



Health: A Business or a Universal Right



I Wayan Suryasa ^a, María Rodríguez-Gámez ^b, Tihnov Koldoris ^c

Corresponding Author ^a



Keywords

health;
humanity;
law;
sustainability;

Abstract

Health is an essential component of human well-being and a fundamental right that must be accessible to everyone, regardless of their origin or social condition. It is recognized as a universal human right, as stipulated in the Universal Declaration of Human Rights of the United Nations. However, in recent decades, and fundamentally in the stage of the Covid 19 pandemic, it can be seen how it has transformed into a multi-billion-dollar global industry, generating a clear intersection between the right to health and the health economy as a business. The objective is to demonstrate that health is understood as a universal right and this idea must be an awareness fundamentally among people linked to this sector that is so necessary for humanity. The bibliographic review and the historical-logical and dialectical method were used as methodology, allowing us to understand reality through critically analyzing current perceptions. The result was that strategies must be drawn up to ensure that health is a right for everyone without considering race, color, or religion that all humans have the right to health, and that it is sustainable.

*International Journal of Health Sciences © 2024.
This is an open access article under the CC BY-NC-ND license
(<https://creativecommons.org/licenses/by-nc-nd/4.0/>).*

Introduction

Universal health coverage (UHC) is one of the global goals promoted by the WHO and the United Nations General Assembly (WHO, 2014). However, even though health is a recognized right, the implementation of accessible and universal health systems remains a challenge in many regions of the world. Disparities in access to health services depend on economic, social, and political factors, which means that, for many, health is a luxury (Almeida, 2020).

^a ITB STIKOM Bali, Denpasar, Indonesia

^b Universidad Técnica de Manabí, Portoviejo, Manabí, Ecuador

^c Queen Mary University of London, London, United Kingdom

Analysis and discussion of the results

The World Health Organization (WHO) has called on the population to defend the right to health. These must be linked to governments that must draw up policies that represent the people. The aspects that must be guaranteed are shown in Figure 1.



Figure 1. Universal health rights

Safe and quality care

Many authors refer to how to ensure the efficiency, accuracy, and validity of health care ([García-Ortiz, 2024](#)), here it refers to how to achieve these parameters for health care, where one of the aspects is to strengthen the quality of medical services through an institutional management model, which will contribute to improving the patient experience, optimizing the use of resources, and strengthening health services.

Absence of discrimination

Health must be free of discrimination, this must be the right of any person free of race, color, creed, or ideal, it must be, this is reflected in many research where the right to health protection is reflected ([Mayer-Serra, 2007](#)).

Privacy and confidentiality

People have the right to health privacy and confidentiality refers to the right of patients to have their medical information kept secret and not shared without their consent only to be used for research purposes researchers must require approval from the council of researchers of the local institution ([RadlologyInfo, 2024](#)).

Information regarding health are strategies that are treated by countries according to their needs, in some of these they outline bodily autonomy as the right that people have to make decisions about the body and the future without violence or coercion. Currently, some countries prohibit the right of people to make decisions about their bodies, such as sexual relations ([Pérez, 2014](#)).

The WHO defines health as a state of complete physical, mental, and social well-being, and not just the absence of diseases. This is a social and political concept that seeks to improve and prolong the quality of life of populations. To do this, health is promoted, disease is prevented, and other health interventions are carried out. In this context, a call to action is made to defend the right to health, and where the population is asked to know, protect, and promote their health rights ([Haux, 2006](#); [Yuehong et al., 2016](#); [McMullan, 2006](#)).

Health as a global business

As healthcare systems have evolved, so has the healthcare industry. The private and public sectors in many countries are actively involved in the business of health, from medical services to the production and distribution of medicines and medical technologies (Suryasa et al., 2022). In countries like the United States, health has become an industry that moves millions of dollars annually, pharmaceutical companies, health insurance companies, and medical service providers, this problem was noticed with the appearance of the pandemic at the time of COVID-19 (Gómez Franco et al., 2021).

Globalization has allowed the health industry to expand globally, promoting innovation and the development of new medical technologies, but it has also generated controversies about the accessibility of these advances for the most vulnerable populations. The commercialized health model has the potential to create inequalities in access to treatments since high costs and the concentration of economic power in the hands of a few companies can exclude large sectors of the population from access to essential care, all of which have conspired with the concept of public health (El Zowalaty & Järhult, 2020; Elser, 2012).

Another aspect that is handled today is the Conflict between Law and Business in Health, in this sense the conflict between health as a human right and its treatment as a business is at the center of many current debates on health policies. public health. In many countries, the health system is partially privatized, creating a situation in which access to health services depends not only on medical needs but also on the economic capacity of the patient, causing a significant gap in equity in health (Lamnabhi-Lagarrigue et al., 2017).

The global health market has also generated situations where access to essential medicines and treatments is restricted by high costs, and where the commercial interests of large pharmaceutical companies influence health policies and the distribution of resources. According to a WHO report, "the privatization and marketization of health can worsen social inequality since the poorest often lack the means to access private health services" (WHO, 2010).

Currently, some argue that the private business model can be beneficial if it is properly regulated and if public policies are designed to guarantee that people of all socioeconomic levels have access to quality health services (Gostin & Mok, 2009). In this context, the challenge is to find a balance between universal access to health as a right and the existence of a private market that promotes sustainability and access to public health as a universal right.



