Equality in Health: Conceptual Proposals, Critical Aspects and Perspectives from the Field of Collective Health

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Objectives: To discuss the concepts of inequality and inequity and to review concepts, approaches and perspectives from the field of collective health in relation to notions of justice in health and health equity.

Methodology: Descriptive analytical.

Results: The authors review the concepts of inequality and inequity from the conceptions of justice of both Amartya Sen and Michel Foucault. Thus, they identify the presence of four types of approaches: liberal, utilitarian, contractual and egalitarian, with a focus derived from the ideal rawlsiano. In Sen's theoretical perspective, equity in health is defined as a multidimensional phenomenon that includes social justice. But, for the authors, Foucault's use of notions of generalization and enforcement permits a better approach to how services and healthcare are distributed in a given society. With these inputs, the authors conceptualize equity in health in two areas: a) the scope of health practice, which is composed by the access to services and quality of care, and b) the social health environment, comprising social, economic, political and cultural aspects. That is how the authors identify three approaches and explanations on collective health: 1) the theory of social justice, 2) the theory of social and economic determinants and 3) the perspective of rights and values.

In the area of health practices, the authors describe five findings on how equity is generally visualized around the health services: a) it is visible, especially on funding, access and quality of services, b) it points out just the existence or not of differences, c) appears just as a notion of restriction to medical technology advances and lack of services; d) does not allow to perceive the equality in other fields such as the ones devoted to the impacts or results; and e) is defined only in relation to its specific impact on health.

In this way, the authors raise four methodological proposals that could enable a better appreciation of the inequality-inequity dynamic from the perspective of collective health: 1) the reconstruction of its social determinants and social mediators as much in the processes of health/illness as in the attention/care dynamics; 2) attention to the final impact on health, the determinants of disease in the population and the quality of health services; 3) attention to the determinants that affect the forms of social organization, and the production and distribution of wealth; and 4) the theoretical-methodological integration of inequality-inequity based on the recognition and combined use of three models: the Functionalist and Marxist socio-epidemiological theories, and the ethno-epidemiological one.

Conclusions: For authors, the concept of inequality-inequity is related to approaches to social justice and power, but the multiplicity of definitions hinders the adoption, use and interpretation of these correlated terms. The authors conclude that in order to get
consensus on the concept of health equity, it is necessary to apply and deepen the analysis as much in the field of practical care as in the social health environment.