| Evidence of public value and public risk of electronic health records: an issue for social justice? |
|https://arctichealth.org/en/permalink/ahliterature173506|
|Author: Gordon Atherley|
|Author Affiliation: Greyhead Associates, Oakville, ON. atherley@sympatico.ca|
|Source: Healthc Q. 2005;8(3):96-103|
|Date: 2005|
|Language: English|
|Publication Type: Article|
|Keywords: Canada, Computer Security, Confidentiality, Humans, Medical Records Systems, Computerized, Risk Assessment - statistics & numerical data, Social Justice, Social Responsibility|
|PubMed ID: 16078410 View in PubMed |
Global health and justice.

https://arctichealth.org/en/permalink/ahliterature82890

Author: Dwyer James

Author Affiliation: SUNY Upstate Medical University, Center for Bioethics and Humanities, Syracuse, NY 13210, USA. dwyerja@upstate.edu

Source: Bioethics. 2005 Oct;19(5-6):460-75

Date: Oct-2005

Language: English

Publication Type: Article

Keywords: Developed Countries
Developing Countries
Economics
Environment
Humans
Life expectancy
Malnutrition
Mortality
Political Systems
Social Change
Social Justice
Social Responsibility
World Health

Abstract: In Australia, Japan, Sweden, and Switzerland, the average life expectancy is now greater than 80 years. But in Angola, Malawi, Sierra Leone, and Zimbabwe, the average life expectancy is less than 40 years. The situation is even worse than these statistics suggest because average figures tend to mask inequalities within countries. What are we to make of a world with such inequal health prospects? What does justice demand in terms of global health? To address these problems, I characterize justice at the local level, at the domestic or social level, and at the international or global level. Because social conditions, structures, and institutions have such a profound influence on the health of populations, I begin by focusing attention on the relationship between social justice and health prospects. Then I go on to discuss health prospects and the problem of global justice. Here I distinguish two views: a cosmopolitan view and a political view of global justice. In my account of global justice, I modify and use the political view that John Rawls developed in The Law of Peoples. I try to show why an adequate political account must include three duties: a duty not to harm, a duty to reconstruct international arrangements, and a duty to assist.

PubMed ID: 16425484 View in PubMed
Justice in the distribution of health care.

https://arctichealth.org/en/permalink/ahliterature221890

Author: Ronald Dworkin
Date: 1993
Language: English
Publication Type: Article
Keywords: Canada
Consumer Participation
Delivery of Health Care
Economics
Health Care Rationing
Health Care Reform
Humans
Insurance, Health
Models, Theoretical
Public Policy
Resource Allocation
Social Justice
Social Responsibility
United States
PubMed ID: 11656692 View in PubMed
Inspiring health advocacy in family medicine: a qualitative study.

Author: Lisa Mu, Farah Shroff, Shafik Dharamsi

Author Affiliation: The University of British Columbia, Vancouver, BC, Canada. lisajjm@gmail.com


Date: Apr-2011

Language: English

Publication Type: Article

Keywords: Canada, Family Practice, Humans, Interviews as Topic, Patient Advocacy, Physician's Role, Social Justice, Social Responsibility

Abstract: The Canadian Medical Education Directions for Specialists identifies health advocacy as an essential role for physicians. Health advocacy is also an integral part of the principles of family medicine. It relates to the physician’s responsibility to identify and respond appropriately to the social determinants of health and the healthcare needs of vulnerable and marginalized populations. The competencies related to health advocacy are regarded by medical educators as difficult to integrate into residency training.

This qualitative study investigates what family medicine residents, educators and physicians perceive inspires them to engage in health advocacy, and explores how best to incorporate related competencies into medical training.

In-depth, semi-structured interviews conducted with a purposive sample of four family medicine residents, three physicians and two educators who self-identified or were identified by peers as health advocates. Interviews were recorded, transcribed and analyzed using framework analysis. Transcripts were made available to the participants to ensure transcript accuracy.

Early exposure to social injustice, parental influences, role modeling and internal motivators were seen as important inspirations for health advocacy.

Creating an enabling and nurturing environment prior to and during residency training may be necessary to sustain the motivation to engage in health advocacy. Findings from this study suggest possibilities for a resident-guided participatory curriculum development process around health advocacy. Recommendations for promoting health advocacy in postgraduate training include effective integration of health advocacy in the curriculum by providing protected time and resources, providing experiential learning opportunities and fostering a community of practice for physician health advocates.

