EDITORIAL

Health, human rights, and the Golden Rule

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

Universal Declaration of Human Rights, 1948

It is my aspiration that health will finally be seen not as a blessing to be wished for; but as a human right to be fought for.

Former United Nations Secretary General, Kofi Annan

The late Dr Jonathan Mann is considered one of the most important figures in the 20th century fight against global poverty, illness, and social injustice (1). As the first director of the World Health Organization's Special Program on AIDS, and subsequently as a Harvard professor, Dr Mann proposed a simple but daring notion: "Promotion and protection of health are inextricably linked to promotion and protection of human rights and dignity" (2).

In a book published after his untimely death in a plane crash in 1998, Dr Mann wrote more explicitly:

Modern human rights, born in the aftermath of the second world war and crystallized in the Universal Declaration of Human Rights in 1948, reflect a broader, societal, approach to the complex problem of well-being... human rights are about the societal preconditions for physical, mental and social well-being. Health care professionals are generally unaware of the key concepts, meaning and content of modern human rights. But they are learning that promoting and protecting human rights may be essential for promoting and protecting health (3).

Every year the Global Health Council presents the highly prestigious Jonathan Mann Award for Global Health and Human Rights at its annual conference in Washington, DC. The Council is the world's largest membership alliance of public health organisations (1). A distinguished jury sifts through hundreds of nominations and identifies a large subgroup of eligible candidates. It then selects a single winner, striving to find the candidate whose life and work best exemplify the principles laid out and practised by Dr Mann. The 2008 Mann Awardee was, for the first time, a citizen of India: Dr Binayak Sen of Raipur, Chhattisgarh (4).

Dr Sen's selection was indeed a proud moment for India. It is also cause for sombre reflection on the conditions in India that make it necessary for Dr Sen – as well as many unsung heroes – to challenge the establishment to provide health care and human rights for the most marginalised members of society. As is now well known around the world, Dr Binayak Sen has spent three decades in Chhattisgarh selflessly providing health care to, and advocating for the civil liberties of, the local *adivasis*, only to spend the past year deprived of his own freedom and awaiting trial in Raipur Central Jail.

One question is repeatedly asked by physicians and politicians alike: "Why don't doctors just stick to taking care of patients, rather than getting mixed up in human rights?" A response prophetically published as far back as 1850 in the *Lancet* stated: "One of the noblest attributes of our profession is practical humanity towards the poor. The medical man is often, in truth, the natural defender of the poor and needy against oppressive laws, and against the vicious errors of our social regime"(5). Interestingly, the author of that editorial chose to remain anonymous. Perhaps then, as now, it was safer not to go public with progressive views.

But through the ages the answer resounds clear as a bell: "Because it is our duty." Kandela provides a more pragmatic view: because "when the 'rights and dignity' of people are undermined, there is frequently an implication for the health of the community, and responsibilities for its health workers" (6).

What does all this have to do with medical ethics? Readers of *IJME* hardly need to be reminded of the four principles of modern bioethics: respect for autonomy, beneficence, non-maleficence and justice. Equality is at the heart of justice, but justice is more than mere equality – people can be treated unjustly even if they are treated equally (7). Annas (8) urges us to recognise the growing need for practitioners of human rights and bioethics to work together: "Just as medical ethics has developed to redistribute power in the doctor-patient relationship, so modern public health is struggling to establish an ethics of its own... a major contender for the ethics of human welfare that public health aspires to protect and promote is the Universal Declaration of Human Rights itself."

And so, inevitably, we find our way back to the Universal Declaration (9). But perhaps even more fundamental is the Golden Rule we learned as children: to do unto others as we would have them do unto us. As Niemoeller wrote, if we don't speak up when they come for the others, by the time they come for us there will be nobody left to speak up (10).

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