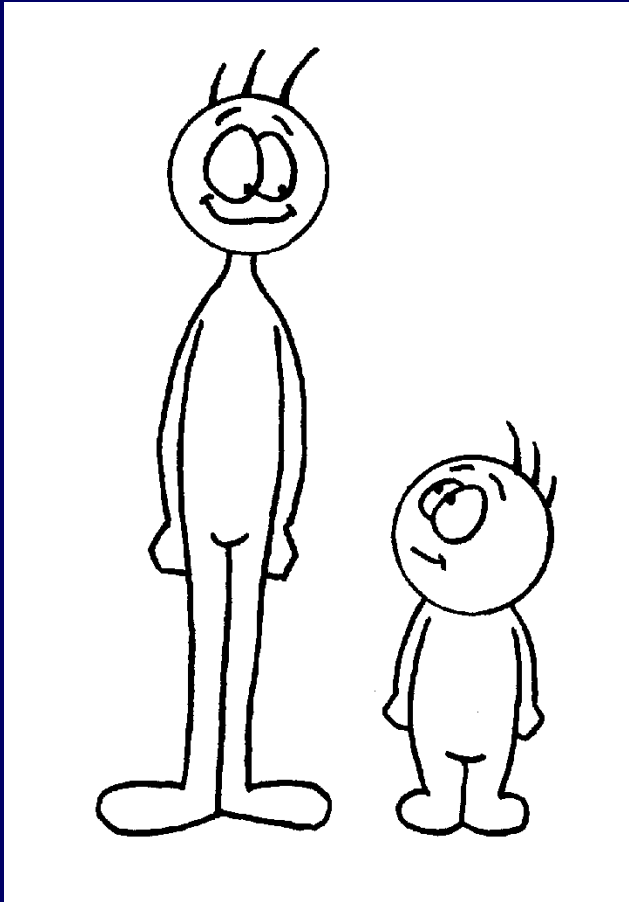


Rights to Health and Equality in Health

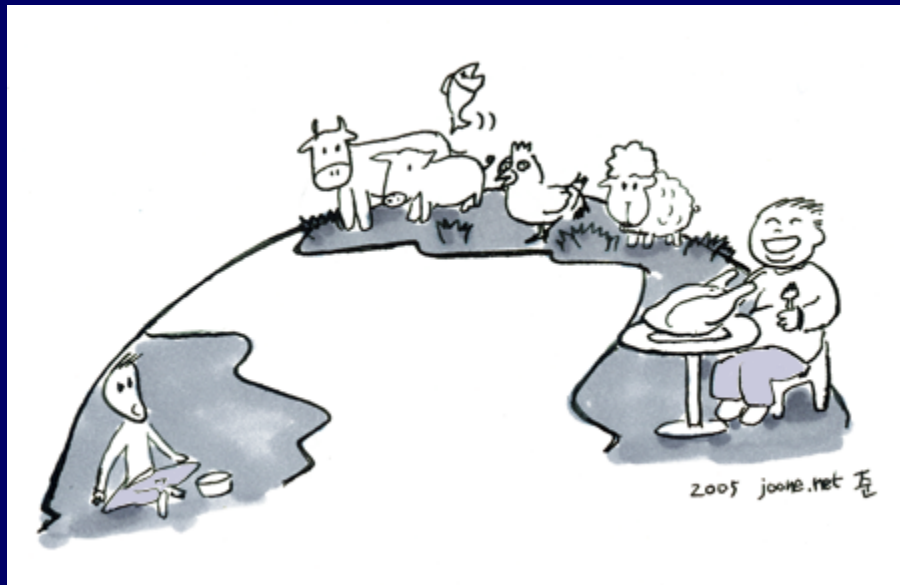
Chang-yup Kim, MD, PhD, MPH

