

[from — Radest, H. B., Ed. (2006). Biomedical ethics. Amherst, NY, Prometheus Books]

## 13.

# Poverty, Health, and Bioethics

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**L**framing my theme, I will need to move back and forth between the values of the Enlightenment and those of our own time. In dealing with the values that shape my approach to that theme in the contemporary situation, I will suggest a major reorientation of values focusing not at the "top end" of the scale where we usually work but rather at the very bottom.

John Locke, as almost everyone knows, argued that democracy was founded upon the values of "life, liberty, and property." Jefferson replaced that third value, "property," with "the pursuit of happiness." A focus on happiness, of course, echoes of Aristotle's *Nicomachean Ethics* so Jefferson's was an Aristotelian expansion, as it were. Certainly, the change has resonated more favorably among Americans than would have "property" in the time since 1776.

The meanings of this broad value framework have been expanded in the ensuing years. To be sure, it required a devastating civil war, but "liberty" eventually was interpreted most dramatically to apply to slaves and not just to "free" white men. The process, as in the civil rights movement expands on the meanings and uses of liberty and, of course, still continues. The value most germane to my topic, however, is "life." In the eighteenth century this referred to the necessity of a

trial before capital punishments could be carried out. From this relatively narrow base, "life," as we know, has become a far more complex and inclusive moral, political, and legal term.

Words such as life, liberty, happiness function as signals of values-to be re-defined, expanded, revolutionized. Our political debates should remind us, however, that social life requires us to recognize that values often compete. Ideologically and politically, we often find ourselves divided on ways to balance such competing values.

It would be helpful at this point in dealing with value competition to recall the work of the great social psychologist Milton Rokeach. Beginning his career with researches into attitudes (their distributions, shifts, causal underpinnings), he realized that human beings create for themselves hierarchies of conceptual organization that help order their experience. Eventually he designated the levels of a cognitive pyramid as "Values, Beliefs, and Attitudes." A small set of values, he argued, subsumed a larger set of beliefs that in turn subsumed yet larger groups of attitudes. Why not focus then on the high-level ordering-set of values in our attempt to understand different human behaviors?1

This question led to a detailed study of instruments that social psychologists had used to probe and classify values. Rokeach finally concluded that values could be grouped under headings of "terminal" (what a person desires-"end-states") and "instrumental" (ways to achieve these desires-"means").<sup>2</sup> It is important to note that these were all "positive" values. Eventually Rokeach extracted 18 terminal and 18 instrumental values from his empirical studies. Subjects were then asked to rearrange each in terms of their own preferences. The mean rankings of different groups of subjects could then be compared. Much of the reported research by Rokeach before his untimely death was with the two terminal values of "freedom" and "equality."

Rokeach had been bothered by the researches on the "authoritarian personality" done by Max Horkheimer and Theodor Adorno during and after World War II. These emigres from Nazi Germany had understandably been concerned with determining the psychological markers of fascist personalities. Rokeach, as a US social democrat, was equally determined to delineate the values structures of Stalinists and their sympathizers. His findings led to a fourfold typology based on the rel-

ative rankings of freedom and equality. To sum up, for capitalists, freedom was high and equality low. Among communists, freedom was low and equality high. For fascists, both were low; and for socialists, both were high.

Labels and rhetoric become very important here. For example, I cannot imagine anything like "socialism" ever becoming desirable to a majority of the US citizenry. Stigmatized by Nazi and Soviet misappropriations of the term, and smothered by the obfuscations of right-wing money, the think tanks it supports and the politicians it helps elect, that term is not realistically available in America. In a similar vein, some have recently suggested that "liberalism" is also so tainted a term that we should revive "progressive." But then could we ever forget the rhetorical excesses of the Progressive Citizens of America and the Henry A. Wallace campaign in 1948?

My own suggestion: we should revive talk about the "common good" and the "commonwealth." These terms would be much harder for the right wing to target. They have longstanding historic and religious roots and can easily embrace the democratic and Enlightenment values of humanists and many of their fellow citizens.

Given these and other concerns about the effects of language and usage on values, our times call out for more studies like Rokeach's of the effects of religious as well as secular ideologies on values. Of importance here is an even more lasting insight of Rokeach's. We must study the relative meanings and rankings of various values in order to understand what is going on. We will then realize that a good portion of the meaning of a value lies in how it is related to other values. This certainly holds for the three Enlightenment values of life, liberty, and the pursuit of happiness.

Let me focus now on that first value, "life." What has it come to include in our times-and how can these newer, broadened meanings be implemented? In replying, I know that I run the risk of being confused with the sectarian uses of "right to life." But, I do not want to surrender the idea. I want to treat the "right to life" as a "human right" that is based on the rights of humans to exist-and to exist over against controllable violences that threaten or destroy that existence.

