Journal of Dharma 35, 4 (October-December 2010), 393-404

PUBLIC HEALTH AND REDEEMING HUMAN DIGNITY
Indian Christian Ethical Reflections

Lucose Chamakala♦

1. Introduction

Health is concerned with the well-being of a person – not just the biological and psychological well-being but the integral well-being of a person in the society. It affects all aspects of one's personhood. Public health, with its curative and preventive dimensions, is the science and art of protecting and respecting life, preventing diseases, prolonging and promoting life and health through concerted and organized public or community effort. In the contemporary society, public health is commonly known as community health, as it is concerned with the health of all the members of the community and is to be protected and promoted by all segments of the society. Since Christianity upholds the unique value of every human person, endowed with rationality, freedom, responsibility, and a capacity to love and relate, the issue of public health should be a very important concern in the Christian ethics and spirituality. Similarly, a serious commitment to the establishment of public health should be a constitutive aspect of Christian faith and practice, as Christianity believes that all human beings belong to one human family.

2. Public Health: Reality and Challenges

Public health is concerned with people's health and every person's entire being: biological, mental, intellectual, spiritual and social. According to Breslow, dependence on medicine and medical technology as the source of health tends to obscure far more fundamental influences on health.[1] From the knowledge gained from many centuries of human life and experience, it is evident that living conditions and human responses to them largely determine the state of public health in a given society. Thus, public health

---

♦**Dr. Lucose Chamakala CMI** is an Associate Professor of Moral Theology at Dharmaram Vidya Kshetram Bangalore. He holds a Licentiate and Doctorate in Moral Theology from Alphosianum, Rome. His publications include besides many articles in the national and international journals, *The Sanctity of Life vs. The Quality of* Life, Bangalore: Dharmaram Publications, 2005.

[1]S. G. Post, *Encyclopedia* of *Bioethics*, 3rd Edition, vol. 4, New York: Macmillan Reference USA, 2004, s.v. "Public Health: Determinants," by L. Breslow.

© 2010 *Journal of Dharma: Dharmaram Journal of Religions and Philosophies* (Dharmaram Vidya Kshetram, Bangalore), ISSN: 0253-7222

includes the establishment of a healthy environment and responsible behaviour of the entire population. Human beings are, by nature, inclined to protect life, to promote it and to improve the health, not only of themselves as individuals but also of others, through individual and communal efforts in the societies in which they live. The collective social efforts to enhance and ensure health of all thus engage the efforts of the whole population. This includes the prevention of diseases and premature death through organized community-effort under the leadership of the concerned governments. However, in contemporary society, non-government and quasi-public institutions also play vital roles in establishing and promoting public health.

The concept of public health originated in England, mainly through the influence of Johanna Peter Frank (1745-1821), a health philosopher who conceived public health as good health laws enforced on the principle that the state is responsible for the health of its people.[2] Many consider that the Public Health Act of 1848 was a fulfilment of his dream concerning the responsibility of every state for the health of its own people. However, Sir John Simon (1816-1920), the first medical officer of health of London, was the one who built up a profound and successful system of public health through effective sanitary reforms, a system admired and appreciated by the rest of the world.[3] In this early 'disease control phase' of public health, the focus was on general cleanliness, garbage disposal, clean water, neat surroundings, healthy condition of houses, etc. Eventually, the United States of America, France, Spain, Australia, Germany, Italy, Belgium and the Scandinavian Countries, each developed its own unique system of public health.

While public health made rapid progress in the Western world, its progress has been slow in the developing countries such as India. In the beginning of the twentieth century, the 'concept of health promotion' of individuals emerged in the field of public health, which endeavoured to undertake personal health services, mother and child health care, health care of school children within the school setting, industrial health services, mental health and rehabilitation services, public health nursing, etc.[4] According to Park, the thirtieth World Health Assembly resolved in May

---

[2]Park, *Preventive and Social Medicine*, Jabalpur: Banasidas Bhanot Publishers, 2000, 5.

[3]Park, *Preventive and Social Medicine*, 5.

[4]Post, *Encyclopedia of Bioethics*, 3rd Edition, vol. 4, s.v. "Public Health: History," by J. Duffy.