Seoul National University School of Public Health

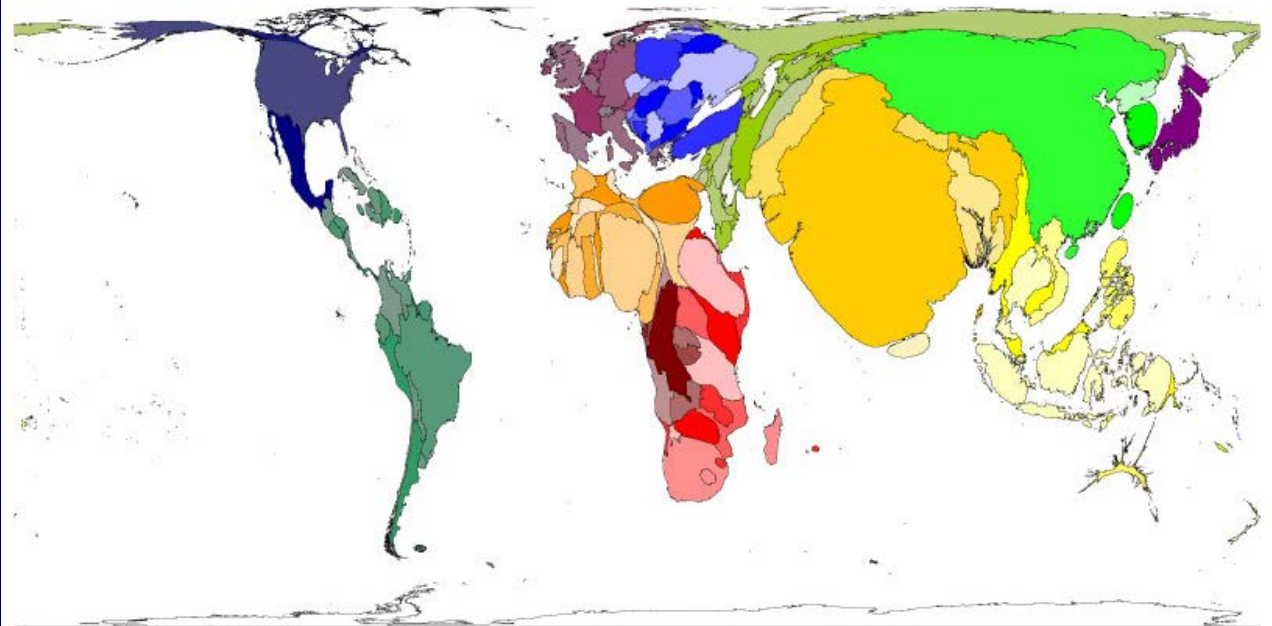








Age-of-death Animation



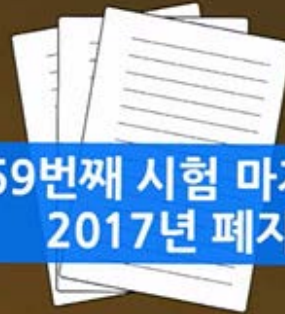
로스쿨



법조인 전문성. 다양성 확보
'현대판 음서제'