Conclusion

Health is a universal right and an essential component of human well-being; However, the transformation of health has become a business that has created new dynamics that must be managed equitably and fairly. Governments, international organizations, and businesses must work together to ensure that the right to health is not subordinated by economic interests. Access to health must be a priority, so strategies must be drawn up to fulfill its universal right for all without considering race, color, religion so that it is universal and sustainable for all.

References

- Almeida, N. (2020). Collective Health. National University of Lanús. ISSN 1669-2381.
- El Zowalaty, M. E., & Järhult, J. D. (2020). From SARS to COVID-19: A previously unknown SARS-related coronavirus (SARS-CoV-2) of pandemic potential infecting humans—Call for a One Health approach. *One health*, 9, 100124. <https://doi.org/10.1016/j.onehlt.2020.100124>
- Elser, J. J. (2012). Phosphorus: a limiting nutrient for humanity?. *Current opinion in biotechnology*, 23(6), 833-838. <https://doi.org/10.1016/j.copbio.2012.03.001>
- García-Ortiz, J. M. (2024). Strengthening the quality of health services through an institutional management model. *Interdisciplinary Peer-Reviewed Journal of Health Sciences. Health and Life*, 8(15), 16-27.
- Gómez Franco, T., Matarín Rodríguez-Peral, E., & García García, F. (2021). The sustainability of the health system and the pharmaceutical market: A permanent interaction between the cost of medicines, the patent system and disease care. *Collective Health*, 16, e2897.
- Gostin, L. O., & Mok, E. A. (2009). Grand challenges in global health governance. *British medical bulletin*, 90(1), 7-18.
- Haux, R. (2006). Health information systems—past, present, future. *International journal of medical informatics*, 75(3-4), 268-281. <https://doi.org/10.1016/j.ijmedinf.2005.08.002>
- Lamnabhi-Lagarrigue, F., Annaswamy, A., Engell, S., Isaksson, A., Khargonekar, P., Murray, R. M., ... & Van den Hof, P. (2017). Systems & control for the future of humanity, research agenda: Current and future roles, impact and grand challenges. *Annual Reviews in Control*, 43, 1-64. <https://doi.org/10.1016/j.arcontrol.2017.04.001>
- Mayer-Serra, C.E. (2007). The right to health protection. *Public Health in Mexico*, 49, 144-155.
- McMullan, M. (2006). Patients using the Internet to obtain health information: how this affects the patient–health professional relationship. *Patient education and counseling*, 63(1-2), 24-28. <https://doi.org/10.1016/j.pec.2005.10.006>
- Pérez G. R. (2014). Sexual and reproductive rights. *Journal of Obstetrics and Gynecology of Venezuela*, 74(2), 73-77.
- Pope, J., Annandale, D., & Morrison-Saunders, A. (2004). Conceptualising sustainability assessment. *Environmental impact assessment review*, 24(6), 595-616. <https://doi.org/10.1016/j.eiar.2004.03.001>
- RadlologyInfo.org (2024). Privacy of medical information.
- Ruggerio, C. A. (2021). Sustainability and sustainable development: A review of principles and definitions. *Science of the Total Environment*, 786, 147481. <https://doi.org/10.1016/j.scitotenv.2021.147481>
- Suryasa, I. W., Rodríguez-Gámez, M., Herrera, M. R., & Koldoris, T. (2022). Impact of erythropoietin on arterial hypertension. *International Journal of Health Sciences*, 6(2), vi-x. <https://doi.org/10.53730/ijhs.v6n2.11838>
- WHO, (2010). The world health report: Financing health systems: the road to universal coverage. ISBN 978 92 4 068482 9 (electronic version).
- WHO, (2014). Basic documents. 48th edition With the modifications adopted until December 31, 2014.
- World Health Organization (WHO). (1946). Constitution of the World Health Organization.
- Yuehong, Y. I. N., Zeng, Y., Chen, X., & Fan, Y. (2016). The internet of things in healthcare: An overview. *Journal of Industrial Information Integration*, 1, 3-13. <https://doi.org/10.1016/j.jii.2016.03.004>

Biography of Authors

	<p>I Wayan Suryasa (Founder and Managing Editor) He received the Doctorate of Linguistics from Udayana University specializing in the area of translation studies and semantics. He teaches translation, and semantics at the college level, as well as a consultant for publications in Indonesia and Ecuador. His publications focus on translation studies, and semantics related to the linguistics field. He is active in his local area of Indonesia running a teacher research group and organizing workshops. He is also Ass. Professor. <i>Email: suryasa@stikom-bali.ac.id</i></p>
	<p>María Rodríguez Gámez (Chief Executive Editor) She is a Professor and Researcher at the Technical University of Manabí, Portoviejo, Ecuador. Bachelor's in education, Specialization: Physics and Astronomy, Master in Spatial Planning and Development in Renewable Sources of Energy, Doctor of the Strategies and Planning of the Territory Program in Renewable Energy Sources at the Pablo De Olavide University, Seville, Spain, PhD in Geographical Sciences. <i>Email: maria.rodriquez@utm.edu.ec</i></p>
	<p>Tihnov Koldoris (Editor) He is a professor at Queen Mary University of London, London, United Kingdom. It is a public research university in London, England, and a constituent college of the Federal University of London. It dates back to the foundation of London Hospital Medical College in 1785. He was interested in medical sciences and health sciences. <i>Email: ijhms@sloap.org</i></p>