

ARTÍCULO

**The State, Society, Human Rights & Health.
Ethical Challenges in the Development of New Interventions ¹**

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Journal: www.bioethicsandlaw.es/master*

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¹ This article was published in: Revista de Bioética y Derecho UB, no. 1, 2004.

Abstract

The theme of this presentation is that major impediments to the development of new interventions to improve global health comprise the combination of (1) an inadequate value system that is heavily dominated by selfish individualism, (2) an excessively downstream focus on health and (3) overriding emphasis on market forces. Moral imagination is required to move beyond the current impasse in which the lives of some seem to be of infinite value while the lives of others are apparently dispensable. A broader discourse on ethics and human rights coupled to demonstration of high moral standards by influential nations could facilitate the introduction of new interventions with the prospect of greatly improving population health.

Keywords: globalization; values; infectious diseases; population health; ethics; Human Rights.

Introduction

As the first step in attempting to resolve an ethical dilemma is to have knowledge of the facts underlying the dilemma, I shall begin by briefly reflecting on some *facts* about the world that are relevant to the ethical challenges in the development of new interventions to improve global health. These facts will highlight the *global context* within which over-consumption at one extreme and deprivation at the other extreme promote diseases of affluence and foster the emergence and spread of infectious diseases that threaten the health of whole populations. I shall then review some shortcomings of a *value system* that is characterized by strong individualism, dominance of market 'logic' and excessive faith in scientific progress and medical care as pathways to solving global health problems. This will lead me to suggest the need for *moral imagination* in choosing *rational* ways of addressing upstream forces affecting health. A framework for an *extended discourse on ethics and human rights* is offered as a wedge towards developing effective new interventions.

Some facts in a global context

While the global economy has increased six-fold during the second half of the 20th century the forces of economic globalization have perpetuated and aggravated centuries of exploitative processes that facilitate the enrichment of some people at the expense of others - within and between nations. Covert erosion of the economies of many poor countries, under the impact of the neo-liberal economic policies driving globalisation, has obstructed real development, and prevented achievement of widespread access to even basic health care for billions of people.² Average national per capita GNP has risen to above US\$

² Falk R. *Predatory Globalization: a critique*. Cambridge UK Polity Press, 1999.

25,000 in some countries and remained static or dropped to less than US\$ 300 in others. The gap between the richest 20% and the poorest 20% of the world's population has widened continuously from 9 times at the beginning of the century to over 80 times by 1997. About 1.2 billion people live on less than \$300 a year. Many of these live under conditions of absolute poverty defined as a condition of life so limited by malnutrition, lack of access to safe water and basic health care, illiteracy, disease, squalid surroundings, high infant mortality, and low life expectancy.

The debt owed to rich countries by the poor amounted to \$2.2 trillion in 1997 - a debt developed and perpetuated through arms trading and ill conceived 'development projects' that did more harm than good and usually benefited developed nations more than those they were allegedly 'developing.' Such debt can never be repaid and perpetuates economic dependence and human misery.^{3 4} Foreign development aid has also been falling over recent years and is increasingly directed towards humanitarian aid rather than towards sustainable development.⁵

Sub-Saharan Africa has been most adversely affected. This region now has 3 million displaced people, 14 million AIDS orphans, 475 million African living on less than \$2/day and hunger affecting 40 million. The devastation resulting from HIV/AIDS in Africa needs to be seen in the context of three hundred years of slavery (1441-1870), seventy five years of colonialism (1885-1960), and a Cold War (1960s -1991), that successively debilitated the sub-continent. Excitement and pride that came with independence in the 1960s turned to despair with tyrants in the 1970s and by the 1990s many viewed African countries as 'political and economic infernos.' The US retreat from Africa after the Cold war accompanied by ongoing extraction of resources (skilled people, diamonds and oil) perpetuates centuries of exploitation.⁶ Sub-Saharan Africa's debt of \$275.6 billion can never be repaid, results in annual interest payments that cancel out the \$21.2 billion annual aid donation to Africa, cripples health services and stultifies development.⁷

Global health challenges

Health and poverty are intimately related. Poverty impairs health and poor health sustains poverty. Growing inequalities in the burden of disease and many premature deaths are associated with the growing economic disparities described. ⁸ About one third of all human deaths each year are poverty related.