사법시험

NEWS K



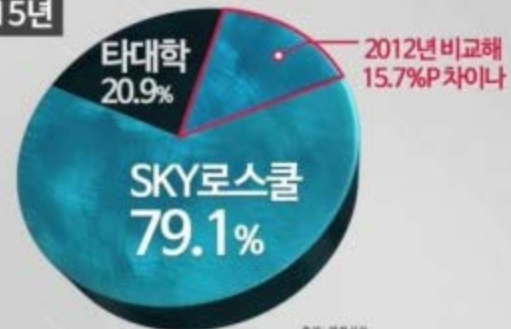
59번째 시험 마지막
2017년 폐지

법조인 양성 획일주의
서울대 법대 독점 순열주의

SKY로스쿨 출신 변호사의 12대 로펌 입사 현황

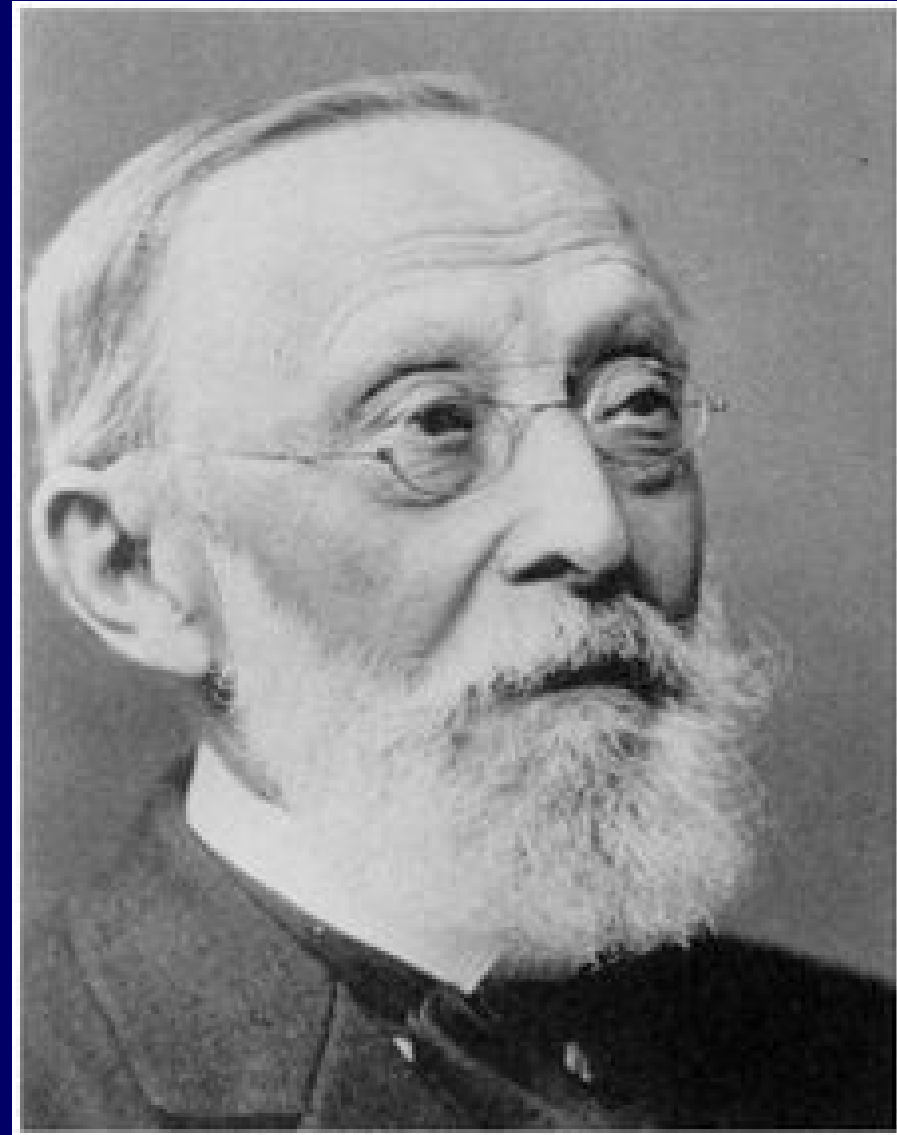
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2015년



출처: 법률신문

Disease is not something personal and special, but only a manifestation of life under modified (pathological) conditions. If medicine is to fulfil her great task, then she must enter the political and social life. Do we not always find the diseases of the populace traceable to defects in society?

