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HUMAN RIGHTS VIOLATION IN HEALTHCARE: AN ABUSE OF THE PRINCIPLES OF BIOETHICS

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Abstract

Human rights violations in Nigeria's healthcare system are pervasive and systemic, reflecting broader issues of inequality and corruption, which negate the principles of bioethics. The intersection of healthcare rights and bioethics addresses the ethical implications of autonomy violations, including technological progress to ensure that stakeholders in the healthcare sector are treated with dignity and respect. Using the method of philosophical analysis, this study maintains that the intersection between healthcare rights and bioethics aims to address the impact of healthcare rights violations and societal norms. The study concludes that an ethical intersection of bioethics principles and human rights is essential to navigate the complex challenges of rights violations, guiding policymakers to fully implement bioethics principles in the healthcare sector to promote just and equitable healthcare and biomedical research worldwide.

Keywords: Bioethics, Humans, Right, Autonomy, justice, Violation

Introduction

Healthcare rights are fundamental rights and freedoms inherent to all individuals, irrespective of nationality, sex, ethnicity, religion, or other status. The right to healthcare is viewed as an inherent part of these rights, which are inevitable, and individual claims to health rights protections must be balanced within a utilitarian construct (Smith, 2005).These rights are grounded in the principles of dignity, equality, and respect (Ferrari, 2008). Human rights are enshrined in international legal frameworks such as the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, and the International Covenant on Economic, Social, and Cultural Rights.(Assembly, 1948) Human rights violations in healthcare in Nigeria are significant and multifaceted, affecting access, quality, and equity of services. In Nigeria, rural areas have limited healthcare facilities compared to urban centers, leading to inadequate access for rural populations (Sule et al., 2008). The healthcare facilities in rural areas, when compared to their urban counterparts, have been judged to be deficient in requisite medical care for the rural population (Oyekale, 2017). This is exacerbated by poor infrastructure and transportation networks. High out-of-pocket costs prevent many Nigerians from seeking timely medical care. Despite the existence of the National Health Insurance Scheme (NHIS), coverage is low, especially among the poor due corruption. The poor coverage of the NHIS inevitably contributes to the poor health status of Nigerians, especially the rural population (Onyedibeet al., 2012). Corruption in Nigeria health sector has led to disparity and commercialization of the Public health facilities, especially in rural areas, often lack essential drugs, equipment, and staff due to chronic underfunding and mismanagement (Eruaga et al., 2024). Disparities in health facilities increase social exclusion and exacerbate the space for the emergence of private markets that operate in health without adequate regulation, often to the detriment of the most vulnerable (Osebor, 2024a). An accessible healthcare system is an essential component of human rights, and Nigerian states must provide these services to prevent severe violations of people's rights.

Corruption in Nigeria's healthcare system cannot be fully understood without considering the historical and ongoing impacts of colonialism and neo-colonialism. The colonial period in Nigeria established the structures and practices that allowed corruption to flourish, and neo-colonialism has perpetuated and deepened human right violation in the health sector (Magashi, 2016, Osebor, 2024b). While it is important to recognize the agency of Nigerian actors in addressing corruption, it is equally crucial to acknowledge the external factors such as the long period of colonialism that have shaped the Nigerian environment in which corruption thrives. Corruption in Nigeria's healthcare system should not be seen merely as an endogenous problem, but also as a reflection of the pressures imposed by developed countries that promote the privatization and commercialization of healthcare services in peripheral countries, reinforcing a colonial logic of exploitation and wealth transfer. Addressing corruption in Nigerian health sector, therefore, requires not only internal reforms but also a critical examination of the global systems that continue to influence the country's political and economic landscape. Corruption in the healthcare has led to a significant number of Nigerian healthcare professionals emigrate for better opportunities, leading to a critical shortage of skilled personnel within the country. The "Japa syndrome" of medical doctors may be good and healthy for the economy but has led to structural injustice (Osebor, 2024b). The effects of inadequate skilled workers in hospitals have led to an increase in post-traumatic stress disorder (PTSD). PTSD reawakens traumatic memories linked to health rights violations, creating depression and anxiety (Monday, 2020a). Many healthcare facilities are in poor condition, lacking basic amenities like clean water and electricity, which undermines the quality of care provided (Onyedibeet al., 2012). Medical equipment is often outdated or non-functional, limiting the ability to diagnose and treat patients effectively (Dasanayaka, 2006).In Nigeria, cases of medical negligence and malpractice are common, sometimes leading to severe harm or death of patients. It is a fact that healthcare practices will occasionally result in serious damage and even death (Obaro, 2022). Also, medications are not functional, thereby leading to harm or death of a patient (Okah & Okoye, 2023). Accountability mechanisms are weak, making it difficult for victims to seek redress.The continuing education and training for healthcare workers are often insufficient, leading to outdated practices and poor patient care. Maternal and child health services are inadequate, contributing to high maternal and infant mortality rates (World Health Organization, 2005). Women often face barriers in accessing reproductive health services, including contraception and safe abortion. The COVID-19 pandemic has further deteriorated the situation in Nigeria (Osebor &Luciane Fischer, 2022). Healthcare facilities often lack the infrastructure and trained personnel to accommodate people with disabilities, leading to exclusion and inadequate care.Ethnic and religious minorities sometimes face discrimination in accessing healthcare, with disparities in the availability and quality of services (World Health Organization, 2005).

