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Medicine and economics

The European Society for Philosophy of Medicine and health Care met in Offenbach

There is no country in the world where the explosion in healthcare costs is not being discussed. This applies first and foremost to the rich, developed countries. In poorer countries (middle-income or low-income countries with a low gross national product), the question is different: how can the population be given access to medical care at all?

This is one of the great moral questions of our time. In developed countries, the academic discipline of 'medical ethics and bioethics' has been established for decades, and in all these countries there are bodies that advise governments and administrations. Ethical challenges of modern medicine, such as the fair distribution of organs, regulations on organ donation, questions of medicine at the end of life (currently assisted suicide) and more are discussed there. The focus of attention and scientific work is almost always on the problems in the respective countries. The global perspective is a blind spot. There is, for example, the blatant inequality throughout the world, considering how many people on earth have no access to even basic medical care. Medical ethics and bioethics must take a global perspective. As can be seen, this is also in the interests of rich countries.

In view of the abundance of cross-border issues, it is necessary to maintain an international dialogue when discussing these questions and advising decision-makers in the respective governments and parliaments. To this end, the European Society for Philosophy of Medicine and Health Care (ESPMH) was founded four decades ago. This association brings together academically recognised representatives of medical ethics and bioethics from all over Europe. Many are sought-after advisors in their home countries and are active in international bodies such as the World Health Organisation. Every year, the experts meet in a different European country to exchange ideas. This year, they met in Offenbach and Frankfurt from 21-24 August. The congress was organised by the Catholic non profit Ketteler Hospital, Offenbach, and the Senckenberg Institute for History

and Ethics in Medicine at the University of Frankfurt. In this way, the Ketteler Hospital aims to fulfil its social mission as a church hospital and its positioning in society both locally and globally. The Ketteler Hospital not only seeks intellectual discussion in and with society, but also provides practical help by making rooms available in the hospital for consultation hours for people without health insurance.

Several considerations prompted to organise the congress under the guiding theme of 'Medicine and the Market' (economics). On the one hand, these are the challenges of global medical care, whereby deficits have become apparent, particularly in the context of the SARS-Covid-19 pandemic; on the other hand, Frankfurt is the 'City of the Euro' and it makes sense to discuss the economic challenges of medical practice in the centre of European finance.

The choice of topics and the location of the congress in the centre of Europe were certainly reasons why experts from all over the world gathered in Offenbach. Participants came from Iran, Taiwan, Australia, the USA, Canada, Africa and all European countries. The organisers were proud that so many experts accepted the invitation and made the congress a global forum.

Fair access to healthcare - a global challenge

The congress was opened by the Lord Mayor of Offenbach, Dr Felix Schwenke and the Director of the Senckenberg Institute for the History and Ethics of Medicine in Frankfurt, Prof Michael Sachs, as well as Prof Stephan Sahm from Ketteler Hospital.

Professor Sheila Dinotshe Tlou from Botswana had been the opening speaker. She had been Minister of Health in Botswana and is a professor at the University of Botswana. She has a breathtakingly positive record as Minister in the fight against AIDS and in preventing the transmission of the virus from mothers to their children during pregnancy. She is still active today as an ambassador and activist for the World Health Organisation and African organisations. Due to her achievements, she was ranked among the one hundred most important women in Africa by ranking agencies in 2019. She is Co-Chair of the Global HIV Prevention Coalition and Chancellor of the Open University of Botswana.

In her opening speech, Tlou drew a white line from human rights to the Sustainable Development Goals of the United Nations, which are to be

achieved by 2030. This also includes a minimum level of medical care for all people.

The challenges on the African continent are enormous. It is important to reduce the sometimes blatant discrimination against women and certain ethnic groups, which is widespread on the African continent. Another urgent task is to establish structures in all countries that ensure primary healthcare for the population and which can then also form the basis for a fair distribution of vaccines.

Vaccination campaigns require a minimum level of primary care structures (social centres, care centres, etc.). The grossly unequal distribution of vaccines, as observed during the Covid pandemic, was not solely due to the lack of vaccines and insufficient provision by rich countries in the global North. The lack of infrastructure also stood in the way of an increase in vaccination rates.

Mrs Tlou, who is in close contact with many political leaders in Africa, does not want to let them off the hook. She calls on them to make resources available for the establishment of a basic structure of medical care. Only when a primary medical care structure has been established can the solidarity of rich countries, for example through the provision of vaccines, become effective at all.

These considerations are not a licence to put responsible solidarity on the back burner. It can rightly be described as a scandal when, at the height of the SARS-Covid-19 pandemic, only around one per cent of the African population received a vaccine dose, whereas this rate was up to 80% in developed countries. Not least in view of the spread of the Mpox virus, which the WHO has now placed on high alert, Tlou recalled the realisation that no country is safe unless all countries are safe. She referred to the fact that, in view of global mobility, the containment of a virus cannot be achieved through traditional prevention measures alone. An effective preventive vaccination rate must therefore be strived for in all countries, otherwise there would be no safety. Therefore, a fair (appropriate) distribution of vaccines is in the interest of all nations.

In not a few high income countries, many are calling for a review of the political decisions and scientific recommendations in retrospect of the Covid pandemic. Most experts state that following science no unjustifiable decisions were made. The situation is somewhat different when looking back at the global situation and with a view to vaccine justice. Ndidi Nwaneri from Nigeria addressed this issue. She made an urgent plea for

solidarity for others. This differs from the human impulse colloquially referred to as solidarity with others. Solidarity for others includes creating appropriate national and international political structures that ensure the appropriate distribution of vaccines and fair access to healthcare, even in times of pandemic threat.