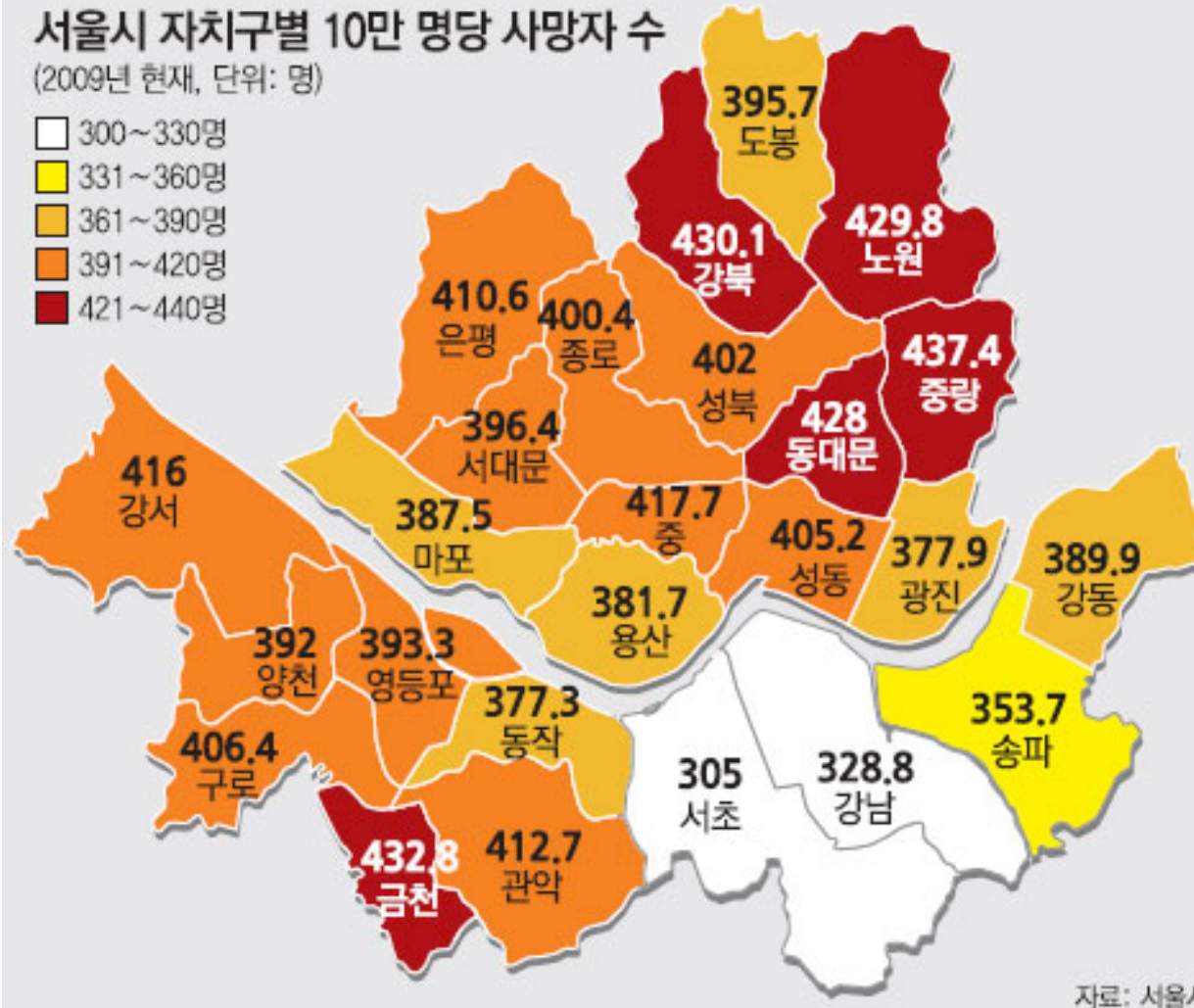


Rudolph Virchow, 1821-1902

서울시 자치구별 10만 명당 사망자 수

(2009년 현재, 단위: 명)

- 300~330명
- 331~360명
- 361~390명
- 391~420명
- 421~440명



자료: 서울시

Concept (1)

- 평등(平等, Equality?)
 - “권리, 의무, 자격 등이 차별 없이 고르고
한결같음”
- 형평(衡平, Equity?)
 - “균형이 맞음. 또는 그런 상태”

會大期定鮮全國六第社平衡



四月三十日 平壤青年大會

東京城天

Concept (2)

- Disparity
 - “inequality or difference as in rank, amount, quality, etc.”
- Inequality
 - “a difference or variation in size, amount, rank, quality, social position, etc.”
- Inequity
 - “lack of justice; unfairness”

Concept (3)

- Justice
 - “moral rightness based on ethics, rationality, law, natural law, fairness and equity”
- Fairness
 - “ability to make judgments free from discrimination or dishonesty,” “conformity with rules or standards”
- Rights
 - Human rights
 - Rights to health

Equity in health

- Equity \neq Equality
- Health Inequity
 - Avoidable, unnecessary, unfair inequality (Whitehead 1991)
 - Absence of systematic disparities in health (or in the major social determinants of health) between groups with different social advantage/disadvantage (e.g. wealth, power, prestige) (Braveman and Gruskin, 2003))

Equity in health

- The absence of unfair and avoidable or remediable differences in health among populations or groups defined socially, economically, demographically or geographically.
- involves more than mere inequality, since some health inequalities (e.g., the gap in average life expectancy between women and men) cannot reasonably be described as unfair, and some are neither preventable nor remediable.

(WHO Commission on SDOH)

Definition of “Equity in Health Services”

- “implies that there are no differences in health services where health needs are equal (**horizontal equity**) or that enhanced health services are provided where greater health needs are present (**vertical equity**)”

(Starfield, 2001)

Key Questions

- Why equity?
- Equity for what?
- When are inequalities unjust?

Why (not) Equity?

- Ethical
- Political and social
- Practical

Inequality and Justice

- Justice
 - Generally ‘distributive justice’
 - Nature of a socially just allocation of goods in a society
 - Often regarding economic framework that each society has, resulting from human political processes
 - Social arrangement
- Inequality
 - Unjust distribution and injustice
 - Inequality for what?

