

## THE RICH HAVE MORE MONEY

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*Review of Ethics, Equity and Health for All, by Z. Bankowski, J. H. Bryant, and J. Gallagher, eds. (Geneva: CIOMS, 1997)*

**E**quity deserves a prominent position in health care policymaking on both the national and the international level. As globalization proceeds, it has become obvious to almost all observers that the gaps between the rich and poor are growing dramatically, and that little real attention has been paid to equity in health care (or in any other sector of the international economy). The use of markets to distribute goods and services is inherently unequal, since it is based on the purchasing power of individuals in a world in which income is grossly unequal. The figures, as reported by the United Nations Development Program, have become well known:

By the late 1990s the fifth of the world's population living in the highest-income countries had:

- 86% of the world GDP—the bottom fifth just 1%.
- 82% of the world's export markets—the bottom fifth just 1%.
- 68% of foreign direct investment—the bottom fifth just 1%.

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- 74% of the world's telephone lines, today's basic means of communication—the bottom fifth just 1.5%.<sup>1</sup>

In terms of winners and losers in the global economy, the UNDP reports: "The world's 200 richest people more than doubled their net worth in the four years before 1998, to more than \$1 trillion. The assets of the top three billionaires are more than the combined GNP of all the least developed countries and their 600 million people."<sup>2</sup> The UN has also estimated that the cost of universal access to basic education, health care, food, and clean water is only about \$40 billion a year, less than 4% of the combined wealth of the 225 richest people in the world.<sup>3</sup> Even if this figure is low, it demonstrates how little income redistribution would be required on an international level to have a profound impact on the health and well-being of the world's 2 billion poor people.

The Council for International Organizations of Medical Sciences (CIOMS) was certainly on the right track in cosponsoring a conference with WHO entitled "Ethics, Equity and the Renewal of WHO's Health-for-All Strategy" in Geneva in March 1997. The straightforward and reasonable goals of WHO's Health-for-All strategy appear to have provided a useful orientation for the conference:

- attainment by all of health rights
- achievement of global health equity
- increase in healthy life expectancy
- access for all to essential, quality health services

The conference was intended to develop an action plan to promote equity in health. The plan was to be based on four principles for action: (1) take an inclusive approach to the governance of ethics and human rights in health; (2) give priority to the involvement of countries and groups that are underrepresented in ethics and human rights deliberations; (3) combine shorter- and longer-term efforts to incorporate ethical practice and respect for human rights in the applications of science and technology to health policy and practice; and (4) give priority to the development of human and

institutional capacity to ensure sustainability of effort. This book, which is a product of the conference, is composed primarily of the 12 major presentations at the conference, a useful summary of the conference, and summaries of the discussions of five conference working groups.

Unfortunately, the actual "action" plan that came out of the conference is vague and academic. It includes calls to: "clarify the concepts of ethics and human rights in health"; "ensure that initiatives in equity related to health are fully collaborative"; "develop means of designing and implementing . . . an integrated mechanism for systematic vigilance of inequity in health and abuses and neglect of human rights"; "prepare working definitions of such key terms as ethics, equity, solidarity, human rights, to take account of international, intersectoral and cultural diversity"; and "develop the concept of environmental sustainability as a factor in solidarity between peoples and between present and future generations" (pp. xiv–xvi).

In short, the conference wound up calling for more conferences. Perhaps this is inevitable given that CIOMS is primarily devoted to bringing its members together to discuss various topics in a conference format. Academic conferences have an important place in health and human rights work, but do we really need more conferences to define "equity, ethics, and human rights" in our world? Aren't the inequalities gross enough and obvious enough to warrant direct attention to actions to deal with the problem itself, rather than to refine the "ethics" of approaching it? Moreover, strong theoretical works already exist that provide astute analyses of the relationships between equity (and ethics) and development. Of special note are two books by Amartya Sen, *On Ethics and Economics* and *Inequality Reexamined*.<sup>4</sup>

The reasons this particular conference could not make any concrete suggestions on how either the public or the private sectors could be moved to redistribute a small portion of income to address the health needs of the poorest and most vulnerable citizens of the world who are being made even worse off by globalization are, I think, twofold and interrelated: the conference was dominated by white male

experts on “bioethics” from the United States (an extraordinarily narrow perspective), and no experts on human rights (let alone health and human rights) were invited to speak.

