Bioethics Perspectives in the English-speaking Caribbean

Perspectivas bioéticas en el Caribe de habla inglesa

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Abstract

The countries of the English-speaking Caribbean need strong national public health systems to protect their populations against illness and diseases. An important ethical goal of public health is to reduce health inequalities, particularly amongst those most disadvantaged by society's unjust social structures.

The obligation to correct inequalities in the distribution of society's resources should occur so that those who are the least well-off in the prevailing capitalist system in the English-speaking Caribbean would obtain the most from public health services. Further, within this system, the corporate sector has the ethical obligation to contribute to the welfare of those worse-off in the society.

The divergence in health outcomes across the sub-groups within the populations of the English-speaking Caribbean is reflective of socio-economic status, and so prioritization strategies are need to specifically improve the health and welfare of those worse-off.

Keywords: public health, health inequalities, socially disadvantaged, justice, prioritization strategies.

Resumo

Os países do Caribe de língua Inglesa precisam de sistemas nacionais fortes de saúde pública para proteger suas populações contra enfermidades e doenças. O gol de ética importante de saúde pública é o de reduzir as desigualdades na saúde, particularmente entre os mais prejudicados pelas estruturas sociais injustas da sociedade.

A obrigação de corrigir as desigualdades na distribuição dos recursos da sociedade deve ocorrer para que aqueles que são os menos favorecidos no sistema capitalista vigente no Caribe de língua Inglesa obter o máximo de serviços públicos de saúde. Além disso, dentro deste sistema, o setor empresarial tem a obrigação ética de contribuir para o bem-estar das pessoas em pior situação na sociedade.

A divergência nos resultados da saúde em todos os subgrupos dentro das populações do Caribe de língua Inglesa é o reflexo do status socioeconômico, e então são necessárias estratégias de priorização para melhorar especificamente a saúde e o bem-estar daqueles em pior situação.

Palavras-chave: saúde pública, desigualdades na saúde, socialmente desfavorecidos, justiça, estratégias de priorização.

Resumen

Los países del Caribe de habla inglesa necesitan sistemas de salud pública nacionales fuertes para proteger a la población contra la enfermedad y las enfermedades. Un objetivo ético importante de la salud pública es reducir las desigualdades en salud, especialmente entre los más desfavorecidos por injustas estructuras sociales.

La obligación de corregir las desigualdades en la distribución de los recursos de la sociedad debe ocurrir para que aquellos que son los más desfavorecidos en el sistema capitalista imperante en el Caribe de habla inglesa obtengan el máximo provecho de los servicios de salud pública. Además, dentro de este sistema, el sector empresarial tiene la obligación ética de contribuir al bienestar de los peor situados en la sociedad.

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La divergencia en los resultados de salud a través de los subgrupos dentro de las poblaciones del Caribe de habla Inglés es un reflejo de la situación socioeconómica, y las estrategias de modo de priorización se necesita para mejorar específicamente la salud y el bienestar de los peor situados.

Palabras clave: salud pública, las desigualdades en salud, en desventaja social, la justicia, las estrategias de priorización.

Introduction:

Strong national public health systems are necessary in the Caribbean to help protect the region against disease and illnesses such as the recent outbreaks of Chikungunya and cholera. HIV/AIDS remains a leading cause of morbidity and mortality across the region, and the Caribbean is also experiencing an epidemic of chronic non-communicable diseases, including cardiovascular disease, diabetes, and cancer (CARPHA, 2014: 1). These are resulting in premature loss of life, lost productivity and spiralling health costs.

An obstacle to improving public health services in the Caribbean region and to responding effectively to the challenges posed are the weak health systems present in most countries. These are characterized by a shortage of human resources, deficient health information systems and laboratory capacity, weak institutional and organizational capacity, inadequate health technologies, weak epidemiological systems, and insufficient financial resources. All these have a negative impact on the performance of health systems and therefore require interventions (CARPHA, 2014: 1).

The collective efforts of all parts of society, including individuals, professionals, industries, urban planners, health and policy makers, and politicians should contribute to generating and supporting measures that improve the health of all. The role of government is to provide certain essential services that should not be left to the market alone, and to establish rules under which different agents operate in such a way that it is compatible with population health and reducing inequalities (Nuffield Council, 2007: 26).

