Global health ethics: the rationale for mutual caring

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Despite spectacular progress in science and technology during the twentieth century, as we enter the twenty-first the world is more inequitable than it was 50 years ago. Disparities in wealth and health within and between nations are widening inexorably, and the rapidly expanding global economy has failed to reduce poverty and improve health for all. This is evident both in terms of access to health care for individuals, and in relation to the health of whole populations. Billions of people live in degrading poverty with little if any access to health care, and the Universal Declaration of Human Rights remains an unrealized aspiration for the majority of the world's people.[1] Given these realities, no single discipline or body of knowledge is likely to make much difference. For example, approaches based only on neoliberal economics, as exemplified by the structural adjustment programmes (SAPs) of the World Bank, have not been successful in promoting health equity.[2] An interdisciplinary approach is required. Bioethics, an interdisciplinary field, could, with an expanded scope embracing widely shared and foundational values, make a contribution towards improving health globally.[3]

Until the 1960s the formal ethics discourse was largely confined to the realm of philosophical or theological studies. Professional groups and individuals held traditional views on ethics about which there was little public discussion. In the 1960s advances in technology and medicine, together with increased concern for individual rights and freedoms, led to involvement of theologians, philosophers, lawyers and other scholars in a public discourse on applied ethics—predominantly, but not exclusively, on biomedical issues. The 'new bioethics' began with a focus on access to life-extending procedures and power relationships within the doctor–patient relationship—for example, in relation to withholding

* The authors thank Lou Pauly and James Orbinski for constructive comments on an earlier draft of this article.

1 S. R. Benatar, 'Global disparities in health and human rights', *American Journal of Public Health* 88, 1998, pp. 295–300.

2 K. Abassi, 'The World Bank and health', *British Medical Journal* 318, 1999, pp. 1132–5.

3 It should be noted that morality refers to what people believe is right or wrong about relationships, and that a wide range of 'local moralities' can be observed around the world. Ethics is defined as a branch of philosophy that examines the basis for right and wrong, good and bad, and attempts to provide reasons for recommending norms for behaviour.

and withdrawing treatments, advance directives (living wills) and physician-assisted suicide. More recently, the debate has included the use of reproductive technology, the implications of the new genetic biotechnology, and ethical issues at the level of health care organizations (institutional ethics) and populations (public health ethics).[4]

Since the birth of modern bioethics the world has changed profoundly. The most striking changes include widening economic disparities; rapid population growth; the emergence of new infectious diseases, including HIV/AIDS; escalating ecological degradation associated with modern consumption patterns; numerous local and regional wars and a stockpile of nuclear weapons; massive shifts and dislocations of people around the world; advances in science and technology (in particular biogenetic and communication technologies) with profound implications for individuals and populations; and, most recently, new terrorist threats to life that have shockingly demonstrated how interconnected we all are.

These changes call for interest in health and ethics to be extended beyond the micro-level of interpersonal relationships to include ethical considerations at the meso-level of institutions and nations and at the macro-level of international relations. Extending the discourse on ethics towards a more comprehensive approach could promote the new mindset needed to improve health and well-being globally. Such a mindset requires a realization that health, human rights, economic opportunities, good governance, peace and development are all intimately linked within a complex, interdependent world. The challenges we face in the twenty-first century are to explore these links, to understand their implications and to develop processes that could harness economic growth to human development, narrow global disparities in health and promote peaceful coexistence.

A set of values that combines genuine respect for the dignity of all people with a desire to promote the idea of human development beyond that conceived within the narrow, individualistic, 'economic' model of human flourishing, could serve to promote peaceful and beneficial use of new knowledge and power. A global agenda must extend beyond the rhetoric of universal human rights to include greater attention to duties, social justice and interdependence. Health and ethics provide a framework within which such an agenda could be developed and promoted across national borders and cultures. We contend that failure to make paradigm shifts in ethical discourse and in human cooperation worldwide will increase the likelihood of 'revolt from below' and the destruction of so much that has been gained in recent decades.

Bioethics offers a way forward for global health reform through five transformational approaches: developing a global state of mind; promoting long-term self-interest; striking a balance between optimism and pessimism about globalization and solidarity; strengthening capacity; and enhancing the production of global public goods for health.

[4] D. Buchanan, *An ethics for health promotion* (New York: Oxford University Press, 2001).

The context of global health ethics

The context within which global health ethics needs to be developed highlights the importance of the problems for which ethical solutions must be sought. We begin here by describing key elements that frame the context for an unstable world increasingly at risk of massive rebellion and violence from those who are excluded from the benefits of progress and who have nothing to lose from destroying what others thoughtlessly or selfishly enjoy.

Advances in science and technology

Twentieth-century developments in science and technology have transformed health care and improved the lives of many people.[5] Most recently, the rapid acquisition of biological knowledge has surpassed all past theoretical and technological achievements. Advances in genomics and genome-related biotechnology could, *if applied correctly*, transform medicine and health care in the next few decades, and perhaps even reduce inequities in global health both between and within countries.[6]

Health professionals will have the opportunity to investigate genetic determinants in relation to individually expressed responses to environmental influences; use gene therapy to correct genetic defects; and use new molecular biology techniques to design more specific therapeutic agents. Plants could be genetically engineered to manufacture or incorporate vaccines, nutrients and drugs of major public health significance, which could then be purified and packaged as pharma- or agri-ceuticals (this area covers such initiatives as molecular farming, nutraceuticals, functional foods). Alternatively, and more alluringly, the same desired products could be grown in commonly eaten foods to become edible vaccines, nutrients and drugs, with potentially impressive public health benefits. The underlying technology, once developed and validated by industry or public research institutions, might be easily transferable even to the poorest of developing countries, where fertile land may be readily available to grow the biomass needed, and where public health needs are the greatest. Local harvesting could drastically reduce transportation, refrigeration and storage costs.

However, the social implications of these advances must be anticipated before stakeholders' positions become deeply entrenched. Used inappropriately and unwisely, the new power of genome-related biotechnologies may, like other forms of power, benefit only a privileged minority and actually increase inequities in global health.[7] It is salutary to consider that we have not yet wisely applied

[5] R. Porter, *The greatest benefit to mankind: a medical history of humanity from antiquity to the present* (London: HarperCollins, 1997).

[6] P. A. Singer and A. S. Daar, 'Harnessing genomics and biotechnology to improve global health equity', *Science* 294, 2001, pp. 87–98.

[7] S. R. Benatar, 'A perspective from Africa on human rights and genetic engineering', in J. Burley, ed., *The genetic revolution and human rights* (Oxford: Oxford University Press, 1999); S. R. Benatar, 'Human rights in the biotechnology era: a story of two lives and two worlds', in G. S. Bhatia, J. S. O'Neil, G. L. Gall and P. D. Bendin, eds, *Peace, justice and freedom: human rights challenges in the new millennium* (Edmonton: University of Alberta Press, 2000), pp. 245–57.

already proven drugs and vaccines, or our accumulated impressive knowledge, to improve the health of people across the world.

Ethical evaluation and the widespread promotion of ethical values that are truly universal must go hand-in-hand with new discovery, not lag behind. An extended bioethics discourse should involve the public and help create a new social contract between science and society.[8] However, it is also necessary to acknowledge that science is not value free and has deep social foundations.[9] The extent to which the scientific endeavour is driven by social priorities is revealed by several facts. For example, 66 per cent of US government expenditure on research and development is devoted to military research,[10] and 90 per cent of global expenditure on medical research is on diseases causing 10 per cent of the global burden of disease.[11] Moreover, of 1,223 new drugs developed between 1975 and 1997, only 13 were for the treatment of tropical diseases. It is evident from these facts that the questions posed by scientists are not necessarily determined by the need for knowledge. The interests of powerful nations, those who fund research and perhaps even the interests of many researchers often outweigh the interests of research subjects or society as a whole. It is also fair to note that the value placed on acquiring new knowledge exceeds that placed on how best to apply existing knowledge.[12]

The global social context of research thus needs to be understood in order to unravel the values that drive the scientific quest.[13] The emphasis on military research and the neglect of diseases that afflict billions of people living in abject misery reflects a value system that marginalizes and devalues with impunity the lives of more than half the world's population. It is also important to make the point that saving lives in poor countries is not dependent predominantly on medical research. Just as mortality rates for tuberculosis and measles fell precipitously with improved living conditions before specific treatments became available,[14] so many lives could be saved now by economic and social policies that would improve basic living conditions.

In his presidential address to the US National Academy of Sciences in 2000, Bruce Alberts emphasized the responsibility of the scientific community for making social progress.[15] Science cannot be focused solely on acquiring new knowledge. It must also examine the ethical implications of the application of

[8] M. Gibbons, 'Science's new social contract with society', *Nature* 402, 1999 (supplement), pp. C81–4.
[9] National Academy of Sciences, National Academy of Engineering and Institute of Medicine, *On being a scientist* (Washington DC: National Academy Press, 1995).
[10] R. L. Sivard, *World military and social expenditures*, 16th edn, *1996* (Washington DC: World Priorities Press, 1996).
[11] World Health Organization, *Investing in health research and development: report of the ad hoc committee on health research relating to future intervention options* (Geneva: WHO, 1999).
[12] N. Maxwell, *From knowledge to wisdom: a revolution in the aims and methods of science* (Oxford: Blackwell, 1984).
[13] E. Hobsbawm, *The age of extremes: a history of the world 1914–1991* (New York: Pantheon, 1994).
[14] L. A. Sagan, *The health of nations* (New York: Basic Books, 1987).
[15] B. Alberts, 'Science and human needs', presidential address, 137th annual meeting of the US National Academy of Sciences, Washington DC, 1 May 2000.

such knowledge in an international context in order to form legitimate public policy and promote ways to ameliorate the miserable conditions in which the majority of the world's people live.