1977 that the main social target of governments and the World Health Organization (WHO) should be the attainment of health for all citizens of the world by the year 2000. This 'health for all' was defined as the attainment of a level of health that would enable every individual to lead a socially and economically productive life.[5] This ideal of 'health for all' implied the attainment of the highest possible level of health for all people in all countries and the elimination of malnutrition, ignorance, disease, water contamination, environmental pollution, unhygienic housing, etc.

Studies and human experiences have revealed that, even in spite of all the advances in medical sciences and technologies, the standard of health services, the public expectation was not being provided in both developed and developing countries. The vast majority of the population in many developing countries, especially in rural areas, did not have ready access to the required health services. As Park observes:

> Although there was the recognition that health is a fundamental human right, there is a denial of this right to millions of people who are caught in the vicious circle of poverty and ill health. There are marked differences in health status between people in different countries as well as between different groups in the same country; the cost of health care is rising without much improvement in the quality... There has been a growing dissatisfaction with the existing health services and a clear demand for better health care.[6]

In many developing countries of the world, good health services favour only the urban people and the privileged few in the rural areas. Many millions of people do not have the basic requirements and determinants of good health to protect their life and to prevent and cure their diseases.[7] These determinants include an adequate and steady income, healthy nutrition, quality education, sanitation, safe drinking water and health care. At present, this is a serious and highly demanding challenge to the entire human family. As Park again points out:

> Only 10 to 20 per cent of the population in developing countries enjoy ready access to health services of any kind. Death claims 60-250 of every 1000 live births within the first year of life, and the life expectancy is 30 percent lower than in the developed countries... Large numbers of the world's people, perhaps more than half, have

---

[5] Park, *Preventive and Social Medicine*, 633.

[6] Park, *Preventive and Social Medicine*, 9.

[7] Jones, *Bioethics: When Challenges of Life Become Too Difficult*, Adelaid: ATF Press, 2007, 226-227.

> no access to health care at all, and for many of the rest, the care they receive does not answer the problems they have...The health gap between rich and poor within countries and between countries should be narrowed and ultimately eliminated. It is conceded that the neglected 80 per cent of the world's population too have an equal claim to health care, to protection from the killer diseases of childhood, to primary health care for mothers and children, to treatment for those ills that humankind has long ago learnt to control, if not to cure.[8]

This seems a realistic view of the contemporary state of the development of public health. Moreover, widespread poverty, uncontrolled migration to urban areas and globalization affect the environment and public health adversely, including water and air pollution, global warming, uncontrolled management of injurious and harmful products and wastes.[9] The ideal, 'health for all,' remains a hard task yet to be realized. This can further be illustrated by briefly analysing the contemporary Indian scene, even though India is considered one of the fastest developing nations of the world.

3. Public Health: Indian Scenario

There has been remarkable progress in the health care field and in public health in India during the last few decades. This gradual and steady growth can be seen in the ever increasing number of health care professionals, health care facilities and specialisations, the increase in the number of hospitals including super-speciality hospitals, the availability of highly advanced medical technologies and treatments, etc. However, many millions of people do not have the basic minimum requirements and determinants of good health. These determinants include an adequate and steady income, healthy nutrition, quality education, sanitation, safe drinking water and health care. It is observed that while India has the largest number of medical colleges in the world and qualified medical professionals, majority of Indians do not have access even to basic health care, and about two-thirds of Indian population lack access to essential drugs.[10] As Ousepparampil observes,

---

[8]Park, *Preventive and Social Medicine*, 8.

[9]L. Chamakala, "Bio-Medical Ethics in India: Challenges Ahead," *Asian Horizons*, 4, 1 (June 2010), 81.

[10]E. Pereira, "Health for Whom and by Whom?" *Integral Liberation* (April 2008), 16-17.

