

RIGHT TO SAFETY? DECLARATION OR NOT, IT IS TIME FOR ACTION

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The Montreal Declaration is a welcome addition to the set of declarations that have emerged recently from the health field.¹ And yet, in many respects, it appears to be different from its counterparts: It addresses an area of health that has been relatively neglected in global decisions; it emerges from a developing country orientation; and it is the product of a largely technical audience with wider consultations. Although these features make the Declaration somewhat unique, it needs to be analyzed for its ethical and public health rationale, as well as for its content with special regard to the actions needed for people in low- and middle-income countries.

Public Health Perspective

One of the main goals of such declarations is to recognize the immense burdens diseases, risk factors, and conditions place on people and to express the critical need for global efforts to reduce that burden. Declarations are often the result of years of efforts by scores of people involved in multiple rounds of negotiations. This process creates the potential for satisfaction that a "declaration" has been created as an end in itself. In the health sector, it is critical to recognize that these declarations are *instruments* in themselves to promote action for reducing ill health and promoting healthy lives. From a public health perspective, the value of such a declaration is only realized when the burden

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of injuries and violence is reduced. This result requires not only a declaration itself but also public health action and investments directed to effective—especially cost-effective—interventions, in the developing world.

An Ethical Perspective

In exploring the ethical foundations of the Montreal Declaration, it is important to reflect on the widely accepted principles of bioethics—autonomy, beneficence, non-maleficence, and justice.² The Declaration has a strong sense of social justice from the perspective of defining a positive obligation toward more vulnerable groups of people—women, low-income people, and children. In addition, it attempts to define a beneficent stance by calling for the establishment of safety and for the conditions that will facilitate such safety. The issue of autonomy, however, is not clear because it is assumed that the people this Declaration is trying to protect have not been involved in its creation. Thus, it is a proxy voice for those who are considered at risk by those who are close to them, who empathize with them, and who have the power or technical ability to make themselves heard. Although this may be true for other declarations, that does not make it more appropriate or morally correct and begs the question about the shape the Declaration would have taken had those at-risk populations participated in its creation.

Content Analysis

The Declaration begins by stating that the “safety and security of person is a major concern to the entire world.” Yet we know that such concern is often neither expressed nor converted to meaningful action, especially when it involves vulnerable groups in developing countries. Every low-income nation has such groups of people—ravaged by war, civil strife, disease, disability—yet few are the focus of global attention. The “who” often determines the type and nature of responses from the global community to the detriment of the “what” and “how.”

The linkage to “sustainable human development” and the relationship of safety to “full implementation of civil . . .

cultural rights” are features of this and other declarations. These goals, however, remain a persistent vision. Global practices, international aid agencies, and development organizations are being criticized every day for creating dependencies and pursuing profit over development.^{3,4} Armatya Sen has offered a powerful framework in a precise and measurable manner for evaluating the “freedoms” required for such development.⁵ The lack of these freedoms is the very reason for creating the risks and conditions that expose people to injuries and violence—a vicious cycle more complex than stated in the Declaration.

The stated objective of the Declaration—“not to eliminate all risks but rather to control them”—opens a discussion about what is “acceptable risk”? Such statements, though well-intentioned and probably true, have provided the “loophole” for countries and organizations to define their own “standards” and to implement them irrespective of external critique and often to the detriment of local people. Who will define such “controls”? How will they be monitored? And what, if any, recourse do people have for restitution? These are large and complex questions left unanswered. Similarly, Article 4 of the Declaration states that continuation or introduction of unsafe activities will require “informed consent” of the community. Again, this allows institutions and national governments to “continue” the state of high risk in selected populations with their consent. Why should people consent to live and work in unsafe and hazardous situations of their own free will? If the writers of the Declaration assume that there are situations in which this is possible, then it is likely that in those situations other human needs are not being met, or people are powerless to initiate change. If that is the case, then how can such situations be called “natural” or “free of influence”?

Rights and Obligations

Defining rights is only one part of the solution; defining roles and assigning obligations are the others. It is imperative for the public health community to understand that one without the other is not likely to make a difference. The current global health scene must ensure that such

approaches work jointly to optimize their benefits while protecting those who may be harmed inadvertently. Human rights, ethics, and public health provide the rationale and the framework for appropriate action and investments. The time has come to *apply* this power to prevent and reduce the burden of injuries and violence globally. It is not enough to declare; what is essential is action.

References

1. Montreal Declaration: People's Right to Safety is available in its entirety at the end of this section and at www.iitd.ac.in/tripp/righttosafety/Montreal.
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4. V. Navarro and L. Shi, "The Political Context of Social Inequalities and Health," *Social Science Medicine* 52/3 (2001): 481–491.
5. A. Sen, *Development as Freedom* (New York: Anchor Books, 1999).