Disparities in health

In spite of unprecedented advances in science, technology and medicine, marked disparities in health persist. Life expectancy has improved dramatically worldwide during the twentieth century, but in recent years this trend has been reversed in the poorest countries. For example, life expectancy in Canada is 80 years and rising, but in some countries in Africa it is 40 years and dropping. It is expected to fall to as low as 30 in Botswana by 2010 if the trend is not checked and reversed.[16] Disparities in health and life expectancy, posing threats to the lives of all, are linked to wealth and poverty, within and between rich and poor nations. Moreover, 'Among the developed countries it is not the richest societies which have the best health, but those that have the smallest income differences between rich and poor.'[17]

The challenge of achieving improved health for a greater proportion of the world's population is one of the most pressing problems of our time and is starkly illustrated by the threat of infectious diseases. A few decades ago there was hope that the major infectious diseases plaguing humankind could be eliminated. The World Health Organization's unprecedented success with smallpox was a remarkable model. However, the recrudescence of tuberculosis and malaria in multi-drug resistant forms, and the appearance of HIV infection (and other new infectious diseases) have dashed such expectations and illustrated the limitations of a narrowly focused scientific approach to public health.[18] We cannot ignore the adverse historical, political and economic factors that contribute to the ecological conditions conducive to the rise and spread of these diseases.[19] Communicable diseases continue to be the leading causes of loss of human life and potential. Their control is not merely a problem for individual nations but rather one for the whole world.[20] Infections have no respect for geographical boundaries, particularly in an era of extensive and rapid transportation allowing easy transmission of infectious agents.

Chronic diseases are also becoming more prevalent in developing countries, producing a 'double burden' of disease. The deteriorating state of health is further aggravated by the consumption in richer and poorer countries of mass-produced and highly processed foods, leading to obesity and diabetes, and the relentless promotion of tobacco, leading to coronary artery disease and congestive

[16] 'HIV/AIDS in Africa', http://www.securethefuture.com/aidsin/data/aidsin.htm.
[17] R. G. Wilkinson, *Unhealthy societies: the afflictions of inequality* (New York: Routledge, 1996).
[18] S. R. Benatar, 'Prospects for global health: lessons from tuberculosis', *Thorax* 50, 1995, pp. 487–9.
[19] K. Lee and A. B. Zwi, 'A global political economy approach to AIDS: ideology, interests and implications', *New Political Economy* 1, 1996, pp. 355–73.
[20] L. Garrett, *The coming plague: newly emerging diseases in a world out of balance* (New York: Farrar, Straus and Giroux, 1994).

heart failure, chronic lung disease and cancer. Violence associated with the trade in small arms, illicit drugs and sex are additional aggravating factors.[21]

Widening economic disparities and extreme poverty

Changes in the world economy during the past century have generated great wealth that has enhanced the lives of many. However, neoliberal global economic trends are both widening the gap between rich and poor and exacerbating extreme poverty,[22] defined as 'a condition of life so limited by malnutrition, illiteracy, disease, squalid living conditions, high infant mortality, and low life expectancy as to be beneath any reasonable definition of human decency'.[23] At the beginning of the twentieth century, the income of the richest 20 per cent of the world's population was nine times that of the poorest 20 per cent. By 1960, it was 30 times as large; and since then the gap has widened ever more rapidly, to the point where at the end of the century the richest fifth had an income 80 times that of the poorest fifth (see table 1). Today, 2 billion people live on less than US$2 per day, and more than a quarter of the world's population lives under conditions of 'absolute poverty'.

World debt grew from US$0.5 trillion in 1980 to US$1.9 trillion in 1994 and to US$2.2 trillion in 1997. 'From 1982–1990 the "South" received US$927 million in aid, grants, trade credits, direct private investment and loans … but the "South" paid out US$1.3 trillion in interest and principal on debt (excluding royalties, dividends, repatriated capital and underpriced raw materials).'[24] Grants to developing countries went down from US$35 billion in 1991 to US$23 billion in 1998. The IMF extracted a net US$1 billion from Africa in 1997 and 1998. Developing countries paid back US$13 for every US$1 they received in grants in 1998.[25] Although Third World debt accounts for a small proportion of total world debt, it has reached obscene levels in relation to these countries' income. How such debt has been created, and the fact that Third World debt is a small component of total world debt yet can never be repaid, has led to debt being described as the modern equivalent of slavery.[26]

Continuing wars contribute to massive social disruption. Unlike wars in the past between powerful and wealthy nations, most conflict today occurs within the weakest and poorest states in the world. Indeed, the phenomenon of conflict and warfare is changing profoundly, with citizens suffering disproportionately.[27] Bitter and vicious conflict between peoples, even those who are separated by

[21] H. R. Friman and P. Andreas, eds, *Illicit global economy and state power* (New York: Rowman and Littlefield, 1999).
[22] R. Falk, *Predatory globalization: a critique* (Cambridge: Polity Press, 1999); R. Barnet and J. Cavanagh, *Global dreams: imperial corporations and the new world order* (New York: Simon & Schuster, 1994).
[23] *World military and social expenditures 1996*.
[24] 'The G8 and the debt crisis', Alberta Council for Global Co-operation, http://www.web.ca/acgc.
[25] 'Jubilee 2000 news', http://www.jubilee2000uk.org/jubilee2000/news/imf0904.html.
[26] A. Pettifor, *Debt, the most potent form of slavery* (London: Christian Aid Society, 1996).
[27] M. Clarke, 'War in the new international order', *International Affairs* 77: 3, 2001, pp. 663–71.

Table 1: Indicators of an unjust world

Ratio between richest 20% and poorest 20%	
1900	9:1
1997	70:1
Ratio of extremely poor people 1975:1990	1:2
Life expectancy (years)	
World average	About 68
Sub-Saharan Africa	40 and falling
World population (1994) living on 4% world GNP	45%
Number of billionaires owning 4% of world GNP	385
World population living on <US$300/year	50%
World population living in absolute poverty[a]	>25%
GNP per capita	
Of richest country (US$)	35,000 +
Of poorest country (US$)	200
Debt owed to rich countries by poor countries (US$, 1997)	2.2 trillion
Developed countries	
% of GNP spent on military	5.3
% of GNP spent on aid to developing countries	0.24
% of GNP spent by United States on aid to developing countries	0.1
Worldwide expenditure on military goods and services (US$, 1995)	0.75 trillion
% of US government R&D expenditure spent on military research	66
Cost of arms for developing countries (US$, 1981–8)	340 billion
Increase in value of arms produced in developing countries (US$, 1950–1980)	× 500

[a] Defined as 'a condition of life so limited by malnutrition, illiteracy, disease, squalid living conditions, high infant mortality, and low life expectancy as to be beneath any reasonable definition of human decency'.

only minor differences and who have managed to live peacefully together for many decades, is one of the dominant resurgent tragedies of our modern era. The development of ethnic tension—described by Michael Ignatieff as the 'narcissism of minor difference'[28]—leading to ethnic cleansing in Bosnia and genocide in Rwanda,[29] has resulted in horrifying conflict, continuing displacement of millions of people from the culture and environmental roots that sustain their social lives, the creation of vast numbers of refugees, suffering on a massive scale, wastage of natural and human resources and the *potential for destabilizing the lives of privileged people everywhere*. It should be appreciated that it is not the ethnic differences per se that cause the conflict, but rather competition for resources

[28] M. Ignatieff, *The warrior's honour* (London: Chatto & Windus, 1998).
[29] P. Gourevitch, *We wish to inform you that tomorrow we will be killed with our families: stories from Rwanda* (London: Picador, 1998).

and the exploitation of ethnicity in the pursuit of power. The failure of powerful Western nations to avert such tragedies is sobering.[30]

Economic disparities have become so marked and their adverse effects so apparent that a very significant degree of incompatibility has arisen between neoliberal economic policies and the goals of democracy. These extremes of poverty and wealth are dehumanizing, both for those who live in poverty and for those who make it possible and even necessary for the poor to do so. If the underlying causes of these disparities are ignored, and merely medical and biological approaches are adopted to address inequalities in health, success in improving global health will be very limited. Determinants of poverty and ill health on which scholars, politicians, policy-makers and the public need to reflect, and which must be constructively addressed to advance moral and social progress, include the following:

- The evolution towards a globalized economic system that seems more concerned about free trade than about equitable and sustainable development, human freedom and population health.
- The flourishing of processes (often exploitative) that drive disproportionate accumulation of wealth by a small elite with little concern for the poor.
- Excessive consumerism of private goods as a 'way of life', with neglect of public goods and devaluing of civic society.
- The increasingly dominant global role of multinational companies and the adverse influence of some of them on the economies of small and weak states.
- The adverse effects of speculative, short-term financial investments and sudden movements of large amounts of capital.
- The impact on developing countries of earlier structural adjustment policies instituted by the IMF and the World Bank.
- The creation and perpetuation of Third World debt, which cannot be repaid and poses insuperable impediments to development.
- Many years of excessive military expenditure and the accumulation of a massive arsenal of weapons of mass destruction with the potential to destroy all life on our planet.

While these forces operate in a world of gross imbalances of wealth and power between the rich developed countries of the 'North' and the poor developing countries of the 'South', many political realities within developing countries have also contributed to the suffering of whole populations. These include corruption, ruthless military dictatorships, ostentatious expenditure by the ruling elite, underinvestment in basic education and health, excessive military expenditures, and ethnic strife and civil wars. While such deficiencies are open to appropriate criticism, it is also necessary to acknowledge that these adverse forces have been promoted by powerful nations pursuing their own economic and geopolitical

[30] S. Power, *A problem from hell: America and the age of genocide* (New York: Basic Books, 2001).

interests, often through collusion with despots who have much to gain in personal wealth at the expense of their citizens.