PubMed ID: 21710421 View in PubMed

https://arctichealth.org/en/permalink/ahliterature151272

Author: Dan S Sharp
        Mark B Tauger

Author Affiliation: Health Effects Laboratory, National Institute for Occupational Safety and Health, Morgantown, WV 26505, USA. DSharp@cdc.gov

Source: J Med Biogr. 2009 May;17(2):75-80

Date: May-2009

Language: English

Publication Type: Article

Keywords: Epidemiology - history
        History, 19th Century
        History, 20th Century
        Humans
        Occupational Health - history
        Public Health - history
        Russia
        Social Justice - history
        Social Responsibility

Abstract: Virtually unknown in the West, the physician Nikolai Vigdorchik is recognized in Russian-Soviet history for his role in introducing social security into Russia. He rose from Jewish working-class origins to a career that combined activism in labour rights and public health with extensive and path-breaking publications in social security, occupational safety and public health. He contributed more than 30 years of leadership to Soviet research and educational institutions devoted to occupational safety and health. Vigdorchik's 1935 publication on lead and hypertension is illustrative of his contribution to modern epidemiological methods, describing a statistical bias in the study of hospitalized patients. It predates by 11 years Joseph Berkson's paper, after whom the bias is named. Vigdorchik's life illustrates a modern-day conundrum: social activism comes with political cost -- by virtue of its evidence-based orientation, public health science is safer but both are necessary to move a culture towards health and stability.

PubMed ID: 19401509 View in PubMed
Tackling epistemological naivety: large-scale information systems and the complexities of the common good.

https://arctichealth.org/en/permalink/ahliterature132156

Author: Kjetil Rommetveit
Source: Camb Q Healthc Ethics. 2011 Oct;20(4):584-95
Date: Oct-2011
Language: English
Publication Type: Article
Keywords: Confidentiality, Conflict of Interest, Databases, Genetic, European Union, Humans, Information Systems, Norway, Registries - ethics, Social Justice - ethics, Social Responsibility, Social Values
PubMed ID: 21843389 View in PubMed
Youth social action: building a global latticework through information and communication technologies.

https://arctichealth.org/en/permalink/ahliterature187968

Author: Charlotte Lombardo
        David Zakus
        Harvey Skinner

Author Affiliation: Department of Public Health Sciences, University of Toronto, Toronto, Canada.

Source: Health Promot Int. 2002 Dec;17(4):363-71

Date: Dec-2002

Language: English

Publication Type: Article

Keywords: Adolescent
          Adult
          Canada
          Communication
          Consumer Participation - psychology
          Human Rights
          Humans
          Information Dissemination
          Interviews as Topic
          Organizational Case Studies
          Politics
          Qualitative Research
          Social Change
          Social Justice
          Social Responsibility

Abstract: New technologies and a growing global consciousness have created innovative opportunities for young people to connect locally, nationally and internationally for social action. This paper describes the dynamics of collective action in this new environment. Particular attention is given to how youth social action initiatives use information and communication technologies (ICT) to foster connection, action and sustainability. In-depth interviews were performed with five youths (aged 18-24 years) and two youth workers at two international non-government organizations (NGOs) focusing on social justice and human rights: Global Youth Connect and Amnesty International Canada. Qualitative methods were used to code and analyze the interview tapes and notes. Three main results are discussed: (i) the role of connection in building a youth action movement; (ii) the differential use of various communication technologies; and (iii) access barriers to connection opportunities. ICT enables new and expanded ways of connecting youth to express and share their experiences, which is a key success factor for social action initiatives.

PubMed ID: 12406924 View in PubMed
Major substantive ethical issues facing Canadian health care policymakers and implementers.

https://arctichealth.org/en/permalink/ahliterature231397

Author: J L Storch
Source: J Health Adm Educ. 1988;6(2):263-71
Date: 1988
Language: English
Publication Type: Article
Keywords: Aged
Authoritarianism
Canada
Ethics
Ethics, Institutional
Health promotion
Health Resources - supply & distribution
Hospital Administration - standards
Humans
Morals
Social Justice
Social Responsibility

PubMed ID: 10287645 View in PubMed
Core and comprehensive health care services: 3. Ethical issues.

https://arctichealth.org/en/permalink/ahliterature215211

Author: D M Sawyer
Author: J R Williams

Author Affiliation: Department of Pathology, Red Deer Regional Hospital Centre, Alta.