³ Pettifor A. Debt, the Most Potent Form of Slavery: A Discussion of the Role of Western Lending Policies in Supporting the Economies of Poor Countries. London: Debt Crisis Network 1996.

⁴ Labonte R, Schrecker T, Sanders D, Meeus W. Fatal Indifference: the G8 and global health. UCT Press and International Development Research Centre. Ottawa 2004.

⁵ Lancaster C. Transforming foreign aid: United States assistance in the 21st century. Institute for International Economics. Washington DC 2000.

⁶ Schwab P. Africa: a continent self-destructs. Palgrave Macmillan New York, 2002.

⁷ Into Africa: Special report. Toronto Star 25 May F Section pp 1-5 (2003).

⁸ Benatar SR. Global disparities in health and human rights. Amer J Public Health. 1998. 88: 295-300.

Moreover, disparities in wealth are no longer distributed along a 'North' 'South' axis but now apply within most countries, including the so-called 'highly developed.'

Disparities in wealth and health are accompanied by unsustainable consumption patterns and distorted expenditure on health and medical research. Exuberant patterns of consumption cannot be emulated by all globally and would in any event be unsustainable. Yet many view development as synonymous with increasing consumption! Global expenditure on health amounted to over \$2.2 trillion/year in the early 2000s with 87% of this expenditure on a mere 16% of the world's population who bear about 7% of the global burden of disease expressed in disability adjusted life years (DALYs). Annual per capita expenditure on health care around the world ranges from less than \$15 to over \$5000. Of about \$70 billion spent annually on medical research 90% is devoted to those diseases that account for 10% of the global burden of disease. Of 1393 new drugs marketed from 1975-1999 only 16 were for tropical diseases or tuberculosis. It would seem that medicine has somehow forgotten its purpose and has been hijacked to serve the economic interests and scientific curiosity of the most privileged!

It is against this background that many in wealthy countries (and many emerging middle class people elsewhere) are increasingly suffering from diseases of affluence (obesity, type 2 diabetes and vascular diseases), while new infectious diseases, exemplified by HIV and SARS, with the potential to spread throughout the whole world have been emerging over the past 25 years. These signs of change in the global system result from complex processes that include population growth, rapid urbanization, economic growth with widening disparities in wealth, over and under consumption of food and energy, and war and ethnic conflict with resulting migration and displacement of millions of people. Additional forces include profound poverty traps, altered relationships with animals, ecological degradation, and a growing informal economy in which drugs, people and sex are traded across the world.⁹ Ongoing attempts to solve these problems with techniques that are inadequate to the task will not improve the future. A fresh look is needed at how we live, what we value and what can be done to improve human lives and health globally

Reflections on our value system and its shortcomings

Although disparities in wealth and health are increasingly stated facts about an unjust world, most privileged people remain complacent and continue to pursue their own short-term economic goals seemingly oblivious to the plight of millions of people, and with little insight into the implications for their own future. Some privileged people justify their complacency through believe that poverty is not the fault of wealthy countries, but rather the result of bad government elsewhere, and can be alleviated by market forces. Others may be remorseful but believe that the problems associated with poverty are of such great magnitude that there is little that can be done to ameliorate them. However, as Pogge has argued because

⁹ Benatar S R. The coming catastrophe in international health: an analogy with lung cancer. *International Journal (Journal of the Canadian Institute of International Affairs)*. 2002. LV1 (4) 595-610.

wealthy nations, and by implication their citizens, are implicated in the generation and maintenance of social injustice and poverty they need to face their responsibilities to alleviate the lives of those most adversely affected.¹⁰

Understanding the dominant values driving behaviour in the modern world can assist our understanding of how the world has become so polarised.¹¹ Firstly, there is great faith in the belief that many of the problems we face will be ameliorated through scientific progress. As a result more and more money and scientific effort is devoted to seeking reductionist solutions. For example, solutions to the problem of millions of starving and sick people in the world are seen in the development and use of genetically engineered crops and in the application of new genetic technology through vaccines and novel treatment.¹² While the potential value of such progress should not be underestimated, we should not allow over-emphasis on acquiring new knowledge to distract us from applying the knowledge we already have. In parallel with making scientific advances we should be also be seeking means to distribute the excess food produced in the world (much of which is wasted), and to make essential drugs and health care more widely accessible.

