



AMA Journal of Ethics®

November 2024, Volume 26, Number 11: E825-827

FROM THE EDITOR

Peace in Health Care

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There cannot be health without peace, and there cannot be peace without health.
Dr Tedros Adhanom Ghebreyesus, director-general of the World Health Organization¹

Peace and health are inextricably connected²: without one's health, one's capacity for peace and contentment can be compromised; and, without feeling that one can reliably access peaceful states of mind and peaceful environments, one's health is difficult to preserve. This conceptual interrelation between health and peace is not just personal, however, and has long been studied, with academic health research and scholarship to date most often focusing on the interplay between peace and health care in the settings of global conflict, disease, or disaster.^{3,4,5,6,7,8}

In recent years, however, academic health ethics discourse has recognized that the concepts of peace and health are more than simply related to one another, with some scholars arguing that peace and health have a fundamentally *causal* relationship.⁹ Accordingly, any novel approach to peace in health care not only should be integrative, but also will require explicitly focusing on the amelioration of those obstacles that have prevented peace at individual and community levels, especially by systemically promoting positive socio-ecological drivers of societal health and peace.⁹ Ultimately, although the health sector's responsibility to play a role in preserving and promoting peace has been acknowledged, minimal scholarship has explored the nuanced meanings of peace in health care and the causal interdependence of peace and health, leaving questions about how clinicians and health care organizations might efficiently and equitably support peacemaking practices in health care.^{10,11,12}

Notably, given that peace is both a shared, global concept and an intimate, personal experience, it may seem challenging for medicine to investigate any specific questions about the role, meaning, or experience of peace in health care because prioritizing peace in health care potentially lacks a clearly defined end. We contend, however, that diverse values that express peace represent broader, more inclusive collections of humanistic perspectives.¹³ Accordingly, we believe that assembling diverse viewpoints on meanings of peace in health care can help us conceive of peace as an aspiration of health care rather than as a competency to be achieved.

Peace is a concept that is much larger than health care, but health professionals have vested interests in peace because of the causal dependence of their patients' health on peace. At the level of individual health care, we thus contend that peacemaking

demands equitable, patient-centered clinical practices that optimize patient autonomy and dignity, all the while ensuring that patients **feel heard, respected, and secure**.¹⁴ Moreover, extending the idea of peace through health care to the community level will involve addressing historical injustices and disparities in health care access and outcomes, such as by guaranteeing equitable access to health care resources and services and leveraging responsive health care initiatives that engage in health partnerships, education, and outreach. Lastly, extending peace building to the societal level of health care will require collaboration between health care organizations and policy makers to produce critical research and policies that dismantle adverse socio-ecological health determinants, such as **urban heat islands and light pollution**, and instead foster proactively healthful and peaceful societal conditions, such as expanded urban green spaces and improved air quality.¹⁵

Ultimately, given that clinicians and patients alike can sense when they are moving toward or away from peace, we believe that, by exploring patients' feelings of peace or its lack, clinicians can guide more productive, ethical discussions on the experience and amplification of peace in health care, while simultaneously charting clearer paths to provision of increasingly humanistic care that contributes to patients feeling at peace. Pursuing peace as an ethical aim of medicine might not only improve patient experiences at the **individual, communal, and social levels** of health care, but also help health care professionals envision a more expansive role for medicine in peacemaking by reconnecting them with their own humanity as well as the humanity of those they serve. Via exposure to a myriad of student, clinician, educator, and advocate perspectives, we hope that readers of this issue of the *AMA Journal of Ethics* will recognize the value of peace in health care and aim to establish and maintain health care as an enterprise that aspires to and prioritizes peace as a fundamental value.

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Citation

AMA J Ethics. 2024;26(11):E825-827.

DOI

10.1001/amajethics.2024.825.

Conflict of Interest Disclosure

Authors disclosed no conflicts of interest.

The viewpoints expressed in this article are those of the author(s) and do not necessarily reflect the views and policies of the AMA.