> India has got just 6 doctors for every 10,000 people, compared to the global average of 15 (for 10,000). There is a shortage of 600,000 doctors... The 2008 national budget shows a 15% increase in health care allocation. But still it is just 1% of India's GDP... Health care is an issue of social justice... and a collective responsibility... A comprehensive plan needs to be made after studying the ground realities to afford quality health care to all and free to the poor.[11]

Many people are victims of chronic diseases, including tuberculosis, malaria, cancer, HIV/AIDS, leprosy, mental illness, and a horde of other less obvious health problems.

Medical professionals are not accessible to majority of the people, especially to the rural and poor people because vast majority of these professionals prefer to work in urban areas, particularly in super-speciality hospitals, with high profit motives. Studies reveal that India has the highest number of tuberculosis patients in the world, and about 61 per cent of the world's recorded leprosy patients.[12] The treatment and the care given in many government and public hospitals are very poor, unhygienic and often dehumanizing. Many times the poor are ignored and side-tracked. This is evident from the following News Report under the title "New Born Dies of Red Ant Bites in Hospital:" "A three-day old infant died in the ICU of a government hospital here (Betul, Madhya Pradesh) after being allegedly bitten by a horde of red ants that even made a hole outside its left ear."[13] Recently, many vector-borne diseases like Dengue Fever, *Chikungunya*, Japanese Encephalitis, H1N1, etc., have killed many people in different parts of India.

The most important task before the Indian Church and Indian Moral Theologians in establishing public health is to ensure and enhance the realization of the right to health and to health care of all Indians, irrespective of religious, cultural, linguistic, economic and other diversities, and irrespective of their ability to pay. Some steps were taken by the Indian government in recent years to improve the health scenario. The *Jan Swasthya Abhiyan* is the Indian circle of the People's Health Movement, a worldwide network of people's organisations, civil society organisations, NGOs, social activists, health professionals, academics and researchers

---

[11]Ousepparampil, "Nursing the Nation back to Health," *Health Action*, May 2008, 3.

[12]A. Vadakkumthala, "Health Care in the Face of Commercialization," in *Catholic Contributions to Bioethics*, B. Julian and H. Mynatty, eds., Bangalore: Asian Trading Corporation, 2007, 51.

[13]*The Hindu*, Tuesday, December 9, 2008, 11.

working to establish health and equitable development as top priorities through comprehensive primary health care and action on the social determinants of health. The National Secretariat facilitates communication between members through advocacy and campaigns, a website and discussion group, media releases, publications and participation in various conferences, policy dialogues and other events supported by *Jan Swasthya Abhiyan* volunteers all over the country. In order to make such a movement effective and successful, there should be a strong and sustained government commitment, favourable policy environment, well-targeted resources and a controlling mechanism for monitoring and disciplining the fast-growing private sector for the benefit of all by developing a suitable model of public-private partnership.[14] The main objective of the National Health Policy of 2002 was to achieve an acceptable standard of good health among the general population of India, and to focus on enhanced funding and organizational restructuring of the national public health initiatives in order to facilitate a more equitable access to health care.[15] The National Rural Health Mission, set up in 2005, is envisaged to focus on improving delivery mechanisms with the decentralization of health care at the village level mainly to bring down maternal and infant mortality.[16] Moreover, the Public Health Foundation of India was formed in 2006 to set up five World Class Institutes called Indian Institutes of Public Health in carefully chosen locations to provide professional training and to promote research in high impact areas of public health.[17]

In spite of these well-intentioned plans and recent developments, real progress is not achieved in the health care field. According to Ousepparampil,

> The national level health situation remains more or less the same. Programmes like the national rural health mission, which vowed to make health services accessible and affordable, have not achieved much. When it comes to health care, there are two Indias: One that boasts of five-star hospitals with state of the art technology; the other where majority of people live with no access to quality health care.[18]

---

[14] See J. Desrochers, "Health Care in India Today-II," 143.

[15] J. Desrochers, "Health Care in India Today-II," *Integral Liberation*, June 2008, 133-134.

[16] The June 2006 issue of *Health Action* brings out a good introduction to the National Rural Health Mission.

[17] Desrochers, "Health Care in India Today-II," 139.

[18] Ousepparampil, "Nursing the Nation back to Health," *Health Action*, May 2008, 3.