Patterns of expenditure on health care and research

With modern advances in medicine, and many causes of wasted resources in the provision of health care, the proportion of GNP spent on health care has escalated rapidly in many industrialized countries. The United States alone spends above 50 per cent (US$1.2 trillion) of the total health care expenditure in the world (approximately US$2.2 trillion a year)—on 5 per cent of the world's population.[31] In some developing countries per capita GDP has been declining steadily over the past 20 years, and with this the proportion of GDP spent on health care has also diminished markedly. For example, in sub-Saharan Africa, per capita GDP fell from US$590 in 1980 to US$500 in 1997; over the same period, government expenditure on health care fell from 5.8 per cent to 1.6 per cent of GDP.[32]

Regrettably, medicine is becoming increasingly linked to and influenced by market forces, with consequent conflicts of interest and dilution of professionalism.[33] Loss of public trust in the medical profession undermines society by threatening the effective and equitable delivery of valued social services.[34] The moral dilemma for wealthy nations and multinational pharmaceutical companies that make vast profits has been powerfully portrayed in relation to lack of treatment for HIV/AIDS in poor countries.[35]

Table 2: Health-care realities

Approx. total world expenditure on health care (US$)	2.2 trillion
Expenditure on health care by United States alone (US$)	1.1 trillion
% GNP spent on health care	
United States	14.1
Sub-Saharan Africa	1.6
Global GNP spent on health care for 16% of the world's population	89%
Their contribution to global DALYs	7%

Population, consumption and ecological degradation

Since 1850, the world's population has increased nearly sixfold, from little over 1 billion to almost 6 billion. Non-discriminatory, peaceful means of curbing such unsustainable growth rates are clearly required. However, it is disputed whether

[31] B. R. Bloom, 'The future of public health', *Nature* 402, 1999, Supplement, 2 Dec., pp. C63–4.
[32] R. Sandbrook, *Closing the circle: democratisation and development in Africa* (London: Zed Books, 2000).
[33] R. G. Spece, D. S. Shimm and A. E. Buchanan, *Conflicts of interest in clinical practice and research* (New York: Oxford University Press, 1997).
[34] E. Freidson, *Professionalism: the third logic* (Chicago: University of Chicago Press, 2001).
[35] P. Bond, 'Globalisation, pharmaceutical pricing and South African health policy', *International Journal of Health Sciences* 29: 4, 1999, pp. 765–92.

this can be achieved without first improving literacy, living conditions, access to health care and educational opportunities for those living in extreme poverty.

Massive population growth over the past 150 years has been accompanied by a 30-fold increase in consumption. US citizens, who comprise 5 per cent of the world's population, account for over 20 per cent of the world's annual energy use, while Chinese citizens, who comprise 20 per cent of the population, consume 10 per cent of annual energy use. Industrialized patterns of consumption clearly cannot become the norm for the whole world. Evidence is accumulating that consumption of environmental capital exceeds its regeneration rate by nature, and future generations will pay the price in terms of consequent disease, impaired quality of life and shorter lifespan.[36]

The impacts of climate change, water shortages, increasing exposure to radioactivity and loss of species diversity will include changing rates of illness and disease related to exposure to thermal extremes, changes in the geographical ranges and incidence of vector-borne diseases, new infectious diseases, adverse effects on child growth and development from changed food production and distribution, more cancers, and a growing burden of debilitating chronic diseases that even wealthy countries will not be able to afford to treat.[37] The attitude of the Bush administration to the Kyoto protocol on CO_2 emissions illustrates the danger to all when the economic aspirations of a single nation take precedence over the well-being of all other nations and future generations of humankind across the planet.[38]

If they are to be credible, calls for population control in developing countries will have to be matched by the example of consumption control in industrialized nations. The rate of population growth must be reduced, new attitudes to consumption fostered, and new, less environmentally damaging approaches to the generation of energy developed. New insights into the processes leading to destruction of environmental capital (the 'global commons') and how this could be diminished present additional challenges. These can be dealt with only through international collaborative endeavours that require 'forms of communication, information and trust that are broad and deep beyond precedent, but not beyond possibility'.[39] The challenge for global health ethics is to create a framework and processes to help achieve these goals in order to sustain peace, prosperity, freedom and justice for all.

[36] A. J. McMichael, *Planetary overload. global environmental change and the health of the human species* (Cambridge: Cambridge University Press, 1993); World Health Organization, *Health and environment in sustainable development: five years after the Earth Summit* (Geneva: WHO, 1997).

[37] A. J. McMichael, *Human frontiers, environments and disease: past patterns, uncertain futures* (Cambridge: Cambridge University Press, 2001).

[38] http://www.washingtonpost.com/wp-dyn/articles/A2354–2001Mar27.html; *International Affairs* 77: 2, April 2001, The climate change debate.

[39] E. Ostrom, J. Burger, C. B. Field, R. B. Norgaard and D. Policansky, 'Revisiting the commons: local lessons, global challenges', *Science* 284, 1999, pp. 278–82.

Values for global health ethics

We contend that all of the values we review below must be fostered to form a basis for global health ethics. Although none can stand alone, the most important for global health ethics is *solidarity*. Without solidarity it is inevitable that we shall ignore distant indignities, violations of human rights, inequities, deprivation of freedom, undemocratic regimes, and damage to the environment. However, if a spirit of mutual caring can be developed between those in wealthy countries and those in developing countries, constructive change is possible.

Respect for all human life and universal ethical principles

The idea of respect for human life springs partly from the long-standing religious belief, common to many cultures, that 'man is made in the image of God'. Given the diversity of religions and the unfortunate tendency to highlight only their differences, imaginative approaches are needed to promote respect for human dignity on these grounds. Hans Küng argues that, despite their wide range, all religions have many common elements that can be used to promote a sense of spiritual kinship while respecting a diversity of customs and rituals. His global ethic for humankind, offered as a means of promoting peaceful progress in a world divided by religious (and other) differences,[40] has been a major achievement and it is regrettable that it has not achieved a higher action profile (box 1).

In the secular sphere, for the past 50 years respect for human dignity, expressed through the Universal Declaration of Human Rights (UDHR), has achieved a high profile and many highly significant and valued results. However, its successes are difficult to quantify and many regard them as limited. For example, many oppressive regimes continue to participate with relative impunity in international activities, and the United States has both failed to ratify several crucial international agreements and refused to accept humanitarian treaties on landmines and the International Criminal Court. In addition, as Richard Falk has noted, the United States is widely perceived as using its diplomatic strength to protect its friends from well-deserved allegations of abuse of human rights, and has used force unilaterally—all of which undermine its advocacy for human rights.[41]

Underlying the debate about universal human rights and universal ethical principles are the hotly debated questions about what counts as a right, and whether ethics are relative to particular cultures and societies or if there are indeed ethical universals. Ruth Macklin has argued affirmatively for the universal position—while taking care to avoid viewing this as absolutist. If she is correct, these ethical universals provide a foundation for global issues and global bioethics that crosses national borders and cultures.[42] Others both dispute the

[40] H. Küng, *A global ethic for global politics and economics* (Oxford: Oxford University Press, 1997).
[41] R. A. Falk, *Human rights horizons: the pursuit of justice in a globalising world* (New York: Routledge, 2000).
[42] R. Macklin, *Against relativism* (New York: Oxford University Press, 1999).

Box 1: Declaration made by the World Conference of the Religions of Peace, Kyoto, Japan, 1970

Bahai, Buddhist, Confucian, Christian, Hindu, Jain, Jew, Muslim, Shintoist, Sikh, Zoroastrian and others—we have come together in peace out of a common concern for peace.

As we sat down together facing the overriding issues of peace we discovered that the things which unite us are more important than the things that divide us. We found that we share:

- a conviction of the fundamental unity of the human family, of the equality and dignity of all human beings;
- a sense of the sacredness of the individual person and his conscience;
- a sense of the value of the human community;
- a belief that love, compassion, unselfishness and the force of inner truthfulness and of the spirit have ultimately greater power than hate, enmity and self-interest;
- a sense of obligation to stand on the side of the poor and the oppressed as against the rich and the oppressors;
- a profound hope that good will finally prevail.

Source: H. Küng, *Global responsibility: in search of a new world ethic* (New York: Continuum Press, 1993), p. 63.

ontological status of values (claiming these are less than universal) and deny an epistemology based on reason as the foundation of human nature, through which universal values could be accessible.[43]

The dispute between universal and relative moral values within the field of bioethics is largely due to a failure to distinguish between the observed differences in moral behaviour accepted as the norm in different societies (descriptions of what 'is'), and universal principles that represent an attempt to provide, through critical reasoning, justification for universal norms (prescriptions of what 'ought to be'). There is also a lack of understanding that universal principles neither imply any form of essentialism,[44] nor suggest that simple deductions can be made from universal principles to achieve uniformity in how the principles are applied.

Considerations of context are essential aspects of moral reasoning in the application of universal principles within specific situations, and this process does not entail supporting the moral relativism that would make all local

[43] T. Dunne and N. J. Wheeler, eds, *Human rights in global politics* (Cambridge: Cambridge University Press, 1999); R. C. Fox, 'Is medical education asking too much of bioethics?', *Daedalus* 128: 4, Fall 1999, pp. 1–25.
[44] D. Callahan, 'The social sciences and the task of bioethics', *Daedalus*, Fall 1999, pp. 275–94.

practices legitimate.[45] Failure to distinguish moral relativism from the morally relevant considerations of context that are necessary for the specification of universal principles reveals a superficial understanding of the meaning of universal principles and of the ethical decision-making process required to apply these. Anthropologists who describe the local world as 'the moral context' of life are quite right in doing so.[46] However, they are wrong to proceed from their descriptions to imagining that the existence of local moral worlds negates both criticism of local morality and the quest for prescriptive universal norms that could be applied with sensitivity and judgement in local contexts.

Thankfully, the acrimonious debate about the importance of the contributions that can be made to bioethics by anthropologists (and other social scientists) is maturing.[47] There is now some appreciation of the need to go beyond dichotomous approaches to an understanding that the description and knowledge of local moral worlds, though necessary, is not sufficient, and that the analytical skills of philosophers are required to facilitate the development of prescriptive norms. The description by Kevin Wildes of 'medicine as a social institution' and 'bioethics as social philosophy',[48] and the elaboration of 'social moral epistemology' by Allen Buchanan,[49] illustrate that if moral progress is to be made, we must first recognize that contemporary applied ethics is impoverished by failure to acknowledge the extent to which it is parochial. Buchanan eloquently describes the need to improve our understanding of how social practices and institutional functions facilitate or impede the formation, preservation and transmission of morally relevant beliefs required for the proper functioning of virtues. These perspectives shed light on how the contested gap between the 'local' and the 'universal' could be narrowed through a deeper understanding of their intimate interaction.

