Editorial

In search of justice

Over the first three years of publication of this Journal the issue of justice in the provision of health care has been discussed regularly, though perhaps with less frequency than it merits. In an early issue Ivan Illich claimed that there was an 'expropriation of health' by the medical profession – a theme now fully elaborated in his recent books *Limits to Medicine*[1] and *The Disabling Professions.*[2] In our second volume Elizabeth Telfer, of the Department of Moral Philosophy in Glasgow University, explored the moral implications of different systems of health care provision ranging from '*laissez-faire*' to 'pure socialist'.[3] Telfer's survey of possible systems was subsequently questioned by Hillel Steiner of Manchester University.[4] In our last issue (December 1977) a former Conservative Minister of Health, Enoch Powell MP, declared that the UN Declaration of Human Rights makes statements about health care which are 'both nonsensical and pernicious' – an opinion subjected to critical scrutiny by Robin Downie, Professor of Moral Philosophy at Glasgow University. Finally in the present issue (and in the preceding one) Raymond Plant has provided an exhaustive analysis of the late Richard Titmuss's celebrated attack on the market approach to medicine in his essay on blood donation, *The Gift Relationship.*

These articles, although very different in many respects, have all been concerned with two major themes: the safe-guarding of individual freedom and the achievement of a fair distribution of health care resources. Within the tension between these two moral values there lies the problem of justice in health care policy. Too great a stress on individual liberty leads quickly to a philosophy of 'weakest to the wall': too heavy an enforcement of health care standards leads, at best, to paternalism and, at worst, to the horror of 'final solutions'. Individual responsibility and initiative must be protected and fostered, but never at the cost of disregarding the vulnerability created by illness and social disadvantage.

The achievement of the required balance in moral values is much more than merely a challenge to the ingenuity of moral philosophers. The issues to be faced demand political solutions of one kind or another. In the USA commentators have been describing for many years a 'crisis in health care delivery', yet the enactment of legislation which will make any real difference to the maldistribution of medical manpower and resources seems to be as far away as ever. In Britain the debate about the effectiveness of the National Health Service, provoked by the recent financial crisis, is beginning to die down as public confidence in some kind of economic kingdom of heaven on earth is restored. Yet the health care problems in Britain, and in other nations, will not be solved by increasing prosperity. Indeed on both a national and an international scale all the evidence points in the opposite direction: economic expansion brings with it the twin problems of an ever widening gap between the living conditions of the advantaged and the disadvantaged, and, for those who profit from the prosperity, the penalty of the 'diseases of affluence'.

Thus, in adversity or prosperity, the moral issue for health care legislators remains the same: how is a society to cope with the recurrent problem of ill-health in a way that enhances equally the life prospects of all its members? We believe that no quick answers should be offered to that question. There is no short cut through the maze of arguments by economists, political theorists, sociologists and philosophers about the design of social institutions. We see our task to be one of keeping *all* the questions open by continuing to publish articles, from a range of disciplines and viewpoints, on the political reality of justice in health care.

References

[1]Penguin Books, Harmondsworth, 1976.
[2]Boyars, London, 1977.
[3]*Journal of Medical Ethics*, **2**, 107–111.
[4]*Journal of Medical Ethics*, **2**, 185–189.

Screening for Spina Bifida

The Health Departments in the United Kingdom are now considering the wisdom of performing tests on all pregnant women in order to forestall the birth of infants with open spina bifida by selective abortion.

Alpha-feto-protein is normally present in the bloodstream of the human fetus. In cases of open neural tube defect (open spina bifida, anencephaly) this protein is found in a higher-than-normal concentration in the amniotic fluid, and also in the