E. Pereira observes that the National Health Policy was in fact a dilution of public health sector and an uncontrolled promotion of private health sector, including medical tourism which has witnessed staggering health inequities, a resurgence of communicable diseases and an unregulated drug industry with drug prices shooting up.[19] A radical revision is essential in the present highly commercialized training of medical professionals. Medical ethics is not at all a serious topic in the medical education curriculum of many medical educational institutions in India. It is widely observed that many of the prescribed medicines and injections and other treatments, including even surgeries, are irrational or unnecessary. Ravi Narayan affirms that "if people's health needs are to take precedence over market factors, then ethical and social regulation of health professional education is unavoidable."[20]

4. Public Health and the Need of a Critical Response

It is a regrettable reality that the vast majority of the world's population does not have access to basic health care and are exposed to live in a vulnerable and sickly environment. Air pollution caused by automobile emissions of carbon monoxide, unburned hydrocarbons, lead and nitrogen oxides largely affect the health of skin, the eyes and the respiratory system and cause irreversible damage to the central nervous system. Similarly, acid rain (rain and dew with a mixture of sulphuric and nitric acids) caused by the emission of large quantities of sulphur and nitrogen oxides from industrial plants; the green house effect caused by ever-increasing amounts of carbon dioxide; the ozone layer depletion caused by nitrogen oxides released by high altitude aircrafts; nitrous oxide produced by bacteria and large scale use of nitrate fertilizers; and indoor air pollution caused by the use of traditional fuel for cooking, and tobacco smoke – all damage public health drastically. It is evident in all societies that the rich generally live longer and healthier than the poor. Poverty makes people unhealthy and disease makes people poor. Therefore, the issue of poverty should be seriously considered and incorporated into the treatment of public health ethics. As James Keenan observes, public health lacks a conceptual framework and a vocabulary to identify and analyze the essential societal factors that represent the environment and the conditions in which people can be healthy. He affirms

---

[19]Pereira, "Health for Whom and by Whom?" 20.

[20]R. Narayan, "Serious and Sustained Action on the Recommendations of the Task Force on Medical Education for NHRM should be Taken," *Health Action*, August 2007, 9.

that public health has a desperate need for a conceptual framework of social justice and human rights to analyze and effectively respond to the magnitude of different life issues.[21] As he argues, "We cannot make the claims of what is fair unless we have the linguistic instruments to understand why there are iniquities and how they can be levelled."[22]

Moreover, public health should be a serious concern of nations, communities and individuals. Millions of people lose their lives by AIDS, tuberculosis, malaria and other diseases every year; millions are killed by abortions yearly; millions of infants die annually in the early years of their life; many become sick and die due to water pollution, air pollution and a generally unhealthy environment. It is really surprising why we do not respond powerfully and creatively, giving the highest priority to these human realities. Unfortunately, the vast majority of the people are ignorant, insensitive and indifferent to these core issues of public health. As Keenan argues:

> The number of lives lost to the tsunami approached 300,000. This tragedy generated billions of dollars of supported response within weeks. Although HIV/AIDS causes the same number of deaths every thirty-seven days, the will to commit concomitant resources to prevent such loss of life simply does not exist. Not only that, but if every thirty-seven days another tsunami were to occur, we would witness a global effort of the highest priority creating a wall protecting all of humanity against the threat of such tsunamis. Faced with the fact that the HIV/AIDS pandemic does sustain the loss of 300,000 persons every thirty-seven days, we find no such interest in building a wall against the 'sea' of the virus.[23]

It is high time to realize that to critically respond to the demands of public health is a moral obligation of every person, community and government. Everyone has a unique role to play to actualize public health. Public health should be conceived as 'health for all by all persons,' which is an integral aspect of social justice and a fundamental human right. The struggle for public health should be a struggle for social justice, basically to ensure the rights and privileges of every person in the society.[24]

---

[21]J. Keenan, "Four of the Tasks for Theological Ethics in a Time of HIV/AIDS," *Concilium* (2007/3), 66-67.

[22]Keenan, "Four of the Tasks for Theological Ethics in a Time of HIV/AIDS," 67.

[23]Keenan, "Four of the Tasks for Theological Ethics in a Time of HIV/AIDS," 69.

