

Fortnightly Digest by



Digest 68



Warm greetings!

We are pleased to bring you this fortnightly digest from the Health, Ethics and Law Institute (HEaL Institute) and the *Indian Journal of Medical Ethics* (IJME).

Online First from IJME

Bhatt, R. (2024). ["Doing bioethics" in an era of nationalism: The Vaccine War.](#) *Indian Journal of Medical Ethics*, February 3, 2024

Gopichandran, V. (2024). [A multi-dimensional exploration of care extractivism in India.](#) *Indian Journal of Medical Ethics*, February 7, 2024

Karpagam, S. (2024). [Public health ethics and the Kerala Public Health Act, 2023.](#) *Indian Journal of Medical Ethics*, January 27, 2024

Noroozi, M., Salari, P., Larijani, B. (2024). [The quantitative analysis of the publication trends of Iranian medical ethics and its comparison with EMRO countries.](#) *Indian Journal of Medical Ethics*, February 1, 2024

Announcement from the local and global peer community

Forthcoming conferences and webinar

[The First Black and Brown in Bioethics conference 2024 “Engaging Diversity in Bioethics Theory and Practice”](#) | University of Bristol | April 9, 2024

[Mental Health, A Human Right: “The Recovery Channel” Film Screening](#) | Geneva Graduate Institute | March 13, 2024 | 18:30-21:30 | Auditorium Ivan Pictet, Geneva Graduate Institute, Maison de la paix

[3rd Capsule course on NBC 2016 – Accessibility in Buildings and Built Environment](#) | CABE Foundation | February 28-29, 2024 | NITS Noida



The poster for the Black Health Lecture Series features a central title and four speakers. The speakers are: Dr. Cynthia Maxwell, MD (Feb 20, 11:00am-1:00pm EST, virtually, Black Maternal Health); Dr. Alua Cooper, PhD (Feb 28, 11:00am-1:00pm EST, virtually, Black History and Health); Debbie Douglas (Executive Director OCAS - Ontario Council of Agencies Serving Immigrants, May 8, 11:00am-1:00pm EST, in person, The Black Refugee Crisis); and a moderator, Dr. Roberts Timothy, MA, MEd, PhD, RP (Assistant Professor, Teaching Stream, Black Health Lead and Program Director of the MPH in the field of Black Health). The poster also includes the Dalla Lana School of Public Health logo and a link to register for the lectures.

Black Health Lecture Series

Featuring...

Dr. Cynthia Maxwell, MD
VP of Medical Affairs & System Transformation and Lead Medical Executive at Women's College Hospital, Maternal Fetal Medicine Specialist at Mount Sinai Hospital and Professor in the Department of Obstetrics and Gynecology, University of Toronto.
Feb 20 11:00am – 1:00pm EST, virtually
Black Maternal Health

Dr. Alua Cooper, PhD
Principal Investigator- A Black People's History of Canada, Kilam Research Chair: Black History and African Diaspora Studies and Full Professor Faculty of Arts and Social Sciences, Dalhousie University.
Feb 28 11:00am – 1:00pm EST, virtually
Black History and Health

Debbie Douglas
Executive Director OCAS - Ontario Council of Agencies Serving Immigrants
May 8 11:00am – 1:00pm EST, in person
The Black Refugee Crisis

Moderated by Dr. Roberts Timothy, MA, MEd, PhD, RP
Assistant Professor, Teaching Stream; Black Health Lead and Program Director of the MPH in the field of Black Health

To register for the lectures, [click here](#)

[The Black Health Lecture Series](#) | Dalla Lana school of Public Health | 11:00 am to 1:00 pm EST | February 20, 2024; virtually; Black Maternal Health | February 28, 2024; virtually; Black History and Health | May 08, 2024; in person; The Black Refugee Crisis

[Promoting Equity in Digital Health: Challenges and Approaches for Healthcare Organizations](#) | Center for Bioethics | February 23, 2024 | 12:30 – 2 pm ET

medico 342- friend 344 circle bulletin



August 2010 - January 2011

Towards Universal Access to Health Care in India

Concept Note for Medico Friend Circle, Annual Meet 2011

-Abhay Shukla, Anant Phadke, Rakhal Gaitonde¹

I. Introduction and Basic Concepts

In the 21st century, Health Care should be regarded as a basic human right. Since the second half of the twentieth century most of the developed countries (with notable exception of USA) have progressively achieved or have nearly achieved Universal Access to Health Care (UAHC). More recently some developing countries like Thailand, Brazil have also largely achieved UAHC. A few countries like South Africa, Cuba, and Venezuela have recognized Health Care as a fundamental right and have enshrined it in their constitutions. In these countries patients do not have to pay or pay only a token amount at the point of service. At the beginning of the twenty first century there is convincing evidence and experience in favour of and how to achieve a Universal Access Health Care system, there are no excuses for India not to move towards UAHC.

