

## 17.

# Rural Health and Global Equity

## *Am I my brother's keeper?*

*Keynote address. WONCA World Conference on Rural Health, April 30<sup>th</sup> - May 3<sup>rd</sup> 2002, Melbourne, Australia*

### **Abstract**

*There are two worlds of rural health. In one, the targets are a better quality of life and longevity. In the other, it is subsistence and survival. This other world is not represented at meetings such as ours. Do we have an obligation to make our deliberations relevant also to the health needs of this poorer rural people who are a majority of the world's population? Does the medical profession have a special burden of responsibility to be concerned about inequity and poverty? Do rural doctors in wealthier communities have a duty to show that they care for this other rural people? The time is opportune for an initiative on rural health where rural doctors and health centres in wealthier countries put out their hands to work with rural doctors in poor countries to help impoverished communities. This conference, following on our Durban resolution, could change good intentions into good deeds.*

This meeting is for me also a renewal of many old friendships with people I respect and admire. I have travelled to Melbourne because rural physicians are the best audience that I have access to, with whom I can share my concerns about the world we live in. I am grateful for the opportunity to speak to you, and for the helpfulness of everyone I have related with in planning my visit.

I shall begin by speaking of the very diverse worlds of rural health, of the extreme poverty and bad health of our fellow human beings who live in the rural areas of poor countries. Then I discuss the indifference of rich countries. I shall argue

that physicians have a special responsibility, and that rural doctors are uniquely fitted to respond and be involved. Finally, I go back to the Durban Declaration where we pledge ourselves to a Global Initiative to Achieve Health for All Rural People.

Most of the people of the world live in the rural areas of poor countries. Less than a quarter of people in developed countries are in rural areas, whereas over three fourths of the poorer countries are rural people. For most of us present at this meeting, the issues in health concern quality of life and longevity.

For the absent majority in the rural areas of poor countries, the issue is subsistence and survival. The end of the 'cold war' also marked the end of competition to win the heart and minds of the people of the developing countries. The world entered a period of malignant neglect, increased poverty coinciding with great prosperity in developed countries. There was talk of 'compassion fatigue', even before compassion had been exercised. The very thought of helping poor people was tiring. The rural people of poor countries suffered most.

The rural poor of the world are farmers, and poor farmers can produce cheaply, but they are prevented from selling. Unexpectedly, it is a leader of French farmers who speaks up for them.

These poor rural people do not travel – except as refugees fleeing war, and then nobody wants them. When they flee to cities, they form an unwelcome underclass who are *in* the city, but not *of* it. When they seek to flee to other lands, they are received like criminals. We now look fearfully at the hungry outsider at our shores, and politicians know that they never fail, when they manipulate fear and hate for their private purposes. Barely two centuries ago, the modern state emerged and set about closing its frontiers. For the first time in human history, people can no longer move freely across the face of the earth. An iron curtain has descended between rich and poor countries.

Within countries too, the gap between rich and poor has widened, and in each country, the rich constitute a separate nation. Benjamin Disraeli saw two nations within industrialising Britain in the 19<sup>th</sup> century, and the world has entered the 21<sup>st</sup> century with the ugly division of rich and poor entrenched across the earth. Our conference addresses problems of rural health, but can we avert our eyes

from the rural majority of the world that live in poor countries. Although the organisers of this meeting have made a special effort to get poorer physicians to attend, they are not represented here.

Their voices are not heard, so we have to speak up on their behalf.

The collective wisdom we have inherited in the scriptures of our separate gods, all teach us that we will be judged by how we treat fellow human beings. This is a cynical age we live in, and people need additional arguments as well as the power of example to be kind and charitable to fellow human beings.

Our biological inheritance has provided us the gift of altruism, a vital element in the survival of our species. The spiritual dimension with which we are endowed has enabled the emergence of civilisation, and recognises that caring for others, to make sacrifices for the stranger in need, are what makes us human. This is our feminine inheritance.

I despair of changing the masculine culture of testosterone-driven violence that is taking humanity, like so many Gaderene swine, down the slopes to our own destruction. If large numbers of women too were to abandon the virtue of caring that makes us human, then all is lost.

This is a difficult message in an age of possessive individualism. Humanity has slowly moved to destroy the qualities that make us human. The extended family, in which every child had access to two grandparents in addition to their parents, has dissolved into the nuclear, working family, and now the single parent family.

We live in a harsh, unforgiving world, and people have withdrawn into the solitary, mistrustful pursuit of personal interests. The initiative has passed to politicians who can successfully feed on our fears, and appeal to the worst elements in our nature. The rest are silent.