[24]Post, *Encyclopedia o*f *Bioethics*, 3rd Edition, Vol. 4, s.v. "Public Health: Philosophy," by D. E. Beauchamp.

5. Public Health and the Sacredness of Human Life

In the Christian understanding, every human life is sacred from conception till natural death, primarily because of the unique relationship of human persons to God.[25] This relationship is expressed in creation that all human beings are created in the image of God. "God created humankind in his image, in the image of God he created them; male and female he created them" (Genesis 1:27). The dignity of human life has its basis in this fact that human beings are created in the image of God, and they are endowed with rationality and freedom. Therefore, every human life is an intrinsic good. To violate an intrinsic good is an act against the natural law. According to the natural law, the known good ought to be protected, respected and promoted, and the known evil ought to be avoided. Every human being without exception is ethically bound to follow the natural law. Thus, the dignity of every human life is a God-given dignity, which should be respected by all persons. Therefore, every human life is sacred and inviolable, and the unique value of every human life is beyond all human assessments and calculations.[26] As John Paul II argues,

> Man, the object of calculations when considered from the view point of quantity: one among billions... Our human statistics, our human cataloguing, our human systems, none of these is capable of assuring man that he can be born, live and act as a unique and unrepeatable being. But God assures him of all these! In God's eyes and before God man is always unique and unrepeatable. He is someone eternally thought of and eternally fore-chosen.[27]

The dignity of human life is further revealed in the Incarnation, God becoming human in the person of Jesus Christ. Everything was created by the Word of God, which was God himself, and the same Word of God became human in the Incarnation of Jesus Christ. "O God of my ancestors and Lord of mercy, who have made all things by your Word" (Wisdom 9:1). "In the beginning was the Word, and the Word was with God, and the Word was God" (John 1:1). "The Word became flesh and lived among us" (John 1:14). In this Incarnation, God reveals the special and unique value and dignity of every human life. Moreover, the Resurrection of Jesus

[25]L. Chamakala, *The Sanctity of Life vs. The Quality of* Life, Bangalore: Dharmaram Publications, 2005, 161.

[26]L. Chamakala, "John Paul II: The Promoter of Human Life," *Indian Journal of Family Studies* 4.1, April 2006, 53.

[27]John Paul II, "Christmas and the Truth about Man," *The Pope Speaks,* 24.2, 1979, 161.

guarantees and reveals that death is not the ultimate end of human existence, and every human life has a transcendental and an everlasting dimension. The sacredness of human life exists in God's eternal design. This is expressed by the psalmist when he states: "I praise you, for I am fearfully and wonderfully made. In your book were written all the days that were formed for me, when none of them as yet existed" (Psalm 139:14,16). This passage is rich with meaning, as the expression 'fearfully' signifies 'with utmost care and maximum perfection.' Therefore, in the Christian understanding, every human being, being created by God wonderfully and with the utmost care and maximum perfection, should be handled and respected by all with genuine concern and care.

The purpose of the Incarnation of Jesus Christ was to enable human beings to be fully human and to offer them fullness of life. As Jesus reveals, "I have come so that they (all human persons) may have life and life in its fullness" (John 10:10b). Since God loves and respects every person, every human life has a unique value and every person is morally bound to protect, respect, appreciate and promote one's own life and, as far as possible, the lives of others. This responsibility includes the protection and promotion of health, protection of everyone's dignity and integrity, and respect for everyone's freedom and other human rights.

Based on these theological and ethical reflections, it can be asserted that every person is morally and spiritually bound to engage in the establishment and realization of public health as far as he or she is able. Every person has a right and privilege to celebrate her or his life in the society. Celebration of life means the flowering and flourishing of life in all its dimensions, namely biological, psychological, intellectual, social, moral and spiritual dimensions. In this sense, public health is not simply the biological or psychological wellbeing but includes all these dimensions and the holistic and integral well-being of every person. Every person, every family, every group, every religion, every community, every nation has a very unique and irreplaceable role to establish public health amidst all. It should be a consistent collaborative endeavour.

