Ethics and Health

Ethics and human values in health policy
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Technologies have given us more choices in health matters than ever before. At the same time, the moral ground on which we stand to make such choices has become more uncertain. The author reviews the underlying questions and difficulties, and suggests ways of approaching them.

Recent advances in natural sciences and their application in medicine open up unprecedented possibilities for the control of human disease and even for man’s biological future. But each advance also presents difficult choices: of the many things medicine can do, which should be done? Which things advance the individual and social good, and which challenge and undermine traditional moral systems? These and other related questions are continuously discussed by the Council for International Organizations of Medical Sciences (CIOMS) in the framework of its International Dialogue on Health Policy, Ethics and Human Values.

Health policies express values

Given the enormous power of medicine for both good and harm, the need for health policies is inescapable. The health policy of a nation or a community is its strategy for controlling and optimizing the social uses of its medical knowledge and resources. Human values are the guides and justifications that people use for choosing the goals, priorities and means that make up that strategy. Ethics acts as the bridge between policy and values. It examines the moral validity of the choices to be made, and seeks to resolve the conflicts between values which inevitably occur in the process. Ethics, therefore, orders human choices in accordance with normative principles.

A health policy thus reflects the fundamental beliefs and commitments of a nation or people. These commitments are its human values. Through their expression in health policies a community exerts its influence over the enormous momentum of technological advance. Ethics is itself grounded in sociocultural, philosophical, or religious convictions. These convictions are a society’s yardsticks for right and wrong, good and evil. They are often both incommensurable in themselves and untransferable from one culture to another. To question or disagree with these convictions is often seen as an affront because they are such an integral part of the self-image of a person or nation. This is what makes transcultural ethical dialogue so difficult.

Many factors other than ethics influence policy decisions. Political, economic, cultural,
religious, and organizational issues can obscure, distort or displace ethical considerations but they can also promote them. Of considerable importance and interest in this regard is the process itself of policy-making, in which ethical values are either taken into account or lost from sight.

Health policies are rarely derived from an explicit and systematic analysis of the moral values that shape them. Indeed, much of the art of national and international politics consists in structuring decision-making in such a way as to avoid confrontation between values or issues. The aim is to keep peace between divergent beliefs. However, once framed, a policy reveals a society's values. This is especially the case in health policies, which so often deal with those least able to protect themselves - the very young, the poor, the sick, the aged, or the disabled. Different peoples value such groups differently. When resources are limited, choices must be made which, perhaps inevitably, bring disadvantages for one group or another.

**How we account for life, suffering and death**

Mankind's most fundamental beliefs are those that concern life, suffering and death. They stem from what different societies hold and teach about the origin of man, the purpose of life, the significance of death, and life after death. Health is influenced by behaviour, and behaviour in its turn is influenced by beliefs. Hence the understanding of beliefs can be of great help in formulating effective health policies which meet the requirements of ethical values and social justice.

The meanings that life holds in different faiths and systems of thought - its origin, the points at which it begins and ends, the degree of control that humans may exercise over its beginning and end, the exact meaning of the right to life - cannot be separated from health policy-making. We cannot define social justice explicitly except in relation to what life means to us.

Health policy-makers and professionals are continuously confronted with suffering. Whatever their own views, they need to be very sensitive to its significance for those who suffer, and to the religious and cultural determinants of their reactions to it. The healthcare professional is confronted more with the needs of individual patients and their families, and the health policy-maker more with the needs of society as a whole, but they both have to make decisions in relation to the existence of suffering and to its meanings for individuals in society. Social justice is to a large extent concerned with the avoidance of suffering.

Deaths, for some, is the end of all life, for others the threshold of another life. In some societies the death of young children is seen as an all too common tragedy, in others as a rare disaster. Whether death should be delayed at all costs is an ethical issue in today's technological societies. The religious significance of death, for individuals and societies, must play a large part in policy decisions about allocating resources for technological means of postponing death.

**Individual and social good**

In every culture there is an unavoidable ethical problem inherent in the very conception of policy. This is the inevitable tension that
arises between individual and social good. While most policy-makers strive to serve both, there is always some point at which further improvement in a society’s well-being intolerably undermines the worthwhileness of each individual’s life within that society.

