

If a state subsidises the healthcare of its people, but does not subsidise abortions (except when they're required to protect the health of the mother), is it necessarily infringing on the rights of women?

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The question of whether a state-funded healthcare system should be obligated to subsidise elective abortions is one of the most heated debates of modern political philosophy, especially in places like the United States. It allows us to examine the exact boundaries of individual rights and state neutrality. When a state provides thorough healthcare to its citizens but excludes elective abortions, while still funding abortions which are necessary to save the life of the mother, critics would frequently claim that the state is infringing on the rights of women. However, this argument misunderstands the purpose of a democratic government and the reality of public resources. Thus, in this essay, I will argue that if a state does not subsidise elective abortions, it does not constitute an infringement on women's rights at all. Instead, it represents a necessity towards political non-alignment in a morally pluralistic society while acknowledging the difference between essential medical needs and autonomous personal choices.

Considering that we are in a democratic society, citizens hold their own respective moral and religious views, especially regarding abortion. And so then, a government should practice "political non-alignment" when managing public tax funds to avoid political bias. If the state forces its citizens who believe abortion is murder to fund it through their taxes, the state is violating its duty to remain neutral and so can not be democratic. However, by not funding it, the state respects both sides as it allows the abortion to remain legal for those who want it, but doesn't force objectors to complicitly finance it. You can argue that using the machinery of the state, for example, lobbying for funded abortions, is inherently coercive, and you may even go to the extent of considering it "tyranny of the majority." True democratic tolerance means the state steps back and leaves the financial responsibility of non-therapeutic moral choices to the individual, and keeps out of social biases.

Furthermore, since the statement specifies that the state funds abortions when required in order to protect the health of the mother, any other abortion is therefore elective (non-therapeutic). Thus, you could argue that a public healthcare system is designed to cover the expenses of unpredictable medical misfortunes rather than the predictable financial consequences of their own autonomous choices. Because alternatives exist, like contraception or adoption, an elective abortion is ultimately a personal lifestyle choice, not a medical emergency, and therefore should not qualify to be state-funded.

Another way to look at it is if a public healthcare system is expected to fund elective abortions, then logically it should also fund other non-therapeutic procedures like cosmetic surgeries for purely aesthetic reasons, for example, elective breast augmentation or liposuction. Most public systems rightly draw a line at procedures that are not medically necessary. An elective abortion does not cure any physical illness or injury. It is ultimately a personal and moral decision. By refusing to subsidise it while still keeping it legal, the state is not denying women healthcare; it is simply refusing to use taxpayer funds to support a contested moral choice when alternatives such as contraception or adoption exist.

In contrast, funding an abortion means using the state's money to end a potential life, a life which could have contributed to society or changed other lives, all to resolve a situation where alternative choices were available, such as giving up the child to adoption or receiving financial aid to raise them. Thus, if a healthcare system refuses to fund non-medical lifestyle choices, then the state can not be accused of infringing on women's rights simply because it refuses to fund an elective abortion.

On the other hand, those who argue that refusing to state-fund elective abortion is an infringement on women's rights would point to the economic realities of healthcare. Their core argument is that while restricting funding does not make abortion illegal on paper, it would make it completely inaccessible in practice for women of lower incomes. A wealthy woman can easily pay for a private abortion procedure out of her own pocket, bypassing the issue of lack of funding. However, for a woman living in poverty, a lack of state funding forces her to carry an unwanted pregnancy to term. From this perspective, the state isn't being "neutral" at all. In fact, it uses financial obstacles to restrict the bodily autonomy of lower-income women specifically. This argument is widely seen with pro-choice advocates who argue that treating reproductive healthcare as a mere "lifestyle choice" ignores the life-altering financial and physical toll that forced childbirth takes on a person. Thus, true equality can not exist if the state refuses to fund this basic choice.

While this socioeconomic argument highlights a genuine issue regarding poverty, it can be argued that it ultimately fails to prove that a lack of funding creates an infringement on rights for women. The pivotal error here is mixing up a "negative right", the freedom of something without government interference, with a "positive right", which is the entitlement to have the taxpayer buy it for you. Since the state is not designed for moral obligations such as to equalise everyone's financial circumstances for non-therapeutic actions, it would not make sense to fund a non-essential abortion. The correct democratic solution, which would make more sense for a citizen who can not afford the financial consequences of an elective choice, is to strengthen the broader social safety net. This could be such as increasing child benefits, providing better state-funded childcare, or even expanding access to free contraception to prevent situations like this in the first place. It is illogical to solve a general issue of poverty by forcing millions of taxpayers to violate their deeply held moral and religious beliefs, especially when that money would be better used elsewhere. Therefore, any economic hardship a woman may face does not magically transform a personal and contested moral decision into a universal healthcare right at the expense of the taxpayer.

In conclusion, the state's refusal to subsidise elective abortions while maintaining their legal status can not be considered an infringement on women's rights. In a true democracy, the government has a duty to remain a neutral referee on deeply divisive moral issues, ensuring that citizens are not forced to financially assist acts they deem morally wrong. Furthermore, public healthcare systems are designed to protect individuals from unpredictable medical misfortunes, not to protect them from the financial realities of personal lifestyle choices. While the socioeconomic obstacles faced by low-income women represent a genuine societal challenge, the solution lies in upgrading the broader social safety net through childcare and contraception, rather than fabricating a positive right to a contested medical procedure. Therefore, ultimately, a true democratic tolerance requires the state to step back and leave the financial and ethical weight of non-therapeutic choices with the autonomous individual.