Different Principles of Justice on Socioeconomic Inequality

- Libertarian
- Utilitarian
- Egalitarian
- Liberal egalitarian
 - A Theory of Justice: John Rawls
 - ‘Capabilities’: Amartya Sen

A Libertarian: Milton Friedman

- “To each according to what he and the instruments he owns produces” --requires state to enforce property rights, distribution of property depends on details of those rights
- Payment in accord with product necessary to achieve equal treatment (taste for leisure has cost); also necessary for efficiency
- Disposable income put into lottery yields unequal wealth--required if we want people to make most of their initial endowments (redistribution equals denial of opportunity)
- Inheritance -- no more injustice in inheriting wealth than inheriting good singing voice

Utilitarianism

- “The best action is the one that maximizes utility”
- Welfarism
 - Happiness, well-being, utility, etc.
- Consequentialism
 - “Whether actions are morally right or wrong depends on their effects”
 - Should measure changes in well-being or utility
- Sum-ranking is important
 - Distribution or variability of utilities among individuals less concerned

Libertarian vs. Utilitarian

- *Libertarian*: individual rights and freedom is supreme and behaviour is assessed in terms of whether or not it respects those rights/freedoms (i.e., free action)
- *Utilitarian*: utility measures individual's pleasure or happiness (individuals experience pleasure and pain) aggregation of individual utilities = social welfare

Capabilities Approach

(Amartya Sen)

Capability:

the Freedom to Achieve Valuable Beings and
Doings (functionings)

Valuable Beings and Doings (functionings)

The ‘ends’ of human life

- **Elementary/ Complex**
 - morbidity and mortality; nourishment; mobility;
self-respect; participation in community
- **General/Specific**

2 Aspects of Freedom

Process

*ability to be agents –
to affect the processes
at work in their own
lives or as general
rules in the working
of society*

Opportunity

*ability to achieve valued
functionings*

Why Health Is Important?

- Human Right
- Human capital, social investment (World Bank, EU)
 - e.g. *Investment in Health* (World Development Report, 1993)
 - Macroeconomics and Health* (WHO Commission on Macroeconomics and Health, 2001)
- The “third way”?
 - Human Capability/Development as freedom (Amartya Sen. *Development as Freedom*, 1999)
 - Fair equality of opportunity (Norman Daniels, *Just Health*, 2008)

Why (Not) Health Equity?

- Fair equality of opportunity (John Rawls, Norman Daniels)
- Capability (Amartya Sen, Martha Nussbaum)
- Health as a right (UN)
- (Poverty)

Fair Equality of Opportunity (Norman Daniels)

- Health as normal functioning*
- Reduced opportunity as a result of abnormal functioning
- Fulfilling health need to protect or promote normal functioning
- Health protection to ensure equal opportunity

* Boorse (1997)

Equitable Health as an Opportunity

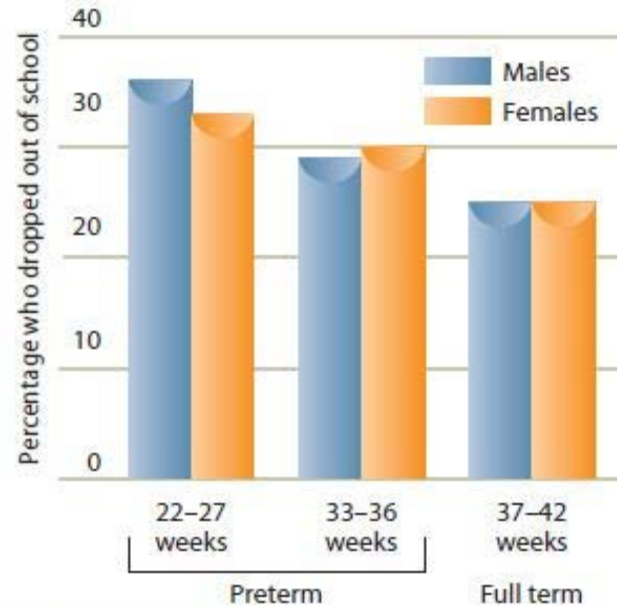


FIGURE 3.8
PERCENTAGE OF PRETERM AND FULL-TERM
BIRTH INFANTS WHO DROPPED OUT OF
SCHOOL

(Santrock, 2008)