Ethical goals of public health

An important ethical goal of public health therefore is to reduce health inequities (Jennings B., 2003). This aims to improve health opportunities and outcomes in the most disadvantaged groups. Care of the vulnerable here would include children, the elderly, the socially disadvantaged, and those without sufficient healthcare-related knowledge to act as full autonomous citizens. Yet a central issue in public health is the extent to which it is acceptable for the state to establish policies that will influence population health. Some take the libertarian view that doing nothing is morally acceptable as it is a neutral position, and it gives the greatest scope for individuals to act freely, guided by their own preferences and choices (Nuffield Council, 2007: 13). Here, cognizance is not made of the fact that – any policy, even that of doing nothing, implies some value judgement about what is or is not good for the people.

And so – to improve health opportunities and outcomes, the state has to assume some role in adopting policies that provide some stewarding of the resources and interactions that occur in the country. This stewardship role should mitigate against those opportunists who would free-ride in important goods at the expense of others, or where regulation can ensure that desirable good or services are available. Deontological theories hold that individuals should not be treated simply as a means to an end, and that some actions are right or wrong, regardless of their consequences.

Rawl's theory of justice further holds that society has an obligation to correct inequalities in the distribution of resources (Beauchamp & Childress, 1994). Thus, those who are least well-off ought to benefit most from public services such as health care. Now – if we follow this reasoning to its very end, it could lead to a reduction of the resources available to the society as a whole. However, it provides considerable support for maximizing benefits to socially disadvantaged persons, particularly if it can be demonstrated that aiding those who are least well-off ultimately benefits the society as a whole.

Socio-economic structures in the Caribbean

The prevailing socioeconomic system in our English-speaking Caribbean countries today is shaped and shepherded by capitalism and capitalist inclinations (Bort J., 2014). Within this system, the corporate sector has a special interest in maximizing profits for itself and its shareholders. However, this should not absolve it of its social responsibilities, and the obligation to contribute to the welfare of those worse off in the society (Nuffield Council, 2007).

Socially, the societies are generally structured along historic racial lines, where the paler the colour of one's skin, the more likely one is to be socially situated in the upper tiers of the society. The converse is also true – the darker the colour of one's skin, the more likely one is situated among the lower social classes of society. The economic structuring of our Caribbean societies likewise follows this paradigm (Aarons, 1996).

Albert Eistein, in 1946, wrote that he had been living in the USA for a little more than 10 years, and felt he had to speak frankly on a very important matter (Einstein, 1946). He wrote inter alia that – when one speaks out freely on what one feels or sees, by so doing one might actually be proving useful to the society. He wrote against the background of the liberal democracy existing in the USA with a critique of the relationship between individuals there and the attitude they maintained towards each other. There, every person felt assured of their own worth as individuals in that system, and no-one humbled themselves before another person or class. And whilst great differences in wealth existed, the superior power of the few did not undermine the healthy confidence and natural respect that persons had for the dignity of their fellow-man (Einstein,1946). The sobering point about this tenet, however, was that this sense of equality and respect for human dignity only existed for persons of white skin!

In referring to the sometimes discriminatory role of tradition, Einstein said that even the great Greek Philosopher Aristotle was perceived to harbour prejudicial views when he said slaves were inferior beings who were justly subdued and deprived of their liberty (Einstein, 1946). The ancient Greeks had slaves who were white men taken into captivity after war. Einstein wrote that a large part of our attitude towards things was conditioned by opinions and emotions that we unconsciously absorb as children from our environment. Yet we rarely reflect on how this power of our tradition strongly influences our conscious thoughts, our conduct, and our convictions!

Whilst we cannot despise or displace traditions, we should grow in self-consciousness and increasing intelligence to control the prejudicial role of tradition and assume a critical attitude towards it, if human relations are ever to change for the better. We must try to recognize what in our accepted tradition is damaging to our fate and dignity – and shape our lives accordingly!

