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Democracy and Health

Research Article

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Background and Definitions

"Medicine is a social science, and politics is nothing but medicine at a larger scale," said physician Rudolph Virchow in 1848.[1] A pioneer in the fields of public health and social medicine, Virchow believed that ill health stemmed from inequities within populations and society, and therefore required a political solution. Thus began the exploration of the role of politics in medicine and medicine in politics, from focused health policies to larger political institutions. Despite democracy being a fiercely-held value in many countries, especially within the Global North, there is no robust evidence that it causes improved health of citizens.[2,3]

Theoretical arguments for ways in which democracy can both support and impede health are numerous.[4,5,6,7,8] However identifying robust correlations between democracy and health are unquestionably difficult. This is due to many confounding factors,[4] and the inability to create a controlled environment in which to elucidate a true correlation between democracy and health.

Theory of Democracy and Health

On a theoretical level, there are numerous ways in which democracy can support the health of the public, but there are equally as many ways in which it might impede health. These particular factors are often opposite in autocracies, as thus it is useful to juxtapose the two.

Measurement of Democracy and Health

It is important to recognize that in reality, interactions between democracy and health do not perfectly reflect theoretical models such as the one above; thus, we must try to measure the association using data from countries around the world. Many potential confounders to the relationship between democracy and health exist within a country, not limited to: education, demography, income per capita, size of the public sector, quality of health data available, inequality within the country, length of time a country has been democratic, and recent conflicts and disasters, etc.[9] No empirical studies to date have been able to employ a robust methodology to dissect the effect of democracy from the various confounders.

Ways Democracy can Support Health[4,5]	Ways Autocracy can Impede Healh[4,5]
Low socio-economic groups can advocate for public health solutions: Proportionally, the majority of people within a society are of low to middle socio-economic status (SES), and thus both need public supports for health, and make up the majority of the vote.	**High socio-economic groups are less interested in public health solutions:** Those with power are most often those with the resources to access private care and thus may not back public supports for health.
More accountability structures: Ideally, Democracies are accountable to all the people whom they represent, and thus aim to please their electorate to maintain public support.	**Fewer accountability structures:** Autocracies are only accountable to themselves (occasionally also the military), and thus may have less incentive to prioritize the public's health needs.
Stronger mechanism for leader selection: Elections represent a better chance of selecting competent and honest leaders to implement health policy.	**More corruptible leader selection:** Leaders may be selected on factors other than skill and merit, and are more difficult to remove if found to be representing the public poorly.
Citizens can be agents of change: Individuals have enhanced opportunities to act as active agents, exercise political will and advocate for their health interests.	**Citizens may feel powerless:** Given that they have little power over authority, they may feel they have little individual freedom. This can also contribute to emotional and mental health challenges.

Ways Democracy can Impede Health[4,5]	Ways Autocracy can Support Healh[4,5]
Oppression by the majority: Voices of economic, cultural, social, religious or other minority groups within a country may be neglected, increasing the inequalities in wealth and health.	**Leaders can target efforts for specific minorities effectively:** Action to address the needs of minority groups can be taken regardless of underrepresentation or opposing opinions of the public majority.
Mis/uninformed voters make poor decisions: Misinterpretation of, or disregard for, information leads voters to make choices that do not represent their best interests. Politicians can easily capitalize on this irrationality.	**Decisions are made on their behalf:** Governments may be better resourced than individual citizens to make informed decisions in what they perceive to be public best interest. There is no need to wait for public approval or support.
Public may not prioritize health: As few citizens are experts in individual or public health, or have other priorities, they may support policies that have negative impacts on health.	**Governments can prioritize health:** In consultation with health experts, leaders can take action on health issues and implement solutions that would not be chosen by public voters.
High turnover of governments leads to instability in political priorities: Because electoral cycles occur every few years, there can be frequent changes in health policies. Effective changes to health systems cannot happen in short spans.	**Longer-term leaders can more effectively support change:** Many autocratic reigns last longer and provide more political stability, and thus would be able to better support effort of health policy reform and changes in healthcare infrastructure.

As one example, in 2006, Besley & Kudamatsu from the London School of Economics used a cross section of countries between the 1960s-2000s.[4] They identified a significant correlation of 3.55 years longer life expectancy at birth in countries that were democratic as compared to non-democratic. The significant difference decreased once they controlled for income per capita (1.75 years), education levels (1.19 years), and years of democracy since 1956 (-0.24 years, not significant).[4]

Risks of Assumption

The impetus to understand the fundamental relationship between democracy and health includes the risks of assumptions. On one hand, the assumption that democracy improves health may contribute to a perception within non-democratic communities that health promotion initiatives are not worthwhile without democratizing political shifts. It may also lead to underdevelopment of robust public health infrastructure in communities transitioning towards democracy, with the

assumption that some health improvement will be organic.

On the other hand, the assumption that there is no relationship between democracy and health weakens the arguments of those social groups and movements who push for democratization within their countries. Equally, it weakens the voice of healthcare providers to advocate for political change.

Conclusion

This paper summarizes key points within the complex relationship between democracy and health. Theoretical arguments show ways in which democracy can both support and impede health, although their generalizability to real-life situations is limited. Research has yet to provide a robust approach to measure the relationship between democracy and health, but doing so is crucial to prevent the deleterious consequences of assumptions.

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How Globalization Challenges And Aids The Implementation of The Canada Health Act In Canada's Northern Territories

Opinion Editorial

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Introduction

North of the 60th parallel in Canada's territories, the implementation of the *Canada Health Act* (CHA) is a challenge. Health care provision is an obstacle since residents live in small, isolated communities with a unique history and culture that differs from the national majority. On top of the geographical remoteness, a globalized world has caused many problems, including historical injustices, volatile and underdeveloped economies, and climate change. But external influences also provide solutions to improve the health of northern citizens, such as increased awareness of indigenous rights, beneficial inter-governmental partnerships, and technological innovation. While globalization exacerbates the challenges associated with health care provision in northern Canada, it also provides solutions to said problems, leading to improved implementation of the CHA in remote northern communities.

The CHA is a federal law that governs the provision of funds and guiding principles on the level of insured "medically necessary" health care that Canadians can expect to receive, regardless of where they reside. At the core are five principles: public administration, comprehensiveness,