

Foreword

Social Justice: A Basis for Health Care Delivery



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With the passage of the Affordable Care Act, there was a concerted movement toward assuring that every citizen in the United States has access to affordable health care. This ideology has long been supported by other initiatives, including *Healthy People 2020*.¹ The extent to which this has come to fruition is difficult to capture due to the variant terms used to describe underserved populations, or the context of health disparities, or defining geographical determinants. In some instances, defining disparities based on a particular populations or groups is not conveyed.² What is known is that the current health care system, despite this legislation and other initiatives, contains a disparity in health care coverage and countless treatment gaps for many citizens in the United States. The paramount desire to ensure that every citizen has access to affordable care has not occurred in the United States despite that every other country considered to have high income has such a system.³

The overriding concept that captures the issue of underserved population is portrayed in the definition of “health disparities,” which in essence are the differences in groups where a particular group is socially disadvantaged. Braveman and colleagues identify that health care disparities are typically systematic, “plausibly avoidable health differences according to race/ethnicity, skin color, religion, or nationality; socioeconomic resources or position (reflected by, eg, income, wealth, education, or occupation); gender, sexual orientation, gender identity, age, geography, disability, illness, political or other affiliation; or other characteristics associated with discrimination or marginalization.”² The notions of health disparity and equity are entrenched in social values and considerations and principles of ethics and human rights. Using ethical principles and beliefs, human rights, basic tenets of health disparities, and health care delivery would include those philosophical beliefs exemplified in **Box 1**.

Box 1**Basic tenets addressing health disparities and health care equity**

All people should be valued equally.

Health has a particular value for individuals.

Every person should be able to achieve his or her health status without regard to characteristics that have historically been linked to marginalization and/or discrimination.

Health is of special importance to society.

Accepted international standards of human rights obligate governments to promote and respect the human right to highest obtainable health.

As suboptimal health can be an obstacle to overcoming social compromise and disadvantages, health differences unfavorably socially deprived groups are exceptionally objectionable.

Resources crucial to health should be allocated fairly.

Health equity is the expectation that underlies an obligation to reduce and finally eradicate health disparities.

Adapted from Braveman P, Kumanyika S, Fielding J, et al. Health disparities and health equity: the issue is justice. *Am J Public Health* 2011;101(Suppl 1):S149–55.

It is unfeasible to describe health care equity and health care disparity without considering the notion of “social disadvantage.”² Social disadvantage refers to those conditions some people systematically endure based on their relative status within a social hierarchy. This could be based on lack of political representation, low income, occupational rank, literacy level, or education. Health disparities or inequities impact disadvantaged groups by actually putting them at higher risk for disadvantage. This results in creating situations where overcoming the social disadvantage can be more difficult. Even though this conundrum is clear, causality cannot be demonstrated or proven. Causality is often a major focus but should not displace the outcome, which is inadequate health care accessibility or affordability for many individuals.

One perspective that addresses disparities through a systematic approach involves the contemplation of social justice. Justice is one of the four key medical ethical principles. It is probably lesser known than the principles of “autonomy” (self-determination), “nonmaleficence” (do no wrong), or the principle of “beneficence” (do the right thing).⁴ Within the health care system, “justice” can be considered that persons with the same medical conditions should have availability of the same treatment options. “Social justice” refers to a distribution of goods or services within a societal context. It focuses on the persons or groups that influence the distribution of services or merchandise. This includes health care treatment accessibility and availability.

Social justice provides the basis for action from all health care providers as catalysts to social change. Clearly there are barriers many health care providers face in this role. Logically, for nurses and physicians there can be a sense that legislative policies and political influences pose insurmountable obstacles for social change. With other influential decision-makers, whose focus might not be grounded in social justice, nurses and physicians can experience a sense of disempowerment, disillusionment, and futility. However, nurses and doctors are socially postured to exert more influence than the disadvantaged patients and groups they serve. Ethical principles and human rights demand focused attention and care on those facing extreme obstacles. These principles can protect many people and groups from serious challenges and threats, not the least of which is the disparity in health care.

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