

FOR A FAIRER SHARING OF HEALTH RESOURCES

At the opening of the 29th World Health Assembly, which was held in Geneva from 10 to 21 May 1976, Dr H. Mahler, Director-General of the World Health Organization, appealed for a more equitable distribution of health resources at the international level. Here are some of the highlights of his speech:

- Despite extraordinary advances in science and technology as applied to the prevention and treatment of disease, and the rehabilitation of the disabled and infirm, the fruits of progress have been enjoyed by a relatively small proportion of the world's population.
- We must always bear in mind the practical application of existing and new scientific knowledge for the benefit of the masses of the world's population. Here lies the challenge.
- For all the speed with which disease technology has been flourishing in recent years, it has been failing in its purpose because the social, economic and political contexts in which it is being applied have changed. The extension and refinement of this technology on the one hand and its increased complexity and cost on the other have led to a contradiction between the technical potential and the socio-economic ability to apply it to all who need it.
- We must clearly recognize that the attainment of health is not only an individual human goal; over and above that, it is a social goal, and we must assess technical developments in the light of their ability to contribute to this goal.
- Longevity has not brought the happiness that many assumed it would. Long life without improvement in the quality of life is one of the tragic sequels of technological development in many countries.
- A more equitable distribution of health resources at the international level is a proper public health concern. The answer lies in social justice, solidarity and collaboration between countries for the generation of

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additional health resources in the less affluent countries and for reciprocal understanding of the different solutions to similar problems adopted in various countries.

— The mere prolongation of life, unaccompanied by an improvement in its quality, may not be as sacrosanct a goal as it appears in certain societies.

— It is possible that for some societies to attain the goal of total population coverage with essential health care a revolution may have to take place in their very concepts of the purpose of life.

HEALTH AND HUMAN RIGHTS

An interesting article concerning "medical ethics" by Mr. Norman Howard-Jones, appears in World Health,¹ under the title "Health and Human Rights". We reproduce below some extracts:

Today health implications of human rights are complex, involving philosophical, ethical, social, and economic elements—and in some cases religious convictions. But until within living memory health was mostly a personal matter implying a reciprocal relationship between patient and physician. The principles of this relationship were codified some 2,400 years ago in the Hippocratic Oath, and it is interesting that although no trace now remains of Hippocratic ideas of the nature of disease, those of physician-patient relationships and rules of conduct between physicians have survived as the cornerstone of medical ethics.

Conventional medical ethics always embraced two distinct elements: the physician's duty to his patients; and his obligations to his professional

¹ WHO, January 1976.