In rural life, there remains the chance to preserve some of the human qualities of fellowship and caring for each other, and to keep the family as a meaningful experience in our lives. This conference provides us with an opportunity to make caring part of our real life by helping the stranger in need.

Do physicians have a special responsibility to act on poverty and inequity? There is a collective consensus of every one of our associations that we do have a special responsibility, but individually we are trapped in a world whose only currency is money.

When I spoke on this vein at our first meeting in Shanghai, an Australian doctor in the audience later murmured in my hearing, that he just wanted to look after his own patients. I am sure there are days most of us could empathise with that sentiment. We are in many ways a demoralised profession. Struggling to practise good medicine in an unsupportive environment, we sometimes find the heavy burden of ethics and ideals to be just too much to bear.

Physicians are not people of special virtues, indeed some are tradesmen with medical degrees. We are selected mainly for our ability to pay for access to a medical school, and to pass examinations that tax the memory.

What makes us special is our work that moulds and tempers us, that *requires* us to care for others, and the expectations of our patients, who could not accept our care unless they *trusted us to care* for people like them.

I believe rural physicians have the temperament and character, the knowledge and skills, to help other rural people. When we met at Durban, South Africa, we proclaimed our commitment to a Global Initiative to Achieve Health for All Rural People. The time has come to make a start in delivering on our promise. In the past week, some of us have met to make proposals for you to examine, reshape, and take over. There have been consultations with the World Health Organisation, and the results are being presented to you.

There has been a sea change of political climate that favours the task of eliminating poverty. There are now more allies for us than ever before. There is a rising tide of passion and idealism all over the world, recoiling in horror at the direction the world is drifting. We naturally belong with these people who struggle in yet another endeavour to build a better world. There is a historic opportunity for the professions of medicine to demonstrate to the world that our tradition of caring does extend beyond our clinics and hospitals.

The United Nations made a Millennium Declaration in September 2000 pledging to spare no effort to free our fellow men, women and children from the abject dehumanising conditions of extreme poverty, to which more than a billion of them are currently subjected.

Nothing much happened, then a year later on 11 September 2001 that we witnessed that awful act of barbarism. The climate for aid would seem to have changed. At a UN meeting in Monterrey, Mexico, the rich nations of the world offered greatly increased funding to fight poverty.

Sad to say, it was not a reawakening of love and caring, or a renewal of Christian charity; fighting poverty, they explained, was the “best way to fight terrorism”. They would do the right thing, but for the wrong reasons. It was left to ecumenical groups to cry out that the heart of the matter was justice.

That meeting was coordinated by the World Council of Churches (WCC) in cooperation with the Lutheran World Federation (LWF).

The makings of a global alliance against poverty are now visible, and we are in a position to contribute.

The WHO is also an ally. Over two decades, we have succeeded in persuading them that family doctors are essential allies in bringing health to all the people of the world. Now they have decided to pay more attention to poverty, “Attempting to approach health as a means of combating absolute poverty.” Perhaps we can help them generate more enthusiasm for this task.

There are innumerable ways in which we could help, individually or collectively. Our associations can look at the example of the British Medical Journal. In a remarkable act of generosity, the BMJ offers free access on line. Richard Smith, its editor, now campaigns for the evidence-base of medical practice to be freely available on the Web. You cannot imagine the difference it can make to the quality of care provided by a lone physician in a remote practice.

Individually, we could all contribute a tithe for the rural poor in another country. But we could and should do more. Surely there will be some in this audience who have time and space in their lives to come forward to lead us all in a great

endeavour, to make a small difference to the vast problems of man-made suffering and the inequity of man to man, but a vast difference in the lives we touch.

I believe we can make a success of the Global Initiative to achieve health for all Rural People. We could bring a new approach that addresses global inequity as well as health.

I propose a new coalition of forces, starting with doctors and nurses, who are the face of medicine to the community, joining hands with teachers and technologists. Such an alliance brings together the core competencies needed to deal with the problems of poverty, bad health, and inequity. In each country, we should commence a dialogue with these allies, before extending ourselves to other global non-governmental organisations that share our vision.

To play our part effectively, we have to strengthen our organisations. We need a network of Academies/Colleges, university departments and rural health centres. Every Academy/College and Department of Family Practice should have a plan to help doctors working among poor people, both within their country and abroad. Let us form collaborative bilateral links for a pooling of experience and expertise that will have a beneficial multiplier effect on both partners. Experience in vastly different cultures and environments will make us better doctors and better human beings.

These are actions that are within our capacity. I believe there are many of you who want to help, if only there were a way you could relate to a greater enterprise to channel your contribution. Let us create these channels.

May I conclude with this thought: In giving a bit of ourselves to help a stranger in a faraway land, we bear testimony to our own humanity, and we enhance our humanity.