## UNIVERSALIZING THE BROADENED MEANINGS OF "LIFE"

If in our time we interpret "life" to include access to life-saving medicines, this is a fairly recent vision. As James Bryant Conant once argued, until about 1900 medicines killed about as many people as they cured.<sup>3</sup> Today, however, the situation is entirely different. We indeed have medicines that cure and/or prevent many life-threatening diseases. We also have a growing body of public health knowledge that makes it possible to prevent or reduce many of the ills that have shortened human lives in times past, i.e. cleaning up water supplies, disposing of sewage and toxic waste, cleaning up air pollutants, etc.. I call them "knowledges" rather than "experiences" since they illustrate the ways that the sciences are embedded in political and economic realities.

In the middle of the past century, at the close of the bloody World War II, a *Universal Declaration of Human Rights* was created under the leadership of Eleanor Roosevelt. I would focus on two of its articles, numbers 25 and 27, and in particular on the phrases that I have put in boldface. The Declaration was adopted in 1948, but, as we know, nations are still very far from implementing many of its provisions.

### Article 25

1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

### Article 27

Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.

## OUR PREOCCUPATIONS WITH VIOLENCE

the phrasings in these Articles, of course, had many precedents. My point here is that 55 years later we have made only the most limited progress in realizing them either locally or globally. No doubt, there are extenuating circumstances as events have intervened to make implementation difficult. The Cold War diverted much research energy and resource into improved deliveries of violence on a global scale. Countries were drawn into this polarized struggle, and poorer countries were forced to divert even larger proportions of their gross domestic product (GDP) into violence and its means. I add that this term covers all those other terms that mask their violent nature, i.e. that are called "defense," "counterinsurgency," "state security," "regime change," "covert actions," and the like. I deliberately avoid the term "terrorism," not because it is innocent of violence, but because it is ambiguous and inevitably relativistic. More often than not, what one group calls "terrorism," another other calls "liberation struggle." Violence, however named, limits, or threatens to limit, lives, liberties, and properties. Any moral evaluations of it in its many forms must start with that empirical fact. Even the exercise of police powers within a society can be understood under certain conditions as a form of violence.

Suppose, however, that we take the Declaration seriously and argue that the "right to life/right to exist" is the most basic of all human rights. We will then be in a position to examine those forces that negate this right. The broadest term for such forces is violence. First, we will need to distinguish between personal violence and structural violence. When A decides to kill B, or destroys his or her liberty or property, that is clearly violence and most cultures recognize it as such. Suppose that the community decides that someone who steals from another should be tried and incarcerated. Liberty has been lost, and there is a sense in which we must say that violence has therefore occurred. More accurately, one act of violence has generated another. When such acts are built into law, they acknowledge personal violence and claim the need for a violent response to it. Fabian suggests that the application of moral judgment to violence in this most general sense is best explained by using the relatively neutral terms of "moral agent" and "moral

patient."<sup>4</sup> Thus the agent is the initiator of violence; the patient is the recipient of it. Their relationship is characterized as violent.

## **STRUCTURAL VIOLENCES**

In addition to these intended situations of violence, we need to assess the roles of structural violences. The root of the concept is in a neo-Marxian insistence on the analysis of collective forces. In our time, liberation theologians (predominately but not exclusively Roman Catholic) have been most active in developing such analyses. The Encyclicals of John XXIII as well as the Medellin conference of Latin American bishops (1968) centered on the concept of a "preferential option for the poor." The critique of liberalism (both the North American versions and the more worldwide "liberal" economics), building upon a classic conception of "common good," emphasized increasing inequalities as the inevitable outcome of individualist ideologies.

## **POVERTY AS THE ROOT**

If being poor-existing in poverty-is an inevitable part of the economic system, then all the consequences of poverty are predictable; none are "accidents." They are not the results of ignorance or laziness. Increasing economic polarizations are "internal to the system and a natural product of it."

What becomes even more interesting in our times is that the situation of the former Third World has now been globalized. Poverty may be somewhat relative to time and place (the economists have spoken at length about "relative deprivations") but increasing gaps between those at the top and those at the bottom are easily quantifiable and have predictable political consequences in a world of widespread communications.

These considerations clearly shed light on a "right to life/right to exist. In turn, this requires us to grasp the relationship poverty to biomedical ethics. In its simplest form: who gets treated and for what? Of course, there are other variables that enter the equation, i.e. gender,

age, ethnicity, social class, religion, citizenship, sexual preferences. These all are affected by and affect social power and therefore shape decisions in biomedical research attention and resource allocation.

