



Public health ethics and more-than-human solidarity



Melanie J. Rock ^{a,*}, Chris Degeling ^b

^a University of Calgary, Canada

^b University of Sydney, Australia

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ABSTRACT

This article contributes to the literature on One Health and public health ethics by expanding the principle of solidarity. We conceptualise solidarity to encompass not only practices intended to assist other people, but also practices intended to assist non-human others, including animals, plants, or places. To illustrate how manifestations of humanist and more-than-human solidarity may selectively complement one another, or collide, recent responses to Hendra virus in Australia and Rabies virus in Canada serve as case examples. Given that caring relationships are foundational to health promotion, people's efforts to care for non-human others are highly relevant to public health, even when these efforts conflict with edicts issued in the name of public health. In its most optimistic explication, One Health aims to attain optimal health for humans, non-human animals and their shared environments. As a field, public health ethics needs to move beyond an exclusive preoccupation with humans, so as to account for moral complexity arising from people's diverse connections with places, plants, and non-human animals.

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1. Introduction

One Health denotes an interdisciplinary approach to research and an inter-sectoral approach to intervention, premised on intricate interdependence between humans, non-human species, and ecosystems. Research and practice in relation to One Health is shifting towards concern with shared causes of disease burden across non-human and human populations (Rock et al., 2009; Zinsstag et al., 2011). This shift follows from recognising that there can be no public health without animal health and ecosystem health. Yet public health ethics remains weakly articulated with environmental ethics and, to an even lesser extent, with non-human animal ethics.

Within public health, the *Ottawa Charter for Health Promotion* provides guidance for realising the *World Health Organization's* (1948) comprehensive definition of health as “a complete state of “physical, mental, and social well-being.” Insofar as the *Ottawa Charter for Health Promotion* identifies “a stable ecosystem” and “sustainable resources” as among the “fundamental conditions and resources for health,” the Ottawa Charter also implies that people can and should exert mastery over places along with non-human animals (WHO, 1986). Nevertheless, according to the *Ottawa*

Charter, health is created through caring for others (WHO, 1986). An especially crucial passage reads:

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members. (WHO, 1986)

We agree that health can be “created and lived” in the context of everyday life, and would add that non-human animals as well as environments and settings contribute materially to the generation and experience of well-being for people. Indeed, people's efforts to care for others (human and non-human) may reflect and instantiate their values. In this article, we expand on humanist conceptualisations of solidarity to recognise people's efforts to assist non-human animals, plants and places, and we reflect upon the implications for public health of practicing “more-than-human solidarity.”

2. Solidarity amongst humans and more-than-human solidarity

According to Prainsack and Buyx (2012, p. 346), in “its most bare-boned form,” solidarity involves “shared practices reflecting a

* Corresponding author. 3rd Floor, TRW Building, 3280 Hospital Drive NW, University of Calgary, Calgary, AB T2N 4Z6, Canada.

E-mail address: mrock@ucalgary.ca (M.J. Rock).

collective commitment to carry ‘costs’ (financial, social, emotional or otherwise) to assist others.” Their definitional emphasis on practice stands in explicit contradistinction to “an inner sentiment or abstract value” (Prainsack and Buyx, 2012, p. 346). Further, they stipulate that solidarity may be practised in situations of mutual benefit for the recipients and providers of assistance. Prainsack and Buyx (2012) discern three “levels” or “tiers” of solidarity, representing a spectrum of institutionalisation. Nevertheless, they emphasise that the scale or degree of institutionalisation does not determine the moral worth nor ultimate importance of a given enactment of solidarity.

At the first and most basic level, “solidarity comprises manifestations of the willingness to carry costs to assist others with whom a person recognises sameness or similarity in at least one relevant respect” (Prainsack and Buyx, 2012, 346). In settings where a particular manifestation of solidarity has become normalised and is widely regarded as proper conduct, a second level of solidarity may emerge. In such situations, solidarity comprises “manifestations of a collective commitment to carry costs to assist others (who are all linked by a shared situation or cause)” (Prainsack and Buyx, 2012, p. 347). If a practice of solidarity extends beyond a sociocultural norm into state-sanctioned contracts and other legal instruments, then the third and highest level of solidarity has been attained, as “legal and contractual arrangements are highly institutionalised enactments of carrying costs to assist others one recognises sameness with ...” (Prainsack and Buyx, 2012, p. 347). Regarding public health ethics, the second and third levels of solidarity may have the most influence on health outcomes, yet these levels typically represent a “scaling-up” of actions from the first level. Accordingly, Prainsack and Buyx (2012) maintain that the implications arising from all three levels of solidarity can be far-reaching.