This shortcoming is amplified by a second idea in which much faith is placed: namely that economic growth is the answer to poverty. Sadly not enough attention is given to how massive economic growth in recent decades has failed to alleviate poverty in the absence of fair reward for work and greater justice in the redistribution of resources towards those in most need. Both economic growth and improved methods of economic distribution are required.^{13 14}

A third 'belief' that aggravates this situation is the exclusive focus on 'human rights' as a modern 'civilising' moral agenda. While the human rights approach has great potential this is much diminished by a narrow focus on uninhibited individual freedom with little sincere attention paid to the social, cultural and economic rights that are essential for human flourishing.¹⁵ Commitment to human rights in its broadest sense is required.

Finally, the disproportionate belief in the pursuit of short-term self-interest, fostered by market fundamentalism, emphasises production of goods for consumption by individuals while long-term interests and the production of public goods are undervalued.¹⁶

¹⁰ Pogge T. Responsibilities for poverty-related ill health. *Ethics and International Affairs*. 2002; 16 (2) 71-79.

¹¹ Benatar SR. Human Rights in the Biotechnology Era. *BioMed Central* 2002: www.biomedcentral.com/1472-698X/2/3.

¹² Singer PA, Daar AS. Harnessing genomics and biotechnology to improve global health equity. *Science* 2001; 294: 87-89.

¹³ Hong E. Globalisation and the impact on health: A third world view. The Peoples' Health Assembly, Savar, Bangladesh, December 2000.

¹⁴ Pogge T. *World Poverty and Human Rights: Cosmopolitan Responsibilities and Reforms*. Polity Press, Cambridge UK 2002.

¹⁵ Falk R. *Human rights horizons: the pursuit of justice in a globalizing world*. New York: Routledge; 2000.

¹⁶ Kaul I, Grunberg I, Stern MA, (Eds). *Global Public Goods: International Co-operation in the 21st Century*. New York: Oxford University Press (published for The United Nations Development Programme (UNDP), 1999.

Such high profile values are underpinned by a strong sense of individualism within atrophying communities where the virtues of civic citizenship have been eroded and higher value is placed on the lives of those with resources than on the lives of the poor.¹⁷

Moral imagination: developing new values to address upstream forces affecting health

In order to make progress it is necessary to be able to reflect deeply on the above-mentioned upstream forces that shape human health and well being, and to attempt to develop constructive solutions. Jonathan Glover's description of repeated genocide across the world during the 20th century reminds us of human inhumanity to fellow humans, and of how difficult it will be to change dominant ways of thinking. He concludes that it is only our moral imagination—our ability to imagine ourselves in the shoes of others—that could enable us to significantly alter our outlook and actions.¹⁸ Those of us who have led privileged lives need to reflect on the abominable conditions under which so many live, with minimal access to the products of progress. In doing so we need to imagine firstly how we would fare under such conditions, and then what we should and could do at relatively minimal cost to ourselves that could greatly enhance the lives of many. In this short presentation I can only suggest directions for such progress by drawing attention to a small selection of recent scholarly work that provides guidance.

Peter Singer, in an extension of his previous work on poverty alleviation, asks what a global ethic means in an interdependent world, in which all are linked through exposure to the same atmosphere, a global economy, international law human rights, and a global community. He does so through a critical and provocative examination of climate change, the World Trade Organization's role, the concept of human rights, the place for humanitarian interventions and shortcomings in foreign aid. He develops the thesis that *'...how well we will come through the era of globalization (perhaps whether we come through it at all) will depend on how we respond ethically to the idea that we live in one world. For the rich nations not to take a global ethical viewpoint has long been seriously morally wrong. But now it is also, in the long term, a danger to their security.'*¹⁹

In their book "How might we live? Global ethics in the new century" Booth, Dunne and Cox remind us that 'choice lies at the heart of ethics,' that human choices are neither always free nor always determined. History, power, context, biology shape our choices, as do our powers of imagination and our capacity to

¹⁷ World Citizenship: Allegiance to Humanity. Rotblat J (Ed) Macmillan, London, 1997.

¹⁸ Glover J. Humanity: a moral history of the 20th century. New Haven: Yale University Press, 2001.

