Global Access to Care: a Bioethical Perspective

EDITORIAL

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The Three “Cs”

Classification, compassion, and care constitute the three main foundations of modern medical science and its social implications.

Classification is the process by which reality is structured in ways amenable to understanding and intervention. No scientific enterprise is devoid of some form of categorization and the criteria used in different historical periods for designating and ordering what is normal and what is abnormal provide accounts of ways of thinking that permeate cultures and influence scholarship and practice.

Compassion is that virtue which lies at the core of all those professions that deal with persons. Along with prudence it has ever been part of the “ethos” of the medical and allied professions which, for this very reason, are usually termed “ethical professions”. Knowledge and interest constitute the social texture of the activities performed in the service of humankind.

Care is the final product of a balanced application of knowledge to human affairs with remedial or preventive intention. Care is both an individual and a social activity. It is manifested in the ways in which professionals deal with philanthropia, philotechnia, and auto-philia: love to humanity, love to the art and love to one’s own ideals and values.

The Gaps

Populations in the world do not have equal access to the benefits of knowledge and civilization. The 10/90 gap indicates that 10 per cent of the world population benefits from more than 90 per cent of expenditures in health research and care.

The know-do gap signalizes the uneven access to useful knowledge. Much is known and not so much is done, particularly when it comes to comparing North and South or the West
and the Rest. Many advances benefitting the “haves” in the world never reach the “have nots”, despite the evident fact moral implications of knowledge are not constrained by national borders and that communication and social media impact profoundly on the images and expectations of every human being.

Finally, the treatment gap, as a derivative of the previous one, indicates that standards of care, recognized as essential in developed nations, cannot be implemented in low and middle income nations for different reasons: economic, cultural, administrative, political, among others.

Bioethics and Globalization

The paradoxical nature of the process termed globalization is that it implies the imposition of a particular world vision (the Western one) to every person in the world. “Think globally, act locally”, the motto of the World Health Organization, is not always possible. Despite declarations, covenants and alleged respect for “universal” human rights, there is still need for a clearer cultural formulation of aims and goals of the health enterprise worldwide. Definition of what constitutes good health, acceptable quality of life or decent standards of living can be contested and are threatened by pervasive spurious interests of industrial, military, or political complexes. Frustration has been evident in underserved populations when contrasting expectations with realities.

Bioethics, in its most general formulation, is a dialogical form of ethics. It considers not only the needs of rational and reasonable thinking but also the hidden affects, the underlying values, and the emotional undertones of the uses of science and technology when applied to human affairs. Since Fritz Jahr’s formulation of a “bioethical imperative” in 1926 the mandate to preserve and enhance human life has been differently formulated and implemented according to historical period, culture, and economic development.

Dialogue is needed in order to formulate, categorize, and resolve human dilemmas posed by the uneven distribution of health and wealth. This does not only apply to the vague notion of “international” or “global” health. It is demanded by the very form of institutions, regulations, and procedures for ensuring, promoting, and bettering healthy human conditions.

Human Duties Instead of Human Rights

The doctrine of human rights permeates the discourse on global, public, and international health. In its different formulations it takes into account two essential ideas, justice and dignity, poorly defined and insufficiently understood even in the most stringent legal formulations. Individuals and groups, as subjects of inquiry and intervention, pose contrasting challenges to theoretical formulation and practical implementation. Like two sides of a coin, the individual and the societal interests must be acknowledged, respected, and acted upon. The harmonization is a difficult one, particularly considering the individualistic turn of modern Western civilization and the clash between the interests of persons and groups when it comes to policy formulation, political decision, and economic agendas.

There is no country in the world where, in one form or another, fundamental rights are violated. This is not only applicable in times of turmoil and war. It occurs whenever groups or persons are caught in the dilemma between security and liberty, a challenge for democratic societies facing the threat of terrorism, inequities in the provision for basic life conditions, and aspirations of emergent economic groupings. Stigma, discrimination, and fear have historically been factors in the segregation of individuals. Crime, mental illness and poverty influenced institutions like jails, asylums and houses for the poor and the needy. If universal
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respect for human rights –in its different forms- existed, there would be no need for written declarations and law formulations. This fact suggests that now and then people must be reminded of compassion, tolerance, and acceptance of diversity.

It is fair to say that some goals are difficult to attain and retain in modern societies. The distance between aspirations and realizations grows in some parts of the world and they are present even in civilized societies. To realize this fact is not to deny efforts and the evident rise in social consciousness in Western societies. Demands, however, are inexhaustible and at some point the common good must be formulated explicitly as a basis for policy formulation and access to need satisfaction.

Besides emphasizing anew the need to recognize and respect human rights, it might be wise to stress the fact that personal responsibility, empowerment of populations, and universal human duties must be essential part of modern education and professional training. Acknowledging duties –individual and societal- complements the doctrine of human rights and could lead to a more balanced view of the roles of persons as patients, as healers, as citizens.

This idea has been at the core of all deontological traditions in Western thought. In the dialogue between utilitarian viewpoints and theories of virtue (conceived of as realization of values and moral obligations) there are oscillations and contradictions. The work of ethics committees and ethics consultation consists in accepting “deontological” and “responsible” stages, the first influenced by personal conviction or religious belief and the second by the need to be accountable for decisions that affect segments of a population of people at large.

The global future

The “universe as history” – the famous dictum of Oswald Spengler- requires a special kind of intuition, sensitive to diversity and akin to a difficult art of understanding. The very idea of a global future is at the root of bioethical thinking and was central to both Jahr’s and Potter’s definition of the field. Since war and aggression may lie deep in human heart, it is there were peace and tolerance should be built. The key notion is that individuals, educated as citizens of the world beyond their current circumstance, can bear the responsibility for a fairer access to the benefits of civilization, health and wellbeing ranking high among them.

Inequities are unjust inequalities. Unjust means that it causes suffering, discrimination or limitations to human flourishing, or attainment of full human potential and that there exist means to overcome the inequality. There are hierarchies of needs and ways of fulfillment. Policymakers and professionals have the challenge: inequities must be addressed, common good should be preserved, and individual needs must be respected.