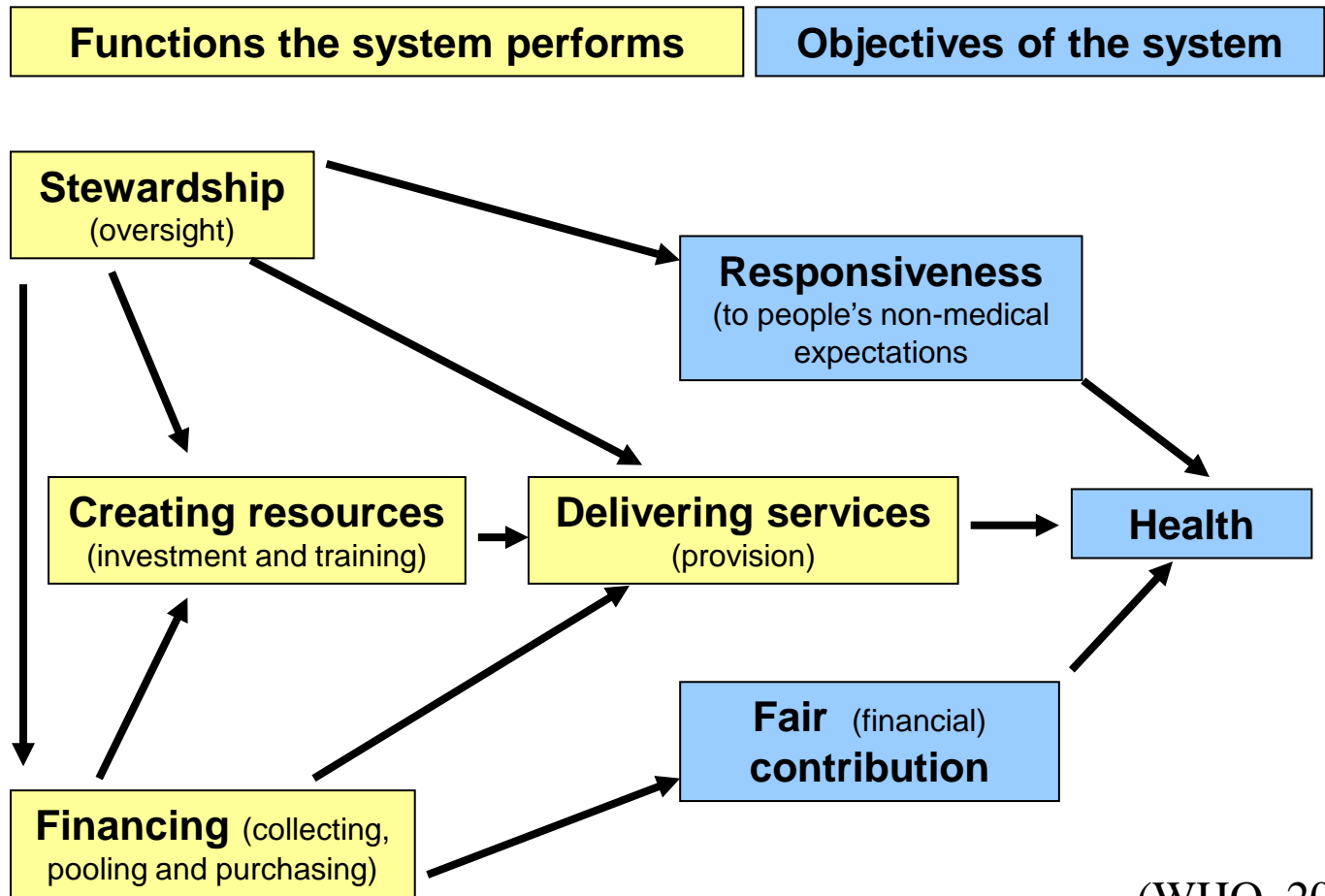
Why Equity in Health Care?

- Healthcare as a determinant of health (among many social determinants)
- Equitable healthcare as a right: opportunity, capability, and freedom from fear
- One of “discovered” human right? (Talbot, 2005)

Elements of Equities in Health Care

- Financing
- Resource
 - Availability
 - Access
- Service provision/utilization
 - Access
 - Quality
 - Responsiveness

A Frame for Equitable Health – Functions and Objectives of a Health System



(WHO, 2000)

Right to Health

„Everyone has the right to a standard of living adequate for the health of himself and his family, including food, clothing, housing and medical care and necessary social services.“

(Article 25, Universal Declaration of Human rights)

Article 12, International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966)

- 1) The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the **highest attainable standard of physical and mental health**.
- 2) The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:
 - a) The provision for the reduction of the still-birth rate and of infant mortality and for the healthy development of the child;
 - b) The improvement of all aspects of environmental and industrial hygiene;
 - c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;
 - d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.

