

Ethics, Equity, and Human Rights, Dimensions in Strengthening Public Health in Developing Countries

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The intent of this paper is to share with you my thoughts about the current evolution of the two fields, ethics and public health, and where they are headed.

The dual challenge of the evolving fields is that public health is being redefined, with new avenues of thought and action being opened, while the field of ethics is also undergoing extensive change, including new perspectives on ethics, equity, and human rights. Let us consider how these two fields are evolving, periodically moving in parallel directions and, at times, converging. Another dimension to consider is how these issues fit into the ideas of globalization and global governance.

The Future of Public Health, a book published by the Institute of Medicine (1), was extremely critical of public health. The author stated that public health had lost sight of its goals, the system was disorganized, and public health schools were isolated from public health practice. This book was influential, with a number of writings following its publication. WHO met in 1995 to look at the publication, *New Challenges for Public Health* (2), to discuss the misconception that good health is primarily due to hospital-based care, the growing minimization of public health, and the problem that public health training has become outdated and irrelevant.

Additionally, scholars in the field appear to look only at components of the public health system. For example, epidemiology has been criticized for its narrow perspective. Epidemiologists may wince at this critical view, which maintains that epidemiology has ceased to function with a multi-disciplinary approach to control disease in populations. Epidemiologists increasingly use more advanced technology to study trivial issues, while the primary causes of disease are ignored. Epidemiol-

ogy must reintegrate itself into public health and rediscover the perspective of the broader population (3).

Julio Frenk, in a paper called *The New Public Health* (4), defined "the new public health" as including the following four conceptual principles:

- The conceptual basis — specifies and limits the specific areas of research, teaching, and action
- The basis of production — involves a critical mass of researchers to generate a knowledge base
- The basis of reproduction — concerns educational programs, publications, and groups for exchanging ideas
- The basis of utilization — translates knowledge into technological developments and policy.

Given these principles, Frenk focuses on three central points of organization — design, development, and service delivery. Then, he specifies openings in the following five directions, which I view as a very solid basis for public health change.

- Research that is linked to decision-making
- Universities with research facilities
- Integration with other disciplines
- Interactions with social sciences
- Permanent concern for the health of entire populations

Steve Sapirie, who directed the Information Systems at WHO/HQ, focused attention on the central functions of public health, which he thought

had been omitted (5). He stated that Essential Public Health Functions (EPHFs) are a set of fundamental and indispensable activities that protect the population's health and treat disease through means targeted at the environment and the community. Agents responsible for performing EPHFs are governmental agencies, NGOs, community organizations, and the private sector. An EPHF can be considered essential, if it addresses one or more of the following objectives: prevention of epidemics and contagious disease, protection of populations against environmental hazards, injury prevention, encouragement of healthy behavior, or response to disasters. He also emphasized that equity is inherent for assuring that cost-effective functions reach entire populations.

Now, allow me to shift from public health to ethics. In recent decades, ethics has emphasized four major principles:

- Respect for the individual, in regard to autonomy and informed consent
- Non-malevolence ("do no harm")
- Beneficence ("do good")
- Justice

The time is here for introducing ideas concerning human rights and health. Some people say that health is a human right, but I join those who think that thought is an extreme statement. The right to health is not the right to be healthy, but rather the right to opportunities to be healthy. It is extremely sad that, in the processes of global development, so many people are deprived of opportunities to be healthy.

Dan Wikler, Professor of Bioethics at the University of Wisconsin, thinks that there have been several stages in the relationship of bioethics to society (6):

- The early years—viewed as a code of professional conduct
- 1960s—extended to physicians concerning specific issues, such as euthanasia and confidentiality
- 1980s—involved ethics in relationship to

policy issues, as health care reform

- 1990s—broadened the ethical concerns in public health, such as the integration of bioethics, health, and human rights

Jonathan Mann stated, in the *Lancet* in 1997, that public health cannot develop an ethic until it has achieved clarity about its own identity (7). The human rights movement, by identifying the preconditions for human prosperity, provides a framework for analysis and response to the societal determinants of health.

Another article by Jonathan Mann, in the *Hastings Review*, two years ago (8), wrote about human rights violations (such as torture) that can have a life-long family and generational health impact. Protection of human rights is linked with protecting health; marginalizing people with HIV/AIDS violates their rights, and the epidemic spreads as a consequence. He continues by saying that the focus of medical care is on the individual, with ethics related to individual needs. In contrast, the concern in public health is for the well-being of populations, and a human rights orientation is well-suited to that orientation. Rather than seeing ethics and rights as conflicting domains, they can be considered a continuum.

My own "short list" of issues that represent evolving concerns for ethics and human rights include the following:

- Increasing concerns for the well being of populations
- Wider applications of justice, fairness, and human rights, as in *Benchmarks of Fairness for Health Care Reform* (9), especially their application in developing countries
- Equity, increasingly a needed priority universally, with service given according to need
- Ethical guidelines for research involving human subjects, which has evolved with considerable controversy

Bettcher and Yach examine the issues of ethics and global change (10), discussing ethical

dilemmas confronting international public health. Some of these issues concern scientific research regarding cloning and affordability of HIV treatments, as well as international business ethics regarding tobacco marketing and environmental degradation. Globalization has important implications for governance structures in a global society. The state constituency is changing, including an increasing role for non-governmental participants in the process of governing. A need for increasing collaboration among different domains of governance — state, civil society, and the private sector—exist.

A global system of health governance can link a system of ethics with science. It can:

- Monitor and update ethical norms of research,
- Anticipate ethical implications of scientific advances,
- Apply internationally accepted codes of ethics,
- Ensure that accepted standards guide future work on the human genome, and
- Ensure that quality in health systems is assessed and promoted.

It is crucial that ethics of public health, including concern for human rights, are incorporated into evolving governance systems. A consideration of public health issues, with its basic ethical values, should no longer remain an unheard voice on the stage of international relations.

At this point, it is appropriate to listen to the Commission on Global Governance, which published its report, *Our Global Neighborhood*, in 1995 (11). Global governance does not imply world government or world federalism. Effective global governance calls for a new vision that challenges people, as well as governments, to realize that no alternative exists to co-operation for creating the world they want for themselves and their children. It requires a strong commitment to democracy, grounded in civil society.

Now, let us return to Julio Frenk and the work he did with Octavio Gomez concerning health as a focal point in an era of globalization (12). They

acknowledge that nationalistic or sub-nationalistic forces may glorify differences; promote fundamentalist, exclusionary practices; and support anti-democratic practices. However, such values, as dignity of human life, respect for the environment, and the right to protection of health, are truly becoming universal. We now see an opportunity to advance the role of health development and to promote an integrative model of globalization, with health as the center. This touches those profound values and rights that are most intimately connected to the dignity of human life and are shared by a global society. In this manner, health can offer a route to global harmony, peace, and sustainable development.

References

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