Einstein wrote that he believed that whoever tried to think things through honestly, would quickly realize how unworthy and even fatal was the traditional bias against people of African descent (Einstein, 1946). What therefore could a man of goodwill do to combat the deeply rooted prejudice? He must have the courage to set an example by word and deed, and must watch lest his children become influenced by this racial bias.

Although Einstein wrote this in 1946, this reality of discrimination by colour and race still exists, not only in the USA, but also amongst the peoples of the English-speaking Caribbean. In the European quest for wealth, power and an easy life, the ancestors of people of African descent in the USA and the Caribbean were rooted from their homes and forcibly transported to the West to serve as slaves to the greater ends of enriching the home countries of Europe (Aarons, 1996). Rawlsian justice argues that those who are better off should assist those who are disadvantaged to better themselves, but the slave-enriched mother countries of the Caribbean did no comparative investments in the countries that served to give them wealth (Pryce, 2014).

This historic reality set the stage for the current structure of capitalism, where there are developed countries and poor countries, countries of the North, and countries of the South that are inextricably linked and depend economically on coun-

tries of the North for perpetual loans and unbalanced and sometimes unjust trading agreements (Luce E., 2013)

Theoretical bioethics argues for normative standards in our social structures and our interactions with each other. But how can normative standards be achieved when an unjust social order exists and remains? When the roots of power are deeply entrenched in the hand of the few, the so called 10/90 divide (Boudain, A, 2014)? When the 10% who control power are not social constructivists willing to devolve any power or share any of their wealth?

Inequalities in wealth are acceptable within a liberal framework only in cases where higher financial rewards for the better-off carry the implication that their performance actually contributes to improving the situation for those worse-off (Nuffield Council, 2007). This has to therefore translate into the general social welfare within a country whereby the work and contribution of the wealthy actually results in cheaper goods and services for all.

If the latter situation does not obtain within a country, then a charge of exploitation of the lesser-off by the better-of within a capitalist system, with a widening of the 10/90 divide - could be made and argued successfully (Olster, 2014).

The consequent health inequalities

This reality is said to now exist in countries like Jamaica, whose gross domestic product and per capita calculations ranks it amongst the middle-income countries, but where more than half of the population live and exist near the poverty line (Crawford, 2014). The earnings and lifestyle of the very rich so inflate the economic profile of the country, that – as a developing country – it no longer qualifies for certain financial assistance from international agencies. Some other English-speaking Caribbean countries have a similar profile.

And so – when we speak of existing health inequalities – most or all of our Caribbean countries do not have equality of health outcomes across their population, and so evidence-based measurable data such as life expectancy and blood pressure reflect this reality of great divergence of results among the very rich and the very poor. Whilst there is less divergence on equality of access to health services and health-conducive environments such as local health centres, parks, sports facilities, and safe living and working environments, people may have different capacities to make use of these provisions of access, such as those physically impaired or disabled. And so in this scenario, whilst access may be relatively equal, the outcomes may not be.

On the more positive side, health equality may be said to exist where there is access to a 'decent minimum' of care, as all English-speaking Caribbean countries have free access to their health service at the point of 'need', and emergency departments, although always overcrowded and understaffed, become channels for accessing secondary care in public hospital beds free of cost (Aarons, 1996).

And so, within the English-speaking Caribbean countries, health outcomes differ across sub-groups within the population, reflecting socio-economic status, and – to a lesser extent but historically linked – people's racial background. Thus, in attempting to address the public health needs across our Caribbean societies, we must further analyze the inequality of status between sub-groups of the population to help us identify those groups that suffer or are at particular risk of suffering poor health. Such an analysis allows us to focus on those inequalities that are particularly unjust and inequitable.

Whether we then seek to achieve equality by trying to lift the level of welfare or opportunities of those found to be worse off – to the level of those who enjoy the highest standards – might be impossible to achieve within the current power structure of the capitalist system (Nuffield Council, 2007). An alternative might be setting a prioritization strategy – that focuses, not on relative health status, but on the absolute position of those 'worse off', and what are the immediate practical interventions that can be made on their behalf. Consideration of the 'greater good' is crucial and must always occur in public health ethics.

This is the way forward that each individual Caribbean country will have to consider, limited by its own financial resources, and social and political realities!

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