. Bastiat, in his usual way, proposed that the train operate in reverse!

In his parable of the broken window, Bastiat asks: “What would become of the glaziers if no one ever broke a window?” By this line of reasoning, superstorm Sandy is a great economic boon. Think of all the jobs that will be created to clear the rubble and rebuild!

Bastiat used his great knowledge and intellect to destroy his socialist opponents, pointing out the logical flaws in their arguments and legislation with the most penetrating insights.

Essentially, Gostin proposes that the whole world should be taxed to provide health insurance to everyone on the planet. The proposed Framework Convention on Global Health (FCGH) is modeled on the “successful” UN Framework Convention on Climate Change. Just as the latter is expected to stop sea level rise and global warming, the FCGH could prevent the approximately one-third of global deaths that are purportedly caused by health inequalities. The FCGH would “reimagine global governance for health,” using modalities such as “defining national responsibilities for the population’s health,” “defining international responsibilities for reliable, sustainable funding,” and “coordinating fragmented activities.”

Later, Gostin applauds the U.S. Supreme Court’s decision in the challenge to the Affordable Care Act because it “supports taxation as a public health tool.”

Others seem to go farther still. “Health equity,” extending the right to health care to include the right to health, should be the heart of all policy making. National and global, writes Michael Marmot of the UCL Institute of Health Equity, University College of London, Chiming in from Pakistan and India, Zulfiqar Bhutta and K. Srinath Reddy also call for global health equity.

For my failed attempt at reductio ad absurdum to have succeeded I would need to have included extraterrestrials—or all organisms with a notochord.

My confidence shaken, I’m not sure I’ll try this again. Elite academics from around the world are advocating absurdities far more extreme than those conceived by Bastiat.

G. Keith Smith, M.D. practices anesthesiology at the Surgery Center of Oklahoma, which he co-founded. Contact GSmith@surgerycenterok.com.

REFERENCES
5 Gostin LO. The Supreme Court’s historic ruling on the Affordable Care Act: economic sustainability and universal coverage. JAMA 2012;308:571-572.