Why this is important:
Common goods are resources agreed upon by a group or collective as necessary to the wellbeing and safety of all group members and therefore a vital resource of the collective. Common examples include public safety, clean air and water, or public education. Because of this, common goods are collectively protected, supported and monitored to ensure long term sustainability and equal access among all members of the collective.

A recent report of the US National Academies of Sciences, Engineering, and Medicine declared that primary health care should be a common good. 1 To define primary health care as a “common good” is to declare that the collective matters as much as the individual. That for everyone to have a fair chance at reaching their full potential, essential health care, public health and social services must be equitably accessible to all. The strength and quality of the country’s primary health care is a public imperative.

What We Think We Know:

● Primary health care is the only health care component for which greater supply is associated with better population health and more equitable outcomes. 2 Primary health care is diminished when treated as a commercial product to be bought, sold, and monetized. It is not a collection of material goods to be governed by the laws of privilege and marketplace. Rather, it recognizes that the wellbeing of individuals is foundational to the wellbeing of the collective. It is a necessary function that the collective provides to its members to ensure mutual health, safety and security.

● The American healthcare system has thus far failed to adopt primary health care as a common good. Instead, it fosters an artificial separation between the primary medical care, public health, and social services that together constitute primary health care. This false division dooms the ability of the US to mediate social inequities such that they do not result in health inequities. It limits systemic ability to reach population health goals through interventions that integrate the complexly interdependent personal and community level factors affecting health.

● Primary health care is essential to the societal aspiration of health equity. The lack of policies to govern primary health care as a common good has allowed US primary health care to be exploited in a manner consistent with the ‘tragedy of the commons’ — access is defined as beneficial, some have greater abilities for access, and those with access believe greater access yields greater good. This creates systemically supported health disparities between those who have privilege and those who do not and encourages unsustainable resource consumption.

● A recent policy analysis in the US calls for rebalancing investment to double the health care spending on primary medical care while reducing overall healthcare expenditure and increasing investment in public health, social and educational services, with a commercial sector incentivized to provide for the common as well as the individual good.3

● Market-based competition creates business motivations for health care delivery that are incongruous with the common good and indifferent to the social mandates of equity in access and sustainability of primary health care as a resource for the collective.4 A responsible public policy that treats primary health care as a common good supported by citizens, government, and the private sector creates a powerful balancing force4 to rein in the excesses of the unchecked medical-industrial complex.5
• Primary medical care is the first point of contact for those seeking medical health services, and the launching point for integrating, personalizing, and prioritizing social and medical needs to provide each member and community within the population the potential for optimal health. Inability to provide integrated health solutions creates unnecessary and often unfair vulnerabilities.

• The COVID-19 pandemic highlighted the weaknesses of policy strategies that support false divisions among primary medical care, public health and social services. It also highlighted the vulnerabilities endemic in a population health approach focused primarily on individuals. Obstacles to population health, and the social and environmental factors able to sustain it, cannot be solved through attention to one person and one illness at a time.

• Primary health care is essential for promoting population health. By providing acute, chronic, and preventive care, and personalized linkage to community services, primary care can help to prevent the spread of infectious diseases, reduce the burden of chronic diseases, and promote healthy behaviors. Caring about the whole while taking care of individuals is the cornerstone of primary health care.

Questions for Group Consideration:
1. What cultural, policy and financial barriers prevent primary health care from being considered a common good in the United States?
2. How might these barriers be overcome in a contemporary policy context? Which policymakers/agencies hold which specific roles and responsibilities in advancing the concept of PHC as a common good?
3. Where are the best examples of PHC being viewed or treated as a common good globally?

References