# Kant Negates lmao

## 1NC – Case

### 1NC – TL

#### [1] The principles of justice in holdings justify minimal interference. That takes out dependency – it’s illogical for transactions to be immoral.

Tobis 1 (Jacob R. Tobis, Claremont McKenna College; Degree in philosophy, 5-9-2011, accessed on 8-28-2022, Scholarship @ Claremont, "Theories of Justice to Health Care", https://scholarship.claremont.edu/cmc\_theses/181/) //phs st

Nozick makes use of his own example to explain why one cannot be compelled to aid others. He shows that distribution after voluntary transaction is justified and should not be tampered with by the state. When his principles are followed, the distribution that results is just. His example is as follows23:

First we must select a distribution to start with. Whatever distribution the reader particularly favors and believes is just should be what is chosen. Perhaps everyone has an equal share in this distribution. Many people really enjoy watching Wilt Chamberlain play basketball and are willing to give up some of their share to do so. After this occurs, whether it happens many times or just once, the distribution will have changed. Is this new distribution just? Wilt Chamberlain will have much more wealth than anyone else and some, who were willing to pay over and over again to watch Wilt play, will have little or no wealth left at all. Should Wilt be required to give back what he has obtained through voluntary exchange? Nozick says no by explaining that the distribution is just. Everyone‟s holdings and transfer of holdings have adhered to his principles of justice in holdings so Wilt cannot be forced to give back the wealth he has accrued. Nobody was compelled to give up wealth to watch Wilt play and so the transfer of their money to Wilt was completely fair and just. Based on this, Nozick exclaims that any distribution resulting from voluntary transfers is just and the state has no role in altering such a distribution.

#### That justifies rejecting single-payer.

Tobis 2 (Jacob R. Tobis, Claremont McKenna College; Degree in philosophy, 5-9-2011, accessed on 8-28-2022, Scholarship @ Claremont, "Theories of Justice to Health Care", https://scholarship.claremont.edu/cmc\_theses/181/) //phs st

Nozick‟s belief that each person has the right to not be forced to do certain things has direct consequences to the public provision of health care. In Nozick‟s rightful condition, “the state may not use its coercive apparatus for the purpose of getting some citizens to aid others”25. This statement makes clear that Nozick believes public programs and provisions are simply unjustified and if they were implemented, they would infringe on people‟s rights by altering a just distribution.

The health care system that would likely be implemented under Nozick‟s rightful condition would be one, I believe, that is market and consumer driven. The state would have no role in the provision of health care besides ensuring that each individual does not have his rights violated. This would only occur if an individual was forced to purchase certain health insurance, or forced to refrain from buying health care services altogether. On a consumer driven type of system, this would never occur because the consumer would always have the choice of what to purchase and the resulting distribution would remain just.

#### [5] Taxation and rights – if we win that private companies aren’t doing anything wrong, arbitrarily shutting them down and taxing others is bad and violates their rights to not be interfered with.

### 1NC – Analytics (DON’T SEND)

(2023 sophia here doing my circuitdebater open source) guess I did send the analytics in the end.

#### [5] No single-payer key warrant – the aff is broadly about people having the right to healthcare but we can provide that in different ways. Two implications –

#### (A) This means that you don’t have an obligation to do the aff because you have alternatives. If I have an obligation to donate for the poor, for example, I am not morally obligated to donate to a specific charity. This means that prescriptions of doing specific things in a subset of an obligation do not actually prove an obligation because they are imperfect duties. Perfect duties come first – they are something that you must always do, like not murder, versus imperfect duties which are optional, like donating to charity.

#### [6] State not key – they can also choose to raise prices on the people or charge them different prices – there is no reason why replacing one institution with another can solve given that people will still be dependent on the state.

#### [8] No dependency – transactions are voluntary, and people can choose not to buy healthcare. Private insurers are no different – if they choose to price their goods higher, people don’t have to buy them. For example, if I sell bread at $100 a loaf, that doesn’t violate the rights of others because they could choose not to buy it.

## 1NC – LBL

### AT – Agency

#### Off agency –

#### (A) No contradictions in conception – two people can disagree about non-moral principles and still be correct e.g. I can like ice cream, and you can also dislike ice cream at the same time

#### (B) No arbitrariness – private insurers can disagree about what they want to provide because it’s up to the consumer to choose a service

#### (C) No culpability – when a private insurer messes up, they are punished individually – no reason why it has to be only one combined entity receiving punishment when people act on their own ends

#### (D) No obligation – the government’s role is to provide for its citizens only when it is obligated to do so, otherwise it would be infringing on the rights of private companies to exist.

### AT – Crisp (Kingdom of Ends)

#### Off Crisp

#### Crisp claims that single-payer isn’t key – it’s not an obligation

Joseph Crisp, 2017, [2], Online Journal of Health Ethics, “Right or Duty: A Kantian Argument for Universal Healthcare”, [https://aquila.usm.edu/cgi/viewcontent.cgi?article=1185&context=ojhe] ahs mc

It might be argued at this point that everyone should be responsible to pay for their own healthcare, just as they would pay for any market good. However, as noted above, healthcare in not a market good like others, subject to the normal laws of supply and demand. Further, healthcare has become so complex and expensive that many people, and not just the poor, can be excluded. Many lack health insurance, and some are underinsured. Almost anyone could be vulnerable to a healthcare crisis that could drain all their resources. In this sense, we are all behind what John Rawls called the “veil of ignorance,”7 in that no one can know when or if they will be confronted by a healthcare crisis that exceeds their ability to pay. Here one thinks of Kant’s example of a person who, endowed with prosperity, chooses not to contribute toward the needs of others less fortunate. While a society might subsist under such a principle, one could not possibly will that it could be a universal law, “for the case could sometime arise in which he needs the love and sympathetic participation of others, and where, through such a natural law arising from his own will, he would rob himself of all the hope of assistance that he wishes for himself.” 8 If healthcare is understood as an obligation so closely tied to the duties to preserve one’s life and develop one’s ability that it is in fact itself a categorical duty, and if in the realm of ends, every being necessarily wills that which is universally legislative, i. e., that which every other being would will for itself, then it follows that, members of a just society will seek to ensure that everyone has access to a sufficient level of healthcare to preserve their life and fulfill their greatest potential. The object of this paper has been to establish the moral obligation of a society to provide access to healthcare for all its members. Healthcare is not a right or an entitlement, but a moral duty that touches all members of society. It might be accomplished through a universal single payer system like Medicare, or it might be accomplished through some combination of government programs and market based approaches. By however means, Kant’s approach to ethics can be said to require that a just society develop a system of universal healthcare that is accessible to all of its members.

### AT – Means to an End

#### Off means to an end

#### (A) This is just wrong – buying insurance is transactional. When I buy food from a restaurant, they don’t violate my rights because I agree to pay a set amount of money in exchange for a certain service. Similarly, private insurers don’t coerce anyone.

#### (B) Government doesn’t solve – they use the suffering of individuals to justify a single-payer system and the taxes that are required. Either taxing is justified to establish a system which means pricing insurance is justified so private insurers can remain solvent, or taxing isn’t justified and you negate.