An Exploration into the Barriers Blocking an Individual’s Right to Health

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Primum non nocere is Latin for “first, do no harm” [1]. Along with the Hippocratic oath, these concepts govern how health care providers’ work. These notions, while not legally binding, set the precedence for patient care. While they cover bioethical issues, like autonomy and justice, different situations lend themselves to different interpretations where each must follow human rights. In 1946, the World Health Organization (WHO) declared health a human right, defining it as the right to the highest attainable standard of physical and mental health [2]. The testament further explains a State’s obligation to support this right and the components necessary for its success [3]. Rather than claiming everyone must be in perfect health, WHO explains that States must provide their citizens with the ability to achieve their highest health. Therefore, both a chronically sick and a healthy individual should have the same priority and access to proper health care. Sadly, this is not the case for many States. Access, social determinants, public health, and ethical conflicts all influence health. By examining these factors, we can better understand the disparity seen in human rights.

A person’s health is multifaceted, affected by numerous factors. One major barrier in health is the accessibility of affordable, quality health care at any stage of illness [4]. This access depends on its affordability, availability, and inclusivity. When a population lacks one or more of these, access to health care decreases. The cost deters many patients from seeking treatment. Patients under Medicaid, who have low income and resources, are more likely to be treated in the emergency department, which means these cases tend to be more exacerbated and at higher risk for complications [5]. Poorer subpopulations wait until their illnesses are fatal rather than handling them at a manageable level [6]. Furthermore, accessibility is tied to its availability, as several populations lack access based on their location. Hospitals are disproportionately scattered, making health care more inaccessible for many rural and indigenous communities, who must travel hours to their nearest hospital [6]. Lastly, accessibility is affected by how inclusive science is. With systemic racism and discrimination built into scientific studies, many well-known symptoms are based on major populations [7]. With little diversity, minorities, like women and people of color, are less represented in research, leading to more misdiagnoses for these populations. Shortcomings in affordability, availability, and inclusivity all violate human rights and make health care inaccessible. By finding solutions to address these disparities, like telehealth or diversity in trials, we may be closer to meeting these rights for everyone.

In addition to accessibility, social determinants play a big role in one’s health. Social determinants are factors caused by an individual’s lifestyle and workplace that can affect health risks and outcomes. These include their access to clean water, adequate housing, pollutants, employment status, and a nutritious diet [2]. For disadvantaged populations, there is a higher mortality and morbidity rate for non-communicable diseases [3]. These diseases, like cancer or cardiovascular disease, are noninfectious. Instead, genetics, lifestyle, and other environmental factors cause their presence. Therefore, the increase of non-communicable diseases in these populations indicates how detrimental one’s environment can be. To offset these disparities, a State must be responsible for aiding these social determinants. When further actions are taken to combat these inequalities, human health and other rights are closer to being met.

Public and global health initiatives that are promoted by the State to benefit community health. Depending on how effective these initiatives are, they can cause barriers to health rights. These initiatives include widespread vaccination, handwashing promotion, smoking cessation, and more [8]. When left unfollowed by the community, these factors can encourage diseases, as seen with secondhand smoking or a lack of vaccinations. Secondhand smoke can cause different respiratory infections, ear infections, and asthma to nearby nonsmokers [9]. Those who refuse vaccines can spread diseases to immunocompromised patients, like babies and transplant individuals [10]. With the public's resistance to specific health initiatives, an individual's health is indirectly at risk. This poses a problem, as these issues can only be solved effectively by laws on the population. By prohibiting or requiring certain actions, community health is overall benefitted. However, by imposing these laws, individual rights are hindered, creating the ethical dilemma of choosing between the right to health or autonomy.

In health care, there are many cases where ethical conflicts arise, and it becomes difficult to know how to follow human rights. The human rights of health include the four pillars of medical ethics: patient autonomy, beneficence, nonmaleficence, and justice [2]. These standards guide physicians: making sure they put patient interest and wellbeing first, that they do no harm, and that all decisions are fair. When these ethical standards are violated, human rights are as well. An infamous example of this the Tuskegee Syphilis Study, where scientists recruited impoverished, African American sharecroppers [5]. The study attempted to study the effects of untreated syphilis in exchange for free medical care. Men were given placebos or ineffective medicines, leading them to believe they were being treated for another disease. However, even after penicillin was determined as an effective treatment, the placebos continued to be given instead of penicillin [11]. This horrible violation of ethics had many further implications, creating distrust in medicine and clinical research, especially among African Americans. It called for human studies regulation and protection, forming the Office for Human Research Protections (OHRP) [11]. These violations, while horrible, sparked laws and accountability measures that ensure that human rights are followed. By recognizing current violations of medical ethics, we can better follow the rights of an individual.

Health is synonymous with wellbeing, indicating just how important one's health is to their happiness in life. With how critical it is, its inclusion under human rights is obvious. This right includes more than the ability to attain the highest health. It also covers patient autonomy, freedom from torture, and other factors. However, with the expenses of medicine, it becomes difficult to uphold these rights as a State. These rights are affected by multiple factors, including the accessibility to health care, social determinants of health, the efficacy of public health initiatives, and ethical conflicts. By examining each of these, the causes of human rights violations can be identified. It is through this, that promising, intertwined solutions can be invented. By addressing these factors and issues, we can be a little closer to meeting the rights of health for everyone.

Bibliography

[1] Smith C. M. (2005). *Origin and uses of primum non nocere--above all, do no harm!*. Journal of clinical pharmacology, 45(4), 371–377. https://doi.org/10.1177/0091270004273680.

[2] The United Nations. (2008). *The Right to Health. Office of the United Nations High Commissioner for Human Rights*. https://www.ohchr.org/documents/publications/factsheet31.pdf.

[3] The World Health Organization. (2017). *Human rights and health*. https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health.

[4] World Medical Association. (2020). *Right to Health*. https://www.wma.net/what-we-do/human-rights/right-to-health/.

[5] National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Committee on Health Care

[6] Utilization and Adults with Disabilities. (2018). *Health-Care Utilization as a Proxy in Disability Determination*. https://www.ncbi.nlm.nih.gov/books/NBK500097/.

[7] Arulkumaran S. (2017). Health and Human Rights. Singapore medical journal, 58(1), 4–13. https://doi.org/10.11622/smedj.2017003.

[8] Redwood, S., & Gill, P. S. (2013). Under-representation of minority ethnic groups in research--call for action. The British journal of general practice: the journal of the Royal College of General Practitioners, 63(612), 342–343. https://doi.org/10.3399/bjgp13X668456.

[9] Center for Disease Control and Prevention. (2020). *Health Effects of Secondhand Smoke*. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/index.htm#:~:text=There%20is%20no%20risk%2Dfree,infant%20death%20syndrome%20(SIDS).

[10] Macarthur, S. (2020). *Vaccines and Public Health*. MPH Online. https://www.mphonline.org/vaccines-and-public-health/.

[11] Tukegee University. (2020). *About the USPHS Syphilis Study*. https://www.tuskegee.edu/about-us/centers-of-excellence/bioethics-center/about-the-usphs-syphilis-study/.