

Human Rights and Health Care

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ABSTRACT

In the era of Modernity, the access to health care provided by official medicine became one of the established human rights. It appeared however that in contributing to the human right to the “highest attainable status of health” official medicine was violating patients’ human rights. The source of that violation was embedded in the fundamental concepts of Modern medicine: objectivism, reductionism and mechanical determinism. Namely, these three concepts led to the development of medical theory and practice within which technology was everything and the treated human being - “nothing”. In the dawn of Post-modernity the other approach to treatment is emerging. Instead on a Cartesian , it is based on a Holographic paradigm. Fundamental concepts of that approach are: objective/subjective, holism and personal responsibility. These concepts are enabling treated human beings do develop into co-creators of their health. In addition, they are emphasizing that the respect of human rights which we could name Postmodern should be the new *conditio sine qua non* of a professional health care.

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Introduction

In the era of Modernity, within the atmosphere of technological optimism, medicine too had the aureole of absolutely positive technology. That is why the connections of the health domain with issues of human rights had only one basic direction: human rights are violated if, in the event of sickness or disability, one does not have access to health care. That attitude is expressed in a series of international and regional treaties that emphasize importance of the right to health care [1] including the special emphasis in “The right to the highest attainable standard of health” issued by Committee on Economic, Social and Cultural Rights [2].

At the same time, however, it was becoming obvious that Modernity had the other side. Researchers (and even people in general) started to discover totalitarian characteristics of the Modernity’s instrumental reason. It appeared, namely, that the instrumental reason objectified everything around it [3]. It also appeared that the instrumental reason reduced humans to the object of information, depriving them of the right to be the subject of communication [4]. In addition, it appeared that the same instrumental reason looked upon human needs as means for the increase of power, and not as ends in themselves [5].

Although that other side of Modernity was equally expressed within the domain of health care, this specific domain (as one of important elements of human rights), for some time, was “protected” from critical insights. Still, in the long run, it could not avoid the subjection to...

The Deconstruction

By means of deconstruction, i.e. by revealing the unspoken assumptions behind claims to “truth” [6], it becomes obvious that, similarly to other social domains, the “truth” of health care is based on the main determinants of Cartesian paradigm, i. e. on objectivism, reductionism and mechanic determinism [7]. Namely, it becomes obvious that objectivism, reductionism and mechanic determinism are the common source:

- of the scientific basis of health care,
- of the relations which are imposed by health care,
- of the technology used within health care,
- of the identity of persons looking for help, and treated within the system of health care.

1. The scientific basis of health care is derived from the assumption that the building blocks of the human organism are insentient bits of matter, purely objective in character, devoid of any intrinsic non-physical particularity. Conforming to reductionism then, in order to be studied, humans are reduced to specific parts which are completely separated from each other. Finally, in accordance with tenets of mechanic reductionism, it is assumed that all causation comes from external sources.

2. The objectivistic position is reducing the therapeutic relation to the monological plane. Within this kind of relation (where the knowledge of the therapist is in the function of his control) the patient can exist only as the object of a non-participant observation. Between him/her and therapist there is no inter-subjectivity. The process of communication is reduced to: I – IT.

The objectification, understandably, does not stop here. In accordance with reductionism, the relation I - IT is reduced even more. The main reason of this new level of reduction is the tenet claiming that one part can be seriously damaged and that, in the same time, other parts of the same organism can remain unharmed. The therapist is, therefore, establishing a relation with the therapeutically “interesting” part only. For other parts he/she has no interest whatsoever.

In addition (in accordance with the tenet of mechanic reductionism claiming that all causation comes from external forces), the relation of the therapist with the therapeutically “interesting” part is expressed by the use of a mechanical or a physical force. 3. The objective basis of health care and the dominance of the relation I – IT are bringing about the specific development of the medical technology. Namely, the medical technology is concentrating on internal and external surfaces, i.e. on the parts of human organism that can be seen with the senses or their extensions, which means that the therapeutic relation is permanently mediated by procedures and devices that are depriving the patient of his/her deep internal reality, treating him/her as “emptied”, i.e. as an entity deprived of subjectivity.

Since the therapeutic relation (while maintaining the general relation I - IT) is practically reduced to the relation of therapist with the “interesting” part of a patient, the technology is concentrated on isolated tissues and organs.

Besides, in accordance with the claim that all causality comes from external forces, the health care technology neglects the abilities

and the potentials of the patients. The fundamental technological principle is the substitution, which means that the interrupted or weakened processes and functions are substituted by external and forced influences, like drugs and surgical procedures.

4. As a final result, being “emptied”, reduced and subjected to the external mechanical force, a human being (as a patient) is forced into a specific ascriptive identity.

At first, being deprived of subjectivity, he/she is becoming a mere object of manipulation. As such, taking in consideration that the therapeutic intervention is directed towards organs or tissues, he/she is being identified with a diseased organ, or with a medical finding, or even with a planned/performed medical intervention. Finally, the substitution (which is the main technological approach of dominant health care) produces the atmosphere of human helplessness and technological omnipotence.