Human rights, responsibilities and needs

'Human rights', as a secular concept for promoting human dignity, has the potential to transcend religions, national borders and cultures. In recent decades the human rights movement has flourished and more countries seem to be accepting universal human rights as a 'civilizational' standard,[50] despite the inconsistencies already mentioned.

Although human rights are widely accepted in the rhetorical sense, much argument continues about the nature and extent of such rights. Since the early 1990s a complex debate has also emerged regarding the Western bias and origins of

[45] T. L. Beauchamp, 'The role of principles in practical ethics', in L. W. Sumner and J. Boyle, eds, *Philosophical reflections on bioethics* (Toronto: University of Toronto Press, 1996), pp. 79–95.
[46] The word 'morals' derives from the Latin *mores*, meaning 'customs', which *are* local.
[47] D. Callahan, 'Universalism and particularism: fighting to a draw', Hastings Center Report 30: 1, 2000, pp. 37–44.
[48] K. W. Wildes, 'Bioethics as social philosophy', *Social Philosophy and Policy Foundation* 19, 2002, pp. 113–25.
[49] A. Buchanan, 'Social moral epistemology', *Social Philosophy and Policy Foundation* 19, 2002, pp. 126–52.
[50] J. Donnelly, 'Human rights: a new standard of civilisation?', *International Relations* 74, 1998, pp. 1–24.

human rights, and the extension of human rights from the West to the rest of the world, while superficially successful, must still be considered as largely 'unfinished business'.[51]

Insincerity in the initial formulation of the UDHR, lack of agreement on what qualifies as a right, a rhetoric about rights that neglects the corresponding duties that are inherent in the concept of rights, and threats to the idea that there can be such universal values all undermine the implementation of the 'rights revolution' and the derivation of benefit from its power.[52] Other reasons why success in the implementation of human rights has been only limited include the failure of the movement to reach beyond elite circles to capture the imagination of everyday citizens, the failure of powerful nations to document and acknowledge human rights abuses within their own borders, insincerity in the application of human rights standards in relationships between powerful and less powerful nations, and failure to appreciate that the notion of Western ownership of human rights poses a risk to the global success of the human rights movement.[53]

Inadequate attention has been paid to the fact that rights and duties are intimately connected; that the conceptual logic of rights entails corresponding duties. Thus duty bearers need to be identified to ensure the realization of rights. If all claim rights but none is willing to bear duties, rights will not be satisfied. Our ability to enjoy rights is thus determined by our willingness to accept our responsibilities. Audrey Chapman expresses concern that political discourse is impoverished by a human rights discourse in the United States which, 'far more than in other liberal democracies, is characterised by hyper-individualism, exaggerated absoluteness, and silence with respect to personal, civic, and collective responsibilities'.[54]

She draws attention to three advantages of paying greater attention to the duties related to specific rights: (1) moving the human rights debate in the direction of who has to do what if these rights are to be realized; (2) more focused and specific discussions of questions of priority among rights and other important social goals; and (3) discussion of the inadequacies of the contemporary international political and economic order. She eloquently describes the shift required from an excessively liberal human rights paradigm to a social model of human rights that links benefits and entitlements with the acceptance of a series of responsibilities—the starting point for such rights being the principle of respect for all persons in the context of community.

The recently proposed Declaration of Universal Duties could further strengthen the rights approach.[55] A focus on duties would expose the responsibility of

[51] Falk, *Human rights horizons*.
[52] D. Rieff, 'The precarious triumph of human rights', *New York Times Magazine*, 8 Aug. 1999, pp. 37–41.
[53] Falk, *Human rights horizons*.
[54] A. R. Chapman, 'Reintegrating rights and responsibilities', in K. W. Hunter and T. C. Mack, eds, *International rights and responsibilities for the future* (Westport, CT: Praeger, 1996), pp. 3–28; A. Robertson, 'Critical reflections on the politics of need: implications for public health', *Social Science and Medicine* 47, 1998, pp. 1419–30.
[55] Trieste Declaration of Universal Duties, Trieste University Press, 1997.

developed nations not to act in ways that may abrogate the rights of people in developing countries. It could also promote recognition of the role developing countries themselves play in causing and perpetuating the misery of their peoples.

The application of human rights must thus extend beyond civil and political rights to include social, cultural and economic rights and their close integration with the reciprocal responsibilities required to ensure that rights are honoured and basic needs are met.[56] Just as the concept of 'political citizenship' requires non-discriminatory enfranchisement of all, so the concept of 'social citizenship' requires access to the basic requirements for survival and potential flourishing—a requirement of modern democracy (see below).

Considerations of group rights to protect minorities add another layer of complexity. Protecting minorities is more than an extension of human rights and is an essential component of the quest for international peace and security. Much remains to be achieved if human rights are to become an integral aspect of global politics and law.[57]

Equity

'Equity' is another concept that could transcend national borders and cultures. Equity can be defined as the provision of equal shares for equal needs, or the allocation of unequal shares for unequal needs as long as proportionality is maintained. However, proportionality is difficult to assess because of incommensurability.[58] Some inequalities in wealth, health and disease are inevitable aspects of life. Eliminating all inequalities is not possible. In addition, not all inequality is inequitable. Inequity refers to those inequalities that are considered to arise from unfairness.

Inequitable disparities in health have become a major focus of attention in recent years. The Global Health Equity Initiative (GHEI) funded by the Rockefeller Foundation is based on the idea that advocacy, capacity building and a focus on specific product initiatives can effectively harness the new sciences to counter health-product market failures. Its work includes accelerating the development and distribution of vaccines and drugs to fight the diseases that afflict those who are poor and who are bypassed by commercial research and development, notably AIDS, malaria and tuberculosis. For example, market failure to develop new drugs for tuberculosis will be dealt with through the Global Alliance for TB drug development (GATB). The GATB is seeking a minimum of 50 per cent government funding and the balance from private sources. Its social mission is to establish immediate equitable access to new

[56] Together with the Civil and Political Rights Covenant, the General Assembly of the United Nations adopted in 1966 the International Covenant on Economic, Social and Cultural Rights, obliging governments to protect the rights of all their citizens to labour, social, economic and cultural rights.

[57] Falk, *Human rights horizons*.

[58] By incommensurability is meant the impossibility of weighing and balancing values that cannot be measured against each other on any common scale—for example, additional years of normal life against years of disabled life.

innovative treatments for tuberculosis, including strains that are resistant to many drugs, and to disseminate a directly observed therapy strategy (DOTS) using innovative approaches to public relations, transfer of technology and capacity building.[59]

However, it is unlikely that inequitable disparities in health will be reduced merely through changes in the health sector alone. As the achievement of good health requires more than the provision of health care services, so attention needs to be directed towards the forces that drive and perpetuate economic inequity: for example, to the forces that in recent years have shifted much of the discourse in international health policy debates away from considerations of equity towards an efficiency-driven perspective. While this market influence, which reflects a narrow, direct approach to health, has value, it also has considerable potential to damage the equity valued by more egalitarian approaches.[60]

Instead of taking a direct approach that focuses on equity in health (a difficult concept to define) as an end in itself, Fabienne Peter has suggested an indirect approach that sees the pursuit of health as embedded in the broader pursuit of social justice (as an important determinant of health) in general.[61] This approach emphasizes the concept of agency and well-being (defined as 'having the capabilities that a person can achieve') and the freedom (see next section) to pursue one's own life goals within a pluralistic world.[62] It also provides space to address the 'politics of need [for food, shelter, education and protection from harm] in the context of the modern welfare state in general and in relation to public health in particular'.[63]

John Rawls's theory of justice (central to which is a 'fair system of cooperation' among individuals who all enjoy fundamental equality and freedom within a particular society) offers an appealing vision of a social order that every citizen finds *legitimate* despite large differences in their personal values. It has been suggested that such an approach could open the path to considering the implications of cooperation and justice at a global level.[64] Rawls's Law of Peoples attempts to achieve this goal by describing how 'peoples' (as nations) that hold liberal values, or that are at least decent societies, could agree to structure their international relations.[65]

[59] http://www.rockfound.org/rocktext/t_99prog/t_health/t_indicators.html.
[60] L. Gilson, 'In defence and pursuit of equity', *Social Science and Medicine* 47/12, 1998, pp. 1981–96.
[61] F. Peter and T. Evans, 'Ethical dimensions of health equity', in T. Evans, M. Whitehead, F. Diderichsen, A. Bhuyia and M. Wirth, eds, *Challenging inequities in health: from ethics to action* (New York: Oxford University Press, 2001), pp 24–33.
[62] A. Sen, *Development as freedom* (New York: Anchor Books, 1999).
[63] A. Robertson, 'Critical reflection on the politics of need: implications for public health', *Social Science and Medicine* 47: 10, 1998, pp. 1419–30.
[64] Peter and Evans, 'Ethical dimensions of health equity'.
[65] Rawls offers eight laws: Peoples are free and independent, and their freedom and independence are to be respected by other peoples. Peoples are to observe treaties and undertakings. Peoples are equal and are parties to the agreements that bind them. Peoples are to observe a duty of non-intervention. Peoples have the right of self-defence but no right to instigate war for reasons other than self-defence. Peoples are to honour human rights. Peoples are to observe certain specified restrictions in the conduct of war. Peoples have a duty to assist other peoples living under unfavourable conditions that prevent their having a just or decent political and social regime.

