

EDITORIAL: ACCESS TO MEDICINES - A CATHOLIC PERSPECTIVE

CARDINAL PETER KODWO APPIAH TURKSON

Prefect of the Vatican Dicastery for Promoting Integral Human Development

1. Introduction

The Catholic Church recognizes the right to health as a fundamental human right, intrinsically linked to the right to life, insofar medical care is necessary for the proper development of human beings.¹

This fundamental human right is also codified in several instruments of international law, such as article 25 of the Universal Declaration on Human Rights, whose customary nature is widely acknowledged.

Moreover, through the adoption of the Sustainable Development Goals, the family of Nations has undertaken to “achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all”.² Ensuring the success of this target, including an end to the epidemics of AIDS, tuberculosis, malaria, neglected tropical diseases and combat hepatitis, water-borne and other communicable diseases, will require global solidarity and partnership, especially in times of diverse and demanding global challenges.

2. State of Play

Despite formal recognition of the right to health, its full enjoyment remains, for millions of people around the world, an elusive goal, due to, *inter alia*, obstacles in access to high quality, accessible, affordable, and acceptable medicines.

It is worth noting that through both private and public investment, we witness significant scientific advancement in the understanding and use of biological resources. The application of this advancement holds great social value and potential to improve the lives of people, particularly in the medical and pharmaceutical fields.

While justice requires that the fruits of scientific progress serve the entire human family equally and not only the sectors with the greatest purchasing potential, we often observe that they are unfairly distributed.

Despite formal recognition of the right to health, its full enjoyment remains, for millions of people around the world, an elusive goal, due to, *inter alia*, obstacles in access to high quality, accessible, affordable, and acceptable medicines.

Let us recall only one example. Today, millions of people continue to be newly infected with HIV. Those already living with this virus are at risk of developing the life-threatening illnesses associated with AIDS, and among them are many children. In July 2018, the Joint United Nations Programme on HIV/AIDS (UNAIDS) reported that 21.7 million people were accessing ART out of an estimated 36.9 million people living with HIV.³ In the past years, there has been much progress with the development of ARV medicines for adults and in making them available to many people in need of such treatment throughout the world. Regrettably, children living with HIV have not been accorded priority attention in this field. Even at the present time, more efforts are needed to provide optimal, affordable, accessible and acceptable formulations of such medicines and of medication to prevent transmission from mothers to babies, to develop more options for diagnosing HIV among children at community levels and at the point of care. Thus, we continue to face many challenges in effort to implement goals of early infant diagnosis and treatment of HIV. In fact, less than half (43 percent) of infants born with HIV receive such services within the first two months of their lives. Without access to early diagnosis and ART, more than one-third of children living with HIV die before their first birthday, and one-half die before their second birthday.

In the face of such situations, the Social Teaching of the Church offers some guiding principles that could hopefully inspire public policies.

3. Some guiding principles

Among the relevant principles of the Social Teaching of the Church, it is worth recalling that of the common good, that is the good of all people and of the whole person.⁴ When applied to the field of medical and pharmaceutical research, this principle requires that the resulting achievements effectively benefit all mankind.

Another pertinent principle that should be mentioned is that of the universal destination of earthly goods. According to the Catholic Church, “God destined the earth and all it contains for all men and all peoples so that all created things would be shared fairly by all mankind under the guidance of justice tempered by charity.”⁵

New technologies and knowledge constitute a particular form of property that is no less important than land or capital. These resources, like all goods, have a universal destination, in the sense that they are originally meant for all.⁶ They must then “be placed in a context of legal norms and social rules designed to guarantee that they will be used according to the criteria of justice, equity and respect of human rights. The new discoveries and technologies, thanks to their enormous potential, can make a decisive contribution to the promotion of social progress. However, if they remain

New technologies and knowledge constitute a particular form of property that is no less important than land or capital. These resources, like all goods, have a universal destination, in the sense that they are originally meant for all.

concentrated in the wealthier countries, or in the hands of a small number of powerful groups, they risk becoming sources of unemployment and increasing the gap between developed and underdeveloped areas”.⁷

While acknowledging the validity and also the necessity of the right to private property, the Catholic Church considers that this right does not nullify the validity of the principle of the universal destination of goods and the necessity to prioritize the common good. As St. John Paul II put it, private property “is under a ‘social mortgage’, which means that it has an intrinsically social function, based upon and justified precisely by the principle of the universal destination of goods”.⁸

This reasoning also applies to intellectual property rights. These rights need to be adequately recognized, insofar they do compensate investments in time and capital, and they do encourage promising research. Furthermore, they promote the common good by accelerating the search for solutions to the modern world. For example, in the pursuit of new medical treatments, special protections are needed to ensure that producers are able to recover their massive expenditures on research—these include just wages for scientists and researchers, as well as compliance with regulations that ensure product safety. In this regard, intellectual property rights protection enables the search for solutions to problems in the world.