The benefits of medical science are allocated on the basis of social power. Most of us in the "developed" world see the distributions of power as relatively just. The misfortunes of individuals are seen by liberals nearly as much as by conservatives as accidents and not as parts of structures that need correction.<sup>5</sup> As Robert McAfee Brown, a Protestant liberation theologian, paraphrasing Jon Sobrino, put it, "unless we agree that the world should not be the way it is ... there is no point of contact, because the world that is satisfying to us is the ~ameworld that is utterly devastating to them."<sup>6</sup>

Paul Farmer, a physician-specialist in infectious diseases and an anthropologist, observes that "it is unnerving to find that the discoveries of Salk, Sabin, and even Pasteur remain irrelevant to much of humanity."<sup>7</sup> He has emphasized that we should approach human suffering on a global scale, and apply scientific-medical knowledge globally. He reminds those of us dedicated to Enlightenment values that Adam Smith approached ethical situations from the position of 'impartial observer.' John Rawls' "veil of ignorance" is the contemporary version of such a stance.

The implications of the *Universal Declaration on Human Rights* for health care had received rather casual treatment since 1948. Consequently, a group of care-providers gathered at Tavistock (London) in 1999 and came up with five principles to expand upon health as a human right. These were grown into seven principles at a 2001 conference at the American Academy of Arts and Sciences:

**Rights:** People have a right to health and health care

**Balance:** Care of individual patients is central, but the health of populations is also our concern

**Comprehensiveness:** In addition to treating illness, we have an obligation to ease suffering, minimize disability, prevent disease, and promote health

Cooperation: Health care succeeds only if we cooperate with those we serve, each other, and those in other sectors

Improvement: Improving health care is a serious and continuing responsibility

Safety: Do no harm

Openness: Being open, honest, and trustworthy is vital in health care<sup>8</sup>

All three, the Declaration, Tavistock, the Academy put it very clearly. The right to health is a basic human right-and nations have failed miserably to recognize this right. The fact that Libya and Syria are members of the UN's commission on human rights illustrates how problematic this has become. The risk, of course, is that "human rights" simply becomes a mantra, to be intoned but trivialized.

## HEALTH AS THE BASIS OF THE RIGHT TO LIFE

Those of us who are committed to organizations of moral articulation and moral education need to start here. The right to be a person of any color, and/or to be a woman, and/or to be gay-lesbian-bisexual-transgendered is conditional upon health. And health must be understood as a social-communal matter. HIV-AIDS, STDs may command attention because of presumed relationships to sexuality-but TB, SARS, and many viral plagues move freely in our air, water, and sewage systems-infecting millions and affecting all of us.

## RECOGNIZING AND FINANCING HEALTH

Prevention of illness is in most cases easier and much less expensive than cure. So public health measures, adequate diet and housing and the like are instrumental to the "right to live/right to exist." Since many of the causes of disease are already understood and treatments available, untreated persons are deprived of their human rights. Thus, it is not acceptable that, in many countries with "universal" provisions

for some kind of health care, non-citizens are excluded. Further, today's wars in the Middle East and sub-Saharan Africa have created large populations of refugees who are usually left out of whatever health systems are enjoyed by their hosts.

Even in the wealthy US, more than 40 million persons at anyone time are without health insurance and so without dependable health care. Most of those who have insurance depend upon steady employment, a diminishing condition in the present economic picture. When the costs of pharmaceuticals are included, the insurance coverage becomes even more tenuous. The large well-organized lobbies of highly-profitable pharmaceutical companies killed the attempt at universal health care during the beginnings of the Clinton administration. Those forces are surely stronger today than then. Given the rightward shifts of US voters, it seems unlikely that even patchwork fixes will actually extend any "right to health and health care."

## **THE MORAL PRIMACY OF HEALTH**

If the present systems are unfixable, the best place to start developing alternatives would be in a country with ample resources of funds, providers, and intellectual/moral talents. This probably means the United States. Strategically, we will need to assemble a massive lobby, on a world basis, to push for a recognition of the basic and universal right to health care as a requirement of the right of all humans to live. For this to happen, the resistance and rejection already demonstrated many times and predictable must be challenged.

The record is not good. As I write, US policies remain ambiguous in terms of allowing poorer nations to import generic forms of drugs. Thus clearly-treatable diseases such as malaria and TB remain superimposed on a poverty map. The current US administration has not only rejected the Kyoto accords on pollution and global warming but advanced regulations allow polluting older factories to expand while evading environmental cleanup.

