"Health and Human Rights," edited by Doris Schroeder, welcomes contributions on all areas outlined below. Submitted papers are peer-reviewed (short discussion papers will be reviewed by at least one, full papers by at least two reviewers). To submit a paper or to discuss suitable topics, please e-mail Doris Schroeder at dschroeder@uclan.ac.uk.

Editorial

DORIS SCHROEDER

"Human rights" is a global topic. As soon as one agrees that a right is a *human* right, one cannot restrict it to certain groups. People have human rights by virtue of their humanity, not by virtue of their nationality, their status, their gender, their ethnicity, and so forth. This is why the topic is one of the most exciting, but also one of the most contentious discussed in the humanities and the social sciences. It is a topic that suggests numerous questions in three main areas: concept, content, and enforcement (for a simplified illustration, see Figure 1).

On the conceptual level, one needs to ask whether there is a foundation for human rights, a justification for their supposed existence. Affirmative answers range from a confident "yes" based on human dignity (e.g., Kant,[1] Gewirth[2]) to "This is the way it is with rights. You want'em, so you say you got'em, and if nobody says you don't then you do."[3] Nonaffirmative answers focus mostly on the claim that human rights are a Western invention, which cannot be universalized across the rest of the world.[4] Claims at the conceptual level can impact on the topic of health and human rights. For instance, if one's ethical system revolves exclusively around obligations, the focus within healthcare will be on the providers (doctors, nurses, etc.) rather than on the patients. Hence, answers to theoretical or conceptual questions about human rights will explain different approaches to healthcare ethics.

Should one agree that human rights exist, one is faced with the subsequent question: Which exact rights do human beings have by virtue of being human? Political and civil rights (often called "first generation rights")? Economic, social, and cultural rights ("second generation rights")? Rights to international solidarity ("third generation rights")? Right to peace ("fourth generation rights")?

The topic of health and human rights is relevant to all generations of rights.

1. A violation of civil liberty rights (e.g., torture) translates into increased morbidity or mortality. On the other hand, public health measures (e.g., compulsory vaccinations) can infringe civil liberties.
2. Providing healthcare services to a population as a right is usually understood to fall within the second generation of rights, as these are typically provided by a state for those living in its territory.

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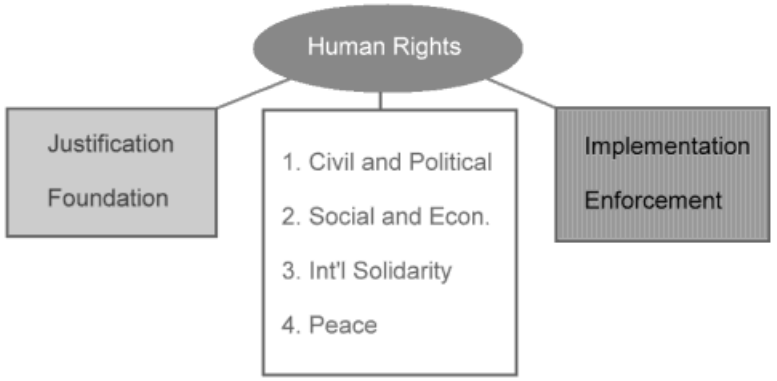


Figure 1. Overview of human rights.

3. Rights of international solidarity can be relevant to healthcare in two aspects. First, by providing healthcare services beyond national welfare states (e.g., health-related development aid) and by cooperating toward the preservation of a healthy environment (e.g., tackling global climate change).
4. Finally, violations of a right to peace lead invariably to increased morbidity and mortality.

The last category of questions on human rights concerns enforcement. Without effective laws and enforcement agencies, human rights discourse can easily decline into irresponsible fantasizing about rights without careful consideration of equivalent obligations and implementation.[5] For instance, in 1996, the World Food Summit in Rome ended with a pledge by 186 governments to "reaffirm the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right to be free from hunger".[6] However, no corresponding obligations were written into international law. The U.S. Government interpreted the declaration as follows: "The attainment of any 'right to adequate food' or 'fundamental right to be free from hunger' is a goal or aspiration to be realized progressively that *does not give rise to any international obligations*."[7]

Questions of enforcement are of clear relevance to the topic of health and human rights. Without considering enforcement, rights discourse, in whichever field, can be highly irresponsible. There is, therefore, a significant role for lawyers and legal experts in the field.

I very much hope that the "Health and Human Rights" column of *CQ* will—with your help and contributions—stimulate debate on this wide range of topics. Today, we are going to make a start with two contributions.

In a short discussion piece on the role of human rights in global bioethics, I argue that the human rights discourse is well suited to formulate demands for minimum standards of individual liberty and security. However, this discourse can be highly ineffectual if it neglects to discuss obligations, a focus of many non-Western approaches to ethics. The middle way, or as Aristotle would call it, the mean way, is still to be found.

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Assuming a human right for healthcare and focusing on obligations and personal responsibility, Yvonne Denier asks whether one can forfeit a right to healthcare by supposedly irresponsible behavior.

A friend of mine, who edits a fully indexed, high-profile ethics journal, told me that—statistically—every article in the printed issue is read by 1.6 readers (this number increases slightly for the electronic version). If you are reading this, perhaps you can spare a few minutes and send me an e-mail, saying who you are and whether you have a special interest in the topic of health and human rights. This might help tailor the column to those who read it and give me an idea of the topics that might be of interest (and, statistically, it does not cause much work for me to read 1.6 e-mails).

Notes

1. Kant I. *Grundlegung zur Metaphysik der Sitten*. Hamburg: Felix Meiner Verlag; 1965.
2. Gewirth A. The Epistemology of Human Rights. In: Paul EF, Paul J, Miller FD Jr, eds. *Human Rights*. Oxford: Blackwell Publishers; 1984:1–24.
3. Danto AC. Constructing an Epistemology of Human Rights: A Pseudo Problem?. In: Paul EF, Paul J, Miller FD Jr, eds. *Human Rights*. Oxford: Blackwell Publishers; 1984:25–34.
4. Sakamoto H. Towards a New "Global Bioethics." *Bioethics* 1999;13:191–7.
5. O'Neill O. Agents of Justice. In: Pogge T, ed. *Global Justice*. Oxford: Blackwell Publishers; 2001:188–203.
6. Food and Agricultural Organisation of the United Nations. *Rome Declaration on World Food Security*. Available at: http://www.fao.org/DOCREP/003/W3613E/W3613E00.HTM, accessed 18/06/04.
7. U.S. Foreign Agricultural Service. *World Food Summit—Interpretive Statements*. Available at: http://www.fas.usda.gov/icd/summit/interpre.html, accessed 18/06/04, my emphasis. On 24 September 2004, after this editorial was submitted, the FAO's Committee on World Food Security adopted voluntary guidelines to support the progressive realization of the right to adequate food in the context of national food security.

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