WTE column of February 19, 2015. Editor's headline: "Swiss figured out health care." CST on Saturday, Feb 21: "Differences in health care."

Last year when I visited my nephew in Switzerland, his family took me to a neighbor's garden/birthday party. The man feted was obviously ailing. I imagined his family arranged the party as his last hurrah. A few weeks later Rolf sent the following email:

"Remember the neighbor with the garden party? He decided to avail himself of the Swiss right-to-die law. One day he buys a new car for his wife; next, a person shows up with a pill, then a hearse pulls up in front of his house. A neighbor who has an inoperable brain tumor says she wants to do the same. It's very upsetting."

Rolf is young yet, the father of six-year-old twins. He hasn't witnessed an extended family member wasting away her final years in a terminal-car facility, as I have. Every time an infection developed, the medics pumped her full of antibiotics to keep the body alive. "She would not have wanted to vegetate in this way," her daughter said bitterly. "She wanted her assets to go toward her grandchildren's college education. Instead, they're eaten up by terminal care. At this stage she doesn't even recognize any of us any more." The ailing woman had worked as a nurse for 35 years, diligently guarding her savings.

Interestingly, Swiss health care bears certain similarities with the American model. Like US residents, Rolf and spouse may choose from a wide variety of private insurers with different packages. Coverage is expensive—they spend $750 per month for their family of four.

The difference is this: In Switzerland, the right to medical care is not a political argument; rather, it's a truth that sustains the country's sense of solidarity. Hence, the basic package is available to all. In the 1980s, however, that arrangement unraveled when Swiss insurers began to emulate their American counterparts.

Until then, Switzerland had functioned on a network of "mutual" or nonprofit health insurance plans, for which workers bought insurance though their employers. However, Switzerland is the seat of some of the world's largest insurance firms. In the 1980s, these giants witnessed US companies like Aetna and UnitedHealth gobbling up nonprofits like Blue Shield and Blue Cross to convert them into profit-making enterprises. Swiss insurers were quick to note that for-profit healthcare produced fabulously wealthy entities, especially when picky about whom they insured and diligent about denying claims. Soon the Swiss nonprofits went the way of their American counterparts. By the early 1990s, the Swiss healthcare system was the closest in the world to the American model of unfettered capitalism.

The Swiss cherish capitalism, but they also cherish their national values of solidarity, community, and equality. When, by 1993, five percent of the Swiss population had no health insurance at all—still a far cry from the American 16 percent uninsured—the Swiss revolted. A special task force set out to study the problem, inquiring how other nations resolved similar challenges. Eventually the task force proposed regulations decreeing that insurers could not make a profit on the basic health package, though they could sell additional coverage (e.g., for cosmetic surgery, or for life or fire insurance). But the proposed law had to be approved by the voters.

Not surprisingly, the for-profit insurers, the drug companies, and most of the business community fiercely opposed the proposed reforms. The new law would make things worse for the people who did have medical coverage, they said. Meanwhile the unions, the famers, and liberal parties countered that universal healthcare must be an essential element of Swiss solidarity.

The law passed with a slim majority vote. It went into effect on January 1, 1996, and since then has functioned well. Even insurance companies no longer oppose it, finding that the absence of profits has not meant absence of competitiveness. In fact, the basic health package draws clients to the profitable lines of the business.

Switzerland is still a big spender on medicine—about 11 percent of its GOP is devoted to healthcare. But today, everyone is covered by insurance; nobody is locked out of coverage or turned down, and no claim may be denied if signed by a doctor or hospital. People who cannot afford the premiums may obtain governmental interest-free loans.

The Swiss decided that, as a matter of fairness, justice, and solidarity, society has an ethical obligation to ensure that everybody have access to medical care when needed. The moral ideals, “equal treatment for everybody” and “we are all in this together,” carried the day.

Rolf did student-work in Brazil and spent a summer in the US. He and spouse grew to adulthood in Germany but have applied for Swiss citizenship. Notwithstanding certain misgivings they’ve come to prefer the ways of the Swiss.