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INTERNATIONAL HEALTH ETHICS AT ITS CORE

Beginning with Dr. Kong's article, readers are catapulted with the reality that life happens. How does one respond to a mass burn casualty when supplies are limited, training is virtually nonexistent, and the healthcare provider is left to make decisions as to who will live and who will die? Can one ever be prepared for disaster health care? And, if one is trained and the event does not occur for the next 20 years, who is likely to remember the training? Explored are the ethical considerations one encounters as a health care provider who is left to navigate the playing field of death in the midst of human tragedy as the result of a natural disaster. Whereas one event is accidental and unintentional, the next article addresses the willful, flagrant violation of ethical principles committed at the state government level. These violations stemmed from the country's desire to appear in the international community as one wherein its citizens have good oral health. The author poses the question, who is to benefit from this act of deception? Given are the ethical guidelines provided by the World Medical Association as a reminder to health care providers and scientists, especially epidemiologists, to uphold the truth. Above all else, to thine own self, one has to be true. A common saying in many southern communities in the United States of America is that if you don't stand for something, you will fall for anything.

On another subject, we are living in an obesogenic society. In fact, it has been reported that every fourth person in the world is overweight and/or obese. Authors explore the weight stigma among healthcare providers in their care for the obese. Of special interest is the stigma associated with obesity as it relates to African Americans. While national health care objectives call for obesity and other health related disparities to be addressed, authors submit that it is imperative that health care professions explore and recognize the double burden African American obese individuals may face as it relates to both weight and ethnic discrimination. They conclude that it is our ethical duty to care for all, especially those deemed as most vulnerable. In many ways, ethnic minority groups, especially those of African American descent, are marginalized in their treatment by health care providers. Readers are warned of this potential as it relates to those challenged with obesity.

While many ethicists examine and debate the plight of the unborn child, Dr. Lyzwinski challenges readers to carefully consider the matter of reproductive tourism and tourism technologies. Discussed is the practice of couples from wealthy nations seeking fertility treatment and reproductive surrogates in impoverished countries. She applies Kantianism, Utilitarianism, Care Ethics, and Multicultural ethics to examine this growing practice. Readers are left to wrest with the question of: Is the public provision of reproductive treatment justified? Read and determine the response for yourselves.

Lest we forget the vulnerability of citizens of the world, the poem by Dr. Dhara depicting the explosive tragedy of Bhopal, India brings readers back to our common kinship of pain, suffering and death. One is left to ponder on lessons learned since that senseless act. What have we learned? What measures do we have in place to ensure that this catastrophe will not occur again? We have a duty to care.

The Hippocratic Oath is presented in Dr. Mathur's article as the basis for ethical treatment by dentists in modern practice. Against this backdrop, Dr. Mathur builds a convincing argument for dentists to remain grounded to the practice of ethical principles in practice. Given are numerous examples of how to apply the ethical principles of autonomy, non-maleficence, beneficence and justice in the practice of dentistry. With the advent of modern technology, consumerism, and commercialism, unless one is committed and grounded to practice in an ethical manner, it appears as if it is easy to fall into some of the pitfalls of the profession. His is a welcome reminder of our original purpose for pursuing the health care profession.

Last, Dr. Prive' opens up the ethical argument of non-consensual care of pregnant women. Given are several cases in which the pregnant woman was forcibly incarcerated or placed in protective custody because she refused a treatment deemed 'appropriate' by either health care providers or others concerned for the welfare of her unborn child. Is this right? Does the woman have rights over her body? Although Prive' does not purport to provide a definitive answer to this dilemma, she does present an argument in favor of choice by the mother for readers to consider.

From the seven articles presented, the editors ask that you please consider the issues at hand as we move toward the year of 2013. Surely, we are more connected than not. Injustice toward any group that is not addressed soon spreads to other groups. We, the editors of The Online Journal of Health Ethics sincerely appreciate the authors who shared their scholarship with us; the copyeditors, Mrs. Laura Hudson and Mrs. Latessa Minor Allen, and Mr. Xavier Agee who

served as technical assistance. A special thanks is also extended to Mrs. Minor Allen for her role also as associate editor.

Be reminded that the ideas and opinions expressed represent those of the authors and not the staff of The Online Journal of Health Ethics.

We wish you a very happy, restorative, and fulfilling holiday season. This season, may you experience the release that comes from forgiveness.

Happy Holidays,

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Editor in Chief