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**THE PRIMACY OF LIFE BEYOND ALL HUMAN  
CONDITIONS EVERYWHERE ON EARTH\*\*  
(Vatican City)**

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The very words included in this title give a sense of issues of really great importance and anyone attempting to do it justice must first explore the various interpretations that are buried in the manner in which it is phrased. My treatment of it must of necessity also be the result of my own disciplinary orientation in the social sciences — particularly medicine or rather health — and my responsibilities as Director of the Pan American Health Organization and Regional Director of the World Health Organization.

One possible interpretation is that in every corner of this earth there should be concern with the primacy of life beyond all human conditions — a position that seems almost trite. I must also avoid the tautology that is implicit in the interpretation that all human conditions imply everywhere on earth. I will address the topic as almost an affirmation that life of human kind is of prime concern and must take pride of place in our consideration of those matters that impinge on or determine the human condition. This concern for the human condition has to be at the center of all legitimate social endeavour and is the focus of all those like myself who practice the social disciplines.

I cannot enter the lists with the eminent philosophers who over the ages have debated and agonized over the meaning of life, or with the various groups of biologists who argue about the origins of human life, as we know it, or even with those who would query the existence of life forms elsewhere than on earth. I stress that it is human life that concerns us.

The preservation of life has been accepted as one of the fundamental rights. The liberalism advocated by John Locke argued that all human beings are equal and independent and "*no one ought to harm another in this life.*" The liberal State of Locke's thinking sought to protect those rights seen as basic and all those who followed in this tradition such as Paine and Jefferson reaffirmed the "self evident" nature of the right of man to life, property, and liberty. Life was seen as a right or entitlement that must be assured and should not be infringed by anyone.

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\* **Pan American Health Organization, Pan American Sanitary Bureau, Regional Office for the Americas of the World Health Organization.**

\*\* **Tenth International Conference. The Pontifical Council for Pastoral Assistance to Health Care Workers "From Hippocrates to the Good Samaritan."**

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The ultimate negation or deprivation of this right results in death which in its most violent forms is a brutal manifestation of the abrogation of the right to life. Human beings over the years have naturally been concerned that this right be protected and this anxiety is shown clearly in the Encyclical *Evangelium Vitae* (The Gospel of Life) in which His Holiness Pope John Paul II calls attention to

*the extraordinary increase and gravity of threats to the life of individuals and peoples especially where life is weak and defenseless*

He is equally compelling when he says

*How can we fail to consider the violence against life done to millions of human beings, especially children, who are forced into poverty, malnutrition and hunger because of an unjust distribution of resources between peoples and social classes?*

*What of the violence inherent not only in wars as such, but in the scandalous arms trade, which spawns the many armed conflicts which stain our world with blood?*

*What of the spreading of death caused by reckless tampering with the world's ecological balance, by the criminal spread of drugs or by the promotion of certain kinds of sexual activity, which besides being morally unacceptable, also involve grave risk to life?*

Our many judicial systems go to great lengths to protect this right to life and punish those who when they take it deprive another of that which no person can replace.

Pope John Paul II goes on to decry

*the emergence of a culture which denies solidarity and in many cases takes the form of a veritable culture of death — a conspiracy against life.*

It may be difficult to establish some hierarchy of primacy among basic rights, but I would venture that life indeed merited a very high position in any such hierarchy, if not indeed the highest place. The primacy of life among the other rights might rest on its non-renewability in comparison with other rights.

Property can be restored and the individual once compensated may be almost whole again. Liberty, or the struggle for liberty, has been the battle cry of famous movements that through the years have changed nations. Although individuals cannot be adequately compensated for the period for which liberty is lost, yet liberty can be restored. The primacy of life might rest in the fact that the deprivation of it is absolutely and irrevocably finite. Life as we know it can never be restored and it is obvious that the person deprived of life can never be compensated for the loss of it. Nothing that the poets have written about the gloriousness of the manner of leaving life or the possible fruits of that loss can alter the stark immutability of the change.

The sharpness of the definition of the deprivation of life as resulting in death is ever present in the minds of the physician whose pristine function was to preserve life and avert death. The standards of ethical and moral behaviour that are explicit in the Hippocratic oath enjoin the

physicians to do no harm and in spite of the growth of the respect for autonomy, the traditional bedrock of medical ethical practice has been to make the respect for life operational.

The physician of today often becomes embroiled in the intensive discussions about the preservation of life at different stages of the life cycle and it is not unusual for some to feel slightly affronted when the moral concerns for the protection of life are crossed with the economic considerations. The value of life in economic terms has been a subject of continuing interest and sparked some of the political arithmetic that preceded the discipline of modern economics. But it is inevitable that we should think of the economic value of life and add these arguments to the moral ones for the preservation or amelioration of that life. To the extent that the wealth of a nation depends on the production by its human resources, then life and the length of productive life will always be an economic concern. Much of the argument for improving or preserving life turns around the possible productivity or loss thereof.