It is noteworthy that intellectual property rights are not an end in themselves but a mean to an end. They are, then, subordinated to the requirements of the common good, which demands that control mechanisms monitor the logic of the market. As St John Paul II affirmed, the “law of profit alone cannot be applied to that which is essential for the fight against hunger, disease, and poverty”.⁹ These words continue to ring true.

Policies and laws should maintain a perspective focused on the respect and the promotion of human dignity, in a spirit of solidarity within and among nations. This means that while recognizing the value of intellectual property rights protection, we should focus on the purpose of such rights and the negative consequences of the current system. When, for example, high-income countries excessively protect knowledge based on a rigid assertion of intellectual property rights, this leads to an imbalance that must be addressed. Let us not forget that the right to health should be prioritized over private interest and, therefore, access to medicine should be guaranteed in accordance with the principle of non-discrimination and in a spirit of equity transparency, participation and accountability.

As stated by Pope Francis, “what is needed is sincere and open dialogue, with responsible cooperation on the part of all: political authorities, the scientific community, the business world and civil society”.¹⁰

In order to promote positive dialogue that results in positive action, the three principles of solidarity, subsidiarity, and concern for the common good are needed. Solidarity would have us care about the concerns of others as much as our own; and subsidiarity would have us accept others as equals.

Policies and laws should maintain a perspective focused on the respect and the promotion of human dignity, in a spirit of solidarity within and among nations. This means that while recognizing the value of intellectual property rights protection, we should focus on the purpose of such rights and the negative consequences of the current system.

They speak for themselves, we listen, and we help them to participate, if they need such help.¹¹

4. Conclusion

Notwithstanding all the positive initiatives implemented over the last decade, for example for ending the HIV/AIDS epidemic, there is still much to be done to reach the goal of fair access to medicine.

Among the challenges experienced by many countries, there is a predominant emphasis on profitability of medicines and diagnostic tools, resulting in prohibitive price structures. Furthermore, insufficient attention has been given to research and development of “child friendly” medications and diagnostic tools to be used for children living in low-income and low technology settings.

“Now is the time for courageous actions and strategies, aimed at implementing a ‘culture of care’ and ‘an integrated approach to combating poverty, restoring dignity to the excluded, and at the same time protecting nature’.”¹²

Without timely, effective and cooperative actions, diseases such as HIV will continue to claim the lives of too many persons, including children and adolescents.

As a conclusion, I would like to spare a special thought to all the children who lose their lives because they have no access to medicines. Let us keep in mind that these children are part of our future; they experience much suffering during their brief lives. Their premature deaths deprive the human family of their talents and potential contributions to the wellbeing of their families, local communities, and society-at-large.

“Now is the time for courageous actions and strategies, aimed at implementing a ‘culture of care’ and ‘an integrated approach to combating poverty, restoring dignity to the excluded, and at the same time protecting nature’.”

NOTES

1. Pope John XXIII, Encyclical Letter *Pacem in Terris*, para. 11.
2. United Nations Sustainable Development Goals, SDG n. 3.8; Available at: <https://sustainabledevelopment.un.org/SDG3> [Accessed 21 November 2018].
3. UNAIDS Report, *Miles to Go: Closing Gaps, Breaking Barriers, Righting Injustices*, Geneva, 2018.
4. Pontifical Council for Justice and Peace, *Compendium of the Social Doctrine of the Church*, 2004, n. 165.
5. Second Vatican Ecumenical Council, Pastoral Constitution *Gaudium et Spes*, 69: AAS58 (1966), 1090.
6. Pope John Paul II, Encyclical Letter *Sollicitudo Rei Socialis*, para. 42.
7. Pontifical Council for Justice and Peace, *Compendium of the Social Doctrine of the Church*, 2004, para. 283.
8. Pope John Paul II, Encyclical Letter *Sollicitudo Rei Socialis*, para. 42.
9. Pope John Paul II, Address to 'Jubilee 2000 Debt Campaign', 23 September 1999.
10. Pope Francis, Address to the United Nations Office at Nairobi, Apostolic Journey to Kenya, Uganda and the Central African Republic, 26 November 2015.
11. Cardinal Peter K.A. Turkson, Address to German-African Healthcare Symposium, 13 October 2016.
12. Pope Francis, Address to the Joint Session of the United States Congress, 24 September 2015.