Conceptual clarification

Human Rights in Healthcare

Human rights in healthcare refer to the entitlements that every individual has regarding access to and the quality of health services (Smith, 2005). These rights are rooted in international legal frameworks, such as the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights (Assembly, 1948). The right to enjoy the highest attainable standard of physical and mental health means that citizens should have equal access to healthcare services without discrimination. Citizens also have the right to receive all necessary information to make voluntary and informed healthcare decisions. Including the protection of personal health information and access to life-saving and life-sustaining treatments (Berg, 2012).

Literature of human right

Human Rights Philosophy asserts that every individual has inherent dignity and rights that should be respected and protected, often influencing bioethical considerations regarding consent and human dignity (Cruft, et al.,;2015. It stresses the value of the person and personal dignity, advocating for respect and care in bioethical decisions. It involves being answerable for decisions and actions, and providing clear, accessible information (Milne,1986). Human rights philosophy has been discussed by various thinkers across centuries. John Locke (1632-1704) in his work "Two Treatises of Government" maintained that natural rights to life, liberty, and property (Locke, 2013).The government's authority derives from the consent of the governed, protecting natural rights. Jean-Jacques Rousseau (1712-1778) introduced the idea of the general will and collective sovereignty, which emphasized the importance of freedom and equality, laying the groundwork for democratic theory and human rights (Marey, 2018).The right to healthcare is grounded in the principle of autonomy and moral law.The categorical imperative argues that human beings should be treated as ends in themselves and not as means to an end because it distinguishes human beings (Lee & George, 2008). The inherent rights of individuals and democratic government as the protector of these rights include civil liberties, social welfare, and the rights of the common people (Burnell, 1972). The harm principle, which states that the actions of individuals should only be limited to prevent harm to others, emphasizes the importance of personal liberty and freedom of speech (Hamburger, 2001). Although Marx critiqued the idea of human rights as abstract and serving bourgeois interests, he argued that true human freedom requires the abolition of class structures and the establishment of a classless society (Boyd, 2009). Arendt (2012) introduced the concept of "the right to have rights" and emphasized the importance of belonging to a political community, highlighting the dangers of statelessness and totalitarianism for human rights. The capabilities approach, which assesses human rights in terms of individuals' capabilities to lead the kind of life they value, highlights the role of economic and social factors in realizing human rights essential for a life with dignity, personal development, and social justice (Frediani, 2010). The discussion of human rights in the health sector offers legal, practical, and political theoretical solutions to addressing the impacts of human rights abuses in the Nigerian health sector. This study focuses on the philosophical intersection of bioethical principles and human right abuse in the Nigerian health sector. This study recommends the application of universal declaration of bioethics to already identify problems in the health sector for the common good of humanity.

The intersection of Bioethics and Rights in the Healthcare

Bioethics is a multidisciplinary field that examines the ethical issues emerging from advances in biology and medicine. It addresses questions of moral values, principles, and practices in medical research, patient care, and health policy. Bioethical principles guide the evaluation of moral issues in healthcare, medical research, and life sciences (Monday, 2020a). These principles balance individual rights, community health, and the responsibilities of healthcare providers. The primary focus of this study is an interdisciplinary dialogue on human rights and bioethical principles to ameliorate the impacts of rights violations.

Autonomy

Autonomy entails respect for individual self-determination. A prior assumption is made that protecting patients to consider one's body as one'sproperty (Edozien, 2016). It emphasizes the right of individuals to make decisions about their own lives and bodies. Patients must be given comprehensive information about treatments or procedures, including risks and benefits, and must voluntarily agree to proceed, including the right to decline medical interventions, even life-saving ones, based on personal beliefs or preferences (Sullivan &Youngner, 2019). The principles of autonomy, beneficence, non-maleficence, and justice provide a framework for ethical decision-making in healthcare. These principles help ensure that patient care is respectful, fair, and aimed at maximizing well-being while minimizing harm (Ikecukwu, 2024). Balancing these principles in practice requires careful consideration of individual cases and broader ethical implications. Autonomy: Respecting an individual's right to make informed decisions about their own healthcare. Kantian Ethics emphasizes the importance of respecting individuals as rational agents capable of self-determination (Reath, 2010). Autonomy is a central tenet as it respects the individual's capacity for rational decision-making. The idea support-s personal freedom and self-governance, asserting that individuals should have the freedom to make choices about their own lives without undue interference. This approach is challenged when patients cannot make decisions for themselves due to age, mental incapacity, or unconsciousness. Healthcare providers often balance these principles. For instance, deciding to discontinue life support involves weighing respect for autonomy, beneficence, non-maleficence, and justice. Decisions often depend on the specific circumstances of each case, patient preferences, and medical facts. These situations often arise where principles conflict. For example, respecting a patient's autonomy to refuse treatment might conflict with the principle of beneficence if the treatment is life-saving. Healthcare providers may experience moral distress when they cannot act according to their ethical convictions due to institutional or resource constraints.