This debate about the absoluteness of preservation of life itself has economic ramifications and although a right implies that there should be a measure of protection and I would add preservation, in the world of today this cannot be viewed only in the absolute. In spite of the affirmations about the primacy of life, because of the reality of limited resources, the view is often put and argued very vigorously that scarce resources should be applied where they should do best for the society as a whole. Thus we find government having to make decisions about the incorporation and use of technology which is known to prolong or preserve life but whose cost is prohibitive. The ethics of the allocation of resources of this nature go beyond the simple economic dicta that guide the application of such resources in times of scarcity.

The regard for the primacy of life and the perception that each life is precious and deserves special attention often lead to unnecessary ethical conflict between the deontological approach that gives primacy to the individual and the consequential dogma that focusses on the good of the many. The sharpness of the divide is even more marked when resources are scarce and nothing has occurred to satisfy the modern Benthamites who do not often have to face the agonizing choice in the presence of individual human suffering and pain.

There are numerous biblical references to the importance and value of life and I always bear with me the statement (John 15:13)

*Greater love hath no man than this, that a man lay down his life for his friends.*

This concept of life as the ultimate gift is in some ways more pleasing to me than the concept inherent in the Hegelian construct which portrays death or the loss of life as the ultimate chip in the serious struggle for recognition. Both views, however, are very compatible with assigning life a primacy beyond all human conditions.

But to most of us who work in health, there is another dimension which I will now explore. The primacy of life entails for us not only its preservation in an absolute sense, not only survival but also some concern for the quality of that life. The right to life in some way implies the right to those states that make for a decent life, and high on the list of those states is health.

The best concept of the healthy life is one in which there is not dis-ease in the pristine sense of the term. It implies one in which there is indeed mental, spiritual, and physical ease. It is not only the culture of death that must be counteracted, but it is the culture of quality of life that must be promoted. Death is easily recognized and disease easily measured, but the healthy state for all its importance is relatively invisible and it is sometimes this invisibility that leads to false perceptions. Health like many of the other essential qualities that make human kind whole is difficult to grasp and hold. It is when matters become visible, when the invisible state is lost, that we recognize the importance of what we no longer have. As I heard as a youth "one never misses the water until the well runs dry." A part of our work is convincing our fellows that this invisible state called health is an essential resource for living, perhaps one of the only really and genuinely non-renewable resources. If we are going to engage others in the struggle to maintain that resource, we must clarify what are its main determinants. This approach is often bedeviled by the unfortunate fact that our best and most widely accepted measures of health are indeed measures of loss of health — measures of disease and illness

In spite of the difficulties with appropriate measurement, there is now general agreement on the determinants of that healthy state that indeed gives primacy and quality to life. It is important to understand these determinants, if individually or societally we are going to press for measures to preserve or restore health. The social and physical environment are dominant in this context. It has always been easy to grasp the impact of the physical environment on human health, and the appreciation of such an interaction reaches back to the writings and teachings of Hippocrates. It is true, however, that especially recently we have grown to understand this interaction somewhat better. The changes in the micro environment can easily be associated with disease and there is stark evidence all over the world of poor environmental conditions such as lack of water, poor waste disposal, contamination of the air and soil producing disease, often of epidemic proportions. The lessons of John Snow who showed us how cholera was related to fecal contamination of drinking water have been repeated several times over. The tragedy is that having learnt the lesson we have been unable to apply the obvious remedy on a global scale. Cholera is still with us and children still die of diarrhea.

What is perhaps new is the appreciation that changes in the macro environment that have been induced by human action also lead to disease. The climatic changes induced by global warming and the changes in the protective ozone layer lead to both immediate and distant effects on health.

The impact of the social environment also has its history and the relationship of poverty to health was well recognized by Virchow in Germany, Villerme in France and Alison in Scotland. Chadwick and Shattuck are household names in public health because of what they did to ameliorate the social conditions and improve the health of populations. It is facile to say that poverty relates to disease and ill health solely through effects on the micro environment and the possibility of nutritional deprivation.

But there is now a considerable body of literature relating health to social conditions and the most striking findings relate not only to the influence of social class on health, but to the fact that this socially determined gradient in health is rather resistant to change. The famous Black report of 1988 analyzed the relationship between social class and health in Great Britain and showed that

although health status improved absolutely over time, the gradient still persisted. The socially well off continue to have better health indicators than those at the bottom of the pile.