We live in a pluralistic world. All of us together constitute one human society, one human family. The nobility and beauty of human life rest in our relationship to each other as members belonging to the same human family. Christianity believes that God as the creator is the Father of all human beings, and, as such, they are all brothers and sisters. It is truly Christian to accept, respect, appreciate and protect the well-being of all, irrespective of religious, cultural, geographic, ethnic, linguistic and all

other differences. This is mainly because the young and the old, the rich and the poor, the healthy and the sick, the male and the female, from the East and the West, from the North and the South, all share the same human nature and the same dignity of life;[28] same origin and destiny. Considering this relational aspect of human life, the concept 'public health' should include the welfare of women, children, the elderly, the poor, etc., mutual respect and tolerance among various religions, mutual appreciation and respect among all nations, respect for the transcendental dimension of life, respect for everyone's dignity and personal integrity, respect for the dignity of human sexuality and the dignity of marriage and family life and welfare of the society, respect for social, cultural, religious, moral and spiritual values, etc.

6. Conclusion

In the light of the above discussion, we may conclude that public health is every person's fundamental right and privilege. Both the Christian tradition and the Natural Law theory hold that every state is morally obliged to guarantee and safeguard the life and health of all its members without any discrimination. The protection of human dignity and life should be the task of the entire society. The real strength of a community can be assessed by its attitude and approach to the weak and the defenceless. In his Encyclical, *Evangelium Vitae*, Pope John Paul II has expressed the Catholic Church's profound commitment to the protection of and respect for every human life:

> Man [the human] is called to a fullness of life which far exceeds the dimensions of his [her or his] earthly existence, because it consists in sharing the very life of God... Every individual is entrusted to the maternal care of the Church. Therefore every threat to human dignity and life must necessarily be felt in the Church's very heart; it cannot but affect her faith in the Redemptive Incarnation of the Son of God...Today this proclamation is especially pressing because of the extraordinary increase and gravity of threats to life of individuals and peoples, especially where life is weak and defenceless. In addition to the ancient scourges of poverty, hunger, endemic diseases, violence and war, new threats are emerging on an alarmingly vast scale.[29]

The efforts of establishing public health should not only be concerned with preventing diseases and improving the environment, but it

[28] L. Chamakala, *The Sanctity of Life vs. The Quality of Life*, 5.

[29] John Paul II, *Evangelium Vitae*, Vatican: Libreria Editrice Vaticana, 1995, 2-3.

should also foster the integral and holistic well-being of all humans by protecting and respecting essential personal, familial, social, cultural, religious, moral and spiritual values. Therefore, public health should not be simply reduced to a bio-medical sphere alone. It should involve many disciplines including engineering, economics, politics, sociology, bio-medical sciences and religion.[30] As John Paul II again points out,

> Whatever is opposed to life itself, such as any type of murder, genocide, abortion, euthanasia, or wilful self-destruction; whatever violates the integrity of the human person; whatever insults human dignity, such as subhuman living conditions, arbitrary imprisonment, deportation, slavery, prostitution, the selling of women and children; as well as disgraceful working conditions, where people are treated as mere instruments of gain rather than as free and responsible persons; all these and others like them are infamies indeed. They poison human society... They are supreme dishonour to the Creator. Unfortunately, this disturbing state of affairs, far from decreasing, is expanding... Even certain sectors of the medical profession, which by its very calling is directed to the defence and care of human life, are increasingly willing to carry out these acts against the person. In this way the very nature of the medical profession is distorted and contradicted, and the dignity of those who practice is degraded.[31]

By being actively involved in realizing public health, human beings participate in the creative and redemptive work of God. In order to make this task effective, a committed public health movement should be organized. According to the Christian understanding, every person has a God-given right to be born with dignity, to live with dignity and to die with dignity, and whenever any person is denied of his or her basic human rights, God Himself is dishonoured. The responsibility of redeeming human dignity should be one of the primary tasks of every person, every family, every community, every nation, every international organization and the entire human family.

---

[30]*The Hindu*, “Public Health Strategies for Suicide Prevention,” Monday, December 15, 2008, 10.

[31]John Paul II, *Evangelium Vitae*, 3-4.