Western medicine has been dominated by what could be called the Hippocratic culture, which has provided it with a core of beliefs and values for well over 2000 years (1). Modern medical ethics as formulated by professional organizations of physicians is still influenced in varying degrees by this tradition. At the same time, major cultural and religious groups sometimes adopt positions that are incompatible with the Hippocratic tradition. For example, Judaism has serious reservations about autopsy, which the medical community finds critical for gaining further understanding of diseases. Roman Catholicism has particular views on fertility control which conflict with those of other groups. Western culture in general places an emphasis on individual rights and self-determination that can often be at odds with the dominant ethos of the medical profession, and with many other traditions.

The importance of beliefs becomes even greater when health policy alternatives are compared across cultures, taking into account, for instance, Hindu and Buddhist views on the relation of this life to future life, or Islam’s emphasis on the will of Allah, or indigenous African views on the causes of health and ill-health. Clearly, world-views, whether seen as primarily philosophical, cultural, religious or political, have a direct and fundamental influence on health policy. We are only just beginning to understand the significance of these differences in values and beliefs. It is unrealistic to think in terms of resolving them. Even if this were possible, it is not clear that it would be a good thing to do so. It is worthwhile, on the other hand, to try to understand them, and to see how different beliefs, values, and world-views influence health policy decisions in different cultures.

**Traditional medicine**

Policy-making logically requires a system of values. Value systems in traditional societies are expressed in ways that are unfamiliar to Western-trained health professionals. The preoccupation of Western medicine with the material basis of health and illness has led to backwardness in its understanding of the complexity of well-being and disease, and to the alienation of traditional practitioners from health policies. For example, African healing systems based on traditional beliefs and practices continue to flourish, and must be taken into account in formulating national health policies.

Secrecy is an essential component of the ethics of many traditional healing systems. It is upheld, for example, to protect society against the misuse of medicines, and for economic reasons, in the same way that orthodox Western practitioners form associations and regulatory bodies to protect the art and science of healing and to prevent quackery. Excessive secrecy, however, has proved counterproductive in that it has generated suspicion and scepticism about the efficacy of traditional medicine.

In African societies diseases are often believed to have supernatural causes, especially where
there is little knowledge of microorganisms. This used to be widely believed of smallpox. Diseases with supernatural causes are thought to be induced by human beings by means of sorcery, witchcraft, magic and secret societies, or by divine agents, including departed ancestors, angry gods, their earthly priests, or an almighty god. A great deal of traditional medicine is still linked to religion, sympathetic or symbolic magic, and the soul. In this system nothing seems to happen by itself. Everything is brought about by gods or inflicted by sorcery, witchcraft, or wicked people.

A closer look at any branch of traditional medicine shows it to reflect a full range of ideas, beliefs and practices relating not only to medicine but to spirituality, religion and society. It cannot be easily replaced by Western medicine, and if its potential for health care is to be realized, serious efforts must be made to integrate it with the main health care delivery system.

**Understanding others’ values**

Health policy-makers at the international level need to understand and appreciate the deep origins of human values in different cultures and societies, which always and necessarily underlie health policies. In this way we learn to respect one another’s beliefs and consequently the different approaches that we take to formulating and implementing health policies.

It is evident that attempts to explore health policies in relation to ethics in an international context take us beyond the settings in which health and ethics are familiar in Western terms. They lead into new territory, where cultural values, ideological systems, and even the meanings given to societal development, appear in different and often puzzling forms. New questions appear that can be answered only in cross-cultural dialogue, and dialogue leads us, of necessity, towards a more profound understanding of one another. Neither health policy-makers nor health care professionals nor ethicists can explore such issues effectively alone: a truly transdisciplinary approach is required.

When we consider the world in all its diversity, it is evident that we need to achieve a common basis for policy transcending the particular viewpoints of each group. We should turn our efforts to identifying that core of ethical principles on which we can agree, and should strive to have them adopted as the basis of a global health policy. We will have to live with the reality of disagreement about some issues, but we should do all we can to translate our considerable agreement into better health for mankind.

**Reference**


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**Those wishing to explore these issues further should read the following:**