There is no doubt about this association but the more fascinating research is directed towards elucidating its mechanism. The explanations are varied, but I have always been attracted to the thesis that the wealthy have access to more and better information and in addition are better able to internalize and utilize this information to create their own culture of health.

Individual and collective behaviour are other determinants of health. There is evidence all around us of health damaging behaviour that leads to disease. Smoking, unhealthy sexual practices and eating habits, are only a few examples of those behaviours that impair health. One of the tragedies of our time is the insistence on autonomy and the right of self determination to the detriment of both the individual as well as the collective good.

Genetic endowment is yet another determinant of our health and until recently there was little that could be done to alter this. It is often not the presence or absence of some genetic trait *per se* that leads to ill health, but because it predisposes to some other harm or injury. The ethics of genetic manipulation for correction of such defects are beyond the scope of this discussion.

In modern times, however, it is the care for the individual that consumes most of our attention. The injunction to care for one another and especially the admonition to the physician to care and cure are bedded deeply in our cultures and practices. Much of the expression of the primacy of life is through attention to individual care and the sacerdotal origins of the healing profession speak to the importance of this care. The importance of care is clearly demonstrated in the attention paid to the care services and the institutions that deliver such care. The care system consumes by far the largest part of the budget allocated to health in any system. This is because of the origins of the healing profession, the public power of the most vocal of its members individually and in groups, and the normal anxiety of the individual that everything possible should be done to preserve life and avoid death. There is rarely any enthusiasm for prematurely taking one of Hamlet's options and "shuffling off this mortal coil."

However, when one examines the relative importance of these various determinants of health, it is clear that although the social and physical environment are the most important in promoting and maintaining the healthy state, most of the health resources go to the care services. No one would wish there to be such stringency that no or few resources are allocated to care, but concern for health as the expression of the primacy of life might be appropriately translated into having additional resources go to those other determinants that are shown to play such an important role.

Our concern for health goes beyond the individual and is also framed in the context of a wider good. The presence or absence of health or the uneven states of health in a society are often manifestations of inequity in that society. The reference by the Pope in *Evangelicum Vitae* to poverty, malnutrition and hunger as a result of an unjust distribution of resources between peoples and social classes, is a clear indication of the concern for the health manifestations of social inequity. Almost 20 years ago the nations of the world in a remarkable show of unanimity and solidarity raised the cry of Health for All. They did this with the full knowledge that there would never be some utopia in which there would be no ill health. They did it as a demonstration of the

commitment to seek the kind of social equity that manifests itself in better Health for All. Like many noble and lofty aspirations, Health for All is impossible in the pragmatic programmatic sense.

Over the course of these last two decades there has been improvement in health status but there is a feeling abroad that much of the original enthusiasm has waned although there is still a great deal to be done. Our attention is being struck by pictures of large populations suffering and new diseases emerging. Indeed the concept of new, emerging and reemerging infectious diseases is now high on the agenda of the world's public health. Human Immunodeficiency Virus Infection/Acquired Immunodeficiency Syndrome (HIV/AIDS), may be the best known example of a newly emerging disease. But poor sanitation, ecological changes and rapid transportation, are all contributing to new threats, and there is no doubt that their impact is and will be global. These diseases are problems of the developed and developing world alike and the efforts to warn us of them and hopefully control them will need a global effort.

Our countries are seeking to renew the call for Health for All, because they appreciate the timelessness of the goal. But now there is the added dimension that there is a more conceptual clarity about the role of health in relation to those other activities and attributes that combine together to make for human development as a state in which there is truly a flowering of the human spirit and the possibility for humans to achieve more of their potential.

I would hope to persuade you that at this time we need to see health not only in sectoral terms and as an issue of concern to the health professionals. Health touches all sectors and one of the elements of this renewal of Health for All is to give more emphasis and meaning to the interaction of health and other aspects of social endeavour. We need to see health so located in the public agenda that all actors in society appreciate their roles in promoting the concept of health as a resource for our full being and something to be bemoaned for its absence.

Health is essential for living, but health is also a powerful force for securing conciliation and reconciliation. Our experience is that it represents one of the noble areas around which there is little conflict and for which it is relatively easy to secure the dialogue that can lead to understanding and peace.

Mr. Chairman, by training and conviction, we who work in and for health believe in the primacy in life, and see that primacy expressed most beautifully in the promotion and preservation of that most precious of resources — our health. But it would be a semi-tragedy if this vision remained only with those in health and I would wish to see all human beings share it. Perhaps when that day comes we will indeed see not only improvement of human conditions everywhere on earth, but there will truly be recognition that this primacy of the life that we hold so sacred will indeed be acknowledged to be important beyond all human conditions.