The urgency of redirecting these policies, based on the analysis of present failures, comes from a distinguished neuropharmacologist, Floyd E. Bloom:

So when I gave my speech as the outgoing president of the A.A.A.S., I decided to use the opportunity to call for a national commission to restore the American health system. The idea is to get patients, providers, insurers, employers, caregivers and physicians together to think about the future of medicine.

Frankly, I'd like for us to consider health care to be regarded as something like a public utility. To me, if we agree that universal coverage is something to be desired, is that really much different than the fact that we've all agreed that everyone in the country is entitled to have electricity, water, telephone connections, if they can pay for it. We have all kinds of ways to help people get those basic provisions of life.

And health benefits could be viewed in exactly that same utilitarian way. It could be a corporate network like water power and electricity, with regulatory agencies that set the rates for profit.<sup>9</sup>

As a right to life/right to exist identifies a right to health care as basic to its realization, others instrumental rights will be called to our attention. For example, better health care will, by lowering maternal and infant mortality, increase population pressures. In turn, expanding and improving educational opportunities will be needed to deal with these. The declining quality of our educational systems needs to be reversed. An increase of effective education could modify the authoritarian trends visible in our country. Additionally, with education will come more researchers in all the sciences. Rights, in other words, reflect a tissue of social connection, again, the Commonwealth.

## PHILOSOPHICAL CODA

In the 1960s, when I was trying to function as a Unitarian Universalist (UU) theologian, I created the phrase "the expansion of the quality of life" to articulate something beyond simply the presence or absence of physical existence. Such a focus seemed appropriate when addressing the affluent and highly educated liberal religionists I was dealing with. For a variety of reasons, not of interest here, that phrase never succeeded in the Universalist Unitarian circles. But it did, however, begin to appear within a few years in American political discourse--even from the White House.

In more recent years "quality of life" has surfaced in economic circles, complementing if not displacing a quantitative focus on monetary policy.<sup>11</sup> The gross product of an economy, and equally easy to display a comparison of averaged GDPs. But these numbers can be quite deceptive. Imagine the average income of the board of directors of the Microsoft Corporation before and after Bill Gates enters the room.

I argued then that Unitarian Universalists (and Ethical Culturists) would do best if they explored and developed their own moral/ethical discoveries. They were (and still are) highly educated and wealthy persons living in advanced societies without the confounding disabilities of theisms, moralities, and ideologies handed down from agricultural pasts.

The rise of fundamentalisms around the world, and their enormous success in the United States, makes those goals still relevant. For some time, economists have reminded us of the distinctions between income and wealth. In the present situation of high unemployment, that distinction becomes much more poignant. But the increasing inequality of income and of wealth within this economy, as well as within much of the developing world, makes my humanist agenda something of a "luxury" (however essential it may be in the long run). Our "right" to develop and promulgate the lessons of our experiments in post-traditional living must be joined with our willingness to simultaneously develop and promote an agenda for the rest of humanity that will effectively reduce poverty and its devastating results.

There is indeed a hierarchy of human needs that cannot be ignored. Life, health, shelter, food come first! Freedoms of thought, speech, actions can only be sustained on that material base.

## NOTES

1. Rokeach, Milton. 1968. *Beliefs, attitudes, and values; a theory of organization and change*. San Francisco: Jossey-Bass.

2. John Dewey had termed these Intrinsic and Instrumental in 1916 in *Democracy and Education*. He had also argues that value pointed not only to something that was prized and cherished but to the "evaluating" process of comparing and ranking values. He argues that democracy would have "its

consummation when free social inquiry is indissolubly wedded to the art of full and moving communication." (*The Public and its Problems* [1927] in *Later Works* 2.350).

3. Conant, James Bryant. 1952. *Modern science and modern man*. New York: Columbia University Press.

4. Faubion, James D. 2003. "Religion, Violence and the Vitalistic Economy." *Anthropological Quarterly* 76:71.

5. Pixley, Jorge V and Clodovis Boff. 1989. *The Bible, the church, and the poor*. Maryknoll, N.Y.: Orbis Books.

6. Farmer, Paul. 2003. *Pathologies of power: health, human rights, and the new war on the poor*. Berkeley: University of California Press. A general appreciation of Farmer's vision can be found in Kidder, Tracy. 2003. *Mountains beyond mountains*. New York: Random House.

7. Farmer, op. cit, p. 157.

8. Ibid, p. 144.

9. Ibid., p. 319, n. 16.

10. Dreifus, Claudia. 1903. "A zealous quest for chemicals to heal ailing brains." in *New York Times*.

11. Nussbaum, Martha Craven, Amartya Kumar Sen, and World Institute for Development Economics Research. 1993. *The Quality of life*. Oxford England: New York: Clarendon Press; Oxford University Press.