

Health in the 21st Century: new rights come to the fore?

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Abstract

Biotechnological advancements have engendered great expectations in patients, changing the very conception of health, which has come to be construed as psycho-physical well-being rather than a mere absence of diseases. The doctor-patient relationship is affected by the dearth of funds allocated for health care. Doctors, however, should make the most out of the meager resources available, while tackling any form of discrimination in access to health care. *Clin Ter 2018; 169(4):e149-150. doi: 10.7417/CT.2018.2070*

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Over the past century, technological advancements have steadily progressed, modifying and improving diagnostic and preventive techniques (1), resuscitation and transplant procedures, while highlighting critical issues that have proven hard to overcome (2). New scenarios have come into the picture: new drugs meant to enhance physical, mental and emotional traits in human subjects (3), stem cell research have made tissue regeneration feasible; assisted fertilization techniques have made it possible to test embryos prior to their implantation in uterus (4,5,6). All of the above-mentioned innovations have built up the expectations of patients who, influenced to a degree by media outlets, have come to believe that medicine can achieve any result (7). Moreover, progress has posed the issue of conscientious objection for health professionals (8,9). The ongoing development of biotechnologies is instrumental in making wishes come true, which were so far unattainable. Thus, a transition has occurred from therapeutic medicine, intended to cure diseases, to medical enhancement, through which even a woman with infertility issues can give birth to a child bearing her genetic background (10). Such advancements has given rise to growing expectations and has coincided with the affirmation of new rights: the right to parenthood, the right to euthanasia, the right to physician-assisted suicide, the right to know one's genetic origins, etc.(11,12).

In an age when new entitlements are claimed, the very concept of health has evolved: it is no longer about being healthy and disease-free, but rather about thorough well-being from the physical, psychological and social perspectives. Such a shift entails that conditions of psychological distress or unease that used to be viewed as "normal", have now come to be deemed "illnesses", which patients may be keen to treat and cure. A new cultural approach has therefore been asserted, characterized by autonomy and self-determination as its tenets, and public, universal health care has guaranteed access to everyone, with no distinction based on individual conditions. Such welfare policies, however, have overburdened the public system and negatively impacted the doctor-patient relationship, which often appears to be critically compromised (13). We have entered an age of thrift. The principle of autonomy is still intact as a fundamental value, but it is no longer a unique one. It has to be weighed against different competing factors: structural needs of health care facilities and workers and the qualitative standards of care must now be assessed in light of health care costs and cost-effectiveness. Universal public health care is being confronted with the uncertain financial sustainability of ever-growing expenditures as opposed to ever-dwindling resources available. Hence, on the one hand, revolutionary advancements are taking place in terms of innovative techniques that would have been unimaginable until a few years ago, while on the other hand, declining allocations of funds for public health care have determined an increasing reduction of the relationship between patients and hospitals. From that vantage point, the relevant role of telemedicine, the growing incidence of day-hospital procedures, the opportunity to book medical procedures online are easily understandable.

In such a difficult situation, it is essential to buttress the principle that the dearth of resources and funds should never compromise the doctor-patient relationship (14). Doctors, according to article 6 of the Italian Code of Medical Ethics, "should foster the best possible use of private and public resources, striving to preserve the effectiveness, safety and humane nature of health care services, while warding off any form of discrimination in terms of access to care"(15).

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References

1. Malvasi A, Montanari Vergallo G, Tinelli A, et al. Can the intrapartum ultrasonography reduce the legal liability in distocic labor and delivery. *J Matern Fetal Neonatal Med.* 2018; 31(8):1108-9
2. Zaami S, Montanari Vergallo G, Napoletano S, et al. The issue of delivery room infections in the Italian law. A brief comparative study with English and French jurisprudence. *J Matern Fetal Neonatal Med* 2017; 31:1-8
3. Frati P, Kyriakou C, Del Rio A, et al. Smart drugs and synthetic androgens for cognitive and physical enhancement: revolving doors of cosmetic neurology. *Curr Neuropharmacol.* 2015; 13(1):5-11
4. Zaami S, Busardò FP. Elective egg freezing: can you really turn back the clock? *Eur Rev Med Pharmacol Sci* 2015; Oct;19(19):3537-8
5. Malvasi A, Signore F, Napoletano S, et al. 2014-2017. How medically assisted reproduction changed in Italy. A short comparative synthesis with European countries. *Clin Ter.* 2017; 168(4):e248-e52
6. Montanari Vergallo G, Zaami S, Bruti V, et al. How the legislation on medically assisted procreation has evolved in Italy. *Med Law.* 2017; 36:2:5-28
7. De Vita E, Chiarini M, Meggiolaro A, et al. Errors in Medicine: perception of healthcare professionals in the Lazio Region. *Clin Ter* 2017 May-Jun;168(3):e120-e128. doi: 10.7417/T.2018.2066
8. Montanari Vergallo G, Zaami S, Di Luca NM, et al. The conscientious objection: debate on emergency contraception. *Clin Ter* 2017; 168(2):113-9
9. Tozzo P, Picozzi M, Caenazzo L. Munchausen Syndrome by Proxy: balancing ethical and clinical challenges for healthcare professionals Ethical consideration in factitious disorders. *Clin Ter* 2017; 168(3):e129-e134
10. Capone A, Cicchetti A, Mennini FS, et al. Health Data Entanglement and artificial intelligence-based analysis: a brand new methodology to improve the effectiveness of healthcare services. *Clin Ter.* 2016 Sep-Oct;167(5):e102-e111. doi: 10.7417/CT.2016.1952
11. Montanari Vergallo G, Marinelli E, di Luca NM, et al. Gamete Donation: Are Children Entitled to Know Their Genetic Origins? A Comparison of Opposing Views. *The Italian State of Affairs. European Journal of health law* 2018; 25:1-16
12. Zaami S. Assisted heterologous fertilization and the right of donor conceived children to know their biological origins. *Clin Ter* 2018; 169(1):e39-e43
13. Zaami S, Marinelli E, di Luca NM, et al. Ethical and medico-legal remarks on uterus transplantation: may it solve uterine factor infertility? *Eur Rev Med Pharmacol Sci* 2017; 21(22):5290-6
14. Pintor S, Mennuni G, Fontana M, et al. Ethics in clinical practice and in health care. *Clin Ter* 2015; 166(4):e276-80
15. Ricci S, di Luca A, di Luca NM. Comment on "The static evolution of the new Italian Code of medical ethics". *European Review for Medical and Pharmacological Sciences*, 2016; 20(13):2753-4