

Public Responsibility for Health

An Interdisciplinary Socio-Ethical Workshop
May 8–9, 2025, at Goethe University

Call for Papers

The human right to health reflects not only the recognition that people rely heavily on maintaining or restoring their health to lead a self-determined life, but it also assigns the primary responsibility for protecting and promoting health to the state. The rise of pandemics, the increasing frequency of extreme weather events due to global climate change, and the spread of non-communicable diseases clearly demonstrate that social and environmental factors play a decisive role in the health outcomes of a population. Addressing these threats and combating the health damage they cause is far less a matter of individual health behavior than a political responsibility. Against the backdrop of the human right to health, it therefore makes sense to speak of a “public responsibility for health” in a dual sense: the state, or government, is the primary addressee of the human right to health, and it also holds the legitimate political authority to regulate health matters, implement policies, or manage and oversee health initiatives conducted by third parties.

However, the concept of public responsibility for health raises many questions:

- Who exactly is to be addressed as the bearer of this responsibility? Where, in the reality of multi-level political systems and the complex structures of modern health systems, should this responsibility be located?
- Should the distinct roles and responsibilities of international actors such as the WHO or the European Union be considered? What about civil society actors and NGOs, without whom, for instance, the health needs of minorities and vulnerable populations may not be adequately addressed?
- How far does this responsibility extend? Does it encompass political decisions regarding priority setting (e.g., which health programs are established), the processes by which additional actors are involved and their interactions coordinated, or ultimately, even the achievement of specific health outcomes?
- How should priorities in public health be set responsibly, what should the state undertake directly, what should or could be delegated to other actors, and where might limits to this jurisdiction be drawn?

The workshop aims to bring together researchers from various disciplines for an interdisciplinary exchange on the concept, scope, application, and limitations of health responsibility. We invite scholars at all career stages from the social, political, and legal sciences, public health ethics, medical ethics, philosophical and theological ethics, social ethics, nursing sciences, and nursing ethics. Early career researchers are particularly encouraged to contribute.

We welcome papers that address topics such as:

- **Agents of health responsibility:** Who is responsible for the health of the general population and of particularly vulnerable groups? How should responsibility be divided when the state can set public health frameworks and make key interventions but also relies on the independent, responsible cooperation of numerous other actors?
- **Priority setting:** What priorities are ethically or human rights-based and, therefore, necessary or permissible? Does prevention always come first? Which areas or groups are currently considered neglected? Should existing priorities be reassessed in light of the Planetary Health/One Health perspectives?
- **Social, systemic, or cooperative responsibility:** Can public health responsibility be conceived cooperatively as the interaction of governmental institutions, civil society organizations, and private actors contributing to health as a "public good"? What role does the individual play in this context?
- **Bottom-up and grassroots approaches:** Civil society actors, in particular, see themselves as responsible under the human right to health to take action and advocate for health concerns—whether in relation to the climate crisis and ecological issues, or with respect to disadvantaged or especially vulnerable individuals, such as those in asylum procedures or socio-economically marginalized situations. What can be learned from this engagement for "public responsibility"?

Theoretical contributions are as welcome as application-oriented papers or case studies, provided there is a clear connection to the workshop's theme.

Abstracts should not exceed 800 words (excluding references) and must be submitted by February 5, 2025, to Victoria Dichter (dichter@em.uni-frankfurt.de).

All abstracts will undergo a double-blind review process; please ensure that abstracts contain no identifying information.

Acceptance notifications will be sent within three weeks. Participation in the workshop is free of charge. Additionally, hotel accommodation for two nights will be covered for the first authors of accepted papers. Participants are responsible for their own travel expenses and any additional accommodations.

Organisation

Prof. Dr. Christof Mandry & Victoria Dichter M.A.

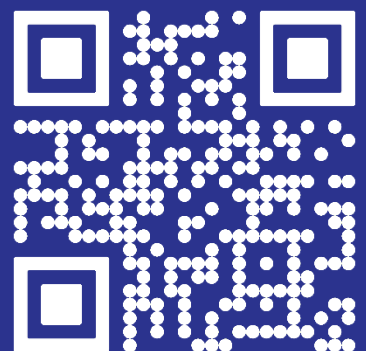
Social Ethics in Health Care

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