Source: CMAJ. 1995 May 1;152(9):1409-11
Date: May-1-1995
Language: English
Geographic Location: Canada
Publication Type: Article
Keywords: Age Factors
Keywords: Canada
Keywords: Comprehensive Health Care - economics
Keywords: Ethics, Professional
Keywords: Financing, Government
Keywords: Health Services Accessibility
Keywords: Humans
Keywords: Life Style
Keywords: Social Justice
Keywords: Social Responsibility

Abstract: The CMA's Working Group on Core and Comprehensive Health Care Services recognizes ethics to be one of the three key factors in determining which services should be publicly funded. The role of ethics is to identify and make explicit the principles and values, at individual and societal levels, that lie behind judgements and positions. Two types of ethical issues are addressed: one deals with the criteria for these services and the other with the process to be followed. The five ethical criteria discussed are fairness, age, lifestyle, the identifiable versus the statistical patient, and futility. An ethical process incorporates appropriate roles for the public physicians and payers (government) and accountability of all participants. A provided checklist for determining a fair process asks such questions as Do potential users of a service, its providers and the public have an adequate say in the decision about whether the service should be publicly funded? Are the reasons for the decision communicated to those affected by it? and is the service being denied to potential users on the basis of unfair discrimination or lifestyle?

PubMed ID: 7728689 View in PubMed 📖
<table>
<thead>
<tr>
<th>The values that sustain the Canadian healthcare system.</th>
</tr>
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<tr>
<td><a href="https://arctichealth.org/en/permalink/ahliterature213862">https://arctichealth.org/en/permalink/ahliterature213862</a></td>
</tr>
</tbody>
</table>
| **Author:** Donna Wilson  
  Doris Kieser  
  John Dossetor |
| **Source:** Humane Med. 1995 Nov;11(4):178-9 |
| **Date:** Nov-1995 |
| **Language:** English |
| **Publication Type:** Conference/Meeting Material  
  Article |
| **Keywords:** Canada  
  Consumer Participation  
  Cultural Diversity  
  Decision Making  
  Delivery of Health Care  
  Financing, Government  
  Humans  
  Public Policy  
  Social Justice  
  Social Responsibility  
  Social Values  
  Social Welfare |
| **PubMed ID:** 11656582 [View in PubMed](https://arctichealth.org/en/permalink/ahliterature213862) |
Experiences in reconciling risk management and restorative justice: how circles of support and accountability work restoratively in the risk society.

https://arctichealth.org/en/permalink/ahliterature128479

Author: Stacey Hannem
Author Affiliation: Wilfrid Laurier University, Brantford Campus, Brantford, Ontario, Canada. shannem@wlu.ca
Source: Int J Offender Ther Comp Criminol. 2013 Mar;57(3):269-88
Date: Mar-2013
Language: English
Publication Type: Article
Keywords: Humans
                      Mentors - legislation & jurisprudence - psychology
                      Ontario
                      Prisoners - legislation & jurisprudence - psychology
                      Public Policy - legislation & jurisprudence
                      Punishment
                      Risk Management - legislation & jurisprudence
                      Safety Management - legislation & jurisprudence
                      Sex Offenses - legislation & jurisprudence - psychology
                      Social Desirability
                      Social Justice - legislation & jurisprudence
                      Social Responsibility
                      Social Support
                      Volunteers

Abstract: Circles of Support and Accountability (COSA) is a restorative justice-based model that originated in Canada in the mid-1990s for the postincarceration reintegration of those who have offended sexually. Although the roots of COSA are in restorative justice philosophy, the program has also found favour, to some degree, with organisations such as police services and corrections that are traditionally concerned more with protecting community safety than with the ideals of restorative justice. Informed by the author's research and personal experience as a COSA volunteer, and analysis of recent and historical representations of COSA, this article explores theoretically how the development of the COSA initiative has been influenced by the seemingly disparate concerns of both the restorative justice and community protection movements, and examines the importance of balancing these paradigms in the everyday practices of circles.