Global health ethics

Allen Buchanan has levelled criticisms at Rawls's Law of Peoples on the grounds that Rawls fails to take into consideration, first, 'that there is a global basic structure (the Westphalian system of states), which, like the domestic basic structure, is an important subject of justice because it has profound and enduring effects on the prospects of individuals and groups', and second, that 'the populations of states are not "peoples" in Rawls's sense and are not likely to become so without massive, unjustifiable coercion … Rawls's failure to take these two facts into account explains two puzzling omissions in the Law of Peoples: the lack of principles of international distributive justice and the lack of principles addressing intrastate group conflicts.'[66] The economic polarization of the world illustrates the importance of the first omission. The conflict between religion/culture and the law in modern secular states in which human rights are respected illustrates the relevance of the second omission.[67] These failures seem to make Rawls's set of laws of limited value for a world in which national sovereignty, though waning, remains powerful.[68] The potential for Rawls's theory of justice to impact on everyday life globally would be enhanced if the United States added to its acclaim for this theory greater commitment to justice in access to health care within its own borders.

Norman Daniels has helped to bridge philosophical theories and practical realities by proposing benchmarks of fairness for health reform and adapting these for developing countries.[69] He has also, with James Sabin, made important contributions towards understanding fair processes in health care institutions by developing a model called 'accountability for reasonableness'.[70]

Freedom

Freedom is another highly prized value. This includes 'freedom from' as well as 'freedom to'. Good health and satisfying lives are determined both by the freedom from want (of basic subsistence and educational needs) and by the freedom to undertake activities of one's choice to achieve personal goals. In Amartya Sen's view, action should be focused on ensuring the opportunities to undertake these activities (defined by him as 'capabilities'), as he believes that equality can be best promoted by enhancing the capabilities of individuals.[71] Freedom from want (dependent at least to some extent on the actions of others) is essential to achieving these goals. Ian Gough and Len Doyal argue on moral grounds that the freedom to develop one's potential must be coupled to 'freedom from' through security of person and access to first-order biological needs—food,

[66] A. Buchanan, 'Rawls's Law of Peoples: rules for a vanquished Westphalian world', *Ethics* 110: 4, 2000, pp. 697–721.
[67] 'The end of tolerance: engaging cultural differences', *Daedalus*, Fall 2000.
[68] Buchanan, 'Rawls's Law of Peoples'.
[69] N. Daniels, D. Light and R. Caplan, *Benchmarks of fairness for health care reform* (Oxford: Oxford University Press, 1996).
[70] N. Daniels and J. Sabin, *Setting limits fairly: can we learn to share medical resources?* (Oxford: Oxford University Press, 2002).
[71] Sen, *Development as freedom*.

clean water, shelter, etc.—as the essentials for decent lives. A sense of empowerment and control over ourselves is, in their view, essential for human flourishing.[72] Respect for the basic needs and dignity of others, respect for the full range of human rights, belief in the rule of just law, willingness to take responsibility for one's actions and societal well-being, deriving satisfaction from work well done, contributing to new knowledge, and the freedom to develop one's full potential are essential for the achievement of personal fulfilment and human flourishing.

Sen's work has achieved the highest of accolades—not least because it focuses on 'freedom to'. In *Development as freedom* he draws on both philosophy and economic analysis to provide an eloquent conceptual exposition and ethical defence of today's dominant development thinking, the approach that has been called 'pragmatic neoliberalism'.[73] This is a market-oriented approach that goes beyond orthodox neoclassical analysis and macroeconomic reforms (although these remain central) to include responsive governance, political freedoms, improved education, health care and social safety nets, gender equity, and environmental sustainability.

Although Sen is considered to be among those who most eloquently promote the neoliberal agenda, largely by arguing for the freedom to achieve one's capabilities, his exposition and defence of the dominant neoliberal development paradigm has been criticized by Richard Sandbrook as being incomplete or implausible on three grounds.[74] First, Sandbrook contests the assumption that market exchange is 'a natural and intrinsically valuable pattern'. He draws upon the seminal work of Polanyi to remind us that, while market practices have existed throughout history, the modern market system, in which people satisfy their material needs by treating land, labour and money as commodities, is an invention of the past three centuries. Polanyi's analysis showed that 'reciprocity' and 'redistribution' were two alternative forms of economic organization that operated on a logic quite contrary to that of market exchange—with highly significant implications for development.[75]

Second, Sandbrook identifies shortcomings in Sen's conception of democracy and in his analysis of the 'challenges facing democracies'. While not contesting the standard arguments provided in favour of democracy, Sandbrook suggests that what is missing in Sen's account is an understanding of the dilemma of democracy in poor countries, and an analysis of the limits that a range of forces, including the concentrated economic power of major corporations and international economic systems, place on capitalist democracy in developing countries. Others have also argued that the ideology of trade liberalism obstructs the achievement of democracy by giving greater weight to freedom of the

[72] L. Doyal and I. Gough, *A theory of human need* (London: Macmillan, 1991).
[73] R. Sandbrook, 'Globalisation and the limits of neoliberal development doctrine', *Third World Quarterly* 21: 6, 2000, pp. 1071–80.
[74] Ibid.
[75] K. Polyani, *The great transformation: the political and economic origins of our time* (Boston, MA: Beacon Press, 1957).

market than to methods of governance and sustenance of democratic ideas.[76]

Third, Sandbrook suggests that there are major flaws in Sen's conception of 'reasoned social progress'. While Sen portrays a world in which citizens, through informed discussion in the context of free speech and free markets, can select policies to promote a just and prosperous society, the reality is that the majority of poor and oppressed will have to confront not only dictatorial states bent on dominating markets but also global and national power structures rooted in production and exchange. These criticisms highlight the challenges that need to be faced if human freedom is to be more widely achieved.

Democracy

Democracy, coupled to the capitalist free-market system, has been an essential and well-recognized feature of progress during the twentieth century. Less widely recognized are the tensions between democracy and capitalism. Democracy, a concept that has evolved considerably since its inception in ancient Greece,[77] should be more than either mere procedural democracy ('free and fair elections') or constitutional democracy (with its focus on legislated civil and political rights). It should also include more accountable decision-making and mechanisms for dealing with the inequities that are created and exacerbated by social and economic structures and processes.

Although there may be no true democracies, modern democracies aim to provide equal rights to a reasonable income, access to education for children and adequate health-care facilities. The fact that few societies can meet these requirements within the system of resource distribution operative under the current capitalist system (the US health care system, which excludes about 20 per cent of its population from health coverage, is a prime example) reveals the difficulty of achieving the goals of true modern democracy even in developed nations.[78]

Understanding such failure requires a recognition that democratization at the global level is not always seen as being in the best interests of capitalist countries.[79] An example is provided by Jason Ralph in recounting William Robinson's description of how 'under the banner of "market democracy" the US … promotes polyarchy—a political system that leaves socio-economic circumstances in place while providing for political representation and the

[76] G. Teeple, *Globalisation and the decline of social reform: into the 21st century* (Aurora, Ont.: Garamond Press, 2000); Royal Danish Ministry for Foreign Affairs, *Building a global community: globalisation and the common good* (Copenhagen: RDMFA, 2000); Falk, *Human rights horizons*; J. Girling, *Corruption, capitalism and democracy* (London: Routledge, 1997). Classical economic theory assumes an entirely different relationship between means and ends from democratic theory. While both espouse freedom (of market exchange on one hand and of political identity/activity on the other), by deferring to powerful business interests governments renege on electoral pledges, and in the collusion between capitalism and democracy become corrupt.

[77] J. Dunne, ed., *Democracy: the unfinished journey, 508BC–AD 1993* (Oxford: Oxford University Press, 1992).

[78] I. Wallerstein, *The end of the world as we know it: social science for the 21st century* (Minneapolis: University of Minnesota Press, 1999).

[79] Ibid.; J. Dunne,ed., *Democracy*.

appearance of democracy—that legitimises the domination of transnational capital even though it fails to address and even exacerbates social injustice'. Ralph contends that 'America's standing in the world is threatened as much by [these] longstanding democratic failings as by recent concerns about the electoral procedure' for the 43rd President of the United States, and that an irresponsible market place can be as repressive as an unresponsive dictator.[80]

John Dunne argues that 'At the height of its present triumph, three great questions still confront representative democracy': (1) How do modern economies really work and what constraints do their workings really place on how governments can hope to act effectively? (2) How should democracies be governed and by whom? And (3) how far is it sane to hope that representative democracy can ever realize for all its citizens the goal of living together in freedom?[81]

The Royal Danish Foreign Ministry (summarizing the discussion held at several seminars on social progress in Copenhagen) argued that the forces of economic globalization are eroding democracy. At the same time, it advanced four reasons why the future world community needs to be more equitably and meaningfully democratic: (1) keeping the dangers threatening a globalized world under control requires cooperation and commitment of a maximum number of states and other institutions; (2) the process of globalization is in need of control and orientation, notably in its financial and economic facets—more freedom does not mean more equity or equality;[82] (3) peace and cooperation will prevail over conflict and wars only through shared values of greater scope and depth; and (4) a set of reasons can be advanced justifying the search for a global democratic community as the only morally and politically acceptable form of social organization.[83]

As democratic market regimes have varied enormously, geographically and historically, four criteria have been offered for assessing the quality of a democracy: (1) economic participation of all in a wide range of productive activities; (2) economic justice (fair rewards for activities); (3) economic morality (addressing the behaviour of all actors in the market economy—including public authorities); and (4) economic moderation—one of the most difficult virtues to achieve in a market economy. Achieving better-quality democracy is a challenge for all countries, including those that already consider themselves to be stable democracies. It is appropriate to recall here the admonition by Virchow that 'Medicine is politics and social medicine is politics writ large.'[84]

[80] J. Ralph, review article, 'American democracy and democracy promotion', *International Affairs* 77: 1, 2001, pp. 129–40.
[81] Dunne, ed., *Democracy*.
[82] Cf. 'Total freedom for the wolves means death for the lambs' (Isaiah Berlin).
[83] Royal Danish Ministry for Foreign Affairs, *Building a global community*.
[84] Cited in F. Eskin, 'Public health medicine: the constant dilemma', *Journal of Public Health Medicine* 24: 1, 2002, pp. 6–10.