5. Of course, a human being who is completely subjected to manipulation, reduced to a body part or a medical finding, “annulled” for the sake of medical technology - is a human being whose human rights are severely violated. Actually, the right to health care (by itself an important human right) brings with negligence and even denial of basic human rights which are defined in Universal Declaration of Human Rights: the right to be “equal in dignity”, the right to be “entitled to all the rights without distinction of any kind” (“such as other status”), and the right to be free from subjection to “inhuman and degrading treatment” [8] (Table 1).

Table 1: Dominant paradigm concepts and their effects

Concept	Basic tenets	Relations	Practice	Patient status
Objectivism	Insentient bits of matter as basic element	Dominant relationship: „I - IT“	Patients „emptied“, deprived of subjective contents	Object of manipulation
Reductionism	All entities are reduced to their parts	Only „interesting“ parts are dealt with	Treatment directed toward external and internal surfaces	Patient identified with diseased organ
Mechanic determinism	All causation comes from external sources	Coercive power basis of all change	Substitution is the basic principle of treatment	Technology is everything. Patient is „nothing“

Transition

The revelation of its double nature (as the modern human right organized in a way that is violating basic human rights) meant that health care was ushered into a transitional period.

In a transitional period health professionals have two basic choices. One choice is to forget the category of human rights. The other one is to participate in the process that had started with the deconstruction, i.e. to engage in the development of the health care in a way that the alleviation of patient’s suffering does not bring with his/her degradation. This means that health professionals have to find answers to the following questions:

- How the patient, instead of being manipulated, could be supported as equal?
- How the patient, instead of being reduced to the “interesting” part, could be supported as whole?
- How the patient, instead of being “annulled” for the sake of technology, could be supported to demonstrate his/her agency and potentials?

The awareness that these questions have to be dealt with have brought two groups of answers.

The first group opted, mostly, for moralizing. Its main characteristic were various appeals, demanding from health professionals to be more human and to pay more attention to medical ethics.

The second group could be called institutional. Its main characteristic were corrective institutional mechanisms, i.e. introduction of institutional novelties that were strengthening the patient position, like institution of medical ombudsman, or specific charters protecting specific patient rights [9].

However, neither moral appeals, nor institutional novelties have been successful. Both remained hostage of dominant paradigm of health care, i.e. hostage of objectivism, reductionism and mechanic determinism. So, their effectiveness was of a very limited range [10].

For similar reasons, the answer offered from the position of deconstructive postmodernism, based on the concept of “care-as-gift”, was not satisfactory either. Namely, according to the concept of “care-as-gift”, unlike the usual concern with power and control, the therapist should be concerned with values of love, trust and giving. This kind of concern would enable him/her to resist and refuse the dominant medical discourse. Likewise, it would supply the cared-for person with a resource with which to

challenge his or her medically imposed subjectivity [11].

Of course, “care-as-gift” is the response which could confront the vigil of care, typical for dominant health care. However, “care-as-gift” (alone) is not sufficient to stop the production of patients with the identity of an object, because, even in the case of a true gift (when one does not even realize he/she is giving), there is a persistent problem of medical technology. Namely, both therapists and patients remain under the control of technology, conceptualized as means of manipulation and control. Practically, that means that love, trust and giving can be applied only in non-therapeutic situations. That is why it is necessary to change not only the dominant therapeutic relation but the dominant technology of health care as well. Only that particular united change, the change of both relations and technology, could lead towards the transcending of a typical identity of patient-object and toward respect of his/her basic human rights. In order to achieve this transcendence it is necessary to reach one step further from deconstruction. This “step further” is the constructive Post-modernity.

And the basic characteristic of this particular Post-modernity is...

Revision

The postmodern revision is a concept which involves a new unity of scientific, ethical, aesthetic and religious intuitions [12]. This specific synthesis might widen the fundament of Modernity and in this way it might lead to transformation. The key part of this transformation is a new narrative, i.e. new human story which is based on the holographic paradigm instead on the Cartesian one [13]. The holographic paradigm is facilitating the overcoming of shackles imposed by objectivism, reductionism and mechanic determinism and, in that way, it is facilitating the development of different relations, different technology and different patient identity.

1. According to the holographic paradigm, the most elemental building blocks out of which our world is constructed seem to resemble vibrational expressions. Vibrational expressions can be the substance of both the world of matter (i.e. the world of body) and the world of energy (i.e. the world of thoughts and feelings). That is why the holographic paradigm is enabling “the subjective” to join “the objective” as equal. So, by acceptance of the vibrational nature of human beings, the fundamental scientific position of health care becomes “the subjective/objective” as an indivisible entirety.

The holographic paradigm is, also, leading towards the abandonment of reductionism. Being vibrational expressions, parts of a specific totality are inter-reacting, creating specific interference. Because of that interference, specific features are being developed, features that are disappearing when the whole is dismembered and interference disappears. That means that the whole is always more than the sum of its parts. And this principle is the fundamental feature of holism which is the second characteristic of the postmodern revision of health care.