Beneficence

The obligation to act for the benefit of others is to promote the well-being, and providing necessary aid for all especially in the healthcare (Beauchamp, 2008). It encompasses choosing treatments that maximize patient health and well-being (Kinsinger, 2009). Utilitarianism suggests actions should be judged by their consequences, and that we should aim to maximize overall happiness and minimize suffering (Mill, 2016).

Beneficence aligns with this by striving to produce the greatest benefit (Buchanan, 1982). It focuses on the character and virtues of moral agents.A virtuous person will naturally aim to do good and help others, embodying the principle of beneficence. Implementing measures that benefit the community, such as vaccination programs or health education, is important. Balancing the potential benefits of a treatment against its risks ensures that the benefits provided are equitable and not overly burdensome on other areas of need (Ikecukwu, 2024).

Non-Maleficence

The duty to do no harm involves ensuring that interventions do not cause undue injury or suffering (Brazier, 2006). It requires avoiding or minimizing potential harm through careful assessment and skillful practice. This principle is rooted in the Hippocratic Tradition, which originates from the medical ethics principle "primum non nocere" (first, do no harm) (Askitopoulou, 2024). This principle is crucial in medical contexts where harm can be a significant concern. The approach emphasizes duties and rules, where one must not harm others as a fundamental moral obligation (Ikecukwu, 2024: Monday, 2020d). However, interventions aimed at doing no harm might inadvertently cause harm even with the best intentions. This could sometimes harm is unavoidable but must be justified by the potential benefits.

Justice

Refers to fairness and the equitable distribution of benefits and burdens (Atuguba, 2013). It is based on John Rawls' theory of justice, which advocates for fairness and equality in the distribution of resources (Said &Nurhayati, 2021). "Justice as fairness to all and it involves equitable access to healthcare resources and fair treatment of all patients" (Outka, 1975). Distributing limited healthcare resources (e.g., organs for transplantation, ICU beds) based on fair criteria is essential to ensuring all individuals, regardless of socioeconomic status, have access to necessary medical care (Monday, 2020c). Justices are required to address the disparities in healthcare due to socioeconomic, racial, or geographic factors, which may involve difficult decisions about who receives care when resources are limited. Justice involves ensuring fair distribution of healthcare resources and treatment. Informed consent is foundational to both human rights and bioethics, as it ensures that individuals are fully informed about the procedures, risks, and benefits of medical treatments or participation in research before agreeing. The distribution of healthcare resources poses ethical challenges in terms of justice and fairness. Decisions about who gets access to scarce medical resources, such as organs for transplantation or vaccines during a pandemic, involve complex considerations of need, utility, and equity. Human rights principles advocate for non-discriminatory access to healthcare and emphasize the importance of addressing health disparities (Ikecukwu, 2020). Globally, the integration of human rights and bioethics varies across different legal, cultural, and socio-economic contexts. High-income countries may face ethical challenges related to advanced technologies and medical research, while low-income countries often grapple with issues of access to basic healthcare and the ethical implications of medical research conducted by foreign entities.

However, Beauchamp and Childress: autonomy, beneficence, non-maleficence, and justice offer a perspective that is limited in the global context in which bioethics operates, especially when addressing the interface with human rights. It is therefore important to incorporate the principles outlined in the Universal Declaration on Bioethics and Human Rights by UNESCO (UDBHR) (Macpherson, 2007). This declaration offers a broader approach, aligned with issues of social justice, informed consent, privacy and confidentiality, cultural diversity, education and training, equity, and the intersection between human rights and bioethics is crucial for analyzing human rights violations in healthcare systems (Fox etal., 2009).The UDBHR is significant because it provides a global ethical framework that addresses the complex issues emerging from the intersection of science, technology, and human rights violation (Trotter, 2009). It guides policymakers, healthcare professionals, and researchers to ensure that their practices are aligned with ethical standards that prioritize human dignity and rights (Monday, 2020c). Additionally, it fosters international dialogue and cooperation on bioethical issues, encouraging the sharing of knowledge and the development of policies that are sensitive to cultural and social contexts while upholding universal human rights. This declaration is for the promotion of universal human rights, which serves as a reference point for countries to develop their own bioethical policies, contributing to the global harmonization of bioethical standards. It also plays a crucial role in addressing global health inequalities and ensuring that advancements in science and technology benefit all, rather than exacerbating existing disparities.

Conclusion

The intersection of healthcare rights and bioethics requires a balanced approach that upholds equity, respect for patient dignity and autonomy. To avoid human right abuse in the health requires the implementation of the universal declaration of bioethics. Although the moral implications of bioethics intersecting with human rights in healthcare present a challenge in balancing respect for individual autonomy with the broader needs of society, it is essential to ensure fairness and justice in healthcare.

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