Environmental ethics

As realization grows of the impact on the planet of the sixfold increase in world population and the 30-fold increase in annual energy consumption over the past 150 years, respect for our common environment is another value that is increasingly becoming accepted. Globalization of the world economy adversely affects the environment by encouraging the unrestrained use of natural resources and through pollution of rivers, soil and air in countries where legislation is less stringent or is not enforced. Such environmental abuse has potentially profoundly adverse effects on health and human well-being.[85] In this context the perspective of public health ethics must be extended beyond the local to include the global.[86] Environmental and ecological ethics thus have important contributions to make to the study of global bioethics, as originally recognized by Van Renselaar Potter.[87]

Now more than ever before, the *cooperative instinct* will need to supplement the *competitive forces* that promoted magnificent progress over several centuries but that now threaten to annihilate life on our planet. An alteration in the spectrum of concern from one narrowly focused on ourselves (an anthropocentric ethic) towards a broader spectrum that embraces concern for the environment on which all life depends (an ecocentric ethic) has become crucial. The challenge is to prevent an unmitigated, market-driven, global monoculture, that treats life and nature (including animals) as exploitable, from eclipsing a broader moral vision of the good life.[88] The emergence of bovine spongiform encephalopathy and epidemics of foot and mouth disease requiring the mass slaughter of animals is a sad reflection of failed human stewardship of nature.

Solidarity

Capitalism, as both an economic system emphasizing free trade and a political order within the Western philosophy of liberal individualism, constitutes a powerful global force driving economic growth. Constructive responses to socialist perspectives emphasizing social solidarity and constraints on market freedom have enabled capitalism to construct Keynesian welfare policies within many democracies. The ameliorating effects of such policies on the adverse effects of capitalism have been most successful in the Scandinavian social welfare states and less successful in the liberal welfare states of European countries. The New Deal, initiated in the United States by President Roosevelt in 1933, introduced social and economic reforms similar to those in Europe. Although this reflected a rejection of 'laissez-faire' capitalism, it was weakly administered

[85] C. P. Howson, H. V. Fineberg and B. R. Bloom, 'The pursuit of global health: the relevance of engagement for developing countries', *Lancet* 351, 1998, pp. 586–90.
[86] P. Beaglehole and R. Bonita, 'Public health at the crossroads: which way forward?', *Lancet* 351, 1998, pp. 590–2.
[87] R. Van Potter, *Global bioethics: building on the Leopold Legacy* (East Lansing: Michigan State University Press, 1998).
[88] Michael W. Fox, Bernard E. Rolin, *Bringing life to ethics: global bioethics for a humane society* (New York: State University of New York Press, 2001).

and has not been long-lasting. The United States thus does not have a welfare state in the Keynesian tradition, and under its influence the Keynesian state in Europe has been in sharp decline since the early 1970s.

The emphasis in recent decades on the US version of capitalism, based on strong individualism in association with neoliberal economic policies, has deflected attention from the need to belong to, and contribute to, communities, and there has been considerable erosion of support for the notion of civic society. A central aspect of the tension between rugged individualism and social democracy relates to the conception of the self—what it means to be a self-determining person. For strong individualists, the conception of the self emphasizes individual rights (especially civil and political rights), unconstrained personal freedom and a society structured on the basis of free association of such individuals. This version of liberty, with responsibility exclusively to the self, contrasts with the view of social democracy according to which individuals arise from and are shaped by their societies; their freedom to choose is embedded in social attachments, and their social and economic rights acknowledge solidarity as a balance between rights and responsibilities to themselves and others.[89]

But even solidarity is not a monolithic concept. For example, within the African value system, solidarity takes on a perspective that contrasts significantly with the Western notion. An African-centred worldview is characterized by several features: a sense of self that is collective—an attitude wherein one accepts the sameness in oneself and others; a clear sense of one's spiritual connection to the universe; a sense of mutual responsibility; and a conscious understanding that human abnormality is any act that is in opposition to oneself and one's fellow humans, or in opposition to God.[90] An African philosophy and unifying worldview is enshrined in the maxim *umuntu ngumuntu ngabantu*—'a person is a person through other persons' or 'to be human is to affirm one's humanity by recognizing the humanity of others' or 'I am because we are.'[91]

The African conception of democracy embraces a strong desire to deliberate and to reach consensus through dialogue,[92] as captured in the word *simunye*—'we are one', or 'unity is strength.' While this idea is supposed to safeguard the rights of individuals and minorities, it may also be exploited to enforce group solidarity. The fact that an inclusivist conception of individuality can easily derail into an oppressive collectivism or communalism is well recognized and has been extensively debated. Finally, the intense competitiveness of the Western world is not mirrored in the African world, where there is a preference for group work. The word *shosholoza*, meaning 'to work as a team', describes a spirit that has held African people together under conditions of great adversity and oppression.

[89] C. Taylor, *Sources of the self: the making of modern identity* (Cambridge, MA: Harvard University Press, 1989).

[90] http://butts1.cookman.edu/myrickc/african_values.htm.

[91] D. J. Louw, *Ubuntu: an African assessment of the religious other*. See http://www.bu.edu/wcp/Papers/Afr/AfriLouw.htm.

[92] Such an idea is mirrored in the idea of deliberative democracy. See A. Gutmann and S. Thompson, *Democracy and disagreement* (Cambridge, MA: Belknap Press/Harvard University Press, 1996).

The values held by Canadian First Nations resemble African values—and those of other indigenous peoples—emphasizing holism, pluralism, autonomy within community, a balance among the mental, physical and spiritual aspects of life, stewardship over nature, and respect for the integrity of the human body after death. Healing requires spirituality and relationships among all of the above.

Richard Rorty argues that solidarity is not discovered by reflection and reasoning, but rather by increasing our sensitivity (empathy) to the pain, suffering and humiliation of others. Such sensitivity, he argues, would make it difficult to marginalize 'the other'.[93] Progress towards achieving solidarity requires humility. Humility and arrogance involve general attitudes to one's place in the world and to whether or not one considers oneself subject to the same constraints of morality as other rational beings. Superior intelligence, exquisite beauty, great wealth and high social status, as well as fundamentalist religious beliefs, can lead to the arrogant attitudes that allow some to try to impose their will or way of life on others. In a world characterized more by arrogance than by humility, a world in which the lives of some are considered to be of infinite value while the lives of others are considered irrelevant and dispensable, there is a great need for empathy and humility in order to promote solidarity and mutual caring.[94] This realization, and the description by Jonathan Glover of how moral imagination is needed to protect our moral identity and to prevent moral human responses to atrocities from being eclipsed by ideology, tribalism or distance,[95] brings us back full circle to the respect for dignity and universal ethical principles with which this section began.

The way forward for global health ethics

Developing a global state of mind

Developing a global state of mind about the world and our place in it is perhaps the most crucial element in the development of an ethic for global health. To do this requires some understanding of the world as an unstable and complex system. In his masterly analysis of the world as a complex social system, Immanuel Wallerstein predicted that 'the first half of the twenty-first century will … be far more difficult, more unsettling, and yet more open [to change] than anything we have known in the twentieth century.' He bases this assessment on three premises: (1) that historical systems, like all systems, have finite lives and in their trajectory move away from a relatively stable state towards unstable 'points of bifurcation' at which further progress may proceed in markedly different directions; (2) at such points of bifurcation, small inputs can have large outputs because the outcome of change is dependent more on the direction of change than on the magnitude of the force of change; and (3) that the modern world-

[93] R. Rorty, *Contingency, irony and solidarity* (Cambridge: Cambridge University Press, 1989).
[94] B. Gert, *Morality* (New York: Oxford University Press, 1988).
[95] J. Glover, *Humanity: a moral history of the twentieth century* (New Haven, CT: Yale University Press, 2001).

system, as a historical system, has entered into a terminal crisis and is unlikely to exist in its current form in 50 years. However, as the outcome at the current bifurcation point is uncertain, we do not know whether the resulting system will be better or worse than the one in which we are now living.

From these premises he draws several moral and political conclusions. First, progress as envisioned by the Enlightenment project is not at all inevitable—although it is not impossible. Second, the belief in certainties, a fundamental premise of modernity, blinds us to the possibilities of choices and cripples our ability to act courageously. Third, in human social systems the struggle for the good society is a continuing one. Precisely at these points of bifurcation, the human struggle takes on the most meaning, and the free will of individuals and the collectives they may form can outweigh the pressures of the existing system and restore equilibrium. Wallerstein argues that fundamental change towards a substantively rational system would embrace democratic and egalitarian principles as intimately and inseparably linked to each other.[96]

Another example of the need for new ways of thinking in a world that has changed so much is provided by Michael MccGwire. He explicates the context in which the current 'adversarial national security paradigm' evolved over the past 60 years and has now 'lost its way'. He argues convincingly that a paradigm shift is necessary towards what he calls a 'cooperative global security paradigm'—because times and threats have changed—and that progress will be possible only if attitudes about relationships, diplomacy, power and security can be reshaped.[97]

In his view the current paradigm emphasizes relationships characterized by exclusion, confrontation, domination and enmity; diplomacy that is adversarial, intransigent, unilateral, vengeful and exploitative; power that is used to maintain superiority through compulsion and punishment; and ideas of security that are based on inequality, deterrence, coercion and national interests. As this paradigm is less than 60 years old, and was shaped by many beliefs that were a product of specific times and events, he believes, like Wallerstein, that deliberative change can be achieved through human agency in response to changing times.

MccGwire proposes that achieving the new paradigm will require shifts towards relationships characterized by inclusion, détente and engagement; diplomacy that is cooperative, compromising, multilateral, magnanimous and reciprocal; new attitudes to power that would foster persuasion and reward; and security at an international level pursued through reassurance and cooperation on a global scale. He concludes his thesis with a description of four prerequisites for achieving the paradigm shift: a precipitating cause for change, an impulse for change, an engine for change and removal of obstacles to change.[98]

In our analysis through the lens of human health and disease and by analogy with MccGwire's analysis, the precipitating causes for change are widening

[96] Wallerstein, *The end of the world as we know it*.
[97] M. MccGwire, 'The paradigm that lost its way', *International Affairs* 77: 4, 2001, pp. 777–803.
[98] M. MccGwire, 'Shifting the paradigm', *International Affairs* 77: 1, 2001, pp. 1–28.

disparities in health and the double burden of infectious diseases and non-communicable diseases that threaten the future security of all. The impetus for change comes from growing recognition of the unsustainability of exclusively individualistic approaches to human health and the pressing need also to improve health at the level of whole populations. [99] We propose that an expanded discourse on ethics could be the engine for change if linked to capacity building through global strategic alliances. The greatest challenge, as with McGwire's proposal, will be removing the obstacles to change. It would seem that the predominant obstacles are the persistence of short-term perspectives on self-interest and belief that the power of money, knowledge and weapons can protect the privileged.