¹⁹ Singer P. One world: the ethics of globalization. Yale University Press, New Haven 2002.

choose rationally. Every choice also has a price. Politics and ethics are inseparable, like politics and power, and foreign policy should be understood as ethics in action – the challenge being to build a better world.²⁰

The Royal Danish Foreign Ministry has summarized extensive debates on how to build a moral global community. The major conclusion of this work is that economic globalization, propagating a model of development based solely on freedom of individuals and consumerism, is not sufficient to create a harmonious world community. Further, it is proposed that to focus on the common good will require a synthesis around three substantive goals (democracy, a humanist political culture and an economy oriented to meeting human needs in the widest sense) and two procedural goals (developing a coalition of social forces with a global agenda, and building a structure for multilateral governance).²¹

Crocker poses several questions about development ethics and globalization. What should be meant by development? In what direction and by what means should a society ‘develop’? Who is morally responsible for beneficial change? What are the obligations, if any, of rich societies to poor societies? How should globalization’s impact and potential be assessed ethically?²² Addressing these questions could shape new ways of looking at the world and promote deeper understanding of what it means to be a citizen in an increasingly interdependent world that could embrace renewed concepts of solidarity, and concern for others, even those very distant from our own daily lives. New paradigms of thinking could both promote deeper insights into how complex systems function and facilitate novel approaches to international finances.

We have attempted to address the moral challenges posed by global health considerations have identified several values that need to be widely promoted.²³

- ◆ Respect for all life & universal ethical principles
- ◆ Human Rights, Responsibilities and Needs
- ◆ Equity
- ◆ Freedom
- ◆ Democracy
- ◆ Environmental ethics
- ◆ Solidarity

We have also suggested a way forward through five transformational approaches

²⁰ Booth K, Dunne T, Cox M. *How might we live? Global ethics in the new century*. Cambridge University Press. 2001.

²¹ Royal Danish Ministry for Foreign Affairs. *Building a global community: globalization and the common good*. Copenhagen: RDMFA, 2000.

²² Crocker D. Development ethics and globalization. *Philosophy & Public Policy Quarterly*. 2002; 22 (4) 13-19.

²³ Benatar S R, South Africa's transition in a globalizing world: HIV/AIDS as a window and a mirror, *International Affairs* 77(April 2001), 347-75.

- ◆ Developing a global state of mind
- ◆ Promoting long-term self-interest
- ◆ Striking a balance between optimism and pessimism about globalization and solidarity
- ◆ Strengthening capacity
- ◆ Enhancing production of global public goods for health

It is proposed that such progress could be initiated by expanding the discourse on ethics from interpersonal relationships, to the ethics of relationships between institutions and even to the ethics of relationships between nations.

The idea that bioethics can serve as a tool for progress is supported by Wildes' contention that bioethics is a form of social philosophy. He reminds us that industrialized countries have constructed multiple bureaucracies to enable, govern and regulate human life and that these structures help to define human life and often act as a form of social control. Because systems of medicine and health care delivery are one of these bureaucratic structures, medicine is a social institution and ethical issues in medicine and health care can only be addressed adequately if they are understood in the social context of the practice of medicine. Bioethics provides a lens through which to examine secular societies and gain insight into political authority and its appropriate exercise.²⁴

Resources for new global health interventions

Acknowledgment that resources need to be raised for many new interventions that could improve health globally has stimulated generous philanthropy. Much hope is now being placed on such recent projects as President Bush's Emergency Plan for AIDS Relief (PEPFAR), the World Bank Multisector AIDS Project (MAP), the Global Fund, the Clinton Foundation and other ambitious donor agencies. However, while philanthropy is necessary it will not be sufficient to sustain improvements in global health. Several other potential means of sustaining poverty reduction strategies also need to be considered -- although all are contentious and will be resisted.

Firstly, a shift towards understanding that war is expensive, aggravates ill health, and plays a role in promoting the emergence of new diseases, could allow some of the US\$750 billion spent globally each year to be diverted to health promoting activities.²⁵ Associated reduction in conflict and the promotion of peace could contribute to sustainable progress towards better lives for many and encourage new visions of global

²⁴ Wildes K Wm. Bioethics as social philosophy. *Social Philosophy & Policy Foundation*. 2002; 19: 113-25.

