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My Health, My Right: Our Health, Our Responsibility!

The World Health Day 2024, highlights a basic human right: that of health. The right to health is clearly mentioned in the World Health Organization's Constitution[1], which states that the highest attainable standard of physical and mental health should be aimed for.

GOVERNMENTAL RESPONSE

Governments across the world try to ensure that their citizens attain this right. India's national health programs cover all phases of life, from childhood and adolescence, to pregnancy, adulthood and old age[2].

Specific diseases of public health importance, such as vaccine-preventable diseases, malnutrition, chronic diseases, and cancers are included. There is special focus on minority and marginalized sections of society, such as the transgender community.

The services listed in these national health programs are offered through an extensive structure of primary, secondary, and tertiary health care centers[3]. These are administered by public and private health care system, and governed by standards such as the Indian Public Health Standards[4]. Essential lists of medicines, devices and diagnostics ensure availability of important medical and surgical interventions at affordable rates[5].

PUBLIC RESPONSE

This has led to a situation where the average citizen feels, and rightfully so, that health is their right[6]. Services such as vaccination, maternal care and medical care, are accepted passively, as their utilization does not require active participation on part of the recipient. In fact, vaccine hesitancy[7] is reported in spite of the fact that it is offered free of cost.

CHANGING TRENDS

As these aspects of health care became more and more effective, the incidence of acute and infectious diseases has also come down markedly. Unfortunately, the prevalence of chronic diseases, such as diabetes and obesity, has increased dramatically. These pandemics pose an important challenge to well-being, at both individual and public health levels. It is certainly one's right, therefore, to access good quality metabolic and endocrine care, and achieve optimal outcomes. Exercising this right is part and parcel of the welcome trend towards person-centered care[8].

RESPONSIBILITY AND RIGHTS

Along with rights, however, come responsibilities. The nature of chronic disease is such that their control and management depend predominantly on self-care and self-management. While it is the duty of the health care system to explain skills needed to live with a chronic disease, it is the responsibility of the individual to put this education in practice. Persons living with any chronic disease, or disability, need to own up to this responsibility. Doing so does not in any way mean that they should abnegate their rights. At the same time, requesting a person living with chronic illness to take charge of their management certainly does not indicate that health care professionals can abdicate their own responsibility[9].

ALL ARE EQUAL

Family members, friends, colleagues, and other caregivers are equally important members of the health care ecosystem. These stakeholders need to be integrated in chronic care, as they fulfill essential responsibilities of support and succor[10]. They also enjoy rights, as caring for a person with chronic disease may lead to compassion fatigue, financial stress, and other hazards. Appreciating this, considering the high prevalence of these conditions, and understanding the need for teamwork in chronic disease, it makes sense to use plural "our" instead of the self-centered "my" in our action statement.

REALITY

Rights and responsibility should be accepted in the right manner, with a view to improving satisfaction and outcomes of health care. The best results are obtained if rights and responsibilities, as well as dues and duties are shared equitably, in the spirit of cooperation and consociation. This is termed as responsible person-centered care[9].

From a chronic disease perspective, therefore, our clarion call should be **"Our health, our right, our responsibility".**

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Study: AI Model Identifies Pre-eclampsia Risks Precisely

A global study published in the *Lancet Digital Health* involving over 8,800 women across 11 countries identified the risk of adverse outcomes associated with pre-eclampsia. This innovative research accurately categorized women's risk levels into five distinct categories within 2 days of their initial assessment. Pre-eclampsia, affecting 2% to 4% of pregnancies worldwide significantly contribute to maternal morbidity and mortality on a globally. Annually, it results in approximately 46,000 maternal deaths along with half a million stillbirths and newborn deaths, predominantly in low- and middle-income nations. While many cases of pre-eclampsia resolve shortly after childbirth, approximately 1 in 10 women in the UK face severe complications, including life-threatening events like stroke.

The newly developed risk-prediction model, PIERS-ML (Pre-eclampsia Integrated Estimate of Risk—Machine Learning), utilizes machine learning technology to offer international applicability. The model was developed collaboratively by researchers from the University of Strathclyde in Glasgow and King's College London and aims to assist health care professionals in determining individualized risk assessments for women diagnosed with pre-eclampsia. The data of an additional 2,901 women from Southeast England were utilized to validate the model externally, affirming its performance as observed in the main study.

The researchers intend to convert this model into a user-friendly application tailored for clinical use in the future. The study signifies substantial progress in the field of pre-eclampsia risk evaluation and management.

(*Source: https://medicalxpress.com/news/2024-03-adverse-pre-eclampsia-outcomes-accurately.html*)