

Global Health Disparities: Can Liberal Perfectionism Better Address the Problem?

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In his article, M'hamdi 2021 argues that a neutralist approach in public health policy might turn into a gap that separates citizens who endure preventable poor conditions from the state policy that should alleviate their circumstances. To contribute to this important reflection, we would like to articulate further considerations on policy approaches in global health, and on how liberal perfectionism has the potential to be more beneficial in mitigating global health disparities. Liberal perfectionism abides by sound values of right and morality, which are required to address the needs of all, including vulnerable populations; and seek the best ways to improve health conditions, prevent or mitigate sufferings, avoid inequities, and at the same time respect differences with regard to values and contexts. This entails developing a working ground to structure a fruitful and timely joint action among global partners.

Global Health Policies

Global health refers to a world-wide perspective of public health challenges, policies and practices. The importance of this perspective has been magnified in an increasingly globalized world, where infectious diseases, health hazards and emergencies can by no means follow geopolitical borders. Our current inter-connected world has come to face common health challenges, including the COVID19 pandemic, the (perhaps still underestimated) global threat of antimicrobial resistance, and the health challenges linked to climate change. Hence, the imperative need for fair, well-balanced, coherent global health policy.

The governance of global health has always been a significant issue for international security. An essential dimension of international security is derived from human health, human welfare and entire wellbeing (Brundtland 2003). Therefore, access to healthcare contributes to education, industrialization, travel, trade and economic growth. To ensure fair and equitable global health governance, policies need to be shaped by fair mechanisms that ensure genuine multilateralism, co-ownership and solidarity.

Governments tend to define national public health policies to protect the health of their citizens in the first place, but global health concerns can only be addressed if framed in policies that reconcile interests, eases tensions and generates timely and systematic collective actions. The current pandemic -characterized by a dramatic inequity in access to vaccination (Aryeetey et al. 2021)- is providing a striking example of how nobody, including countries and regions, can

save itself alone. But a salient issue with global health is that its landscape is stretched over multiple and complex levels of stakeholders, and hence the task to negotiate policies across these levels requires dialogue, solidarity, flexibility and tolerance.

Thinking about a neutralist vs a perfectionist approach in policy formulation of global health; neutralism holds that laws and policies should not be based on any particular standpoint on people's way of life, while perfectionism holds that laws and policies are framed according to a productive and beneficial conception of good (Clarke 2006). Perfectionism has been challenged by neutralists as being paternalistic on the one hand and for allowing for coercion and violation of autonomy and a disrespect for personal values on the other hand. Another dispute between neutralists and perfectionists has been related to the rightfulness of the conception of the good, which arises from the concern of neutralists about the *uncertainty* of what counts as 'good'. This concern has however been criticized. For example, it was argued that even well-established political claims e.g. justice, are no more *certain* than a conception of good life (Quong 2011).

A global perspective generally evokes a sense of a far-fetched ability to satisfy neutrality or to act in a way that does not seem to favor any viewpoint over another. Apart from that, it is almost inconceivable if there are different opinions about what constitutes good global health. Fair and equitable governance of global health should aim at reducing global morbidity and mortality, halting or controlling the spread of infectious diseases, ensuring equity in access to healthcare and promoting the general wellbeing of individuals everywhere. These goals are almost universal and are in line with most ethics and human rights statements and documents. Thus, we believe that the concern of 'different opinions' first of all applies to the *different means* through which fair and equitable global health governance can be reached. Governments, different stakeholders and individuals may have reservations to apply certain measures to achieve the global health goals. For example, due to certain cultures/beliefs, some states/governments/communities will refrain from applying given measures that are incompatible with what they hold to. In this particular circumstance, global health policies could be seen as colonial, being unmindful of local perspectives and values.

There comes the need for flexibility and mutual tolerance of measure plurality to achieve good global health. This further guides us to consider "liberal perfectionism" in framing global health policy. Liberal perfectionism combines both perfectionist and neutralist approaches in a sense that it pursues to achieve optimum health status of people and in the meantime respects plurality and tolerates an array of measures to reach the good health status for all. As such, different measures can be negotiated and made feasible to enhance the autonomy of who are

concerned while satisfying the acknowledged goals of global health. This supports the view that liberal perfectionism and neutrality are in harmony and not at odds with each other. Additionally, and in contrast to neutralists, tolerance of pluralism does not oblige neutrality. This was previously discussed by Raz 1986 who had argued about a logical gap between neutrality and pluralism, and how they are not necessarily complementary.

But next to the different means to achieve global health, concepts of health and pathology itself may also differ. For instance, certain kinds of children's behavior that would be regarded as pathological through Western lenses e.g. autism, are not regarded the same in other countries. This is unfortunately a repercussion of a global R&D agenda that is mainly driven by interests and health priorities of the Global North (Skupien and Rüffin 2020).

We surmise that giving adequate consideration to values/beliefs of different populations/cultures would help in adjusting a universal concept of health and making this concept more inclusive. Qualitative research methods e.g. interviews and focus groups and engaging a diverse group of stakeholders at the moment of devising a health policy, can be of great benefit to get a better understanding of different values and beliefs. This would assist in adjustment and refinement of global concepts of health e.g. making them less western. Thus, rather than being neutral, perfectionism becomes better and more grounded.

Global Health Disparities and Liberal Perfectionism

Addressing health disparities is a key target of global health policy. Inequalities in health and access to healthcare are actually the aftermath of global social injustice, lack of education and poverty. Vulnerable populations endure harsh socioeconomic conditions that limit their autonomy, erode their values and violate their basic human rights. Therefore, it is not a surprise that they are deprived of access to good healthcare. This dilemma cannot be simply solved by for example providing donations to afflicted populations and getting support via non-governmental organizations. Undoubtedly, those efforts are important and lifesaving in many circumstances. However, it is equally important to look for radical solutions with long-term effects. We, thus, trust that the adoption of a comprehensive policy that is able to embrace all integrated aspects is the proper solution here.

From the previous section, it can be deduced that liberal perfectionism gives due respect to principles of human rights and autonomy while keeping the conception of good global health. In particular, liberal perfectionism abide by sound values of right and morality and thus credits perfectionism as a prerequisite for human prosperity, liberal civil rights fulfillment and equitable allocation of opportunities. This reasonably relieves the doubts about the incapacity of perfectionism to address individualistic matters or its resorting to oppressive and coercive

practices. Likewise, George Sher discussed this issue and stated that: “*nonneutral laws and policies do coexist with our current rights, then we obviously can have adequate protection without having a neutral state*” (Sher 1997).

As we formerly pointed out, qualitative research can be a tool of great advantage for implementing liberal perfectionism. The narratives of study participants, if seriously considered by policy makers, can provide a holistic view for comprehending complex socioeconomic and organizational phenomena and also grasping different values/beliefs towards health and its measures. Based on that and in relation to health disparities, targeted interventions can be planned to cover the complex needs of vulnerable populations. These might also involve literacy training on different health hazards and rationales behind health measures. Such social inclusion and engagement can unveil different positions/perspectives and narrow the gap between populations and authorities.

Eventually, taking into account diverse perspectives does not lead to relativism or neutrality, but to better objective and practical views on health. This leads to a better implementation of the idea of liberal perfectionism, as it ensures a better understanding of different values at stake. Also, in this way, a common ground among global partners is created permitting timely and collective actions.

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