During the last MFC annual meet in January 2010, we discussed barriers to UAHC in the Indian context. In the Annual Meet in January 2011 we would discuss major policies and health system changes needed to make UAHC a reality in India. For this purpose, we need to be clear about the meaning of UAHC and its implications, and the experience of other countries will have to be studied, and lessons learned from these experiences need to be applied within the context of specificities of the Indian situation.

After World War II, thanks to the Keynesian policy of State intervention in certain spheres of the economy, Health Care was increasingly provided by the state or paid for by the State in developed countries. Thus in the second half of the twentieth century, UAHC has been achieved in developed countries mainly because the

¹ Email: <abhayshukla1@gmail.com>, <anant.phadke@gmail.com>, <rakhal.gaitonde@gmail.com>

commodity character of Health Care has been progressively undermined in most of these countries. The State Health Care Services are not commodities. Moreover even when services of private doctors are sought, "Third Party Payment" to the doctors by the State means from the point of view of the patients, health care is not a commodity and is more of a social service or social wage. The US is a definite exception where health care continues to be largely a commodity. It is not incidental that amongst the developed countries, despite its large GDP and high per capita expenditure on health care, the record of access of the US to health care is the worst. So it's more a question of curbing the role of the market in health care and less a question of availability of resources.

Given this background, in this note, we have put forth a broad canvas of the various issues that need to be considered and positions that need to be formulated, to be able to argue that it is possible to make UAHC a reality in India in the coming decade. It is hoped that in the forthcoming MFC Annual Meet on UAHC, there will be a detailed discussion on the various issues covered in this note and the this meet will hopefully come up with a common, consensus declaration on Universal Access to Health Care in India; as an urgent social necessity as well as a dream that can be realized during the second decade of the 21st century.

Defining Universal Access to Health Care

Some key features of a UHC system are outlined below, which is modified from a section in the *Report of the Knowledge Network on Health Systems, WHO Commission on the Social Determinants of Health* (June 2007):

Universal coverage is achieved when the whole population of a country has access to the same

[50th year Annual Meet](#) | Medico Friend Circle | February 23-25, 2024 | Venue: Babu Kutir, Sevagram, Wardha, Maharashtra | [Participation Google Form](#) | [Finance and Directions](#) | [Meeting Agenda](#)

Bristol Dental School presents
in association with the Centre for Black Humanities
and the Black and Brown in Bioethics network

Decolonizing Dentistry to Centre Health Justice: Dismantling White Supremacy and Power from Oral Health



An open lecture by **Dr Eleanor Fleming**
Clinical Associate Professor of Dental Public Health
Assistant Dean for Equity, Diversity, and Inclusion
University of Maryland School of Dentistry
Baltimore, USA

This talk will contemplate the inherent whiteness of dentistry, and the epistemic, empirical and institutional biases of oral healthcare. Drawing on contributions from Black (feminist) theory, decolonisation principles and tenets, critical race theory and anti-oppressive work, this talk will create and hold a space to imagine a counter-hegemonic view of dentistry as a healthcare system, educational system, research and clinical practice.

Thursday 15 February 2024 | 15:00 - 16:30 (GMT)
Hybrid | Arts Complex Room G.H01

Followed by an informal reception.
Register now to confirm your attendance
in person or online.