Such considerations raise the perennial problem of how to strike a balance between the rights (and needs) of individuals and the common good of societies. While the focus on individual rights is vital and necessary for the well-being of individuals, and contributes substantially to the well-being of societies, such a focus is not sufficient for the achievement of improved public health.

New paradigms of thinking that could be widely shared would allow extension of the conception of human rights beyond civil and political rights to include social, economic and cultural rights and their close integration with the reciprocal responsibilities required to ensure that rights are honoured and basic needs are met. Ann Robertson has argued eloquently for a language of public health that articulates the reciprocity and interdependence that characterize community—a language based on a 'moral economy of interdependence' (defined as the collectively shared basic moral assumptions constituting a system of reciprocal relations) rather than one of moral nihilism and radical individualism.[100]

In a world in which disparities are widening to grotesque dimensions and consumption patterns are damaging the environment on which all are dependent, there is also a need to extend the ethics discourse to the level of global security and a safe environment.[101] A deeper understanding is required of how complex systems function and of how they could be influenced by extending the 'ethics discourse' to include considerations of the ethics of institutional function and international relations—for example in relation to economics, power and trade between nations.[102]

The level of complexity here is much greater because of the way in which the foreign policies of some countries may covertly enhance the lives of their own citizens through exploitation of unseen persons elsewhere. The moral

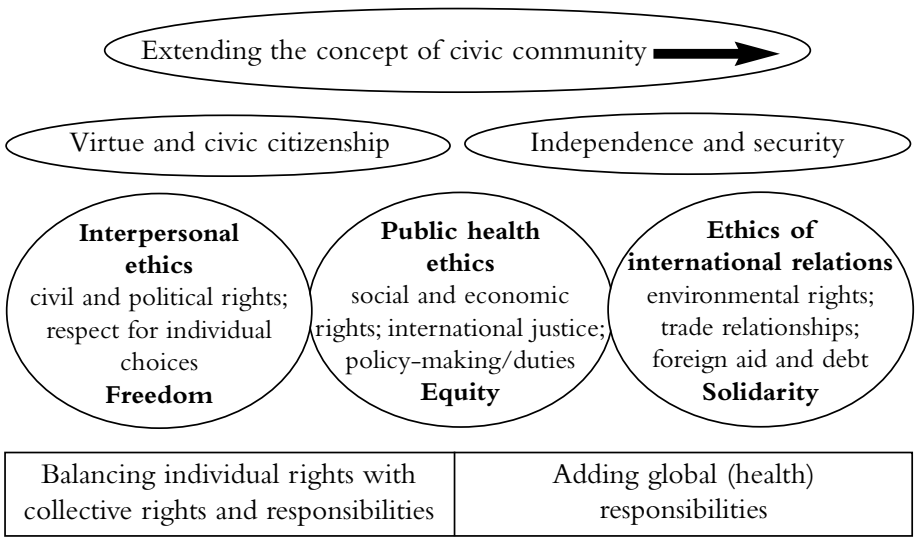
[99] S. R. Benatar, 'Global disparities in health and human rights: a critical commentary', *American Journal of Public Health* 88, 1998, pp. 295–300; S. R. Benatar, 'Millennial challenges for medicine and modernity', *Journal of the Royal College of Physicians* 32, 1998, pp. 160–5.

[100] Robertson, 'Critical reflection on the politics of need'; see also S. R. Benatar, 'Just health care beyond individualism: challenges for North American bioethics', *Cambridge Quarterly of Healthcare Ethics* 6, 1996, pp. 397–415.

[101] N. Low and B. Gleeson, *Justice, society and nature: an exploration of political ecology* (London: Routledge, 1998).

[102] S. R. Benatar, 'Streams of global change', in Z. Bankowski, J. H. Bryant and J. Gallagher, eds, *Ethics and equity for all* (Geneva: Council for the International Organisation of Medical Sciences, 1997), pp. 75–85.

Figure 1: Expanding the ethics discourse



perspective is thus extended from 'interpersonal morality' to 'civic morality' and to an 'ethics of international relations' that has dimensions intimately linked to political, military, cultural and economic issues.[103]

All these changes would be dependent on relinquishing our arrogance about who we in favour of humility about the role of privileged people in the world. Such larger-scale ethical considerations would allow recognition of the responsibility to balance individual goods and social goods, and not to harm weak and poor nations through economic and other forms of exploitation that frustrate the achievement of human rights and well-being. Unless such progress is made, the prospects for dealing adequately with such threats as the HIV/AIDS pandemic and the growing burden of non-communicable diseases seem bleak. 'Justice without borders' is the challenge.

In seeking to develop a global mindset, participants in the Copenhagen seminars on social progress have suggested that building a moral community focused on the common good will require a synthesis built around three substantive goals (democracy, a humanist political culture and an economy oriented to meeting human needs in the widest sense) and two procedural goals (development of a coalition of social forces with a global agenda, and building a structure for multilateral governance). Their rationale is that economic globalization is propagating a model of development and progress based on the freedom of the individual and

[103] S. R. Benatar; G. Elfstrom, *International ethics: a reference handbook* (Santa Barbara, CA: ABC-Clio Press, 1998); T. V. Paul and J. A. Hall, eds, *International order and the future of world politics* (Cambridge: Cambridge University Press, 1999); K. Smith and M. Light, eds, *Ethics and foreign policy* (Cambridge: Cambridge University Press, 2001); Dunne and Wheeler, *Human rights in global politics*; V. Hosle, 'The third world as a philosophical problem', *Social Research* 52, 1992, pp. 227–62.

the acquisition/consumption of increased quantities of goods and services that, by themselves, are not sufficient to create a harmonious world community.[104] The emergence of a multifaceted social movement dedicated to 'globalization from below' illustrates additional pathways to constructive change.[105]

Promoting long-term self-interest

In arguing that it is both desirable and necessary to develop a global mindset in health ethics, we also suggest that this change need not be based merely on altruism, but could be founded on long-term self-interest. For example, it has been shown by mathematical modelling for hepatitis B that the resources needed to prevent one carrier in the United Kingdom could prevent 4,000 carriers in Bangladesh of whom, statistically, four might be expected to migrate to the UK. Thus it would be four times more cost-effective for the UK to sponsor a vaccination programme against hepatitis B in Bangladesh than to introduce its own universal vaccination programme.[106]

Perhaps the clearest example of self-interest in the face of mutual interdependence is the threat posed by the HIV/AIDS epidemic. Recent information about the origin of HIV/AIDS highlights the importance of new ecological niches in the genesis of epidemics. HIV/AIDS is only one of several microbial threats.[107] Microbial antibiotic resistance, as in the case of tuberculosis, is on the upswing, and the underlying social and economic reasons for this must be understood and countered if future and potentially more devastating plagues are to be avoided.[108] Acknowledgement by the United States that health has important security implications for US foreign policy has provided space for an argument that improving the health status of people in developing countries makes both moral and strategic sense. In the past, security has focused on striving for competitive advantage. With the development of nuclear and other weapons of mass destruction it became evident that humankind could destroy all life on the planet in the quest for superiority by one group over others. In this context, it would be prudent to assume that genuine security can be achieved only through cooperation and not through 'mutually assured destruction' doctrines. This goal requires a shift in mindset towards seeing ourselves as intricately linked to the lives and well-being of others and to the state of the global environment, on which we are crucially dependent. Such a mindset is more likely to promote the self-interest of all and less likely to damage the global commons. We also have a biological imperative to recognize that we are of one species and that this fact requires a collective interest in species-wide survival.

[104] Royal Danish Ministry for Foreign Affairs, *Building a global community*.
[105] J. Brecher, T. Costello and B. Smith, *Globalisation from below: the power of solidarity* (Cambridge, MA: South End Press, 2000).
[106] N. J. Gay and W. J. Edmunds, 'Developed countries should pay for hepatitis B vaccine in developing countries', *British Medical Journal* 316, 1998, p. 1457.
[107] Garrett, *The coming plague*.
[108] S. R. Benatar, 'The coming catastrophe in international health', *International Journal* LV 1: 4, 2001, pp. 611–31.

In addition to the naturally occurring microbial threats, advances in biotechnology that have enabled legitimate research into the human genome and into potentially beneficial microbiological agents for use in medicine and agriculture have also led to frightening new threats from biological and toxic weapons. The extent to which these have been developed and pose threats has been extensively described.[109] Control mechanisms to prevent their use in warfare are poorly developed, and even less adequately implemented. It seems unlikely that effective control processes will be implemented unless a greater spirit of cooperation is achieved among all people.[110]

The demise of apartheid provides a useful example of how a major change, that most believed would be effected only by civil war, can occur peacefully. A decade ago, the South African government was faced with a choice—to maintain political power and an ongoing exploitative economy and thus risk civil war, or to negotiate a peaceful transition, in the interests of all, towards majority rule. The realization that apartheid was not sustainable led to the 'negotiated revolution' as the best approach to reshape the self-interest of all stakeholders. As South Africa's future is intimately bound up with global economics, whether or not the new South Africa can achieve its aspirations of a non-racial, more egalitarian society will in part be determined by whether its own peaceful transition and quest to narrow the economic disparities caused by apartheid are seen as examples to be emulated by other countries whose current economic activities fuel disparities in global health and wealth.[111]

Striking a balance between optimism and pessimism about globalization and solidarity

There are both pessimistic and optimistic viewpoints about the prospects for achieving real progress for all through current globalizing trends. Both views are valid from different perspectives. As pessimism leads to inaction, and unjustified optimism to ineffectiveness, it is necessary to strike an appropriate balance between these stances.