Why Health Equity?

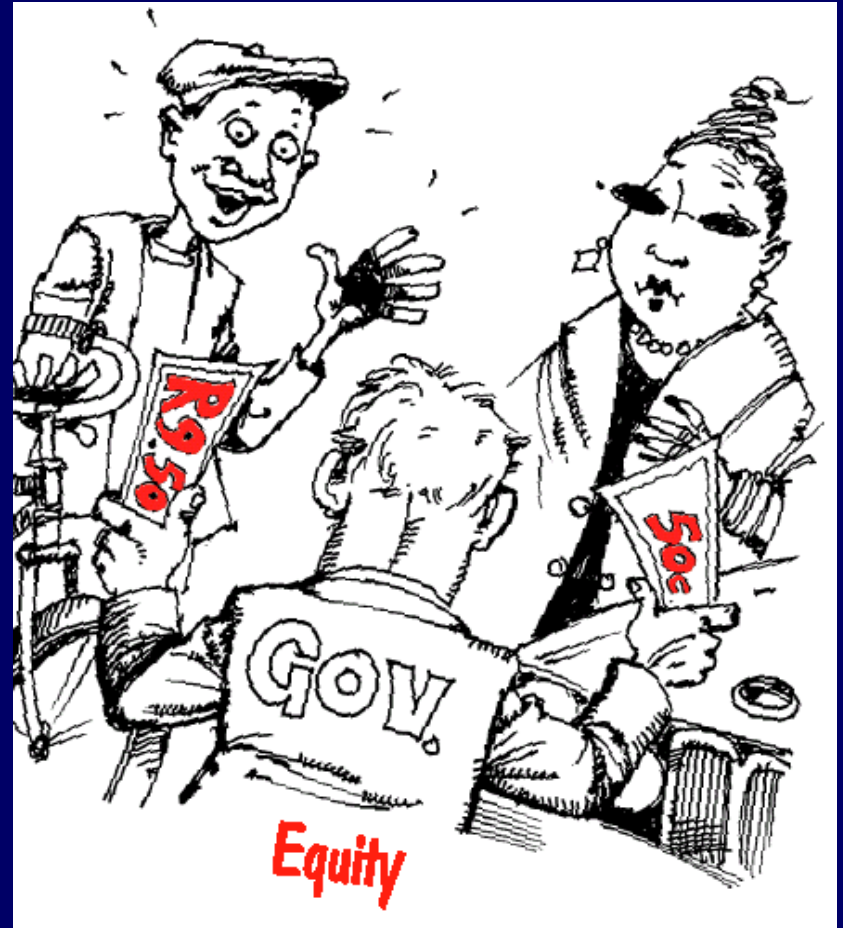
- Gradient in health
- 2 dimensions of social justice
 - What: money, welfare, resource, ...
 - How: strict egalitarian, prioritarian, sufficientarian...
- Primacy of health
- Different approaches

Equity for What?

- Health vs. health care
- Equity for...
 - Outcome, result: health status
 - Opportunity
 - Health (care) services
 - Process
 - Health determinants

