



CENTRE FOR BIOETHICS

at Karolinska Institutet & Uppsala University



VI Annual Swedish Symposium on Biomedicine, Ethics and Society – **JUST HEALTH CARE?**
<http://www.bioethics.uu.se/symposium/2004.html>

JUSTICE: FIVE VIEWS FROM THE CLINIC **Karen Lebacqz, Pacific School of Religion**

Examination of eleven clinical studies conducted under the auspices of the Program for Health Care Relationships (a collaborative program between Yale University and the University of Connecticut, under a grant from the Donaghue Medical Research Foundation) reveals that clinicians have at least five different ways of understanding justice.

1. Justice as Equality, evidenced in statements reflecting the following concerns:

- § Access for all
- § Good care/ thorough care for all
- § Wide dissemination of treatments B e.g. through standardizing scripts to avoid provider bias or through routine screening
- § Concern to reduce discrimination that might result in unequal treatment
- § Concern to enable children to have a life >similar to= that of others

2. Justice as Equity, evidenced in:

- § a constant call for Aindividualized@ care
- § concern for treatment to be population-appropriate

3. Justice as a APreferential Option for the Poor@, evidenced in:

- § The choice to focus on marginalized or >underserved= populations
- § An expressed concern for the vulnerability of some populations
- § Attention to the diversity of populations
- § The need for culturally sensitive measurements
- § Attention to the impact of systems on patient care
- § Thinking that patients sometimes Aknow best@

4. Justice as Empowerment, evidenced in the attention to:

- § Concern to let patients be on their >own turf= or in a safe setting
- § Helping patients develop skills to communicate better
- § Concern for the impact of stigma on patient choices
- § The need for culturally appropriate treatment
- § Building on the patient=s/family=s strengths
- § Respect for the patient=s self-knowledge

- § Increasing control by the patient
- § The importance of honoring the patient's values
- § Seeing health care as a partnership

5. **Justice as Resistance** against oppressive systems/structures, for example:

- § Challenging current practices.
- § Taking treatment to patients instead of patients to clinics/hospitals.
- § Refusing usual practices in order to ensure respectful treatment.
- § Challenging the goal of adherence: Deliberate non-adherence often has good rationale.

These different approaches to justice emerged in conversation with researchers as well as in their research proposals and final reports. It should be noted that none of the research projects was directed specifically toward questions of justice. Also, I did not specifically ask about justice in the interviews; instead, I asked general questions, such as "What were the goals of your research?" and "Were there any surprises in your findings?" Thus, I do not claim that these are the only five approaches to justice found in the clinic. [See the study by Carl-Ake Emersjo and Gert Helgesson for additional views.] Most researchers used more than one understanding of justice. The emphasis on empowerment and a preferential option for the poor surprised me, and may reflect the particular training in bioethics at the participating institutions. Finally, I would say that any approach to justice in the clinical setting should attend to all five of the arenas of justice noted here. It is important, for example, to promote equity by individualizing care within a health care system, but it is also essential to look at the ways in which the system itself may incorporate injustices.