As universal building blocks, vibrational expressions are also the basis of causation. That means that the causation is not only external and mechanic. It is subjective as well. By inclusion of subjectivity, a human being is overcoming helplessness (imposed by mechanic determinism) but, at the same time, he/she is losing the possibility of evading. Namely, within the holographic paradigm, the key element of causation becomes the personal responsibility which can significantly influence the vibrational constellations.

2. The three fundamental concepts of postmodern revision (subjective/objective, holism and personal responsibility), can stimulate the development of different relations in health care.

The acceptance of patient’s subjectivity is leading towards the change of the dominant therapeutic relation. Instead of manipulative I – IT, that relation becomes dialogical and evolves to I – THOU.

The vibrational nature of an organism is changing the comprehension of the organism and its components. It becomes clear that components (being in permanent connection due to vibrational interference patterns) are not separated and isolated. It is understood therefore that the change of each component is influencing both the organism as a whole and all other components as well.

Finally, there is a change of fundamental therapeutic principle. Instead of influencing the gross objective surfaces, a tendency to reach the deepest levels of vibrational constellations is manifested. That is why, instead of application of mechanical force, the deepening of therapeutic communication is ensuing.

3. The dialogical relation, the inter-relation of all components of a human being, as well as the deepening of therapeutic communication lead towards the development of different health care technologies.

Primarily, these are technologies that are reducing impenetrable career/cared-for distinction, i.e. technologies that are stimulating the development of the inter-subjective “space”. That is why these technologies make possible to both the therapist and the patient to look deeper for the causes of suffering and for the ways of healing. These are also technologies that, instead of partial, have a holistic position. Instead of grabbing the therapeutically “interesting” part they are directed towards a human being as a whole.

These are finally technologies that are, instead on the principle of substitution, based on the principle of support. Namely, the important feature of these technologies is the stimulation of patient’s potentials and capabilities. Practically, that means that the patient joins the therapist in the process of transformation of the “sick” vibrational interferences and in the development of the new vibrational constellation.

4. The therapeutic relation based on the development of the inter-subjective space, the therapeutic agency directed towards a human being as a whole, and the processes of self-care and self-healing are, together, stimulating the development of the patient identity which is diametrically different comparing to the one typical for the health care in Modernity.

At first, instead of a gaze concerned with gathering of information in order to inform and create a discourse on its object, the fundament of therapeutic relation is inter-subjectivity. That is why the patient is becoming equal.

Then, because the treatment is dealing with the patient as a whole, he/she is accepted as a unique personality.

Finally, as the one who is involved in therapeutic agency, the patient takes over the responsibility and becomes a co-creator of his/her health.

- Instead of being an object of manipulation, the patient is equal,
 - 5. In the health care system in which:
 - Instead of being reduced to a diseased organ the patient is accepted as a unique personality,
 - Instead of being “annulled” for the sake of technology, the patient is a co-creator of his/her health...
- ...there is a higher quality of human rights comparing to the health care system within which the goal is “the modern human right”, represented mainly by the availability of health care [14] (Table 2).

Table 2: Alternative paradigm concepts and their effects

Concept	Basic tenets	Relations	Practice	Patient status
Objective/ subjective	Basic elements - vibrational expressions	I - Thou	Deepening of the therapeutic communication	Tendency toward equal status
Holism	The whole is more than the sum of its parts	The change of part affects the whole	Treatment directed toward whole	Patient is unique
Personal responsibility	Causation is the expression of objective/ subjective constelations	Vibrational interactions are the basis of change	Support as the basis of treatment	Co-creator of his/her health

Postmodern Human Right

It is true that, today, human rights of many people are violated because they do not have the access to health care. However, it is also true that modern health care is violating patient human rights.

So, if we agree that “human right violations translate directly into morbidity and mortality at the individual and group level” [15], then we should start to work on the transformation of modern health care.

In some developed countries the concept of modern health care is in the stage of differentiation. The differentiation is manifested in ways of thinking and behaving that are pointing to the change of priorities.

On the one side, instead of treating individual ill patients, the need to maximize well-being and health of populations is emphasized. So, instead of providing medical services, purchasing of health gain is coming to the fore [16].

On the other side, the concept of integrated health care, i.e. integration of conventional medicine with alternative medicine and technologies of self help within a system of health care, is being developed [17].

Of course, being one of the main processes of transition, the differentiation is full of wandering. Human rights could be, therefore, important for orientation. However, in the present period of transition, the specific role of “road signs” should be played by human rights connected with the delivery of health care, and not by those connected with access to health care. And that means that it might be the time now to pay attention to human rights which, in contrast to those modern, we could call - postmodern.

Postmodern human rights of course imply the development of both, patients and therapists, development encompassing present discursive categories and leading to a synthesis which would uncover their new meanings, and which would enable the comprehension of a new therapeutic narrative.

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