A caricature of pessimistic attitudes includes:

- the idea that what has happened in the past will continue to happen in the future;
- a lack of conviction that the self-interest of the powerful can be reshaped to serve the needs of the less powerful;
- distrust of technology and innovation;
- excessive concern about precautionary principles without necessarily understanding their implications;
- doubt about the goodwill of those who claim to be interested in development;
- belief in the tyranny of institutions.

[109] *Biotechnology, weapons and humanity* (Amsterdam: BMA Books/Harwood Academic, 1999).
[110] T. Mangold and J. Goldberg, *Plague wars* (London: Macmillan, 1999).
[111] S. R. Benatar, 'South Africa's transition in a globalising world: HIV/AIDS as a window and a mirror', *International Affairs* 77: 2, 2001, pp. 347–75.

Pessimists take the view that, in our quest for material possessions and economic rationality, we have lost the ability to empathize with others and no longer value virtue or the spiritual and existential aspects of life. Such scepticism extends to distrust of the free market and questioning whether democratic values are being appropriately applied.

A caricature of the optimistic mindset on globalization characteristically includes:

- belief that progress enables complex tasks to be undertaken more effectively and more cheaply;
- faith that progress for all will follow through scientific and technological innovation and economic growth;
- trust in our ability to promote just institutions through promotion merely of civil and political rights;
- belief that human intelligence working with good intentions will solve problems;
- belief that our ability to harness nature through new biological knowledge holds the solutions to many health problems.

This optimistic view accepts disparities as the starting point, sees no gap between self-interest and the common good, considers it possible to have empathy without experience, and has faith that minimalist democratic values and free-market forces will inevitably promote public goods.

Some middle path must be identified between the polar perspectives. The problem is not one of choosing between enthusiasm for and hostility to globalization, or between individual freedom and community solidarity within two different languages about politics. As Sandbrook has pointed out, globalization cannot be avoided. It is an integral aspect of a world in which the clock cannot be turned back on advances in technology, communication, production and transport.[112] He argues that the distinction that needs to be made is between neoliberal globalization and social democratic globalization. On the one hand, pragmatic neoliberals accept the inexorability and, usually, the desirability of global free markets. They seek merely to mitigate their worst effects, but without challenging the interests of the rich and of corporate capital. On the other hand, social democrats champion the building of integrated, but socially embedded, markets for goods, capital, technology and skills. They believe that the structures and inequalities of capitalism require democratic reform, including a reduction of inequities in incomes and power between rich and poor.

A social democratic pattern of globalization is considered to require two types of enforceable international agreements: one set to regulate international competition among firms and states so as 'to yield socially and environmentally desirable, outcomes'; another set to redistribute some of the economic gains from globalization towards those who are vulnerable and most in need.[113] Jeremy Brecher and his colleagues have spelt out in some detail how the social move-

[112] Sandbrook, *Closing the circle*.
[113] Ibid.

ment of 'globalization from below' can contribute to achieving these goals constructively.[114]

Striking a balance between optimism and pessimism will require a platform for dialogue among stakeholders, and a space where people can share different views about globalization. Bioethics offers such a space.

Strengthening capacity

If the themes of global health ethics are to be brought to the fore, a shift in focus will have to be brought about from tools to people. Normally, the primary concern in international ethics is with tools—for example, the Universal Declaration of Human Rights, the Declaration of Helsinki and other international declarations, conventions or policies. This is misguided because it overlooks the key ingredient needed to advance the cause of ethics around the world—people. It is people who develop, adapt and use tools.[115]

The field of bioethics is now well established in many developed countries. There is a plethora of bioethics centres and training programmes. Universities and hospitals have begun to employ 'bioethicists'. Undergraduate and postgraduate medical programmes must teach bioethics as a condition of accreditation. The system of research ethics review is well entrenched in many countries. By contrast, there are few people trained in public health ethics and its practical applications in either developed or developing countries. This is unfortunate, because it means the human capital is not in place to conduct research ethics reviews, develop policies to ensure fair priority setting in health-care organizations, harness biotechnology for health and social development, improve the quality of end-of-life care, or press for patient-focused care in equitable health systems. The situation may also reflect a lack of deep commitment to ethics. It is noticeable that many influential organizations supporting science devote only a very small proportion of their resources to promoting and sustaining ethics in science.[116]

Our vision for promoting an ethic for global health features the development of a much greater capacity and commitment to a broader discourse on ethics propagated through centres regionally and globally networked in growing and supportive North–South partnerships. The programme funded by the Fogarty International Center of the US National Institutes of Health is an example of such a developing partnership. This programme has funded 12 centres to train faculty from developing countries in ethics and help them establish their own local bioethics research and training programmes. The impact of this strengthened human capital in health ethics could be enormous in promoting equity,

[114] Brecher et al., *Globalisation from below*.

[115] P. A. Singer and S. R. Benatar, 'Beyond Helsinki: a vision for global health ethics', *British Medical Journal* 322, 2001, p. 747–8.

[116] For example, the Wellcome Trust in the UK devotes less than 0.2% of its US $600 million annual budget to ethical issues of science and its role in society.

freedom, democracy and solidarity within research ethics, priority setting, biotechnology, end-of-life care, and other important policy areas that are the concern of global health ethics.

To achieve such ambitious goals will require the development of a global alliance for health ethics (GAHE), in which major global institutions—WHO, WTO, IMF—will play a major role.[117] A recognition of the responsibility of multinational corporations and national governments in changing our world for the better should be reflected in an insistence that they appreciate their new roles in enabling the correct choice of direction (at a time of vital 'bifurcation' in world history) to build the better future that Wallerstein sees as possible and others have described.[118] The extension of a GAHE-type approach that takes the ethics debate beyond the health-care sector could be a major contribution to foreign affairs. Indeed, we propose that such a broader approach in the twenty-first century could be a valuable contribution to the social movement for 'globalization from below'.

Enhancing production of global public goods for health

Achieving widespread access to such public goods as education, basic subsistence needs and work requires collective action, including financing, to make sure they are produced, and good governance, to make sure they are properly distributed and used. Global public goods involve more than one country or region of the world. The current international system is very effective at stimulating the production of private goods (as witness the role of the WTO in promoting international trade) but not at doing the same for public goods—for example, education for all children, and the realization of labour rights and human rights.[119]

Constructing new ways of achieving economic redistribution is the key to resolving many global problems. If wealthy people progressively care less for the lives of those whom they relegate to living under inhumane conditions, the lives of the wealthy will become more meaningless and inhuman to the underprivileged masses. This global trap in which neither rich nor poor care if millions of the other group should die is the recipe for persistent conflict and unnecessary loss of life on a grand scale. While economic equality is an impossible goal, narrowing of the current gap is surely well within our grasp. Debt relief, various forms of taxation, such as the Tobin tax on currency trades across borders (which could generate US$100–300 billion per year[120]) and environmental taxes, have been suggested as means of facilitating the development of the solidarity required for peaceful coexistence in a complex world.

[117] M. Koivusalo and M. Rowson, 'The World Trade Organisation: implications for health policy', *Medicine, Conflict and Survival* 16, 2000, pp. 175–91; I. Kickbusch, 'The development of international health policies: accountability intact?' *Social Science and Medicine* 51, 2000, pp. 979–89.
[118] Falk, *Human rights horizons*; Brecher et al., *Globalisation from below*.
[119] G. Soros, *On globalisation* (New York: Public Affairs, 2002).
[120] Fact sheet on Tobin taxes, http://www.ceedweb.org/iirp/factsheet.htm (accessed 21 March 2001).

There is a glimmer of hope that such progress is possible. For example, the recent report from the US Council of Foreign Relations and the Milbank Memorial Fund, outlining the importance of health to US foreign policy, is encouraging.[121] Having acknowledged the relationships between health and social capital, political stability, the economy and war, the United States and other nations could develop a deeper commitment to the moral and strategic importance of improving global health. The work of the Commission on Macroeconomics and Health,[122] the inauguration of a Global Health Fund,[123] and George Soros's recent proposal for a market in global public goods, involving use of special drawing rights from the IMF, all highlight a new way for international institutions to stimulate the production of global public goods.[124]

Conclusions

We have argued that increasing global instability calls for new ways of thinking and acting. An extended public debate promoted by building capacity for this process through a multidisciplinary approach to ethics in education and daily life could be a driving force for such change.

We concede that it will be very difficult to displace the obstacles to change. In his penetrating evaluation of the pursuit of justice through the promotion of human rights as an integral aspect of global politics and law, Falk has concluded that despite all efforts realist morality (might is right) continues to underpin global security; but he goes on to reflect that, while the shift in world order required for humanitarian morality to underpin global security seems unlikely, 'it is possible that within the next decade or so, the economic, ecological and cultural pressures of inadequately regulated globalization-from-above will generate acute alienation of sufficient magnitude as to create new revolutionary opportunities, including those that would mount a challenge to realist morality as the basis for global security.'[125]

Achieving human development globally requires more than economic growth. It also requires confronting the current challenging context of global health, developing a global mindset, basing a response on shared values, and adopting transformational approaches in governance, global political economy and capacity strengthening. Education and the development of such human values as empathy, generosity, solidarity, civic responsibility, humility and self-effacement require an interdisciplinary space to thrive. We propose that global health ethics offers such a space, and that it can help to catalyse crucial improvements in global health.

[121] J. S. Kassalow, *Why health is important to US foreign policy* (New York: Council on Foreign Relations/ Milbank Memorial Fund, 2001).
[122] World Health Organization, *Macroeconomics and health: investing in health for economic development. Report of the Commission on Macroeconomics and Health* (Geneva: WHO, 2001).
[123] G. Brugha and G. Walt, 'A global health fund: a leap of faith?', *British Medical Journal* 323, 2001, pp. 152–4.
[124] Soros, 'On globalisation'.
[125] Falk, *Human rights horizons*.