



INSIGHTS

Healthcare and human rights: a reflection

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The declaration that all people have an “inalienable” right to “life liberty and the pursuit of happiness” continues to inspire people around the world, despite Thomas Jefferson’s flaws as a slave owner.¹ Less often cited, but nonetheless as visionary, is Jefferson’s observation that “*liberty is to the collective body what health is to every individual body. Without health no pleasure can be tasted by man; without liberty, no happiness can be enjoyed by society*.”² In 1966, during the second convention of the Medical Committee for Human Rights, Martin Luther King Jr. reportedly said that “*of all the forms of inequality, injustice in health care is the most shocking and inhumane*.” Jefferson and King pinned down in stark terms the centrality of health for every individual member of society. *Inspired by the vision of these leaders, we propose that physicians in the United States not only need to recognize health as an inalienable human right but must also advocate for equity in healthcare.*

The approximately one million physicians in the United States today practice medicine in a system where only part of society, particularly the wealthy, has access to healthcare services. Individual providers may feel little-to-no sway over these structural barriers. How can we address these inequalities? Are we ready to claim the moral high ground that all people deserve healthcare, or do we instead fall victim to prevailing injustices? When utilized for the common good, the influence physicians have in society can foster positive change.

To be a *force for good*, modern-day physicians need to be willing to acknowledge past errors and abuses of the medical profession. *They also need to realize that excellence in the medical sciences does not protect against losing moral authority.* At the turn of the twentieth century, German physicians were leaders of the medical profession across the globe for their scientific rigor and clinical acumen. In his poignant book “Black Earth: The Holocaust as History and Warning”, the historian Timothy Snider reminds us of one of the lesser known tragedies of that era: in Nazi Germany, physicians joined the *Schutzstaffel* (SS) with greater frequency than any other profession. The revelation that the Tuskegee syphilis study (1932–1972) involved withholding treatment from black men with syphilis to observe the natural history of the untreated disease marked one of the darkest moments for the medical sciences.³ Recently, the ethicist Harriet Washington in her book “Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present” lists gruesome tales of abuse that resulted

in medical accolades for the physicians who perpetrated such abuse.

Inequity and racism have been longstanding in our society. The past few years have witnessed a resurgence of reports pointing to these issues. Recent scientific literature suggests that inequity and racism might even be prevalent in our healthcare and academic institutions.^{4–7} As evidence accumulated that provider bias contributes to poor health outcomes in certain ethnic and socioeconomic groups,^{8,9} has our research adequately focused on populations most in need? Do we possess the *moral courage* necessary to confront structural barriers to equitable healthcare?

Some may push back and suggest that it is not a physician’s responsibility to figure out how to achieve social change for equity,¹⁰ but rather this is work cut out for policymakers and politicians. Yet, it is part of our oath and duty to advocate for our patients, whether it be on the individual or societal level. *As society’s keepers of human health, our unified conviction and passion for moral integrity, as well as our perspective as frontline healthcare professionals can help change the status quo.*¹¹

Some members of the medical profession have been showing the way. On May 7, 2018 the United States Department of Justice announced a policy that would result in >2000 children being separated from their parents at the United States border.¹² On May 8, 2018 the president of the American Academy of Pediatrics (AAP), Dr. Colleen A. Kraft, unequivocally condemned the policy. AAP policy for many years’ prior has continuously advocated against separation and detention of children.¹³ Between May and June 2018, those concerned about the policy, such as former first lady of the United States Laura Bush,¹⁴ relied on the AAP stance for guidance.

Today, provider advocacy is becoming less of a choice and increasingly a moral obligation. We humbly challenge each reader to start by engaging in an advocacy action such as:

1. Write (or call) your local representatives. Be clear about a specific issue for which you are advocating. State your position and role in healthcare on your professional letterhead, as well as regional data or a vignette of a patient or family member who exemplifies why change needs to occur. For information on finding your local, state, and federal elected officials, visit: <https://www.usa.gov/elected-officials>.
2. Maintain membership and/or be involved in organizations with advocacy aims, such as the AAP, the American Pediatric Society, the Society for Pediatric Research, and

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the Robert Wood Johnson Foundation. Some organizations provide grants to address the most pressing challenges in health equity in the United States, while others have committees dedicated to legislative advocacy. By partnering with organizational legislative experts, members can have a greater impact at both the local and federal level.

3. Advocate for and participate in advocacy training. We can create a pipeline of physicians prepared to promote health equity by increasing training in advocacy starting in medical school.¹⁵

We do not yet know what judgment history will make of twenty-first century medical professionals. Like German physicians at the turn of the twentieth century, physicians in the United States today are held in high esteem. *In addition to being honored for scientific discoveries and medical advances, will we be remembered as those who utilized the power of our profession to act on the moral principle of beneficence for all persons, or rather as complicit bystanders who neglected to intervene upon well-described disparities? Do we believe that healthcare is an inalienable human right, or will we remain complacent in the face of the current healthcare system? These are questions worth asking every single day.*

ADDITIONAL INFORMATION

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