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My Thoughts/My Surgical Practice

## A right to surgery: Navigating global surgery through a human rights lens



Health is a basic human right. The United Nations' Universal Declaration of Human Rights in 1948 first laid forth that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services".<sup>1</sup> The Declaration stemmed from the unprecedented human rights violations occurring during the Second World War, including the lack of comprehensive medical services and attacks on health care facilities. Since, the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR) solidified the right to health, which, today, has become widely recognized within the human rights discourse.<sup>1</sup> Nevertheless, health and access to health care remain some of the most elusive goals in modern society, with widespread inequities between and within countries.

Five billion people remain without access to safe, timely, and affordable surgical, anesthesia, and obstetric (SAO) care when needed.<sup>2</sup> As a result, nearly 18 million people die each year from surgically preventable or treatable conditions, and one-third of the global burden of disease is amenable to surgery.<sup>2,3</sup> While the poorest third of the world's population is in dire need of surgical care—facing high rates of road traffic incidents and injuries, obstetric complications, congenital malformations, and, increasingly, non-communicable diseases—they receive only 6% of all surgeries.<sup>2,4</sup> Not in line with the large global burden and the individual and population-level cost-effectiveness, access to surgical care has been neglected on the global health agenda and in global health financing—opposing the fundamental right to health.<sup>2</sup> Only recently, in 2015, with the inaugural report by the Lancet Commission on Global Surgery and the World Health Assembly Resolution WHA68.15, has access to emergency and essential surgical care and anesthesia been considered as an integral part of universal health coverage.<sup>2,5</sup> The concept of surgery as a human right was first introduced in the literature a decade ago: while global surgery has received considerable interest since, much remains to be done.<sup>6</sup>

Since its establishment in 1946, the constitution of the World Health Organization, envisioned "the highest attainable standard of health as a fundamental right of every human being".<sup>1</sup> Indirectly, this may position surgical care as a critical component thereof, a perspective later solidified by the unanimous adoption of WHA68.15.<sup>5</sup> In the past two decades, the rights-based approach to health care has gained increasing attention in response to growing global health inequalities.<sup>7</sup> Fostering a similar approach to promote the delivery of surgical care in, for example, low- and middle-income countries (LMICs) may be beneficial to hold policy-makers and leaders accountable for existing gaps in health

outcomes and access to comprehensive health care services.<sup>6</sup>

Civil and political rights cannot be seen in isolation, given the inherent link with socio-economic rights. Strengthening health systems is an important but not all-inclusive measure to improve access to and delivery of surgical care. Cultural and religious beliefs, along with other socially-bred inequities and discrimination, prevent vulnerable groups from accessing essential health services. For example, in some LMICs, safe abortion remains a precarious service, heavily frowned upon by the government and cultural belief. Such environments lead pregnant women to terminate their pregnancy using dire methods that jeopardize their lives. Examples of abuse of women in childbirth as well as gender, racial, and socio-economic discrimination towards women seeking obstetrical care have equally been described, posing tangents on health as a human right.<sup>8</sup> Eliminating such discrimination and social stigma indirectly improves access to health care, despite not directly addressing health policies.

Further, governments ought to increase the involvement in promoting population health by limiting profit-driven practices. In most LMICs, user fees make up a considerable portion of health care spending; however, 81 million people are pushed (further) into poverty every year due to requiring surgical care.<sup>2</sup> While a shift from user fees to increased domestic spending on health care may require larger government investments, the improved access to essential health services, including life-saving or life-changing surgical care, will ultimately benefit poorer populations and, in turn, their economic contributions. As such, rather than burdening vulnerable populations—in this case, those needing surgical care—an active approach to incorporate human right mechanisms in health policies is necessary, and should be recognized by the international community. Normatively, human rights principles can be concretely defined as being right or wrong. Accordingly, this ensures more robust accountability mechanisms—evaluating the extent which governments, as duty bearers, take action to care for its population, the rights holders—as countries commit to increasingly working towards universal health coverage.

Despite increasing interest in global surgery, the current discussions in the literature on human rights and global surgery remain scarce. Nevertheless, the recognition of SAO care as an essential human right, at all levels, would significantly reduce mortality and complication rates, and further anchor global surgery as an essential human right in these discussions.<sup>2,3,9</sup> Ultimately, in order to expand access to safe, timely, and affordable surgical care, synergies with other priorities on the global health agenda are necessary. Holistic health systems strengthening is essential to ensure equitable

access to essential health care services for the populations in need. Governments, international organizations, and the ICESCR ought to be held accountable for the neglect of surgical services in low- and middle-income countries, and integrate surgical care within multi-lateral health systems interventions. The integration of human rights principles into global surgery initiatives will ensure more sustainable and effective efforts worldwide, and consequently, expand the recognition of SAO care access as an essential human right.

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