Prainsack and Buyx’s (2012) discussion of solidarity as an emerging principle in public health ethics stems from an extensive literature review and from treating biobanking, pandemics, and lifestyle-related diseases as case studies (Prainsack and Buyx, 2012). These three cases each have One Health valences, which have been explored elsewhere (e.g. Degeling et al., 2013; French and Mykhalovskiy, 2013; Haraway, 2008; Hinchliffe et al., 2013). Prainsack and Buyx (2012), however, treat multi-species coexistence matter-of-factly. Most notably, they bracket, and thereby underplay, the biopolitical dimensions and potentially un-solidaristic ‘stamping out’ practices of slaughter for non-human animals implicated in zoonotic pandemics (Prainsack and Buyx, 2011). Hereafter, we refer to the account provided by Prainsack and Buyx (2012) as “humanist solidarity,” because they emphasise human life to the point of virtually excluding consideration of non-human life as an ethical matter.

Prainsack and Buyx (2012, p. 348) maintain that “solidarity is embodied and enacted rather than merely ‘felt’.” We concur. Yet we expand on this insight by acknowledging people’s embodied efforts to be of assistance to non-human animals and places, which arise from the materiality of enmeshments between human bodies, non-human bodies, and places (following Ingold, 2011). More generally, Prainsack and Buyx’s (2012, p. 348) use of the terms “embodied” and “enacted” could serve as portals in public health ethics for deepening engagement with the social sciences and humanities.

A first step is to follow Mol (2002) in conceptualising people’s bodies as enactments. Human agency contributes to enactments, but non-human entities always contribute, too. According to Mol, then, enactments result from the dynamic distribution of agential properties across humans and non-humans; in turn, enactments continually redistribute agency across humans and non-humans. Mol (2008 [2006]) has taken up normative questions arising from theorising enactment and embodiment in this way, in relation to

human diseases and populations. More recently, Law and Mol (2008, 2011) have collaboratively extended Mol’s (2002) theorisation of embodiment and enactment to diseases found in non-human animals. They attend to how such diseases can negatively impact people, but they skirt ethical questions regarding non-human lives, except to acknowledge that measures to contain pandemics can be deleterious to animal welfare (Law and Mol, 2008, p. 65). Unlike earlier efforts that conflated the agency of animals with that of technologies (Ingold, 2012; Risan, 2005; Rock et al., 2007 for critiques), Law and Mol (2008, 2011) attend to animality of livestock as well as of people, yet without espousing a position on the treatment of non-human animals.

We object to disregard for non-human life. Whereas Prainsack and Buyx (2012) presume that solidarity is necessarily enacted amongst human beings, we highlight that “others” with whom people recognise sameness and shared circumstances can – and do – include non-human animals or plants. What we have begun to call “more-than-human solidarity” may be practised spontaneously by individuals or groups, become inculcated into normative expectations, and undergo institutionalisation through contracts, policies, and laws. In other words, more-than-human solidarity may encompass all three levels of solidarity, as outlined by Prainsack and Buyx (2012). If we extend their definition to include non-human others, then, “more-than-human solidarity” refers to human activity directed towards carrying costs and making trade-offs of various kinds with the intent of assisting others, whenever cared-for others include non-human animals, plants, or places.

We emphasise that the costs and trade-offs entailed in assisting human and non-human others may be financial, social, or emotional in nature, as do Prainsack and Buyx (2012, p. 346) for humanist solidarity. Furthermore, more-than-human solidarity may be directed toward towards non-human species in their entirety, towards localised populations comprised of plants or non-human animals, towards individual plants or non-human animals, or towards place-based collectivities with both human and non-human members. This extension of solidaristic praxis to non-human others is not without conceptual foundation. In particular, more-than-human solidarity builds on two existing concepts: “environmental health justice” and “multi-species flourishing.”

Environmental health justice is an emerging concept in public health ethics. According to Masuda et al. (2010), environmental health justice is rooted in the extent to which the *Ottawa Charter* construes ecosystems and everyday settings as the basis for health in human populations (WHO, 1986). Drawing on the *Ottawa Charter*, they observe, “It is clearly recognised in both health promotion and environmental justice literatures that marginalised populations face a double burden: inequality resulting from stratified social environments leads to non-random variation in the quality of physical environments” (Masuda et al., 2010, 454, emphasis in original).

Masuda et al. (2010, p. 260) acknowledge “varied epistemological approaches to health and place” (following Cummins et al., 2007) in highlighting that a given place may have multiple meanings and be amenable to multiple practices. In consequence, researchers and practitioners in public health must consider the consequences of their actions. For instance, Masuda et al. (2010, p. 255) write: “To achieve theoretical and practical integration, we argue that there needs to be a (re)acknowledgement of the need to work in solidarity with geographically, ethnically and socially based communities who are already pursuing environmental justice goals within their respective jurisdictions.” This orientation, in our view, is consistent with both humanist solidarity and more-than-human solidarity as ethical principles in public health.

Masuda et al. (2010) already recognise enactments of solidarity with places (i.e. a type of non-human entity) as part of public health ethics. Nevertheless, places are inhabited by non-human species

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