Globalisation is the flow of people, goods, capital, concepts, ideologies and philosophises across geographical and political borders. Globalisation is a contentious issue – some view it very negatively and others believe that it is the path of true progress. While the outcomes of globalisation are still uncertain, in the context of healthcare, it is clear that globalisation is bringing about some radical changes. As a result, we need to examine the restructuring and impact of changes in global medicine, particularly as they affect the care of people.

PERCEPTIONS OF GLOBALISATION WITH REGARD TO THE HUMAN PERSON IN THE CONTEXT OF HEALTHCARE

The common tendency is to see globalisation merely in economic terms or as the homogenisation of culture worldwide. It is viewed with a certain determinism as a force that is rapidly changing the way we do things. From this perspective, the role of people and institutions as the underlying forces shaping the globalisation of culture is somehow lost. Therefore, people feel that they are the subjects, rather than the agents, of globalisation. Addressing the need for a new perception of globalisation, Michel Camdessus,1 former Director General of the International Monetary Fund (IMF) has said that, "Globalisation must be humanised."

To establish a healthcare ethos that reaches across racial, national and language boundaries, an ethical foundation is essential. Different approaches to issues surrounding professional practise across the world are compounded by the increasing influence of international bodies, such as the World Health Organization (WHO), United Nations Children’s Fund (UNICEF), and the United Nations Population Fund (UNFPA). If the policies set by these groups in New York or Geneva conflict with the ethos and beliefs of the people they care for, globalisation has prevailed over people’s needs. Whereas, if professionals from any part of the world can travel across continents practicing quality healthcare which not only supports local belief systems, but also serves to strengthen them by offering new perspectives, then we will have mastered globalisation. This common ethos of healthcare, rooted in an understanding of the human person is the only way in which excellence in healthcare can survive in a globalised world. To borrow from the United Nations Universal Declaration of Human Rights,2 "Recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world". This inherent worth of each human being is by virtue of their humanity, and not measured by size, level of physical, emotional or mental capacity, dependence, race, ethnic origin, financial status, age, sex or capacity for interpersonal relationship. It is only on the basis of human equality and freedom that globalisation should be used as an instrument for authentic human development and progress.

THE IMPACT OF GLOBAL ORGANISATIONS ON MEDICINE

There are many worldwide organisations working in the field of medicine that employ concepts of globalisation to broaden their scope of influence. One such organisation is MaterCare International.3 MaterCare International is an international group of doctors and midwives set up in Liverpool in 1993, inspired by the message of Pope John Paul II that a "culture of life" must be perpetuated world wide. Its vision is to provide relevant healthcare for mothers and their unborn children, combining their Catholic faith with their professional skills. MaterCare are involved in many different initiatives including the training of local healthcare providers, operation of an emergency transport service and an obstetric fistula rehabilitation and treatment centre, as well as research into postpartum haemorrhage in Ghana and surrounding countries. MaterCare’s work in the area of obstetric fistulae – a condition resulting from birth trauma that leads to permanent incontinence of urine and faeces, and is estimated to affect over 1 million women in developing countries – in the third world is remarkable, as its treatment is longer taught in many Western medical schools. It is the only organisation providing this specialised care. MaterCare is an excellent example of how globalisation can be utilised.
constructively in medicine, as it combines the professionals’ religious beliefs with an inclusive approach to providing specialised care to very high standards.

Another medical organisation which has been both inspired and enriched by the consequences of globalisation is Médecins Sans Frontières (MSF), a rapid reaction force of doctors from all over the world which aims to provide emergency medical treatment to victims of war and natural disasters. MSF is an organisation that has no religious or political affiliations. Their volunteers observe neutrality and impartiality, in the name of universal medical ethics and the right to humanitarian assistance and demand full and unhindered freedom in the exercise of its functions. They undertake to respect their professional code of ethics and to maintain complete independence from all political, economic and religious powers.

To date, MSF have worked with people all over the world helping them in their time of need, often in dangerous and unstable situations, and were awarded the Nobel Peace Prize in 1999 for their humanitarian efforts. MSF is an example of how non-denominational ethics can help people without conflicting with their patients’ views. This approach may not be as spiritual as MaterCare’s but shows how a solid foundation in an ethic that respects the human person is universal.

GLOBALISATION AND THE FUTURE OF THE IRISH HEALTH CARE SYSTEM

Another effect of globalisation has been alerting us to the needs of our brothers and sisters in other parts of the globe. Many Irish doctors and medical students spend time working in third-world countries, supported in their efforts by colleagues and medical schools at home. In Trinity College Dublin over half the students are non-nationals and come from backgrounds as diverse as the United States, Botswana and Malaysia. Not only does this mean that foreign students experience the Irish healthcare system, but they also teach their peers about how their native systems work.

The Irish healthcare system is currently being subjected to very close scrutiny. Her doctors are only now realising that long-standing inequalities in the delivery of health care and hitherto unquestioned professional practices – such as the use of contaminated blood products, long waiting lists for treatment, and poor working conditions for doctors in training – do not conform to a respect for the dignity of the person as doctor or patient. In response, there is ongoing public unease concerning medical practice in the area of the use of contaminated blood products, and widespread public support for a more humane and professional approach to doctors-in-training. In Ireland, we have a two-tiered system of healthcare provision, which combines a distinct private sector, for those who can afford it, with a public system for everyone else. Many examples of healthcare provision worldwide are being discussed as models that we could learn from, so as to provide a system that recognises the right of all people to have adequate healthcare, no matter who they are. In this discussion, many doctors who have worked in Canada, Germany, Saudi Arabia to name but a few, all contribute their experiences and the process of change is certainly made easier by the pooling of information from many parts of world.

In Ireland, we are very lucky to have one of the lowest maternal mortality rates in the world (direct maternal mortality rate in Ireland was two per 100,000). Both the mother and her unborn child are treated as human patients and receive treatment accordingly. With the positive influence of globalisation we can spread a similar ethos to parts of the developed and developing world with high maternal mortality rates, through education and assistance. Modern methods of communication and transport can be utilised easily and the very positive aspects of the Irish obstetric system can be shared with other countries for mutual benefit.

With the positive influence of globalisation, Irish doctors can both teach and learn from colleagues in other parts of the world. We can transmit a belief in the dignity of the person to parts of the developed and developing world with high maternal mortality rates, through education and assistance, and we can learn from the healthcare systems of other nations.

CONCLUSION

I have chosen these examples to illustrate my contention that there is a vision of the human being that all doctors share, albeit at times subconsciously. Globalisation is a phenomenon that should be eagerly welcomed by doctors who are committed to the value of human life even though there is a risk that globalisation could dilute that vision and render it anodyne. The terrible consequences that it would entail would cause tremendous detriment to the accomplishments achieved thus far by the organisations I have mentioned and many more individuals who continually strive for justice and solidarity in their everyday lives.
We need not be afraid of globalisation but become professionals who because of our understanding of humanity can connect with peoples of all races, creeds, nationalities, religions and work together to form a world in which solidarity, respect and love are perpetuated as common occurrences. I think that globalisation will be the defining experience of the twenty-first century and if we have a foundation rooted in respect for the person, medicine will develop in ways that will be a true service to him.

REFERENCES

Fatima Ali, 4th Year Medicine