

The ethics of public health

How can equity, social justice and human rights be incorporated into public health programmes?

Wishwas Rane and N S Deodhar make some suggestions

Medical ethics is a part of the public movement to assert a certain control over the contemporary proliferation and promotion of biomedical technology and modern medical care. Medical ethics is a part of social control.

The rights to information, informed consent and respect for a patient's anatomy are well accepted. However, the concept of patient welfare has remained restricted to curative and palliative treatments. The issue of the medical profession's responsibility towards improving people's health status seems neglected. Total health, preventive medicine and public health are still outside the scope of medical ethics.

Primary health care was an integral part of ancient Indian culture, as is evident from historical data. Drainage systems were provided in towns, and aseptic techniques formed a part of food hygiene.

In 1946, the Bhole committee report recommended that no person should be denied good quality health care because of his inability to pay for it. In fact, the report provided a comprehensive plan to provide 'Health for All' through a primary health care approach. The Alma Ata declaration merely reiterated the policy enunciated by the Bhole committee. Yet, fifty years later, the question arises whether the current health status in India corresponds with the vision of Sir Joseph Bhole, Dr John Grant and others. With only two years to go to reach the targets set in the National Health Policy Statement, no one will be satisfied with our performance.

Who is responsible for this state of affairs? The government, society and the medical profession are responsible

for improving people's health status. Today, total health, preventive medicine and public health remain outside the scope of medical ethics. The time has come to develop a public health ethics.

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The International Epidemiological Association has taken the initiative and has documented ethical aspects of epidemiology. What are the ethical aspects of 'Health for All'? How can equity, social justice, human rights and other issues be included in public health ethics?

Health as a generic term includes both medicine and health. However, governments, doctors and many others use the term health incorrectly, talking of drugs, hospitals, medical technology, surgery and other aspects in health care services. The medical profession unethically uses the phrase 'health' to describe medical circumstances and conditions, thus colluding in the misrepresentation and the denial of basic primary health care to villages.

The ethical issues in discussing 'Health for All' are equity, justice, equality and human rights. These ideals should continue to be of primary importance in providing primary health care. Health education, adequate food, safe and adequate drinking water, care of mothers and children, immunisation, prevention and control of local endemic diseases, treatment of common diseases and injuries, and provision of essential drugs are the nine elements of primary health care.

Unless all these elements are provided adequately and continuously without interruption, primary health care will have no meaning. There are no priorities in these, and they must be offered as a complete package.

When health has been recognised as a fundamental right, is it ethical to neglect the medical and health problems of people who are unable to even approach a doctor? In this situation, the government cannot think of privatising health services. It is highly unethical to keep people ignorant about the causes, control and prevention of diseases, about a healthy lifestyle, and about the social and community responsibilities of the people. Yet this is exactly what happens in the absence of public health education.

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When the vast majority of people are neglected and denied even the basic needs of water, sanitation, housing and treatment of minor ailments and injuries, it is unethical to provide the best medical care to a few. It is not correct to borrow and spend crores of rupees from public funds to pay for cardiovascular surgery or neurological surgery, when the government is not able to provide people their basic health needs.

Medical specialists are required to practice in their own specialty. It is strange that an orthopaedic surgeon can practice public health, but a specialist in public health cannot

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practice orthopaedics. Epidemiology is an integral part of public health practice. It helps community diagnosis, but our clinicians venture into this highly professional field. This is a gross violation of health ethics.

The Helsinki declaration and its revisions provide for the code of conduct in drug trials. Ethical guidelines for medical and health research stipulate many conditions for undertaking research on human subjects. Manipulation of data, the use of inappropriate methods for data analysis, withholding part of the findings, corrupted or biased interpretation should be treated as unethical health practice.

It is not uncommon to read in the news of the latest medical research, or

the advantages and/or risks of some common food or behaviour. Often the news is contradictory and causes confusion among the people. It is unethical to publish research statistics without establishing a [proper] cause and effect relationship. It is unfair to write in the lay press in a manner that is likely to be misinterpreted. Such misinterpretation is taken advantage of by drug companies producing non-essential drugs.

Our professional educational system has failed to promote the development of moral values. Subjects like public health, preventive and social medicine and epidemiology receive a low priority in medical education. The medical and allied professions have failed to regulate themselves, and society has failed to make amends. Can

societal efforts be coordinated and integrated to promote ethical values in health care?

The point is, it is incorrect to confine the subject of medical ethics merely to the doctor-patient relationship. This aspect is undoubtedly important but at the same time too narrow and restricted. Health departments cannot be allowed to provide only medical care and that too of a poor quality. It is essential to offer real and comprehensive health care serves to all the needy. Without such an endeavour, our nation cannot comply with our commitment to provide 'health for all' through the primary health care approach. We have to rigorously adopt and implement an ethical approach to public health care.

The room for improvement is the biggest room in the house.

- Paul Ramsey

International Conference Preventing violence, caring for survivors

The role of the health profession and health services in violence

November 28-30, 1998

Venue: YMCA International House

18, YMCA Road, Mumbai Central, Mumbai, INDIA

The epidemic of violence worldwide — and India is no exception — raises many ethical issues for health providers. Most victims and survivors of violence come into contact with health care providers. A responsible health care service must prevent violence, care for survivors, and help victims obtain justice.

The conference will provide a forum for health professionals and activists to interact, and discuss many crucial subjects related to violence and the health profession. It will also bring together people from India and abroad in pursuit of a similar goal.

Call for papers and material: We look forward to the active participation of health professionals and activists from all over India. The conference, whose theme is the **Epidemic of Violence**, will concentrate on three sub-themes: • **Violence against women** • **Caste and communal violence** • **Violence by state**

agencies

We invite contributions in the form of research and perspective papers, reports, investigations, comments or any other materials on the main theme or any of the sub-themes. This includes a look at the attitudes and roles of health professionals, personal accounts, reports on treatment and counselling, and on post-mortem examinations, comments on medical ethics and human rights, ethical dilemmas, ethical guidelines, the role of health services at the time of riots other violence, health professionals' prejudices, and the status of dalits and minorities within the medical profession.

We also welcome other materials such as training kits for investigating violence and treating survivors, reports of your organisation's work, poster exhibitions, street plays, paintings and songs.

You are encouraged to bring books, posters, and any other material for sale at the conference venue.



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