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Migration: a core public health ethics issue

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ABSTRACT

Objectives: In this article, we outline the link between migration, public health and ethics.
Study design: Discussing relevant arguments about migration from the perspective of public health and public health ethics.

Methods: Critical review of theories and frameworks, case-based analysis and systematic identification and discussion of challenges.

Results: Migration is a core issue of public health ethics and must take a case-based approach: seeking to identify the specific ethical dimensions and vulnerabilities in each particular context. Public health as a practice, built upon the core value of justice, requires the protection and promotion of migrants' well-being (even if this produces tension with immigration services). Ethical analysis should take all phases of migration into account: before, during and after transit. We argue that migration policies, at least as they relate to migrants' well-being, should be founded upon a shared humanity, respect for human rights and on the idea that effective public health cannot and should not be confined within the borders and to the citizens of any host country.

Conclusions: We make the case for migration to be seen as a core issue of public health ethics.

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The nature of migration and scope of this article

Migration is part of what it is to be human. We are curious and vulnerable creatures: seeking new opportunities and fleeing from potential threats. Migration has been constant since humans evolved, but it has been fuelled in recent years by increasing conflict, climate change and the opportunities and pressures of globalisation.

In this article, we focus on migration across international borders, including, for example, people moving from Latin America towards the United States, from Syria to Lebanon,

Turkey and Europe or from Iran and Burma to Australia. Despite the importance of the issue, we exclude from our discussion here those who are internally displaced within states because we believe that a different ethical approach may be appropriate in the case of internal migration. We will not distinguish between migrants and refugees but will use the following International Organization for Migration definition of 'migrant':

'Any person who is moving or has moved across an international border [...] away from their habitual place of residence regardless of

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their legal status, whether their decision to move was voluntary or involuntary, the cause for the movement, and the length of stay'.¹

We take it as axiomatic that the reasons for migration are manifold and that any approach should take into account the different dimensions of migration. Of course, using this wide definition means that not all migrants are equally subject to the ethical and public health challenges that can arise during migration. Many privileged migrants will move without legal or other barriers, for example between two high-income countries (HICs). However, we will not explicitly exclude this group of migrants in our sketch of a public health ethics of migration, as even this type of population movement can result in ethically challenging situations.

Is migration a public health issue?

Before we move on to talk about migration as an issue for public health ethics, we need to establish if it is a public health issue. What exactly constitutes 'public health' is contested. However, we will make the bold claim that migration is a public health issue, whatever account of public health is defended.

Accounts of the concept of 'public health' can be split, roughly, into two types: narrow and broad. Such distinctions can be drawn in many different ways.² However, narrow accounts tend to focus on the prevention of disease through 'traditional' public health activities (e.g. clean water and sanitation, vaccination, etc). Whereas, broader accounts include other causal factors that impact on health (and often well-being—which will include health) such as socio-economic and political factors. On this latter view, we might focus on the determinants of relative disadvantage in a society or population. We prefer this type of account as many of the most influential definitions of public health^{3,4} provide support for a broad account, and it is common for those working in the public health community to see the aims of public health reflected in this approach. For example, epidemiology often seeks to identify differences between groups and explain these differences. A key motivation for doing this is in fact an ethical one. Detected differences are often the result of an unequal distribution in the social determinants of health. A focus on responding to such determinants can bring about greater health equity as part of public health practice.

One thing to notice is that whilst the narrow/broad distinction is supposed to be about different definitions of public health, it is clear that the distinction is based on different normative ideals—in essence what public health *should* be about. For the purposes of this article, it ultimately does not matter which approach we adopt. This is because migration will count as an important consideration for public health for both accounts. Narrow accounts may focus on seeing migrants' diseases as a potential threat to the health of the host community and therefore focus on reducing the risk of communicable disease by encouraging treatment and prevention through vaccination, etc. Broad accounts may encourage a focus on a wider idea of health including chronic disease, mental health, etc. The motivation in the latter account will be one of seeking to bring about greater equity between host and migrant communities.

Is migration a public health ethics issue?

Just like the concept of 'public health', that of 'public health ethics' is also contested. The literature outlining accounts of public health ethics goes back at least to the late 1970s, but there has been an explosion of discussion in the last 10–15 years. One prominent account sees public health ethics as being defined in terms of the protection of the individual's liberty against state-based interventions.⁵ However, this view has been contested right from the beginning,⁶ and there is now a growing appeal to understanding public health ethics as primarily being focused not on liberty but on a broad account of social justice and health equity in particular.^{7–11}

These debates will continue, but in our view, one of the many advantages of a primarily justice-based approach is that it allows us to see relevant relationships as not only being between individuals and the state but also as involving connections across the world. States are powerful bodies that can both threaten and promote public health, but they are not the only relevant parties. Globalised corporations are, in many cases, even more significant as influences upon health than states. Some charities (e.g. the Bill and Melinda Gates Foundation) and non-governmental organisations (e.g. Médecins Sans Frontières), for example, have significant impact on global health, precisely because they are not limited to one country. Many of the key health threats arise from conflict and climate change, matters beyond the capacity of action for individual states. Any focus on individuals acting within states fails to capture much of the real power shaping our lives in the modern world.

Migration is a clear example of why issues in relation to health should not be addressed at the level of individual nation states only. A significant amount of migration is due to factors that push people out of a country. Think of the recent example of Syria, where the ongoing civil war has resulted in threats to the lives of non-combatants, destruction of water, sanitation, health care, opportunities for employment and even basic nutrition and shelter. Recent thinking in public health ethics might be used to justify responding to the diverse and real needs of migrants, following directly from an equity-oriented idea of public health.¹²

However, much public health ethics focuses on citizens within national boundaries, ignoring the case of migrants' altogether. Even theories of social justice in health often do not specifically focus on migrants.^{7–10} In the few cases migrants are mentioned, only those issues are considered that are relevant within the host country, the time before arrival is largely ignored. The little existing better-developed ethics literature related to migration and health mostly discusses access to health care in the host country.^{13–17} No richer understanding of the migrants' complex situation in relation to health is provided. In other cases, the responsibilities of HICs towards low- and middle-income countries are discussed, and hence expanding the focus from the national towards the global sphere.^{18,19} However, in such cases, the focus is on the responsibilities of citizens in one country for those in other countries, not specifically for people who migrate.

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