Specifically, seven of the twelve speakers (and chapter writers) were from the U.S., and six of the seven were experts on U.S. medical ethics. With the exception of Alex Capron, none of these six knew or pretended to know anything about human rights or health and human rights. Little, of course, is likely to be learned about worldwide equity in health care from individuals representing the only wealthy democracy in the world that does not have a system of universal access to health care, and that relies on the market to a greater extent than any other country in the world. This inequitable distribution of speakers makes it appear at the outset that equity is not to be taken too seriously at this conference.

Nor have bioethicists from the U.S. been involved in health and human rights. As Dan Wickler candidly noted, “As bioethics expands its horizons to deal with these global issues, the field will need to learn about and address human rights” (p. 28). American bioethics has studied itself to death, both literally and figuratively. Literally the field is in its death throes, as was recognized by at least two speakers, who noted that to have any relevance on the international scene it would need to “merge” with or develop an expertise in human rights. Figuratively, the field has concentrated almost exclusively on the doctor-patient relationship, most recently on physician-assisted suicide, giving it a lot to say about medical care, but almost nothing to say about public health issues. The lack of any public health or macro vision is one reason why U.S. ethicists were so marginal and ineffective during the debate on the Clinton health plan in the U.S., which was dominated by economists and ended in simply turning over large segments of the U.S. health care system to the private, for-profit sector. A notable exception is the social justice work of Norm Daniels. Unfortunately, his contribution to this volume simply restates his experience with the failed Clinton health plan—a plan that turned out to have little relevance to the U.S., and certainly none to the international community. It is not true that the world

cannot afford to provide AIDS treatment drugs to all who need them in Africa and Asia, but it is certainly true that no other country than the U.S. can afford to adopt the U.S. health care "system" for itself.

Two powerful essays, nonetheless, stand out in this collection and for me at least make it all worthwhile. The first is "Key Ethical Dimensions of the Renewal Process at the Global Level: Streams of Global Change," by Solomon Benatar of South Africa. He notes many of the real problems of the world—population growth, exploitation and marginalization of the poor, the arms race, social suffering, commodification of medicine, the threat of infectious diseases, environmental degradation, and the international drug trade—and gives some concrete suggestions as to how we might begin to deal with them. Benatar also seems to have learned from the conference itself, as his 1998 essay "Global Disparities in Health and Human Rights: A Critical Commentary" attests.<sup>5</sup>

The second essay is "Ethical Dimensions of Global Ecosystem Sustainability and Human Health," by John Last of Canada. Last's contribution is important for at least two reasons. First, he places human health in the broad context of the earth's ecosystem and persuasively argues that our health will increasingly depend on our ability to sustain a healthy ecosystem. Second, he makes the most concrete suggestion as to what public health can learn from medical ethics, arguing that the Hippocratic principle of "do no harm" should be applied to industrial and technological changes that threaten to irreversibly change the ecosystem, through the use of the "precautionary principle."

These two essays provide the basis for a real action plan for equity by identifying both areas for action and nontraditional allies, such as those in the environmental movement, who can help. As Margaret Somerville has put it, "Health care professionals, bioethicists, health care and human rights lawyers, and the academics in these fields have special obligations. The scope of bioethics and health law must be extended beyond the individual (micro) and the institutional (meso) levels to the societal (macro) and global (mega) levels. We need to link medical ethics, justice, human

rights, public health, and health care, at and between all these levels."<sup>6</sup>

The pairing of health and human rights is a powerful one because, separately, they are both goals that the vast majority of humanity agree should have very high priority, and, together, they work to enhance each other. The only other more powerful motivating force in the world today is money. The equity challenge is to move some money away from the super-rich countries, corporations, and individuals and use it effectively to promote the health and well-being of the world's poorest citizens. That is an action plan worthy of all those concerned about health and human rights.

## References

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3. B. Crossette, "Kofi Annan's Astonishing Facts!" *New York Times*, 27 September 1998, sec. A.
4. A. Sen, *Ethics and Economics* (Oxford: Blackwell, 1987) and *Inequality Reexamined* (Cambridge, MA: Harvard University Press, 1992).
5. S. Benatar, "Global Disparities in Health and Human Rights: A Critical Commentary," *American Journal of Public Health* 1998, 88: 295-300.
6. M. Somerville, "Making Health, Not War—Musings on Global Disparities in Health and Human Rights: A Critical Commentary on Solomon R. Benatar," *American Journal of Public Health* 1998, 88: 301-3.