[Decolonizing Dentistry to Centre Health Justice: Dismantling White Supremacy and Power from Oral Health](#) | Bristol Dental School; Centre for Black Humanities; Black and Brown Bioethics network | February 15, 2024 | 15:00 to 16:30 (GMT)

Concluded conferences and webinar

[Introducing OASPA's Wayfinders: Increasing Equity in Open Access Publishing](#) | OASPA

[Dying for Life: Are Mothers Still a Global Health Priority?](#) | Global Health Centre

Applications



**BE A PART
OF OUR
NETWORK**



[Call For Membership Applications](#) | Youth Voices Count | Deadline: March 5, 2024

Training / Workshop



YALE
INTERDISCIPLINARY
CENTER FOR BIOETHICS

Summer Institute in Bioethics

Join Us!
Apply now for
2024



- Join faculty and students from 25+ countries across the globe to learn about a wide array of bioethics topics.
- Learn to identify and explore moral tensions within law, medicine, public health, philosophy, and other fields of study.
- Develop and present original research in a poster session attended by Yale faculty.

ABOUT THE PROGRAM

Now in its 14th year, Yale's Nuland Summer Institute in Bioethics is an intensive summer program for students and professionals from disciplines including law, medicine, philosophy, public health, religious studies, and more. Small group seminars, community building, and out-of-classroom experiences distinguish this program.

Our impressive faculty infuse the program with their enthusiasm, energy, and expertise on a wide range of topics including ethical policymaking, genetics, "a good death," environmental ethics, social justice, ethics of psychedelics, and clinical ethics.

PROGRAM DETAILS

The Summer Institute in Bioethics offers a virtual 4-day "Foundations in Bioethics" program in early June. Participants may also apply for three to six weeks in-person in June and July.

APPLY TODAY!



"Unforgettable." "Unparalleled."
"Essential to my career planning."
Hear more from recent alums:



bioethics.yale.edu/summer

[Summer Institute in Bioethics 2024](https://bioethics.yale.edu/summer) | Yale Interdisciplinary Center for Bioethics

Capacity strengthening in bioethics and its sub-fields: Enquires for short-duration intensive training program

Please write to us on fmesmumbai@gmail.com and admin@fmesinstitute.org with your enquiries for customized short-duration intensive training program in various sub-fields of

bioethics. For over two decades, we have been organizing training program in bioethics sub-fields, amongst others, research ethics in social science research in health; public health ethics; clinical ethics, research ethics in public health research; implementation science and ethics, research ethics in mental health interventions; research ethics and digital technology-based health interventions; ethics of program monitoring and evaluations; and research ethics in research involving adolescents and children.

Advertise and help to sustain IJME

IJME welcomes advertisements for the print issue as well as the website. Two advertisement spaces on the website, in banner and box area, are available on the landing page and can be viewed at <https://ijme.in/>.

The guidelines, tariff details, and payment details are available [here](#).

APPEAL FOR DONATION TO THE FORUM FOR MEDICAL ETHICS SOCIETY **APPEAL TO PAY WHAT YOU CAN AFFORD FOR ACCESSING THE IJME and ITS DATABASE**

[Indian Journal of Medical Ethics \(IJME\)](#) is published by the **Forum for Medical Ethics Society (FMES)** since 1993. It is a **multi-disciplinary** journal of bioethics, healthcare ethics and humanities. It is also committed to maintaining editorial independence, from the publisher as well as by avoiding financial dependence that could create conflict of interest. In addition, we are striving to keep the IJME online free and open-access. Therefore, the IJME/FMES need support through donations and grants from individuals and non-profit foundations. ***Donations/grants are solicited only from Indian individuals and entities*** as Indian laws do not permit a journal to receive donations/grants from foreign sources.

However, foreign as well as Indian readers/authors may wish to support the journal by voluntary payment of a fee in the following manner:

- By paying or gifting subscriptions to the print or soft PDF copies of the journal;
- By paying a fee of any amount for full-text views or PDF download of any article from the IJME website;
- By paying article processing charges of any amount on publication as affordable to the readers/authors.

FMES is registered under the Societies Registration Act, 1860 and the Bombay Public Trusts Act, 1950. Donations are eligible for tax exemption under Section 80G of the Income Tax Act, 1961. For more details on how to support us, write to admin@ijme.in or visit our website www.ijme.in/subscribe/

SUPPORT OPEN ACCESS ACADEMIC PUBLICATIONS, DONATE TO THE FMES CORPUS FOR THE PUBLICATION OF IJME!

Forum for Medical Ethics Society
O-18, Nav Bhavna Premises Co-operative Society Ltd.
422 Veer Savarkar Marg, Prabhadevi
Mumbai 400 025, India



Is this email not displaying correctly? [View it in your browser](#)

[unsubscribe from this list](#)