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A Call for Liberty and Justice for All: Unraveling the Complexities in 2021

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As the world marched toward its second year of a virus of pandemic proportions, fragile societal seams began to unravel revealing our ugly, and what we had hoped to be, hidden secrets. Dr. Arama-Chicos' article emphatically states that for her, what was happening in the USA as it related to race relations was scarier than the COVID-19 pandemic. Due to longstanding and ubiquitous racist practices apparent in the USA Public Health System, for years, racial and ethnic minorities have suffered numerous health disparities and as a result, have been more likely to die from chronic disease. Small wonder that COVID-19 amplified the problem and once again, death and disability statistics confirmed a sad truth that was all too familiar. Racial and ethnic minorities suffered at markedly disproportionate levels. Arama-Chicos' study seeks to add to the body of literature some sensitization regarding why protesters felt compelled to protest and speak out against injustices. Rather than being rabble rouser opportunists looking to riot and steal, she expresses that the protests were ways in which to respond to pent up anger and rage resultant from racism in America.

Very similar to Arama-Chicos' article, Dr. Michele Battle-Fisher explores the systemization of health inequity in America. Health inequity is termed a socially created complex system that is dependent upon interdependent social and physical systems that create and perpetuate inequalities. Principles of Klugman, Silva and colleagues and others are used to explicate the unfortunate dilemma American finds itself in regarding health disparities of the marginalized.

Dr. Battle-Fisher concludes that bioethicists who pledge the normative effect of morality on society must publicly declare unequivocally that marginalization in any form is immoral. In other words, bioethicists are called upon to become unapologetically critical when reflecting and debating marginalization and social disparity. This is a clarion call for liberty and justice for all.

Dr. George Gellert's article, "Comparatively Benchmarking Government Pandemic Response," compares the response of three governments (China, Canada, and the United States) to the SARS-CoV-2 pandemic. China's first year pandemic response effectively eliminated community spread of the virus. By October 2020, China had 90,604 cases of COVID-19 and 4,739 deaths while the U.S. had 7,382,194 cases and 209,382 deaths. Canada, by comparison with its single payer system, experienced considerably less death per capital than the USA. What was the problem? With its high-tech hospitals, the CDC, and advanced medical procedures, why did the USA fail miserably on almost all indicators regarding its first-year response to the pandemic? Dr. Gellert points to the fragmentation and polarity of the government of the USA as part of the problem. It is his opinion that: The President of the USA failed to lead an essential national effort to coordinate and deliver an effective effort to interrupt community transmission of the virus, ensure supply of essential materials to prevent and treat infection, and plan for eventual vaccine distribution. Unlike nations where authoritarian power and tactics were deployed (and rationalized) to ostensibly improve pandemic performance, Gellert believes that the President used presidential power to disrupt and undermine institutions/individuals seeking to improve disease control. While readers may agree or disagree with Dr. Gellert, you are urged to read the article in its entirety and write a response to it on our Facebook page. We would love to hear from you. Regardless of the cause of the USA's high casualties, the cracks related to health inequities and racism only amplified the disparities and disproportionate casualties among those marginalized by the system. What is needed is liberty and justice for all.

Using the conundrum of the spiraling downturn of Chilean infant mortality rate and improvement in the life expectancy of its citizens during a non-democratic government, Dr. Rodrigo Lopez Barreda examines the concept of Agency. The term Agency is revised to include an alternative

which ensure that people's attitudes are considered during the design and implementation of the policy. During the period of 1973 – 1984, a time of rulership by a military government and two very severe recessions, public services shrank from 26 to 13 percent of the GDP, sanitary inspection of food handling of facilitates, the infant mortality rate spiraled downward. It is concluded that coercive government policies, if done equitably, can result in saving of life. Barreda used two philosophical concepts: Bratman's & Korsgaard to support the argument that even without standard governmental resources, it appears that informed individuals will do what is right to preserve life and. The scenario is then presented regarding resistance to policies among healthcare workers to use of protective during the COVID-19 pandemic. Could it be that countries can benefit from studying how to empower citizens to be full agents in their health care? Perhaps this is the missing link. Please share your thoughts after reading this article.

Continuing in the theme of liberty and justice for all, Dr. Robert Scott Stewart meticulously addresses assertions made in a previous article appearing in the Journal of Health Ethics by C.O. Akpant regarding same-sex marriage in Africa. Akpant embraces the Abrahamic views that same sex unions are an abomination and an attempt by Western cultures to spread their ideologies upon Africa. In consequence, Stewart does a historical recounting of events in both Western and African history that suggest that Akpant may be wrong in generalizing his assertions to the entire continent of Africa. It is a fascinating history which concludes with the statement by Stewart that: "As we have pointed out, by recognizing legal rights for those in the LGBTQ+ community, South Africa has made all its citizens safer and healthier. It is time for more African nations to follow their lead." Throughout the article, Dr. Stewart attacks several assertions and claims made by Dr. Akpant of Nigeria of the homogeneity of all Africans and their collective beliefs regarding the LGBTQ+ rights and morality. This is shaping up to a major continental debate. Stay tuned and join in.

After exploring global ethical issues, Dr. John Stonestreet gently leads readers into considering their own mortality. This is done by a series of scenarios surrounding those who are dying but are not informed by the physicians. Rather, patients are run through the battery of experimental drugs and given the false hope of a 'miracle cure.' Dr. Gwande recalls the experience of lying to a husband whose 34-year-old wife had developed her second cancer infestation. Rather than leveling with the family, he chose to lie. While this type of deception is medical maleficence, rarely is it punishable. Offered are several other approaches health care providers can use to facilitate a more comfortable and peaceful death. He contends that rather than shipping a patient from an ICU to a hospice bed for one night, the patient and family would be better benefited if they were to spend several weeks to months at hospice. That way, they are made more comfortable, family could spend more quality time, and music and other comfort measures can be implemented. Dr. Stonestreet strongly suggests that Chaplains are utilized by healthcare providers and possibly other legal professional if needed. Remembering the oath, *First Do No Harm*, it is encumbered upon all healthcare providers to ensure that the rights of the dying are respected and honored.

In the last article presented, Dr. Kenneth Pike makes the emphatic assertion that only physicians should be addressed by the doctoral honorific in patient care contexts to avoid patient confusion. Included in the article is an abridged history of the 'misuse' of the doctoral honorific and a case in which a patient received care that resulted in a negative outcome for her child. Although the DNP trained nurse explained that he was not a physician, the patient indicated that she did not understand. This is basis for relinquishing of the title of doctor of all healthcare workers in the clinical settings except physicians. Dr. Pike, surely, this is a topic of discussion that will be explored on both sides.

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