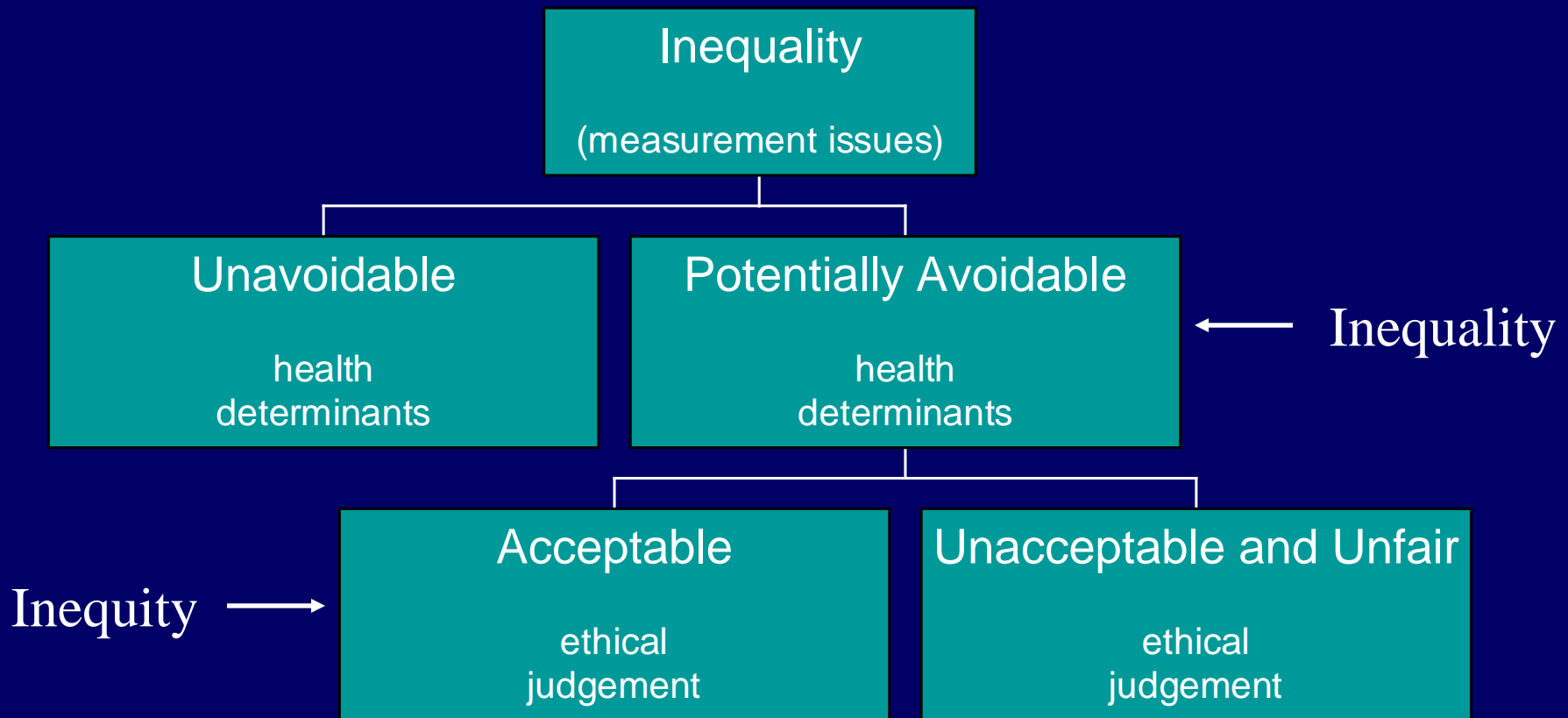
Equity in health

- Equity \neq Equality
- Health Inequity
 - Avoidable, unnecessary, unfair inequality (Whitehead 1991)
 - Socioeconomic inequality
 - Sensitive barometer of the fairness of the underlying social order (Peter & Evans 2001)
- Distribution as well as average (Gwatkin 2000)



* Source : The Health Systems Trust 1999

Conceptual Framework of Disparity



Evans, Whitehead, Diderichsen, et al. 2001

Which Inequalities are Inequities?

- Problems:
 - What is avoidable, unnecessary, unfair?
 - Suppose poverty-rich inequalities are unfair -- what other income related inequalities are unfair?

Health Determinants

(Whitehead)

- Unavoidable

- Natural biological variation
- Behavior that is restricted
- Transient health advantage

- Avoidable

- Home & work environment
- Behavior – freely chosen
- Access to care
- Health-related social mobility

Avoidable?

Modifiable?

To What Extent

- Absolute
- Basic: ‘sufficientarian’
- Prioritarian

Fair Procedures

- Market accountability?
- Voting?
- Deliberative democratic process

Accountability for Reasonableness

(Daniels BMJ 2000)

- **Relevance:** priority setting decisions based on *reasons* upon which *fair minded people* can agree in the *circumstances*
- **Publicity:** reasons *publicly accessible*
- **Appeals:** mechanism for *challenge and dispute resolution*
- **Enforcement:** voluntary or public regulation to *ensure 3 conditions* met

Further Readings

- **Daniels, Norman.** 2008. *Just Health. Meeting Health Needs Fairly.* New York: Cambridge University Press.
- **Ruger, Jennifer Prah.** 2012. *Health and Social Justice.* Oxford: Oxford University Press.
- **김창엽, 김명희, 이태진, 손정인.** 2015. 한국의 건강 불평등. 서울: 서울대학교출판문화원.