Notes: Comment In: Int J Offender Ther Comp Criminol. 2013 Mar;57(3):267-823439688
PubMed ID: 22200602 View in PubMed
Medical confidentiality and protection of third party interests.

https://arctichealth.org/en/permalink/ahliterature170545

Author: Elaine Gibson
Author Affiliation: Dalhousie Law School.
Source: Am J Bioeth. 2006 Mar-Apr;6(2):23-5; discussion W32-4
Language: English
Publication Type: Article
Keywords: Canada
Confidentiality - ethics
Duty to Warn
Female
HIV Seropositivity
Humans
Male
Physician-Patient Relations - ethics
Social Justice
Social Responsibility
Social Values
Spouses
Trust
United States

Notes: Comment On: Am J Bioeth. 2006 Mar-Apr;6(2):7-1816500838

PubMed ID: 16500841 View in PubMed
Values, health, and health care.

https://arctichealth.org/en/permalink/ahliterature208735

Author: N P Kenny

Author Affiliation: Bioethics Education and Research Office, Dalhousie University, 5849 University Ave., Halifax NS B3H 4H7, Canada. Nkenny@tup-dean1.dal.med.ca


Date: Apr-1997

Language: English

Publication Type: Article

Keywords: Canada
Data Collection
Delivery of Health Care
Health
Health Care Reform
Health Policy
Health Services Accessibility
Humans
Legislation, Medical
National Health Programs
Public Opinion
Social Justice
Social Responsibility
Social Values

Abstract: The National Forum on Health was established to provide advice to the federal government on future directions for health and health care in Canada. The forum was committed to base its assessments on the twin pillars of values and evidence. To clarify the value base for policy recommendations, the values committee of the forum reviewed all available data from opinion polls, surveys, and values research relating to Canadians and health issues for the last 25 years. Original research was developed using the focus-group method to analyse a structured set of questions presented in video format such as Stories of Choice. The results of the retrospective review and contemporary research confirmed the endurance of basic values such as equity, equality in accessibility, quality, effectiveness, efficiency, and compassion. It further identified emerging values regarding personal and public accountability, and broadening visions of health.

PubMed ID: 12382656 View in PubMed

https://arctichealth.org/en/permalink/ahliterature219042

Source: Int Dig Health Legis. 1994;45(1):3-6
Date: 1994
Language: English
Publication Type: Article
Keywords: Abortion, Induced
Civil Rights
Delivery of Health Care
Health
Health Personnel
Humans
Patient Advocacy
Patient Rights
Persons
Public Health
Reproductive Techniques, Assisted
Russia
Social Justice
Social Responsibility
Vulnerable Populations

PubMed ID: 11660645 View in PubMed
Physician accountability, patient safety and patient compensation.

https://arctichealth.org/en/permalink/ahliterature167955

Author: John E Gray
Author Affiliation: Canadian Medical Protective Association.
Source: World Hosp Health Serv. 2006;42(2):14-6
Date: 2006
Language: English
Publication Type: Article
Keywords: Canada
Compensation and Redress
Humans
Legislation, Medical
Liability, Legal
Malpractice - legislation & jurisprudence
Medical Errors - economics - legislation & jurisprudence - prevention & control
Safety Management
Social Justice
Social Responsibility
Systems Analysis
Truth Disclosure

Abstract: In Canada, the response to adverse medical events follows one or more of three main paths: patient safety, physician accountability and patient compensation. While their goals differ, each of these responses serves a valuable function. There are however competing imperatives inherent in each response, particularly in terms of information disclosure: Effective patient safety depends on the full and protected disclosure of all information relevant to an adverse event and requires a “no blame” environment. While natural justice demands that a physician be held accountable for his actions, the doctor should be accorded the right of due process and be judged against an established standard of care. This is necessarily a fault-finding activity. Patient compensation meets both accountability demands and the social justice imperatives of supporting a patient injured through physician negligence. The most effective approach is one that achieves balance between competing imperatives. With clear information disclosure rules, patient safety, physician accountability and patient compensation can operate synergistically.