²⁵ Kassalow J S. Why health is important to U.S. Foreign Policy. Council on Foreign Relations & Milbank Memorial Fund, New York 2001.

security. The example of how excessive expenditure on militarization in South Africa impeded development in that country is salutary.²⁶

Secondly, acknowledgement by wealthy nations of their role in sustaining poverty, could increase their sense of responsibility to providing development aid in a manner that progressively reduces dependence on philanthropy. Sreenivasan, like others previously, suggests that if OECD countries donated 1% of their GDP for foreign aid this would total \$222.25 billion – a significant advance over the \$56.378 billion donated in 1999 (0.24% GDP). He argues that 1% is a modest amount that is implausible to contest given the amount of good that could be achieved with this sum. He explores the implications of how to use such resources and deals with objections to his proposal that could be raised from the perspective of ideal theory.²⁷

A complimentary approach is to reconsider abolishing debts that can never be repaid. Maintaining third world debt in the knowledge that it was to a large extent created through inappropriate arms trading and defective development projects undermines both the humanity of those who demand repayment and the lives and dignity of the those who are effectively enslaved by debt. Debt relief will not remove the need for loans and financial assistance, but will require accountability for new loans to ensure their legitimacy in the future. Debt crises need to be addressed within the broader context of the international financial system that has been imposed by financially powerful nations and who must assume some of the responsibility for its adverse effects.²⁸

Pettifor has described the following principles for fairly dealing with debt. Firstly, acknowledgement that to the extent that both parties to a loan can behave recklessly and irresponsibly in creating debts so both should share the burden of crises that may ensue. Secondly, there should be respect for the legal principle of impartial judgement and that those involved in a dispute should not be judges. Thirdly, there should be accountability to citizens and taxpayers for debt crises that are public and involve the use of taxpayer funds.²⁶

Yet another approach would be to raise resources from new taxes. Global daily financial transactions exceed \$1 trillion, of which less than 10% is spent remunerating people for services rendered. The remainder is merely repackaged and resold within what has been called a 'casino economy'.²⁹ It is reasonable to suggest that it would be legitimate to tax such monetary transactions for a global development fund. Similarly, current concepts of free trade should be modified to include environmental costs in business

²⁶ Fine B, Rustomjee Z, *The Political Economy of South Africa: From Minerals-Energy Complex to Industrialization* Johannesburg: Witwatersrand University Press 1996.

²⁷ Sreenivasan G. *International justice and health: a proposal*: Ethics and International Affairs. 2002; 16 (2): 81-90.

²⁸ Pettifor A. *Resolving international debt crises fairly*. Ethics and International Affairs, 2003; 17 (2) 2-9.

²⁹ www.globalexchange.org; Susan Strange, *Casino Capitalism*, Oxford: Blackwell 1986.

activities. This would indicate acceptance that there cannot be free access to the 'natural commons' to the disadvantage of distant others elsewhere or future generations.³⁰

Finally, the promotion of fair trade rules would generate very significant resources for developing countries by allowing them to sell their products at prices that would increase their independence. Annual farming subsidies of US \$350 billion in industrialised countries³¹ and trade protectionism cost developing countries \$50 billion annually in potential export earnings.³²

Setting a Moral Example

As powerful as science, the market, human rights and other moral languages may be, the influence of wealthy countries setting a moral example is potentially more powerful. Neglect of the poor within rich societies, perpetuation of unsustainable consumerist lifestyles, lack of universal access to health care within the United States, and the continuing production of weapons of mass destruction,³³ are poor examples for other nations. Trends in aid donations to developing countries reveal that progressively smaller proportions of a shrinking total are being spent on real development while a growing proportion is spent on humanitarian assistance⁴ for 'man-made' tragedies that could be prevented.

Conclusions

Global health disparities pose the greatest potential security risk to health and lives of all. Moreover, it is not only these disparities in their own right that pose challenges to development of new interventions, but more particularly it is those forces that generate the disparities that pose the major impediments to improvements in global health. Upstream causes should be understood and acknowledged, the political will mustered to take appropriate action and mechanisms for such action defined and acted on. This agenda could allow scientific progress to be accompanied by moral progress, and removal of impediments to new interventions that could improve global health.

³⁰ Lou N, Gleeson B, *Society and Nature*, London: Routledge 1998.

³¹ Elliott L. Don't let the rich cry poor over aid. *Guardian Weekly*, May 22-28. Pp 12. 2003.

³² Kristof N D. What did you do during the African Holocaust? *New York Times*. May 27, A 25 2003.

³³ Sivard R. *World Military and Social Expenditure 16th Ed*, Washington DC: World Priorities Press 1996.