The philosopher and social scientist soberly stated that as long as there is no world government, the only remaining option is the arduous task of motivating nation states to show solidarity for others. In concrete cases, this solidarity often conflicts with the interests of the states.

Statecraft is to first represent the interests of the citizens of a nation. This is the background to drastic inequalities. Nwaneri referred to the miserable outcome of the World Health Organisation's Covax initiative in the context of the Covid pandemic. The aim of this initiative was to provide all countries with an appropriate number of vaccine doses. Both rich and poor countries were to receive vaccines from this pool. However, in addition to this initiative, the rich countries bought vaccine doses in such quantities that the market was quickly depleted. Promises to provide the financial resources to fund the Covax initiative were also not honoured. This resulted in a blatant injustice in the distribution of vaccines between the global North and the global South. It is due to the special characteristics of the virus that Africa came through the pandemic relatively unscathed. It was not a success of international willingness to help. With regard to the behaviour of nations during the pandemic, the Secretary-General of the United Nations Antonio Guterres wrote, alluding to the awarding of school grades, 'Science test passed, ethics insufficient!'

Freedom and health - a conflictual relationship

In addition to these global issues, the conference also addressed fundamental problems that also affect the countries of the Global North. One of the focal points was the question of the extent to which freedom and health are in tension with each other. Professor Klaus Günther, Professor of Criminal Law and Criminal Procedure and outstanding representative of critical theory, founder of the normative orders cluster at the University of Frankfurt, dealt with this tense relationship in a fundamental presentation. There is no doubt that freedom requires a minimum level of health in order for freedom to be exercised. Since the development of the welfare state, the aim of the state has been to promote the health of its citizens. Nevertheless, the goal of restoring or maintaining

health does not justify every measure that restricts freedom. According to Günter, no theory or method can resolve this tension once and for all. He argued in favour of weighing up and carefully examining each individual case. The speaker left it open, but conclusions can be drawn from this in view of the demands being made everywhere to review the political decisions (e.g. lock-down decisions) made during the pandemic. There is no doubt that an intensive discussion about all the individual steps and decisions took place in many countries. This does not mean that every decision proved to be correct and sensible in retrospect, but rather that they were carefully scrutinised in advance and were therefore justifiable. Relevant decisions e.g. of the Constitutional Court of Germany confirm this assessment.

Artificial intelligence in medicine

Artificial intelligence is finding its way into medicine. There is no doubt about it. More and more applications are being prepared. These range from the early detection of skin tumours using mobile devices (smartphones) to the evaluation of X-ray images and the analysis of genetic profiles of tumours.

Many people warn against the use of artificial intelligence in medicine. Jan Mikelson takes a completely different view. He is a mathematician and philosopher. He teaches at the College of Engineering, Art & Technology at Makerere University in Kampala, Uganda and is Data manager at Science Nanoleg AG in Zurich.

The aim of his presentation to demystify artificial intelligence. Risks are often suspected in its application because artificial intelligence is based on algorithms that can no longer be traced. Against such alarmism, Mikelson argued that medicine is used to dealing with data (from laboratory tests or physical procedures, for example) whose exact process sequence, let alone their nosological causal relationships, are also unknown. Rather, it is important to examine the significance of the results for the respective decisions in studies. The assessment of the results remains an act of evaluation and necessarily has to remain in human hands.

However, it remains to be seen whether the way in which the data is obtained can also have repercussions on the relationship between doctors and patients and between patients and their illness. This was emphasised in a seminar on the topic using the application of artificial intelligence in psychiatry. It makes a difference whether a mentally ill person knows that she or he has been (hermeneutically) understood by a person or whether

the diagnosis was made solely on the basis of digital contact by artificial intelligence. The illness is thus objectified, objectivised and possibly somatised.

In view of the wide range of possible applications in medicine and the extraordinary performance of artificial intelligence, all experts agreed that it will find its way into medicine, but it should still be used carefully and wisely, and restrictions may also be appropriate depending on the area of application.

What medical care do we owe to foreigners?

Medical care for migrants of asylum seekers, in other words strangers in a community, is the subject of controversial debate in all countries. The question of what medical services are owed to people in need is not easy to answer. From the point of view of human rights, which include equal medical care for all people around the world, all measures would be owed to everyone. On the other hand, aspects of communitarianism must be considered, which also takes into account that the conditions for medical care can only be maintained if citizens of the respective states fulfil their obligations to the community (for example by paying taxes).

In a remarkable lecture, Rolf Ahlzén, Sweden, addresses the question of what medical services a society owes to strangers. After analysing ethical, legal and philosophical aspects in detail, he argued in favour of a soft cosmopolitanism. This means that in acute cases of illness, basic care is owed to all. Extraordinary and resource-intensive measures may then be reserved for the members, i.e. the citizens of the respective state, as he illustrated using the example of a migrant patient in need of an organ transplant.

He made it clear that every decision (allocation of all measures to all people in a geographical area versus reserving certain measures only for citizens of the region) is accompanied by ethical reprehensibilities. However, the refusal of life-saving, complex and cost-intensive measures is justifiable because they can only be provided at all because others, i.e. the respective citizens, show solidarity towards the community and regularly fulfil their duties towards the community, for example by paying social contributions and taxes. Nevertheless, the feeling of humane inadequacy remains, Ahlzéb spoke of 'unclean ethics'.

Lively discussions take place at ESPMH conferences. The conference format also contributes to this. In addition to daily panel discussions with presentations by recognised experts, participants present their own research work in seminars. This makes active exchange part of the programme.

All in all, the ESPMH Conference 2024 was a great success.

Stephan Sahm