PubMed ID: 16900793 View in PubMed
Solidarity in Swedish welfare--standing the test of time?

https://arctichealth.org/en/permalink/ahliterature196111

Author: A. Bergmark
Author Affiliation: Department of Social Work, Stockholm University, S-106 91, Stockholm, Sweden. AakeB@socarb.su.se
Date: 2000
Language: English
Publication Type: Article
Keywords: Aged
Freedom
Health Care Reform
Humans
Income - statistics & numerical data - trends
Politics
Public Opinion
Public Policy
Social Justice
Social Responsibility
Social Values
Social Welfare - trends
Socioeconomic Factors
State Medicine - organization & administration - trends
Sweden

Abstract: Swedish welfare has for decades served as a role model for universalistic welfare. When the economic recession hit Swedish economy in the beginning of the 1990s, a period of more than 50 years of continuous expansion and reforms in the welfare sector came to an end. Summing up the past decade, we can see that the economic downturn enforced rationing measures in most parts of the welfare state, although most of this took place in the beginning of the decade. Today, most of the retrenchment has stopped and in some areas we can see tendencies of restoration--but more so in financial benefits than in the caring sectors. In the article this process is discussed as a process of reallocation where general principles of solidarity become manifest. Various levels of decision making are discussed within the context of socio-political action. Current transitions in Swedish health care are described with respect to coverage rates, content, marketization and distribution. Basic principles of distribution are highlighted in order to analyse the meaning of social solidarity in a concrete allocative setting. The significance of popular opinion--it's shifts and determinants--is also considered. The article concludes with a discussion of how the (once salient) features of universalism in welfare and health care provision have been affected by the developments in the past decade in Sweden.

PubMed ID: 11155559 View in PubMed
The aging population: ethical dilemmas in health care funding.

Author: Leona Arica Miller
Date: 1991
Language: English
Publication Type: Article
Keywords: Age Factors, Aged, Canada, Cost-Benefit Analysis, Delivery of Health Care, Economics, Health Care Rationing, Human Rights, Humans, Patient Care, Patient Selection, Politics, Public Policy, Resource Allocation, Social Desirability, Social Justice, Social Responsibility, Social Values
PubMed ID: 11651304 View in PubMed
Compensation programs for vaccine-related injury abroad: a comparative analysis.
https://arctichealth.org/en/permalink/ahliterature57837

Author: Wendy K Mariner
Source: St Louis Univ Law J. 1987;31(3):599-654
Date: 1987
Language: English
Publication Type: Article
Keywords: California
Compensation and Redress
Denmark
Drug Industry
Economics
France
Great Britain
Humans
Immunization
International Cooperation
Internationality
Japan
Jurisprudence
Legislation
Liability, Legal
Physicians
Politics
Social Justice
Social Responsibility
Switzerland
Wounds and Injuries

PubMed ID: 11650844 View in PubMed 

## Blood in a time of scarcity.

https://arctichealth.org/en/permalink/ahliterature115445

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<th>Author</th>
<th>Alister Browne</th>
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<tr>
<td>Author Affiliation</td>
<td>Faculty of Medicine, University of British Columbia, Canada.</td>
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<tr>
<td>Source</td>
<td>Camb Q Healthc Ethics. 2013 Apr;22(2):159-69</td>
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<tr>
<td>Date</td>
<td>Apr-2013</td>
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<td>Language</td>
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<td>Publication Type</td>
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<td>Keywords</td>
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</table>
Priorities in care and services for elderly people: a path without guidelines?

https://arctichealth.org/en/permalink/ahliterature196807

Author: A. Bergmark
M G Parker
M. Thorslund

Author Affiliation: Stockholm University, Sweden.


Date: Oct-2000

Language: English

Publication Type: Article

Keywords: Aged
Decision Making
Health Care Rationing - standards
Health Care Sector
Health Priorities
Health Services for the Aged - supply & distribution
Humans
Policy Making
Population Dynamics
Social Justice
Social Responsibility
Social Values
State Medicine - standards
Sweden

Abstract: The growing gap between demands and resources is putting immense pressure on all government spending in Sweden. The gap is especially apparent in care and services for elderly people in light of the rapid aging of the population. The article considers the decisions and priorities concerning resource allocation in the welfare sector in general and in elderly care in particular. The aim is to describe the political and administrative setting and to provide a conceptual structure that outlines the nature of the problem. Various levels of decision making are identified and discussed in the context of political accountability. Current transitions in elderly care are described with respect to service provision, marketisation, coverage rates, and eligibility standards. Basic principles of distribution are highlighted in order to clarify some central concepts of efficiency and justice, and a number of strategies for actual prioritising are identified. The article concludes with an endorsement of more conscious decisions in resource allocation. Existing knowledge and information concerning the effects of various strategies must be utilised, and the values and assumptions used for setting priorities must be made explicit.

Notes: Cites: Health Policy. 1991 Aug;18(3):231-4210183526

PubMed ID: 11055031 View in PubMed